



CASE SCENARIO - ADAM

Notification criteria

Bruising and fractures in a pre-mobile baby (serious injury).

Age

6 weeks

Theme

Physical abuse, working with fathers.

Case Scenario

Baby Adam was approximately six-weeks-old when bruising was first reported by his mother. Nothing abnormal was reported by the GP, so no further action was taken.

During a second visit to the GP, a small area of bruising on Adam's right arm was confirmed by the GP. The haematology report indicated a possible abnormality and the results were filed without any further action being taken.

Adam was taken back to the surgery by his mother when he was just over two-months-old. An examination recorded bruising and swelling over the temple region of his head, and under his eye, and red marks on his left leg. The GP contacted the hospital immediately to arrange for a paediatric assessment and advised that a non-accidental injury (NAI) needed to be considered.

Adam was taken to the hospital by his parents on the same day. The paediatric

registrar thoroughly examined the baby, taking a full history and recording all details, including a body map of the bruises. The nurse contacted the emergency duty team (EDT) and Children's Social Care confirmed that the family was not known. The parents could not explain how the bruises might have occurred.

Adam was admitted to the paediatric ward for medical investigations and the nurse made a child protection referral to Children's Social Care. The consultant paediatrician, employed in a safeguarding advisory role, confirmed that the bruising was most probably due to a bleeding disorder.

The blood tests and X-rays were returned with normal satisfactory results, which was interpreted as a positive sign. The skeletal survey was reviewed by another paediatric radiologist and a written report stated that there was 'no conclusive evidence of NAI'. Adam was discharged home by the consultant paediatrician with an instruction to return to the clinic in one month for a review.

The mother contacted the GP and health visitor to report more bruises on Adam's body and that he cried as if in pain when he moved. This information was not shared as Adam's mother had told the health visitor that social care was awaiting the outcome of the medical tests.

The report on the repeated chest and leg X-rays stated that healing fractures on the rib, a sign indicative of NAI, led to Adam being recalled to hospital. The paediatric examination on readmission identified swelling over the left rib area. Adam was being depicted as a baby 'who bruised easily' and his parents were described as 'appropriate, concerned, cooperative and compliant', at this point, medical causes were still being pursued.

Children's Social Care advised the paediatrician that in the face of no other explanation, a child protection strategy meeting would need to be convened. The invitation was declined by the Police due to the lack of medical evidence to support a Child and Protection Investigation. The conversation was recorded as a 'strategy discussion', this resulted in a 'professional meeting' being held rather than a strategy meeting under section 47 of The Children Act 1989. The meeting was attended by health professionals, social care and Adam's parents.

The outcome of the meeting was that the threshold of actual or likely significant harm had not been met. The decision was influenced by the view of professionals that the unexplained fractures and bruises could not be assigned to the care given by either of his parents. Adam was discharged home on the agreement that a Child in Need (CIN) assessment would be undertaken by Children's Social Care.

A routine paediatric multi-disciplinary team (MDT) meeting identified that Adam might have been discharged home to an unsafe environment, risking further harm. Adam was readmitted to hospital and a repeat skeletal survey was undertaken.

Children's Social Care convened a strategy meeting which was attended by social care, police and health, including the consultant paediatrician with lead case responsibility for Adam. The outcome was to undertake a Section 47 Child Protection Investigation.

A plan was formulated that included a child protection medical for sibling Isaac

and an agreement for Adam to remain in hospital whilst enquiries were in process. Instructions were also given to apply for an Emergency Protection Order (EPO) should the parents try and remove Adam. A legal planning meeting decided to initiate care proceedings and Adam was discharged from hospital into the care of his grandparents under an Interim Care Order (ICO).

Adam has made a full recovery.