

Infants: learning from case reviews

Summary of key findings and learning for improved practice around working with children aged two and under

March 2023

Introduction

The large number of case reviews published since 2018 where children aged two and under were seriously harmed or died reflects the fact that this age group is particularly vulnerable. The majority of the children in the case reviews used for this briefing were aged under one, with many being pre-mobile and pre-verbal. Children under two and children under one face many of the same risks and are highly dependent on their caregivers. The Child Safeguarding Practice Review Panel (the Panel) have published reports on [safeguarding children under one year old from non-accidental injury](#) and [bruising in non-mobile infants](#) that highlight this vulnerability.

Infants are unable to communicate their needs verbally and so professionals must understand their lived experience and identify safeguarding and child protection concerns through other means. Practitioners may need training and support to identify and understand their voice and lived experience.

Reasons case reviews were commissioned

This briefing is based on learning from case reviews published between 2018 and 2022, where children aged two or under were seriously harmed or died due to:

- non-accidental injuries
- neglect
- dangers associated with unsafe sleeping.

Key issues

Recognising the impact of parents' experiences and behaviour

Case reviews have identified that practitioners do not always fully understand how parents' own experiences may affect how they care for and keep their baby safe. The impact these parental vulnerabilities or experiences have on an infant's short and long-term development and wellbeing sometimes go unseen or unexplored by professionals.

Parents who may need additional help meeting their babies' needs and keeping them safe include:

- parents who have had adverse childhood experiences
- parents with substance misuse problems, including using cannabis
- parents with mental health problems
- parents with disabilities and learning difficulties
- young parents
- parents who are care leavers
- parents who are experiencing or have experienced abuse as an adult.

Identifying infants that may be more vulnerable to abuse and neglect

There were a number of recurring factors in case reviews which increased the vulnerability of some infants to abuse and neglect. Some practitioners demonstrated good awareness of this. They identified the types of assistance needed by families and communicated well with other agencies.

Infants who may be more vulnerable include:

- babies born prematurely
- babies born as part of a multiple birth, or who have a sibling also under the age of two
- babies born with disabilities, chronic health conditions, complex health needs or learning difficulties
- babies whose siblings are, or have previously been, on a child in need or child protection plan.

It was not always recognised that parents of babies affected by these factors might need extra support to safely care for them.

Identifying when parents may be struggling to meet their infant's needs

Case reviews identified that parental needs sometimes over-shadowed risks to the infant. There is a need to focus on how the challenges that parents face may affect their infant's health and wellbeing.

Signs that parents could be struggling include:

- a pattern of missing their infant's healthcare appointments or not bringing them at all
- a reluctance to engage with services
- seeming to 'favour' one child over another, for example if one twin's needs are not being sufficiently met while the other sibling's is
- a baby showing signs of poor weight gain or faltering growth alongside other concerns.

Professional over-optimism and lack of curiosity

While in some instances professionals gave good practical help and support in response to concerns, there was not always consideration of the long-term impact of these concerns on the infant.

- Practitioners who regularly encountered high levels of need in their work sometimes became desensitised to circumstances that would otherwise have been classed as concerning.
- There was sometimes a lack of professional curiosity when exploring perceived 'low-level' concerns, such as untidy homes or negative parental interactions with other children.
- Professionals sometimes minimised cannabis use as a significant risk factor or did not explore its impact on parental ability to keep an infant safe due. This might have been in part due to the lack of evidence of risk associated to cannabis use.
- The birth of a new baby was sometimes seen by practitioners as a 'fresh start' for a family. This meant professionals did not always reflect on pre-existing patterns in parents' behaviour which could pose a risk to their new child.
- Some practitioners assumed that professional or more affluent parents could 'cope' with the pressures of parenting and underestimated the risks to the baby. This led to professionals accepting, rather than challenging or questioning, what the parents told them about the daily lived experience of an infant.

Understanding the roles and relationships around the child

A critical issue in case reviews was the lack of understanding of family dynamics. Gathering the perceptions and points of view of people in the baby's life is important in being able to identify patterns of behaviour that could pose a risk.

- In some case reviews, key information about other significant adults, such as mothers' partners, was not known.
- Information on other significant adults was not always considered adequately when regarding the impact it may have on the care of the baby.
- Pre-birth and any subsequent assessments did not always include information about significant adults living within the same address, such as grandparents.
- Professionals sometimes did not fully explore the reasons why a grandparent or other family member took on a caring role for the baby.
- Practitioners did not always fully recognise the impact relationships between parents or other adults in the house could have on a parent's behaviour towards their baby or the risk posed by another adult to the baby.
- Professionals accepted a lack of involvement by fathers without exploring further, such as a father not attending a baby's healthcare appointment/s.
- Some practitioners struggled to engage with and assess parents due to the parent's distrust of agency support. In particular 'unseen men' (fathers, stepfathers, and mothers' male partners) were not adequately sought out for assessment and engagement in caring for their new baby.

