

Thematic Learning Summary – Abusive Head Trauma

The aim of this report is to highlight single and multi-agency learning arising from a Serious Case Review commissioned by the Hampshire Safeguarding Children Board (HSCB), and also incorporating wider, more thematic learning regarding Abusive Head Trauma in young babies.

Summary of the case

Child N was just over two weeks old when admitted to hospital suffering from what proved to be a fractured skull and bleeding to the brain caused by a traumatic head injury. The injury was likely to have been sustained in the hours before admission to hospital.

On further examination Child N was found to have also sustained fractures to the arms, ribs and legs, which were believed to have been inflicted on at least three separate occasions.

Child N died seven days after admission to hospital aged twenty-four days.

Child N's mother and her partner were convicted and jailed for causing or allowing the death of Child N.

They set out to deceive professionals from police and health, deliberately concealing critical facts about their behaviour and treatment of Child N, and they are responsible for his death.

Whenever a child dies or is seriously injured, it is vital that the circumstances are critically examined, service delivery improvements identified where they are required and good practice acknowledged.

By raising awareness of the issue of Abusive Head Trauma via learning summaries such as this as well as through more comprehensive initiatives such as the [ICON Programme](#) it is hoped that practitioners from all areas of the partnership can reflect on, and further improve their individual and collective practice.

Intended circulation

It is intended that this learning briefing be shared across the Hampshire partnership to include; Hampshire County Council Children's Services Department, Hampshire Constabulary, GP and primary care services, all NHS Trusts, Clinical Commissioning Groups, and all other members of the LSCB and their respective agencies and organisations.

Summary of Learning

Abusive Head Trauma

Reducing the instances of Abusive Head Trauma in young babies must be a priority for everyone involved in the safeguarding of children.

Developed by the Hampshire Safeguarding Children Board and the NHS in collaboration with partners from across the UK, the ICON Programme is a multi-agency programme of intervention which supports the delivery of a simple message to all parents and carers who are accessing services

such as Maternity, Health Visiting, Primary Care, Children's Services and organisations which work closely with children and families.

The message which is delivered by a professional is based around the evidence that babies are more at risk of Abusive Head Trauma when they cry more. The message informs parents about infant crying, including the normal crying curve, techniques on how to comfort a baby, including strategies that parents and carers can use to manage their own stress. The message reinforces that it is okay to place a baby in a safe place and walk away if the crying is getting too much and the safe sleeping messages are also reinforced. The final message is never, ever shake or hurt a baby as this can cause disabilities or death.

The messages focus on supporting parents and carers to cope with their baby's crying and how they can seek help, support and advice from a range of organisations if needed. The ICON messages are currently being delivered to all parents and carers in Hampshire during the antenatal period by midwifery and health visiting services, with the messages reinforced multiple times by wider multi-agency partners.

For male partners and dad's to be, Hampshire Safeguarding Children Board has commissioned the [DadPad App](#) which provides a wide range of information for new fathers, from before the birth of the baby up until the age of two, the information in the DadPad includes, how to hold and comfort a baby, how to support the care needs of a baby (feeding, bathing etc) and also the ICON messages regarding how to cope with crying. The app is available for free for all Hampshire residents.

Parental History

- The gathering and cross-agency sharing of information as to parental history should influence the approach to safeguarding a child. Issues including, but not limited to, a history of violence whether in a domestic setting or elsewhere, mental illness, substance misuse and significant events earlier in life can inform an understanding of risk and indicate what professional support might be required.
- Emerging evidence from Adverse Childhood Experiences and Trauma Informed Care indicate the impact of significant events in childhood on later life.
- Professional observation and assessment of current behaviour is vital, but becomes even more relevant if understood in the context of past behaviour.
- Where agencies have protocols, pathways or question sets for issues including domestic abuse, mental health or when a baby / child 'was not brought' to appointments, these should be complied with and used to ascertain relevant information. The HSCB has developed a number of guides to support professionals in this work, links to which are included at the bottom of this learning summary.

Unidentified Adults

- In order for professionals to gain as complete an understanding as possible as to the circumstances in which a baby is being raised, it is essential to know who is living in the household and who else might have direct contact with the child.
- In this case assumptions were incorrectly made that the mother's partner was the father of the baby.
- Showing professional curiosity can be challenging when faced with aggressive and unreliable adults, but those difficult questions might reveal critical information.

- The mother's partner had a history of violence, substance abuse and mental ill-health, and it was known to some professionals that he was in a relationship with a pregnant woman.
- The HSCB have developed an online multi agency [Unidentified Adults Toolkit](#). The toolkit provides information and prompts to help professionals understand and identify family structures and networks.

