Case Review executive summary

June 2005

Introduction

This is a summary of a serious case review following the presentation of a 14 week old infant at hospital with life-threatening injuries. These were understood to have been sustained from a violent shaking episode for which the child's father subsequently took responsibility. The review that has been conducted by ACPC is in accord with Part 8 of "Working Together to Safeguard Children" (1999) and is intended to identify any lessons to be learned from the way this case was managed and in influencing better-informed practice in the future.

Review

This is the seventh case reviewed by ACPC of an infant sustaining life-threatening injuries, from what is thought to be severe shaking, within the last six years.

The serious case sub-committee of ACPC comprised of:

Dr S Bennett-Britton, Consultant Paediatrician

F Manning – Designated Nurse

Detective Superintendent S Popadynec – Staffordshire Police

G Williams – Principal Child Care Manager

V Gordon – (observing) Development Officer

An inter-agency overview was constructed by ACPC on the 16th June and was subsequently submitted with an action plan to the Commission for Social Care Inspection.

Case Summary

On the face of it, this was not an unusual family. It was a traditional nuclear family unit with two children. The elder child had been seen to have made good progress in the parents' care.

The second pregnancy however had not been without considerable difficulties, triggering certain relapses in mother's physical and emotional health. These in turn led largely to a reversal of role between the parents in caring for the child (ren), necessitating father taking time off work to care for his family.

The potential stress of this responsibility had not necessarily been apparent to other people, including professionals. The new baby however sustained a suspicious bruise at ten weeks that was referred to the local hospital for assessment. The child's inconsolable crying had been an additional factor.

Having been treated in hospital for gastro-enteritis on this and at least one further occasion, the child was admitted for a third time with serious injuries. Father was subsequently convicted of causing grievous bodily harm and he received a suspended prison sentence.

Lessons Learned

1. While shaken baby syndrome remains a somewhat controversial diagnosis within clinical research, ACPC currently holds the line that serious head injuries of this nature are the product of violent shaking episodes.

2. Triggers to severe shaking are often associated with inconsolable crying, and a parent in acute stress who may feel unable to access other sources of help or support.

3. The National Service Framework is keen to promote professional support to parents ante-natally, particularly in recognising the needs of fathers in parenting their children
.
4. Promoting early bonding and secure attachments remains an important objective during the first six months of a child's life.

5. Closer analysis might have revealed prominent indicators which might have in turn generated further assessment on an inter-agency basis:
   - Pre-disposing risks
   - Unexplained injury (ies) on a young child
   - Fractious infant

6. **Any episode of bruising in a child under six months – particularly where there are unsatisfactory explanations – always has to be regarded as suspicious, and a matter for further assessment on an inter-agency basis.**

7. Diagnosing severe head injuries in very young infants remains a real challenge for clinicians that requires rigorous consideration of differential diagnoses.

Recommendations

1. Key messages around "don't shake the baby" should be retained in any forthcoming publicity strategy by ACPC.

2. All staff should regard bruising in a child under six months as suspicious, at least pending further assessment.

3. Key aspects of clinical assessment of head injuries in a child under two years will be reiterated in child health training programmes.

4. Expectant mothers at risk of severe mental illness should have an agreed multi-agency service plan.

5. PCTs should review advice to parents within parent-held records in all aspects of safeguarding children's welfare.

6. ACPC and PCTs in particular give consideration to the lead-professional model of management.

7. Each Health Care Trust has appropriate mechanisms for sharing information between professional disciplines on behalf of vulnerable children.

8. Each constituent agency of ACPC has its own training and implementation strategy in place for safeguarding children's welfare.

9. ACPC considers further means of jointly commissioning training programmes with the Health and Social Care Board.

If you have any queries about this bulletin
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