➤ [Read more about unseen men: learning from case reviews](#)

Unsafe sleeping

One of the reasons case reviews were commissioned was due to death or serious harm due to unsafe sleeping. The prevalence of this was highlighted in the Panel's 2020 review of cases of sudden unexpected death in infancy (SUDI) in England.

➤ [Read the CASPAR briefing summary of the report here](#)

Factors increasing the risk to an infant include:

- parents co-sleeping with babies, particularly when alcohol or drugs are involved
- babies in unsafe sleeping positions, such as on their front or side
- the infant being placed on an unsuitable sleeping place, such as on a sofa
- 'out-of-routine' events, such as a party, that disrupts usual sleep routines
- excessive parental alcohol consumption or drug use
- parental mental health issues.

Learning for improving practice

Assessing families with infants

Any assessment can be an opportunity to get an objective, evidence-based picture of a baby and their family. Assessments should be focused on the needs of the infant.

- When assessing families, practitioners should consider factors such as history of anger or violence, substance misuse and mental ill-health as risks to infants. These factors are known to contribute to a lower frustration threshold which can exacerbate negative feelings towards normal infant behaviours such as crying.
- Professionals need to broaden their focus and include fathers who are not living with their baby in assessments so that risk or protective factors can be considered.
- Practitioners should consider how other responsibilities may impact the parents' ability to care safely for the baby.
- Assessments should be ongoing so that any new risks to the child, such as new adults in a baby's life, can be identified and responded to.
- Each contact with a baby and their family should be undertaken with knowledge of what happened in previous assessments.
- Pre-birth assessments should be used as an opportunity to identify the need for intervention and prevention, such as if a parent is struggling with substance misuse.

➤ Find out about the NSPCC's tool to help with pre-birth assessments

Understanding the daily life of infants

Practitioners can find it hard to keep the 'voice of the child' in focus as infants cannot verbally communicate. There needs to be a shift towards looking beyond a baby's basic care needs and to how their emotional and psychological needs and daily lived experience fits within the wider context of family stresses and strengths.

- Practitioners should be supported to understand the inherent vulnerability of babies and how to assess indicators of their wellbeing. This might include noting how a baby is dressed, if they are with a parent or in another room at the time of the visit, and what their demeanour and behaviour is like.
- There is also a need for professionals to be able to differentiate between what is 'normal' infant behaviour and presentation and what is cause for concern. Behaviour or presentation that may indicate unmet needs or safeguarding concerns might be: prolonged crying; if the baby is 'floppy' (a sign of being very unwell); bruising; and poor hygiene.
- Professionals need to be aware of the impact of abuse and neglect on a baby. They should understand how experiences during the first few months of life can affect future development.

- Professionals should be aware of how the relationships and behaviours of the adults around an infant can impact them. The focus should be on how caregivers respond to their baby and how they are meeting their baby's needs.
- Professionals should use other opportunities to gain insight, such as talking to older siblings who may be able to give information about how the infant is cared for. Any concerns should be proactively responded to.

Working with parents

Practitioners need to engage and involve parents and all other main caregivers in parenting education to help them understand how to safely care for their baby.

- When working with parents or carers with pre-disposing risks, such as cannabis use, practitioners should understand the influence on the parent and regularly assess the impact on the infant's safety and wellbeing.
- Professionals should understand and be curious about parental behaviour, identifying any patterns which may pose a risk to the baby such as how the baby is handled and how they speak about the baby.
- The reasons behind any parenting difficulties, concerns, or unsafe behaviour should be sensitively explored, and alternative solutions suggested.
- Practitioners should determine whether parents need to be supervised when spending time with their baby, for example if one parent has a history of violence. In these circumstances practitioners should consider who might be appropriate to supervise contact.
- Practitioners should consider any barriers a family might face accessing the services they need and work with them to find solutions.
- If parents are already receiving support, practitioners should check whether parents are engaging with the service and changing their behaviour.
- Adult facing services, such as mental health services, need to ensure there is a child focused approach with new parents and be aware of the pressures they face and how this might impact their ability to safely care for their baby.

