North Yorkshire
Safeguarding Children Partnership

Child Y and Sibling Z: Recognising non-accidental injuries in non-mobile children: the importance of 'consider, suspect or exclude' child maltreatment and the "voice of the non-verbal" child.

1 Context

Child Y was a 6-week-old baby who was seen in hospital with a lump to the leg which parents had said had increased in size over the previous 12 days.

Subsequent X-rays confirmed that Child Y had sustained an unexplained fracture to the leg, and a subsequent skeletal survey identified multiple additional fractures to all four limbs and to the ribs. Medical opinion concluded that the fractures were likely non-accidental.

Child Y has an older sibling (sibling Z), who is preschool age and upon medical examination, was not found to have any injuries. At the time of the Child Y's injuries the family were only known to universal health services.

2 Background

Child Y lived with their biological mother, father, and Sibling Z. Both parents faced substantial challenges during their own childhoods and actively sought support for their mental health difficulties in adulthood. They openly shared information about their own upbringing with professionals. However, their support network was limited, and they had an older child exhibiting challenging behaviours, prompting questions to professionals about whether Sibling Z might have Autism.

When Child Y was approximately five weeks of age, their mother began to raise concerns with a range of health professionals in respect of Child Y being unsettled, crying inconsolably, and having trouble feeding. Child Y was noted to be extremely distressed throughout these appointments. These included several calls to the 111 service, an attendance with the out of hours GP, several calls to the Health Visitor duty line with subsequent follow up calls, several home visits by the Health Visitor, three face to face appointments with two different in-hours GPs and a telephone call to the practice for advice.

The day before the injuries were identified in hospital, Child Y's mother contacted NHS 111 regarding a "fair sized lump" to Child Y's shin. This was the first time the lump had been mentioned. She was advised to contact her own GP within an hour. She called just before the GP Surgery was closing and was advised to take the child directly to the hospital, but didn't go that evening.

Child Y's parents visited the GP practice the next morning, where Child Y was reviewed. The GP informed the Hospital Registrar about Child Y's presentation and impending arrival. Child Y was reviewed in the Emergency Department and once non-accidental injury was suspected a safeguarding referral was made to Children's Social Care.

Child Y's and Sibling Z's mother had a challenging childhood marked by Adverse Childhood Experiences (ACES); including being a care-experienced child, exposure to domestic abuse and parental alcohol misuse. As an adult, she faced periods of self-harming behaviours, low mood, loss of motivation for which she was intermittently prescribed antidepressants. After sibling Z was born, she accessed support through talking therapies. Child Y and Sibling Z's father did not have any known involvement with Children's Services during his childhood. However, he recalled his father exhibiting controlling behaviours. As an adult, he experienced some mental health concerns and received ongoing support for them.

3 Tasks/challenges/recommendations

Recognition and response to injuries in non-mobile infants:
Prior to the day of admission to hospital there were opportunities to fully examine Child Y. If this had happened it may have revealed the swelling on the thigh sooner and may have expedited the child protection medical assessment and safeguarding process for Child Y.

Cumulative Risk, Vulnerabilities and Professional Curiosity:
Professionals working with the family recognised the cumulative risks they faced, but they may not have fully grasped the impact of additional stressors, such as Child Y's extended periods of crying and Sibling Z's behavioural needs.

Understanding the 'Voice of the non-verbal child:
Professionals noted that Child Y had appeared visibly in pain these observations should have been seen as the voice of the child which would have led to a more detailed assessment at the time.

A referral for an autism assessment has been completed after Child Z was presented to the GP with behavioural issues. There was no evidence that any consideration was given to whether these behaviours could be a result of Child Z's lived experience. It is important to remember that children may communicate abuse or neglect through their behaviour and appearance.

Implementation of the ICON Program:
ICON is a national programme that supports parents and carers to understand and manage normal infant crying to prevent abusive head trauma. Positive discussions about the ICON program took place on five occasions with both of Child Y's parents present. This appeared to involve giving information rather than a two-way conversation regarding specific parental concerns around infant crying. It is vital to comprehensively address how parents cope with infant crying and how this may make them feel, making these conversations personal and relevant to the individual family circumstances.

Promotion of Support Services:
Child Y's mother's personal experiences with statutory agencies could have made her hesitant to disclose any challenges and feel pressured to present as coping well. Promotion of consent-based services, such as the Early Help Service, is essential to inform and encourage parents of how they can access these services and the potential benefits they may bring.

Effective Communication and Information Sharing:
It is not clear what information was shared between Primary care and midwifery when Child Y's mother was pregnant and had consulted the GP regarding her mental health. Father had also sought support for his mental health. It is noted that there is no embedded processes to share safeguarding information about fathers-to-be across Primary Care, Midwifery or Health Visiting Services.

Effective information sharing between agencies is crucial to understand the full picture of a child's and family's life and experiences. In order to ensure professionals have a systemic picture of the family, it is important for agencies to share information in a timely manner in line with information sharing protocols. NYSCP (safeguardingchildren.co.uk).

4 Good practice:

The Health Visitor had a clear picture of what family life was like for the children within the home and spent time gaining parents' voices about their own childhood, considered their ACES, listening to them, and providing advice on how to improve their emotional wellbeing. They offered support to them to help them reflect on their own experiences of being parented and how this could impact on the children's future outcomes.

Both the General Practitioner and Health Visitor had discussions with father about his mental health and he had been referred for support. The Health Visitor provided "listening visits" proactively to provide mother (and father by extension) the opportunity to share worries about their mental health. Plans were made as a result of these visits which resulted in appropriate referrals to mental health services.

When the Family Health Needs practitioner recognised an escalation in concerns regarding Child Y's presentation, they gave clear guidance to mother in respect of making contact with the GP and also requested that mother keep them informed of the plan which they then recorded on Child Y's notes. When the GP observed the lump on Child Y's shin, medical management was timely and effective to ensure that Child Y was assessed and had their medical needs met. The GP took proactive steps by providing a letter for the family to present in the Emergency Department and informing the Hospital Registrar about Child Y's impending arrival. This demonstrates good safety netting practice; if Child Y had not been taken to the emergency department, further follow up actions could have been taken.

5 Resources

ACES's
NICE (2017) Child maltreatment: when to suspect maltreatment in under 18s
NYSCP: #AskMe… Have the conversation campaign
NYSCP: ICON
NYSCP: Managing Injuries to Non-Independently mobile children- Practice Guidance
NYSCP PAMIC Tool
RCGP child Safeguarding Toolkit