

Local Child Safeguarding Practice Review

Oliver Steeper

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Oli



Oli was an absolute joy. Being first time parents during the Covid-19 pandemic certainly had its challenges, however Oli would always put a smile on our faces.

He had such a cheeky demeanour (one that he's passed on to his little brother!) and his hair just suited his personality – bouncy, spiky and so much of it!

Whilst he wasn't quite there with crawling, he would roll everywhere, you couldn't trust him at all, and everything had to be out of reach. He absolutely loved his bouncer, often falling asleep mid bouncing session (we became experts in transferring him to his cot)! He also loved to babble 'dadadadada' all the time and would wake us up in the morning doing just that.

I can still feel the love from that last morning, going into his room. His huge smile making me feel better despite feeling unwell. He was the best medicine, if we were feeling sad, angry, poorly... Oli would always know how to cheer us up.

Not a day goes by when we don't think of him. The 'what if', the imagined memories of summer days and Christmas celebrations. He has blessed us with his baby brother, Jake, however Oli is still a huge part of our home life, with photos and memories around the house. He will never ever be forgotten, and we hope that his legacy will save others and bring comfort to families in need, the same way he did to us.

Oliver's Mum and Dad, and baby brother, August 2023



1. Context

In September 2021, whilst being fed lunch by a member of staff at a nursery school setting, 9-month-old Oliver Steeper appeared to inhale his food and began to choke. Backslaps were administered but he was turning blue, an ambulance arrived but was unable to clear the blockage and CPR was performed. After transfer to Evelina London Children's Hospital scans showed that Oliver had suffered irreversible catastrophic brain injury not compatible with life, and he died six days later.

A subsequent bronchoscopy found multiple pieces of pasta and large food debris in his windpipe and lungs. The Consultant concluded that Oliver had choked due to being fed food which was not age appropriate.

2. Rapid Review

The Local Authority made a Serious Incident Notification as concerns were raised around the supervision and suitability of food given to Oliver in nursery, that resulted in his choking and tragic death. A rapid review meeting was held on 19th October 2021. The rapid review identified that to prevent another tragedy of this nature, a promotional campaign around safer eating within non-familial settings should be developed. The campaign should emphasise the need for non-familial settings to work collaboratively with parents to understand the individual needs of a child, beyond simply age-appropriate foods, given the variety of weaning methods and textures of food that young children may or may not be accustomed to.

3. Family involvement

As part of the LCSPR and safer eating campaign development, Oliver's parents were contacted and offered to the opportunity to be kept updated on and contribute to the campaign. We are immensely grateful for the time they have given in sharing their experience, providing feedback to the development of the campaign, and engaging with us. We share Oliver's parents wish that the development of this campaign be a lasting legacy of Oliver's life.

Oliver's parents highlighted to us a number of key issues that were apparent from their experience.

- 1) The importance of settings clearly and regularly discussing, and recording, appropriate foods and progression of the introduction of solids for young children, with parents. Oliver's parents highlighted during an introductory visit that he was being fed pureed foods at home, which it was indicated could be provided for him in the setting. However, this was not recorded within his paperwork, nor was there any part of the registration forms which asked parents for written details.
- 2) Parents, and particularly first-time parents, may not have the confidence or knowledge to question professionals about provisions in setting. Parents trust



that professionals have the experience and knowledge that enables them to provide safe care for their child. They also often hope to have a good working relationship with those providing care for their child, and so maybe averse to asking 'too many' questions and being perceived as difficult. Empowering parents to ask these questions may support both parents and childcare settings.

- 3) Whilst preventive measures to avoid choking being an issue are clearly the more ideal way forward, an important point was raised in regard to the paediatric first aid qualifications of setting staff. Early years practitioners who qualified prior to 2016 are not required to hold an in-date paediatric first-aid qualification in order to be included in staff ratios for the care of children in early years settings. Oliver's parents highlighted that the advice on first aid for choking children had changed within the last 12 months prior to Oliver's death, therefore practitioners may potentially be included in ratio despite not having been trained in the most recent advice.
- 4) It should be clear and documented within settings who is responsible for providing food in its appropriate texture for the child. Scenarios where kitchen and nursery staff are unclear on this, may lead to no-one taking responsibility to ensure food is suitable for the child. Clear policies, and the use of tools such as crib sheets, would support practitioners to deliver safer mealtimes for children.

A key message that was apparent during conversations with Oliver's parents, was the trust that is placed in professionals providing care to children. This was highlighted in the development of the Safer Eating campaign and used as a central theme for campaign material.

One further point was raised during discussion with Oliver's parents which is worth noting. Following Oliver's death, a referral was made to Ofsted and a subsequent investigation undertaken into the specific setting, as part of this parents were interviewed. During the interview Oliver's parents say they were questioned as to why they had not asked to see the first aid certificates of staff in the nursery. It is unlikely many parents would have asked to see these specific certificates, reflecting again the trust that is placed in registered settings. More importantly however, this left Oliver's parents with a sense that they had failed to do something that could have safeguarded their son. Whilst it is unlikely this was the intention of the interviewer; it appears some learning could usefully be taken forward nationally in relation to the approach professional's take to engaging with bereaved parents in circumstances such as these.

4. Safer Eating campaign

Campaign development

A safer eating Panel was established and met regularly to develop this campaign. The group included representatives from; Kent Community Health NHS Foundation Trust (including Health Visiting, Dietician, and Dysphagia Service), Kent and



Medway Clinical Commissioning Group, Kent County Council (including Early Help and Public Health), and the KSCMP Business Team. Ofsted were also invited to contribute.