➤ [Read more about rethinking barriers to engagement in NSPCC Learning's Why language matters blog](#)

Unsafe sleeping

While there were examples of good practice around communicating the risks of unsafe sleeping, practitioners did not always ensure that parents and caregivers fully understood what unsafe sleeping was and its impact on babies.

- Practitioners should work with families to identify the risks of 'out-of-routine' events on their baby's safe sleep routine and support them to develop strategies.

- Practitioners should have a conversation with parents about alcohol consumption and discuss what happens when they may consume more alcohol than usual.
- Practitioners should be supported in embedding safer sleep advice into parenting practice.
- The risks of co-sleeping should be repeated to parents and support provided pre- and postnatally.
- Professionals should consider how continuity of care impacts how information is effectively communicated to parents.

Professional curiosity and supervision

Practitioners need support to be able to further question any concerns about or around an infant.

- Practitioners need to identify gaps in knowledge about the family and baby, and make efforts to fill them, so that the baby's experiences and needs can be considered and supported during vital stages of development.
- If the sibling of a child under two is involved with children's services, then this should prompt practitioners to be aware and curious of potential risks to the new baby.
- Professionals need support and supervision in recognising and questioning disguised compliance and what this can look like in practice when there are other indicators of neglect, such as if a baby is clean and dressed during a visit but they have not been brought to healthcare appointments.
- Professionals should have opportunities for reflection, such as supervision meetings, in which they can discuss and gain insight about their work with infants.

Recording and information sharing

It is important that professionals accurately record and share information about the infants and families they work with so that concerns can be quickly identified and acted on.

- Anyone working with parents of infants must be aware of their child protection responsibilities and know how to raise concerns. Agencies such as nurseries should be able to find out the name of any social worker involved with a child in their care.
- If caregivers refuse help when there are safeguarding indicators, professionals should escalate this with their supervisors or other agencies.
- Practitioners need to understand and keep a good record of information given to the infant's caregiver by other professionals, such as what medication the

infant may need, so that conflicting advice is not given that could harm the baby.

- Professionals should be given time to ensure that all records are kept up to date so that an infant's health and development can be tracked, and any safeguarding concerns raised in a timely manner.

Learning from previous case reviews

Findings from previous analysis of case studies published during 2017.

Premature babies

- Professionals should create a multi-disciplinary discharge plan for premature babies who have spent their first weeks in hospital. This should include provision for appropriate support and monitoring the family's progress.
- Professionals need to use tools which have been specifically designed for premature babies to assess whether a premature baby is thriving, as generic tools can give an unrealistic view of a baby's progress and may mask areas of concern.

Working with families

- When there are safeguarding concerns, professionals should consider whether a baby should be allocated a social work practitioner to assess their needs, even if their parents are already known to services.
- Check that parents understand and are continuing to follow safety advice and guidance, for example about bathing or keeping infants away from potential hazards.

References

Child Safeguarding Practice Review Panel (CSPRP) (2022) The management of bruising in non-mobile infants paper. [Accessed 30/12/2022]

<<https://www.gov.uk/government/publications/the-management-of-bruising-in-non-mobile-infants-paper>>

Child Safeguarding Practice Review Panel (CSPRP) (2021) Safeguarding children under 1 year old from non-accidental injury. [Accessed 30/12/2022]

<<https://www.gov.uk/government/publications/safeguarding-children-under-1-year-old-from-non-accidental-injury>>

Child Safeguarding Practice Review Panel (CSPRP) (2020) Safeguarding children at risk from sudden unexpected infant death. [Accessed 30/12/2022]

<<https://www.gov.uk/government/publications/safeguarding-children-at-risk-from-sudden-unexpected-infant-death>>

A list of the case reviews analysed for this briefing is available on the [NSPCC library catalogue](http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=B2CC28A9-755D-476E-8EC3-465DC4EDDDB7&DataSetName=LIVEDATA). <http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=B2CC28A9-755D-476E-8EC3-465DC4EDDDB7&DataSetName=LIVEDATA>

The [national case review repository](http://nspcc.org.uk/repository) makes it easier to access and share learning from published case reviews at local, regional, and national level. You can access the repository via the NSPCC Library. <nspcc.org.uk/repository>

+ More ways to help you protect children



Trauma and child brain development training
learning.nspcc.org.uk/training/trauma-child-brain-development



Sign up to our weekly current awareness email newsletter
nspcc.org.uk/caspar



Read more learning from case review briefings
learning.nspcc.org.uk/case-reviews/learning-from-case-review-briefings

