Key Learning – Noah

What is a Rapid Review?

A Rapid Review must take place when a child has suffered a serious incident or death, and it is known or suspected that they may have been abused or neglected. The review helps us to identify learning and consider what went well and what needs to be improved. It seeks to understand what this means for practice and how multi-agency systems and practice can help children and keep them safe.

This Rapid Review was held in August 2025 in response to a baby boy Noah. The Rapid Review group were in full agreement that all relevant learning has been considered, and a Child Safeguarding Practice Review would not identify any further learning.

Understanding the child and what happened

Baby Noah's birth was traumatic. He was delivered by forceps, leaving him with injuries to his face. From the first day he was born, Noah was a baby with a sore head, he cried often and it's likely that he was a baby in pain. Noah was 9 weeks old when he was taken to hospital due to concerns about serious non-accidental injuries, including a fractured skull and bleeding on his brain, which meant he needed intensive care. Further scans showed that Noah had old injuries to his skull and ribs.

The explanation that Noah's parents gave was not consistent with his injuries and both parents were arrested on suspicion of Section 18 Wounding. The family were not known to safeguarding or wider support services in the lead up to this incident, so the review focuses on the approach taken by universal services involved with the family in the 12 months leading up to the incident.

Key messages

- **Recognising the impact of traumatic births** – delivery by forceps is common but can be traumatic and invasive
- **The impact of staffing shortages** on sharing information and collaborating
- **Cross-boundary working** when procedures aren't aligned
- **Keeping an open mind and 'thinking the unthinkable'** rather than taking information at face value
- **Involving dad's and male carers** – services continue to see mum as the main point of contact

What worked well

Relationships Mum had a good relationship with school staff involved with her oldest child. School also had a relationship with gran. Both mum and dad attended ante-natal appointments together

Professional curiosity Practitioners asked appropriate questions based on what they knew at the time, and they explored wellbeing, mental health and domestic abuse during their visits

Working Together There was good collaboration between midwives and the hospital around Noah's birth. Despite challenges with staffing in midwifery and health visiting teams, all post-natal visits were completed with evidence of good discussions

Recording Noah was delivered by forceps and a body map of his injuries was completed and recorded on health systems. The midwife referred to Noah's body map 5 days after his birth when she noticed bruising on his face. The quality of recording of home visits and contacts by health services was good

ICON There is evidence throughout the review of practitioners from midwifery, health visiting and 111 giving ICON advice, suggesting this practice is well embedded across health services

What did we learn?

THEME ONE: How we recognise and respond to traumatic births

- Mum described the use of forceps as **'horrendous'**. Delivery by forceps is common so **practitioners may become de-sensitised** to the impact of this
- The **Birth Reflection Service** was offered to mum on the first visit however **mum felt too emotional to take this up at that time.** This would usually be offered from 6 weeks after birth
- There were **missed opportunities to re-visit support with mum**, such as additional support from the midwife, exploring early help and involving the wider family network

What does this mean for our practice: Trauma Informed Practice

Traumatised people understandably **find it hard make sense of and retain information** when they are in fight or flight**.**

Practitioners can work in more trauma informed ways by:

- Sharing information in a way **families can best understand**
- **Repeating information** so it's more likely to be retained
- **Re-visiting offers of support** at future visits
- **Including wider family members** in discussions, to help them understand the impact of trauma and provide additional support
- Speaking to parents and wider family about **what is and isn't usual crying following a traumatic birth**, so they know what to expect

THEME TWO: Sharing information and collaborating

- **Staffing challenges** across health services are a national issue. This meant different practitioners were visiting the family. Although this helped with arranging visits it **impacted on information sharing** when issues arose
- There were **missed opportunities to communicate and co-ordinate visits** - neither midwifery nor health visiting had seen the home before baby Noah came home from hospital
- The Health Visitor was aware of the traumatic birth however the **handover could have provided more information** to help the Health Visitor have ongoing conversations about support for mum
- **Information** shared by the family about Noah's traumatic birth as an explanation for bruising to his face **was taken at face value** by first responders, which meant **safeguarding wasn't considered** from the earliest opportunity

What does this mean for our practice: Staying curious

This is a recurring theme in local reviews.