Information Sharing

- When dealing with a safeguarding concern, where there is often uncertainty and imprecise information, the mind-set of practitioners across the Hampshire partnership must be one of "Do I have the right/ enough information"?
- The outcomes of cross-agency meetings must be properly documented, agreed by those present, and clear in the conclusions.
- In particular the findings from medical examinations where professionals from different agencies are present, must be clearly documented at the time of the examination in language that is agreed and understood by all those present using the agreed [proforma](#).
- If a definitive diagnosis cannot be reached, then say so and explain why.
- Assuming someone else is doing something can lead to unintended consequences – if in doubt, check!
- Further guidance on information sharing can be found at the [Information Sharing Protocol](#)
- If there are occasions where professionals differ on their views and outcomes they should use the 4LSCB Escalation / Resolving Professional Dissent procedure (link below).

4LSCB Protocol for the management of actual or suspected bruising in infants who are not independently mobile (the Bruising Protocol)

- The Bruising Protocol (launched in Hampshire in 2010) is a positive medical and safeguarding initiative and has helped identify non-accidental injuries in immobile babies. Approximately 90 babies a year in Hampshire are referred to MASH because of a suspected bruise. About one third will have a birthmark or a medical condition, but about 20 babies a year will be identified as being at risk of significant harm (with many having other more serious injuries, and all the families having domestic violence, mental health or substance misuse concerns).
- There needs to be further promotion of the protocol, raising awareness and understanding and highlighting how it is applied particularly in relation to the paediatric assessment and subsequent multi-agency discussions. Hampshire MASH audit has shown that in 36% of cases paediatricians are accepting explanations given by parents. Our experience has shown that parent's explanations can be misleading. The Triennial analysis of SCRs 2016 identified this as an important theme stating "The acceptance of parental explanation has prevented professional curiosity and challenge".
- The HSCB, in partnership with the other Safeguarding Children Board's across Pan-Hampshire and Isle of Wight have updated elements of the [Bruising Protocol](#) to make it clear what process to follow if babies are taken direct to hospital Accident and Emergency wards. As a result of this we have significantly improved the identification and referral of babies to MASH.

4LSCB Unborn / Newborn baby protocol

- As with the Bruising Protocol, the [Unborn/Newborn Baby Protocol](#) is an essential and informative guide for professionals across Hampshire.

- It is a positive medical and safeguarding initiative that has, and will continue to help identify where there are safeguarding concerns for unborn (during pregnancy) and newborn babies.
- There needs to be further promotion of the protocol, raising awareness and understanding and highlighting how it is applied.
- In 2019/20 the partnership will be conducting a multi agency audit on the use and application of the Unborn / Newborn baby protocol to test that statutory agencies are fulfilling their obligations as outlined in the protocol

Multi-Agency Safeguarding Hub (MASH)

- [The Hampshire MASH](#) is another positive example of practical multi-agency cooperation, with published operating protocols.
- The terms of reference for the MASH; referral procedures, multi-agency information gathering and strategy discussions, decision making are regularly reviewed and refined but require sharing and updating across the partnership so that its functions are fully understood.
- The MASH Governance Board and the LSCB will deliver awareness raising materials in 2019/20

Family Approach

- The mother's partner was being seen by his GP and it was recognised that he was in a relationship with a pregnant woman. This was seen as a positive and motivation factor in seeking treatment. A child must not be viewed as a protective factor. This point of learning has been emphasised in other SCRs conducted across the region and is included specifically in the Pan-Hampshire and Isle of Wight [Family Approach Protocol](#).
- Acknowledging the pressures on professionals in dealing with immediate concerns, consideration should be given to understanding the family context.
- The HSCB, in partnership with the children and adults safeguarding boards across pan-Hampshire and Isle of Wight, have developed the Family Approach protocol and supporting online toolkit. The Toolkit includes information, case studies, training material and quick guides on a range of subjects relating to safeguarding children and their families. The toolkit is aimed at all professionals working with families across the area. More information on the Family Approach Protocol and Toolkit can be found [here](#).

HSCB Audits

- The Hampshire Safeguarding Children Board will continue to seek assurance from partner agencies as to their commitment to, understanding of, and day-to-day delivery of excellence in safeguarding.
- This will include areas such as safeguarding supervision, safeguarding training and information sharing, and will incorporate rigorous checking of agency submissions when completed such as Section 11 audits.
- The HSCB has enhanced its Section 11 programme during 2018/19. This has included a new cross-partnership staff survey on a range of safeguarding topics, as well as a programme of visits to agencies and front line settings. Both will assist the HSCB in understanding how core policies and procedures are implemented by staff working with children and their families, as well as give the opportunity for professionals to make the Board aware of what is working well and any areas of development that the partnership is best placed to respond to.

Key Documents and Policies

[Unidentified Adults Toolkit](#)

[ICON Toolkit](#)

[Family Approach Toolkit](#)

[Bruising Protocol](#)

[Unborn Baby Protocol](#)

[Conflict Resolution/Escalation Policy](#)

[Child and Family Engagement Guidance for Primary Care](#)

[Child and Family Engagement Guidance for Secondary and Tertiary Care](#)

[Health DVA Pathway](#)

['Spotlight On' Briefings](#)

[Online Procedures](#)