

Alvah 7 Minute Briefing

This 7-minute briefing is information taken from the Child Safeguarding Practice Review.

The structure is designed as a reminder to think about 'application to practice'

The briefing does not have all the answers, it is a tool to enable practitioners to reflect on their practice and systems

1. Introduction

August 2020 Ms M (mother) took Alvah, 3 months to the hospital due to a swelling on his left leg and told the hospital that Alvah had his routine childhood immunisation 3 days earlier, she noted he cried more than usual. The next day she observed that Alvah was not moving his left leg much and when touched was in pain. The day after she noticed swelling in his left leg and brought him to the emergency Department.

On examination Alvah had facial bruising and fractures to the tibia and foot. The tibia fracture was recent and health professionals concluded that the injuries were possibly caused by non-accidental injury. A strategy meeting was held and care proceedings initiated. Alvah and his older brother Rafa are now living with maternal grandparents and are reported to be doing well.

2. Background

At the time of the injury Alvah was living with his mother, brother and father Mr D in Wandsworth. Ms M moved between two boroughs and attended different hospital during her pregnancies and early months of the children's lives

Ms M presented very late in her pregnancy with Alvah and then changed hospitals. Ms M had experienced significant mental health challenges in her adolescent

Both children sustained minor injuries within their first few weeks of life. At 5 months Rafa taken to the GP twice and ED once. Alvah taken to ED at five weeks old.

3. Concerns

- Ms M's mental health history
- Lack of professional curiosity with regards to Ms M presenting late with her pregnancy with Rafa
- Impact of Covid-19
- Not tracked across maternity services
- Role of Mr D in the family
- Rafa and Alvah's minor injuries seen in isolation rather than joined up
- Injuries to a non-mobile baby
- GP triage and record keeping processes not joined up
- Families moving across different boroughs and the history getting lost
- Ms M sharing different information to professionals (Triangulation)

How to use this briefing:

7 minute briefings should be delivered face to face to promote discussions and not included with other day to day issues, to ensure impact. Please consider these 3 questions alongside the briefings:

What are your key thoughts and reflections?

How can we ensure the learning is embedded and how will we know this?

How can we integrate the learning into team or service improvement plans?

6. Key Area for improvement

The history of the family can be lost when the situation changes

Challenge of working with transient families

'Start again syndrome' when agencies meet the family for the first time

Family history gets lost when dealing with the present and short-term thinking

Circumstances of late pregnancy presentation alongside unfolding pandemic meant family not seen holistically

5. Key Area for improvement

There is no standardised approach to information sharing between urgent care and primary/community services, resulting in the potential for significant issues to be missed

Increased focus on delivery of mandatory functions may be at detriment of early intervention and prevention services

Changing model of health visiting risk that other professionals will be under the impression that babies and infants will be seen regularly by a health visitor

4. Key Area for improvement

There are systemic barriers to holding small babies in mind and hearing their voices when identifying vulnerability and risk, particularly babies who are pre- or non-mobile

Practitioners to use professional curiosity to ensure that children's lived experiences are considered and noted

Practitioners should suspect maltreatment in injuries to a child that is not independently mobile

Information being brought together across health services