- When handovers take place, it is important that **practitioners have the right information** to allow them to ask any additional questions and continue to explore support with families

- Health emergencies are understandably an emotional time for families and practitioners. Practitioners still need to **'think the unthinkable'** at these times rather than taking information at face value
- We do this sensitively by listening to what the family is telling us whilst acknowledging that **we need to keep an open mind** about what may have happened
- **Balancing priorities is important** – responding to health emergences is a priority for everyone. Other agencies, e.g. police will have other priorities such as preserving evidence which should be considered too

THEME THREE: Cross boundary challenges - procedures

Bruising in Non-mobile Children Protocol (BINMC)
- **Durham's BINMC differs to other protocols in neighbouring hospital trusts** regarding the point at which health services make a referral to Children's Social Care
- Had Durham's protocol been followed there would have been an opportunity for a social worker to speak with the family about any additional support and to triangulate information from the health visitor and GP

What does this mean for our practice: Overcoming challenges

Bruising in Non-mobile Children Protocol (BINMC)
- Currently there are **no plans for neighbouring hospitals to adopt Durham's protocol** as they feel their processes are proportionate
- **When families live in Durham**, practitioners in neighbouring trusts and authorities should **follow the Durham protocol** to the best of their ability

THEME FOUR: Involving dads and male carers
- There was some good practice in **involving dad in ante-natal appointments and ICON information was shared with dad** and mum by several practitioners
- Services continued to see mum as the main point of contact. **More effort could have been made to speak to dad**, e.g. updating him about visits that he missed due to work or attempting to call both parents to rearrange visits

What does this mean for our practice: Overcoming barriers
Father inclusive practice means **holding dads in mind** throughout our involvement and **finding ways to overcome any barriers** to their involvement

Practitioners need to make every effort to **get phone numbers and email addresses for dads** so that both parents are a point of contact.

Practitioners should **think creatively about how to better include dads**, for example:
- Inviting dads directly to meetings rather than via mum
- Visiting/organising meetings at times that suit dads
- Calling dads to get their input/provide updates when they are unavailable for meetings or visits
- Holding hybrid meetings where dads can dial in

What is the DSCP doing?

- The DSCP will share learning across the partnership about the impact of traumatic births. The impact of traumatic births will be included in ICON
- The DSCP will continue to raise awareness of the Durham Bruising in Non-Mobile Children Protocol, and promote its use for all families who live in Durham, including when they are treated by a neighbouring health authority
- The DSCP updated the Information Sharing Agreement Guidance in 2024, and full training is available on the DSCP website. This will be updated again from October when the Information Sharing duty comes into effect
- The DSCP has highlighted the impact of workforce challenges and capacity issues with Lead Safeguarding Partners
- The DSCP will create a resource to help practitioners across the partnership understand each other's roles and responsibilities
- The DSCP will continue to raise awareness of father inclusive practice
- The DSCP has developed an action plan to cover all multi-agency and single agency actions which will be monitored and reviewed in the Performance and Learning Group (PLG)

What can you do?

- Discuss this key learning briefing in team meetings and in supervision
- Review pathways for support in your service when a traumatic birth has been identified
- Access training and resources on information sharing
- 'Think the unthinkable' and keep an open mind rather than taking information at face value from a single source
- Hold dad in mind: ask for contact details for dad, invite dads to meetings and be flexible in your approach to timing home visits and meetings so dad can be involved

Useful links

- DSCP Training Programme Please use this link to book onto the DSCP's 'Information Sharing to Safeguard Children' training
- Durham Bruising in Non-Mobile Children Protocol (opens in Tri X Local Resources – see 'Child Protection' folder)
- ICON For more information about how parents can cope with their baby crying
- Dads Welcome Here provides more information about recognising dads and the important role they play in family life
- Learning from Practice Fathers and Male Carers is an example of good father inclusive practice and includes tips for involving dads in assessments and plans
- North-East Young Dads and Lads is a local project supporting dads under 25 play an active role in their children's lives
- HOME | Fatherhood Institute is a national charity that offers a range of resources for engaging dads
- Make Birth Better is a group of experts bringing together lived experience and professional knowledge of birth trauma
- Birth Trauma Association provides support for parents that have experienced birth trauma.
- Emotional Wellbeing Support for Parents and Parents to be - Durham County Council – includes links to the Birth Reflections Service, where parents can be referred following a traumatic birth
- Peri-Natal Infant Mental Health Pathway – coming soon!