

01. BACKGROUND

The South Tees Safeguarding Partnership commissioned a child safeguarding practice review (CSPR) to consider systems and practice within and between partner agencies in the South Tees area specifically with regard to the assessment and safeguarding of infants where there are few known pre-disposing risks or vulnerabilities. The headline learning was in regard to bruises in non-mobile babies, involving fathers, late identification of pregnancy, and professional objectivity

02. CASES CONSIDERED

The review looked in detail at two babies in different families. Both were 14 weeks old when they received head injuries. Baby 1 lived with both parents and a sibling. The mother had requested a termination, this was not possible as she was over 35 weeks pregnant. Around two months prior to the injuries a bruise was observed on the baby's forehead. Baby 2 was in the care of their father at the time of the incident. The parents were no longer a couple. The mother told the midwives and health visitor that there had been controlling behaviour from the child's father in their relationship.

03. KEY LEARNING – FATHERS/CO-PARENTS

- Advice in key areas such as safe sleeping and safe handling needs to be provided and reinforced to both parents, including parents who do not live with the baby if they are to have contact.
- Fathers need to be seen as equal parents in order to ensure that the needs and risks to a child are met and known. Professionals need to give separate consideration to how they can meaningfully engage with fathers, including those who do not live with the child. This is a challenge in universal cases.
- Professionals need to be aware of research on the impact of having responsibility for a new baby on fathers as well as mothers.

07. WHAT CAN YOU DO NOW?

The full report is not yet published but when available this will be on the STSCP Website

<https://stscp.co.uk>

<https://www.teescpp.org.uk/specific-issues-that-affect-children/bruising-on-non-mobile-babies/>



04. KEY LEARNING – INFORMATION SHARING AND OBJECTIVITY

- Without information being shared directly when the responsibility for a new baby transfers to a health visitor, it cannot be guaranteed with current systems that potentially important information will be known by them.
- Professional curiosity is essential when there are issues in a case that may lead to additional needs or risks, and professionals should have an open mind to ensure they do not make assumptions about how a family will cope.
- The benefits of employing support workers from within communities need to be balanced with the risks when there is a potential child protection issue for someone living and working in the area.

06. WHAT ARE THE PARTNERSHIP DOING?

- The current policy in regard to Concealed Pregnancy is being reviewed to consider what professionals should do if a mother presents very late in her pregnancy, and what needs to happen if the delay in identifying the pregnancy means that a planned termination cannot take place.
- Consideration is being given to how the partnership can influence the necessary cultural and systemic changes across all partner agencies regarding the need to better consider fathers and secondary carers in families.
- Asking partner agencies to consider whether professionals have the knowledge of and use the Injuries in Non-Mobile Babies policy.

05. KEY LEARNING – BRUISING/MARKS IN NON-MOBILE BABIES

- Family members should not have unsupervised contact with their child in hospital if a non-accidental injury may be the reason for the attendance.
- When professionals are aware of even a small bruise on a very young child, they need to recognise it might be a warning injury. They need to take action and make appropriate referrals, explaining to parents that they HAVE to do this and follow the Bruising in Non-Mobile Babies policy.[1]

<https://www.teescpp.org.uk/specific-issues-that-affect-children/bruising-on-non-mobile-babies/>