**Case Study 1**

This is not a real case but contains some elements from different cases that have been part of a Rapid Review carried out in Telford and Wrekin.

**Background information**

Afuom is a 3 month old baby girl who was born in May 2020

Her parents (mother and father) were born in Ghana and now live in Telford. Her father speaks good English, however her mother is not as fluent and her English can be broken at times.

Both Afuom’s parents are professionals, her father works in the children’s workforce in Telford and her mother works for a private business prior to maternity leave.

**Incident**

Afuom was brought to the Princess Royal Hospital (PRH) by her mother at 8am in the morning as she was inconsolably crying and her mother was struggling to cope.

When examined by the hospital, it was agreed that a CT scan would be completed to exclude a head injury.

During the CT scan, there was only 1 healthcare professional from A&E allowed in the CT scanning room and it was overheard that the head CT scan was clear.

PRH then arranged a transfer for Afuom to be admitted to Birmingham Children’s Hospital (BCH) with a working diagnosis of possible sepsis.

When BCH received Afuom’s medical notes and CT scan report, they reviewed the scan which showed a skull fracture and brain bleed.

By this time, it was 5pm therefore BCH reported the findings to the Emergency Duty Team (EDT). The social worker on EDT was already very busy with other urgent call outs, by the time they were able to review Afuom’s case, they were able to obtain all available information such as that Afuom would be staying at BCH, there are no other siblings, parents are first time parents etc. and a Strategy Meeting was arranged for when Family Connect came in the next morning.

The strategy meeting identified that there was no previous involvement with Children’s Services or the police. The only health involvement after Afuom was born was her 10 day old check by the Community Midwife, 10-14 day check by the Health Visitor and a GP telephone appointment.

It was noted that although Afuom had re-gained her birth weight, she was on the lower centile at her last weight check. The Health Visitor had attempted to do a home visit for Afuom’s 8 week check but nobody was home. The GP conducted a telephone appointment with Afuom’s mother. Afuom was also not brought to her 2 month immunisation appointment. When the Health Visitor attended the 10-14 day check at the family home, Afuom’s mother reported low mood which was shared at the Strategy Meeting. There is no record of anyone having spoken to Afuom’s father.

Children’s Services were able to share in the Strategy Meeting that the NSPCC received an anonymous referral about hearing a baby crying constantly from the family home. The outcome of the Strategy Meeting was that a joint Section 47 Enquiry would be completed between a social worker and the police.

During the Section 47, Afuom’s mother admitted to shaking Afuom as she could not stop her from crying. Afuom’s mother admitted this when she was seen with Afuom’s father. Afuom’s father helped the police and social worker interpret what his wife was saying. Afuom’s father was reluctant and resistant to comply with the Section 47 Enquiry and would not engage in any assessment.

The police made the decision to employ their powers to protect Afuom and she was placed in temporary foster care, although she remained in hospital for treatment of her head injuries for some time.

**Outcome**

This incident met the criteria for a Rapid Review.

Please use the criteria for Rapid Reviews and the resources available (as well as any additional resources you may use in your service) to identify the learning from this case and how this could be implemented into practice.