Prevention of Non Accidental Head Injury in Infancy Guidance

Contents

Version Control

This document is a multi-agency guidance document and it replaces all other previously published documents, including those within health.				
Version	**Author/s**	**Signed off by**	**Date**	**Review Date**
1.	Consultant/Designated Nurse Safeguarding Children and Children in	DSCB Policy and Procedures Group	February 2014	February 2016
2.	Guidance reviewed by Keeping Babies Safe in Derby and Derbyshire	DSCB Policy and Procedures Group	January 2016	February 2019
3.	Guidance reviewed by Keeping Babies Safe in Derby and Derbyshire	DDSCP Policy and Procedures Group	November 2019	February 2021
4	Designated Nurse Safeguarding Children	DDSCP Policy and Procedures Group	March 2022	February 2024

1. Introduction

Non-accidental head injury involving injury to the brain is the most serious form of physical abuse and can have serious consequences for a child's future development and wellbeing. Non accidental head injury is the leading cause of death among children who have been abused.

Non-accidental head injury occurs most commonly in children less than two years of age with an estimated prevalence of 1:3,000 in babies less than six months old. Boys appear to be affected more commonly than girls.

Non-accidental head trauma involves inflicted injury to the brain by shaking or by a trauma to the head. This can result in swelling and/or bleeding within the structures around the brain. The consequences can lead to death of the infant or significant long-term disabilities including cerebral palsy, visual problems, epilepsy, learning and behaviour problems. (CORE INFO and NSPCC 2014).

Altman et al (2010) concluded that fathers and male partners are nearly 5 times as likely as mothers to shake an infant. This form of child abuse differs in a number of ways from other more common and more visible forms of abuse:

- A single event may cause catastrophic outcome
- Often there are no visible sign of injury
- There is frequently no intent to harm the child
- The immediate and follow on outcome is worse than with other cause of head injury in childhood (Bruce & Zimmerman, 1989)

Shaking events do not appear to be related to ethnicity, class or family circumstance (Sinal et al., 2000) although risk does increase in families where there are more stressors and fewer resources (Sanders et al.,2003).

Key messages

- Non-Accidental Head Injury is the most common form of abuse in babies under 2 years old
- The immediate and long term impact is far worse than other head injuries
- Fathers or male partners are 5 times more likely to shake a baby than the mother
- Vulnerable families with more stressors in their life are more likely to shake a baby
- Persistent crying is a known factor and not necessarily due to poor parenting
- The Derby and Derbyshire Parenting Education Programme must be delivered to all parents including all fathers or partners that will be caring for the baby

REMEMBER THE MESSAGE 'SHAKING YOUR BABY IS JUST NOT THE DEAL'

2. Background and Research

The publication of the multi-agency Keeping Babies Safe Strategy – The Three Steps for Baby Safety (2021), further promotes and strengthens the programme of activity in Derby City and Derbyshire for prevention of non-accidental head injury in infants. Safe Handling is one of the three steps.

The programme of activity has been further supported by the training of Keeping Babies Safe Champions across Health, Police and Childrens Social Care. The Champions

promote the messages within the strategy and are a resource within their teams and agencies to ensure that the health promotion messages within the strategy are disseminated and shared widely across the partnership.

Increased Risk Factors

- The intrinsic vulnerability of babies and their total dependance on their key care giver
- Poverty, social isolation and additional stress factors such as parental mental health difficulties, drug and alcohol misuse and the presence of domestic abuse
- Fathers and male care givers are more likely to shake a baby than mothers particularly if there are other stress factors that affect their ability to cope with the demands of caring for a baby particularly when the baby cries.

Risk factors associated with non-accidental injury in children and particularly in babies have increased over the two years of the COVID 19 pandemic. The emerging picture from studies is confirming the observations of practitioners.

Serious incident notifications from Local Authorities to the Child Safeguarding Practice Review Panel have increased. In 2020-21, there were 536 **serious incident notifications**, up 87 on 2019-20. The highest proportion of serious incident notifications continues to be for **children under 1**.(GOV.UK 2021)

Great Ormond Street have reported a significant increase of abusive head trauma during the COVID 19 pandemic in babies. The report compared a month during the pandemic with the same month 3 years prior. All families live in areas with a higher than average Index of Multiple Deprivation and 70% of parents had significant underlying vulnerabilities: two had previous criminal histories, three had mental health disorders, and four had financial concerns. The report *concluded 'The increase in incidence seen at our institution reflects a rise in domestic abuse in countries enforcing similar social distancing measures. This sobering figure is likely under-represented due to public avoidance of hospitals at this time. Notably, two parents in our cohort cited fears of contracting SARS-CoV-2 as a reason for delayed presentation.*' (Sidpra etal 2020)

