



**Safeguarding
Children**
Everybody's Business

Executive Summary

REPORT TO DERBYSHIRE SAFEGUARDING CHILDREN BOARD CONCERNING

Baby R

May 2007

1 Introduction

- 1.1 The circumstances that led to this Serious Case Review are that Baby R sustained life threatening injuries at the age of 4 weeks and 5 days old.
- 1.2 R was presented at hospital in October 2006. He was found to be in a critical condition and an early brain scan identified significant bleeding to his brain. This was later diagnosed as non-accidental head injury probably due to a shaking incident.
- 1.3 This event was totally unexpected by those health professionals providing services for R, who was not known to any other services at the time of the incident.

2 Summary of Findings

- 2.1 R was born into a family with older siblings and an experienced mother. There were plans for his father to become a permanent member of the household in the near future.
- 2.2 Health staff visiting the family were satisfied that the needs of all the children were being met.
- 2.3 On the night that R was presented at hospital in a critical condition medical investigation revealed bruising to the left and right of his chest and internal haemorrhage in the brain, for which the parents provided two differing accounts. The injuries were consistent with a baby shaking episode.
- 2.4 It was only after R's injuries that professionals became aware of a range of risk factors relating to his parents.
- 2.5 Mother was found to have had a history of mental health issues and had required medication in the past. The G.P was aware of this information but had not shared it with the Health Visitor carrying out the New Birth Assessment.
- 2.7 Father was significantly younger than mother and had a history which included learning disabilities and other difficulties including aggressive outbursts and unpredictable behaviour.
- 2.8 At the age of 16 years, he had fathered a child with a 14 year old girl, whose parents refused to allow him access because of their concerns about his involvement with the baby.
- 2.9 A recommendation was made at Court that he should not have unsupervised contact with the child prior to undertaking a parenting course. It appears that he never undertook the course and that

information about his history was not included in the pre birth assessment for R.

- 2.10 Once R had sustained life threatening injuries all agencies worked in a co-ordinated and methodical way to protect him and his siblings from further significant harm. There is evidence of excellent working together arrangements between all agencies.

3. Conclusions and Recommendations

- 3.1 The responsibility for Baby R's safety and wellbeing at the time of the incident rested with his parents

- 3.2 Caring for a new born baby is rewarding but can also be very stressful. Occasionally a parent loses control and shakes the baby. This is usually done without forethought or malice but the action has a devastating outcome for the child and the family

3.3 All parents should be warned of the risks they pose to their babies and advised how to keep their baby safe

- 3.4 Since the conclusion of this review Derbyshire Safeguarding Children Board has launched an education campaign with posters, leaflets and a DVD to teach parents strategies for managing a crying baby

- 3.5 **All staff who work with children and families (including GP's) should be reminded of their duty to exercise appropriate standards of record keeping and information sharing.**

- 3.8 **Derbyshire Safeguarding Children Procedures should include standards in respect of roles, responsibilities and timescales for investigations.**

- 3.16 **CAFCASS Family Court Advisers who make recommendations for a specific course of action to a court must record clearly who is responsible for providing the resource and recording the outcome.**

- 3.19 **Health care providers in Derbyshire should review the assessment of families made during the ante-natal and post-natal period:**

- **Assessments should include full details and past histories of both parents, particularly those who intend to provide care for the child, whether or not they live in the same household.**
- **Where fathers have older children, with whom their contact is restricted, the history should be clearly understood.**
- **It is vital that GP's share information about parental vulnerabilities as part of the assessment process.**