The campaign agreed to focus on four key strands:

- 1) Encouraging early years settings to have a food policy in place which considers the individual needs of each child, including regular review intervals and the requirement to engage with parents; clear identification of responsibility within the setting for cutting/texturizing foods; and includes other factors conducive to safe eating of young children.
- 2) Resources for practitioners in Early Years settings, including additions to registration packs specifically documenting the individual needs of a child regarding appropriate foods, and infographic reference materials. A phrase or acronym may be developed (similar to the ICON project to prevent abusive head trauma in babies), to assist promotion and recall.
- 3) Resources for parents to build confidence in pro-actively seeking reassurance from Early Years settings on feeding in non-familial settings.
- 4) Engaging with early years qualification providers, such as colleges, to include Safer Eating materials into foundation training for early years staff.

Additionally, there are three issues highlighted for national consideration:

- Including Safer Eating in this broader sense (as opposed to solely regarding allergies or healthy eating), into the Early Years Foundation Stage requirements.
- 2) Reviewing the current position of pre-2016 qualified nursery staff being included in ratio, without a current paediatric first-aid qualification, despite choking first aid guidance having changed within the last 12 months.
- 3) Include a 'Thinking about nursery' section into the personal child health record ('red book')¹.

The initial working group established a number of key principles for the development of the campaign.

- The Safer Eating campaign must be distinct from other guidance and resources which focus on healthy food choices.
- Whilst Early Years settings such as nurseries are the primary focus of the campaign, resources should also be suitable for childminders and other nonfamilial settings.
- Non-familial settings are places of trust to parents, who are unlikely to inspect food policy or first aid certificates and need confidence and knowledge to empower them to ask for reassurance.
- Ideally the campaign materials will be co-produced with early years settings, and sense tested with practitioners before roll-out.
- Parent facing materials will ideally be co-produced with parents and families.

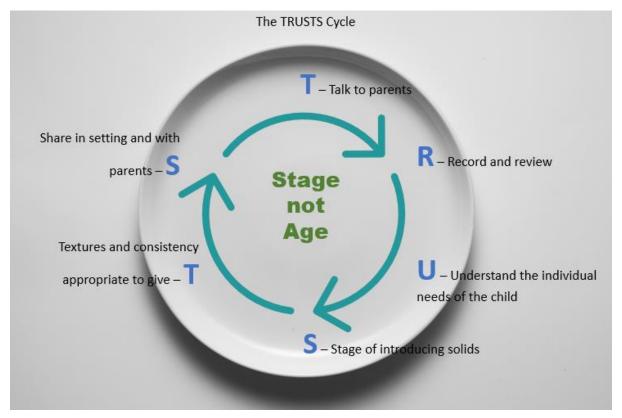
¹ https://www.nhs.uk/conditions/baby/babys-development/height-weight-and-reviews/baby-reviews/



- This campaign will be specific to Early Years and safer eating of young children under the age of 1. However, principles can be included into a broader resource pack which is applicable to older children too, for example children with disabilities which may impact safer eating.
- It is important that Early Year's management are engaged to take responsibility at a strategic level, i.e., through appropriate food policy, to support frontline practitioners ensuring safe eating practices.
- Ensure materials are inclusive of a wide range of food types.

Campaign message

It was established early in the development work that a central narrative to the campaign would be essential, including use of a slogan that could be translated to an aide memoire, with key messages. The TRUSTS cycle was developed, taking into account the discussions of working group members, learning from the rapid review, and the contributions of Oliver's parents. The below is for illustrative purposes only and is not the final stylistic design.



Key messages accompanying the TRUSTS Cycle include:

- 'Stage not age' of introducing solids.
- Professionals are trusted by parents.
- Everyone is responsible for safeguarding mealtimes.
- Regular review is essential.



Campaign Plan

The below outlines planned activities in the four strands.

Early Years Food Policy	Resources for practitioners
 Guidance on producing a policy with key considerations. Crib sheets & visual coding for staff Eating development including into regular development reviews Beyond just allergies & cultural needs Safeguarding mealtimes Focus group with early years settings. 	 TRUSTS Cycle aide memoire and posters. Resource pack. Visual guidance (with inclusive food references) Difference between gagging and choking Guidance on children with swallowing issues Foods to avoid Preparation tips Webinar or e-learning. Focus group with early years settings.
Empowering parents	Engaging Early Years qualification providers
 Crib sheet for parents on 'what to consider and ask' when considering childcare settings. Resource pack. Difference between gagging and choking Introducing solids stages Promote Paediatric first aid Reminders for non-first time parents Focus group with parents. 	Engage with providers to include campaign materials into relevant courses.

- Include Safer Eating in this broader sense into the Early Years Foundation Stage requirements.
- Review the current position of pre-2016 qualified staff being included in ratio, without current paediatric first aid.
- Include a 'thinking about nursery' section into the 'red book' which records development etc of children.



5. Conclusion

Oliver Steeper was a well-loved child, whose life was cut tragically short. The work undertaken on the development of a safer eating campaign has been with the ambition of safeguarding meal and snack times of very young children in extrafamilial settings. Learning that has been identified following Oliver's death has been used to develop resources which can support early years settings and parents alike, but which, most importantly, put individual children's needs at the centre of practice.