The Child Safeguarding Practice Review Panel in their report 'The Myth of Invisible Men' (GOV.UK 2021) which included interviews with male perpetrators concluded that ' *The evidence gathered during the course of this review highlights an urgent need to improve how the system sees, responds to and intervenes with men who may represent a risk to the babies they are caring for. For this group of men, the role that they play in a child's life, their history of parenting and their own experiences as children and how this effects them as adults, are too frequently overlooked by the services with responsibilities for safeguarding children and for supporting parents*' The review recommended:

- There needs to be more research into male perpetrators of abuse against babies
- There needs to be investment into provision within Childrens Social Care to improve practices with men and fathers within high-risk families
- There should be investment into local pilots to develop end to end system change through universal to specialist services.

3. Aim of the Parental Education Programme (PEP)

The Parental Education Programme was introduced following the learning from previous Serious Case Reviews. The Safeguarding Childrens Partnership have continued to promote the Parental Education Programme (PEP), which was re-launched in 2013 and has been further strengthened with the launch of the Keeping Baby Safe Strategy – Three Steps to Baby Safety.

The intention of the programme is to deliver a health education initiative with the aim to reduce the incidence of non-accidental head trauma in babies by shaking and non-accidental head trauma in Derby City and Derbyshire.

This will be done by:

- Increasing parents and carers awareness of the risks of rough handling and the risks and poor outcomes of shaking a baby
- Providing support and guidance on how to manage a crying baby and stressful situations
- Ensuring parents and carers are aware of where they can get help and support if required by signposting to relevant services
- That all practitioners who have contact with families with babies have an awareness of the programme and the guidance contained within the Keeping Babies Safe Strategy.

The programme provides parents/carers with consistent information about strategies for managing a crying baby and managing the personal stress of caring for a baby.

The Parent Education Programme (PEP) consists of:

- An educational video;
- An information leaflet
- A signed commitment statement which confirms the parent's commitment to keeping their baby's head safe.

The aim of the video is to inform and educate parents to be, those with new babies and carers on managing a crying baby, understanding the vulnerability of a baby and the dangerous consequence of poor handling and shaking a baby.

The video is approximately 3 minutes long and provides information on;

- Understanding that crying in babies is normal
- How to cope with a crying baby and strategies that might help
- The dangers of shaking a baby
- Where to get help and advice
- The clear message *'That shaking the baby is just not the deal*!'

The video is evidence based and has been modified from a successful Australian campaign by the University of Sydney. The value of a parent educational programme in the USA was described in an American research paper (Dias et al; 2005) and concluded that the incidence of shaken babies has been reduced by 47% over a four-year period.

Coster (2017) has concluded that for many parents a crying baby can lead to elevated levels of frustration, anger and distress and as such can be a common trigger for shaking which can lead to non-accidental head injuries. The study concluded that a psycho-

educational film can be an effective tool in helping parents cope with crying and gives parents simple practical strategies to use which are memorable.

4. Delivering the Parental Education Programme

The Parent Education Programme is delivered by the **Midwifery Services** in Derby and Derbyshire. The principles of the management of a crying baby and safe handling should be discussed with families at antenatal contacts by both Midwives and Health Visitors.

In Hospital

- The Optimal time for the delivery of the PEP is in Hospital following the birth of the baby and prior to discharge.
- It is the responsibility of the Hospital Midwife discharging mother and baby to ensure that the PEP takes place. When a baby is being discharged from the Neonatal Unit it is the responsibility of the Neonatal Nurse discharging the baby.
- Both parents or carers should see the whole video and be given an opportunity to ask any questions, and both should sign the Commitment Statement a copy of which will be placed in the Red Book (Child Health Record) and maternity record.
- It is important that all fathers or known male care givers are shown the PEP.
- There should be a clear record that the PEP has been delivered to both parents or carers.
- In cases where the baby is to be cared for by anyone other than the parent e.g. Foster Carer or extended family then there is an expectation that they undertake the PEP if possible prior to discharge.
- A “Shaking your baby is just not deal” information leaflet should be given to the parents / cares as a reminder of the details seen on the video.
- Parents and carers should be shown how to hold baby and how to handle their baby’s head with care.
- Where English is not the first language of the parents or carers the PEP should be delivered by showing the video in their own language if this is not possible then a leaflet should be given in the language of the parents or carers with support and advice from a practitioner.

In Community

- In cases where the baby is born at home or in a Hospital outside Derbyshire, the PEP should take place in the home or local community base and delivered by the community midwife. This should happen at the first home visit or contact.
- It is the responsibility of the Community Midwife discharging the mother and baby into the care of the Health Visitor to ensure that the PEP has taken place and that both parents have seen the video.
- The Midwife must confirm that the PEP has taken place on the handover of care to the Health Visitor and should be recorded in the baby’s red book.
- If the baby is being cared for by foster carers or extended family, there is an expectation that the PEP is completed as soon as possible at home or at a local community base.
- Whilst this is primarily a Midwifery initiative, it is the Health Visitor’s responsibility to check that the PEP has taken place if not the Health Visitor should deliver the PEP.

- The Health Visitor should discuss and support families to understand the management of a crying baby particularly with fathers and in Derbyshire promote the use of the DadPad
- Where English is not the first language of the parents or carers the PEP should be delivered by showing the video in their own language where possible and supporting this with a leaflet in the appropriate language and offer additional support so that the messages are understood by the parents and carers.
- Health Visitors should provide the PEP to all families who move into Derby and Derbyshire particularly if their baby is under 6 months old.

Multi-Agency partners and practitioners

There is an expectation that with the publication of the Keeping Babies Safe Strategy – The Three Steps for Baby Safety, that all practitioners who have contact with families with babies understand the messages regarding safe handling and are able to support parents or carers or know where to signpost families to ensure they have up to date research bases information and support. The education and support to parents and carers regarding safe handling, the management of crying babies and the principles of the PEP should be considered:

- As part of the assessments of families with young babies
- Antenatal contacts
- Parenting courses
- Parents and carers of babies under 6 months old should be asked if they have seen the video. If they have not seen the video please contact the Midwife or Health Visitor.

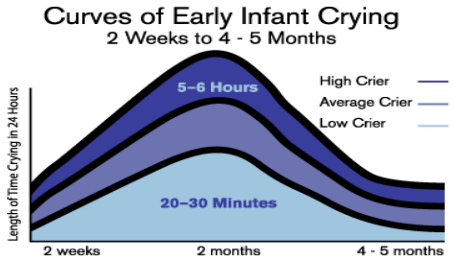
5. Management of Crying

Babies are fully dependent on the person who is caring for them. That person should provide food, warmth and comfort which all babies need to develop normally. When a baby cries it is their way of communicating those needs and asking for attention and care.

Babies that persistently cry are a stress factor for parents and are often raised by parents with practitioners. Long and Johnson (2001) highlight that those parents and carers who complain to professionals that their baby cries excessively, actually do have a baby who cries more frequently and for longer than most. This can promote feelings of living on the edge, feelings of a loss of control and social isolation.

Bar et al (2000) in their study concluded that babies who cry excessively will do so despite the quality and level of parenting provided and all babies have a normal crying curve which starts at 2 – 3 weeks with a peak at 5 – 6 weeks.

Normal Crying Curve



Ronald G. Barr
PNAS October 16, 2012 109 (Supplement 2) 17294-17301; first published October 8, 2012
https://doi.org/10.1073/pnas.1121267109

Additional Resources

ICON

ICON is a programme which was launched nationally from National Health Service England (NHSE) in 2020. The information and messages within ICON are similar to the information and messages provided in the Derby and Derbyshire Parent Education Programme.

ICON is based on research from USA and stands for:

I - Infant crying is normal
C - Comforting methods can help
O - It's OK to walk away
N - Never, ever shake a baby

Visit the ICON website for more information

Links for support with a crying baby:

NHS – Soothing a Crying Baby
NCT – How to cope with a crying baby
NSPCC – Baby & toddler safety page
Cry-sis – Support for Crying and Sleepless Babies
NSPCC – Handle with Care Guide

6. Governance and Assurance of the Parental Education Programme

- The overall delivery and outcomes of the programme will be monitored through the Derby and Derbyshire Keeping Babies Safe Steering Group which is a subgroup of the Child Death Overview Panel.
- An audit of the Programme will be completed at least every two years to gain assurance of the delivery effectiveness and outcomes of the programme.
- If there are any concerns regarding the ability to deliver the programme this should be raised with the Derby and Derbyshire Keeping Babies Safe Steering Group through the Designated Nurse Safeguarding Children.

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