

# Non-Accidental Injury Under 5 Deep Dive: Summary for Practitioners & Managers

April 2021



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## Background

The East Sussex Safeguarding Children Partnership (ESSCP) Quality Assurance (QA) sub-group is responsible for monitoring and evaluating the effectiveness of the work carried out by partnership agencies to safeguard and promote the welfare of children; and to make recommendations about ways this can be improved.

In April 2021 the QA Subgroup completed a deep dive audit of two children under 5 involved in a non-accidental injury where there had been a referral and multi-agency involvement.

Non-accidental injury (NAI) can be any abuse inflicted on a person or knowingly not prevented by a care giver. The injury is not consistent with the account of its occurrence.

Data suggests there has been an increase in non-accidental injuries during the coronavirus pandemic where families are under pressure and experiencing escalating tensions and anxiety in the home.

Two cases involving non-accidental injury of children under 5, within the last 12 months. Auditors were sent the child details and an audit tool based upon the Ofsted Inspection audit tool. Front line practitioners were sent a questionnaire with open ended questions about what they were trying to achieve at key points, factors that influenced their work, what had worked well, what had not worked so well, and their reflections on this.

The audit meeting was held virtually and entailed discussion with front line practitioners, involved in the case, and the auditors sharing their knowledge of the case. Participants discussed the case in small groups to identify key factors which had supported good outcomes for the child and factors that had presented challenges or stumbling blocks to good outcomes for the child. Auditors reflected upon the findings from the audit meeting and identified key themes and recommendations.

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## Key themes that enabled good practice

- Motivated parents who wished to demonstrate they could care for their child.
- The importance of relationship-based practice.

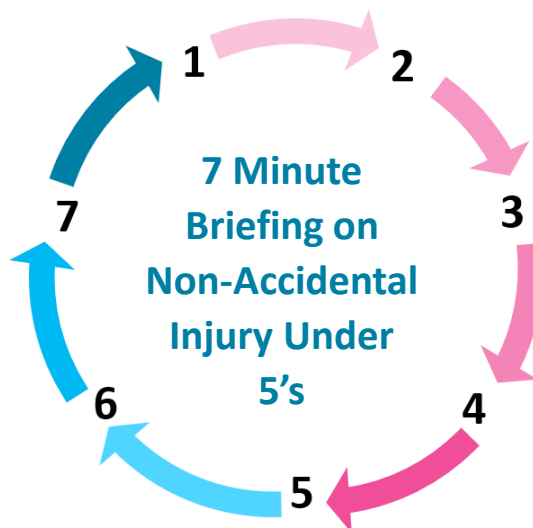
## Learning for practice

The ESSCP invite you to discuss some of the issues raised in this audit in your team meetings or during group supervision. We encourage your responses to be included in your team minutes and forwarded to the safeguarding lead within your organisation.

### Points for discussion:

- What is your understanding of a non-accidental injury?
- Do you know what Video Interaction Guidance (VIG) is?
- How do you engage with fathers and non-birthing partners?

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- Multi-agency process to ensure a shared understanding of needs and risks with a clear action plan to improve the outcomes for the children and family.
- Good interagency information gathering and sharing.
- Good attendance at Strategy Discussions, Child Protection Conferences and Core Groups which led to good outcomes. The Core Group communicating effectively outside of meetings, providing each other with updates on the family, and ensured good progress was made.
- The value for multiple observations and information gathering to establish the threshold of future harm or risk.
- The early involvement and intervention of SWIFT (Specialist Services) providing an expert view.
- Targeted intervention with parents making sure not to overwhelm them, having aims that were achievable and tailoring the invention depending on learning needs.
- There was a shared understanding of the meaning of non-accidental injury which enabled professionals to work well together and have a measured approach when looking at all aspects of the case.

## Key challenges to good outcomes

- The lack of engagement with fathers or significant men. Whilst there are practical challenges, flexible working practices could be employed to help engage fathers.
- The cases highlighted the nuances of investigating non-accidental injury and the challenge in differing professional opinions especially when there is no conclusive evidence of non-accidental injury and this is a grey area for all practitioners to work within.
- Delay in medical assessments and test results causing anxiety for parents and children involved.

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## Learning Identified

- The importance of professional challenge and escalation of concern. Effective multi-agency working depends on a culture of open and honest relationships between agencies where different professional perspectives are encouraged and considered to improve the outcomes for children.
- The effectiveness that tailored intervention can have on parents and families.
- Due to Covid-19 restrictions only Social Workers were seeing the family face to face. Health visiting interventions were completed virtually. However, it was discussed that professional attendance had improved for Strategy Discussions, Child Protection Conferences and Core Groups because they were held virtually, improving multi-agency working.
- Skeletal Surveys are reported by two consultant radiologists. In the case of diagnostic uncertainty or disagreement, a further opinion will be sought from the Specialist Centre. If an opinion is sought from the Specialist Centre.. In many cases, the outcome of the strategy meeting does not need to be delayed waiting for a report from the Specialist Centre. Further advice can be obtained from the Named Doctors if this is not clear in a particular case.

## Recommendations for improvement

- To promote the use of Video Interaction Guidance (VIG) as an intervention in Children's Services as it helps to enhance relationships between parents and children.
- Ensure Health Professionals inform parents that blood test will be processed as soon as possible, with a likely time frame, and the results are shared accordingly.
- Social Workers to consider whether Specialist Family Service Provision (SWIFT) need to be invited to Strategy Discussion relating to non-accidental injuries to provide expertise in child and parental presentation.
- The ESSCP to seek assurance from partner agencies how they are making meaningful and robust attempts to engage fathers, and non-birthing partners, in their work with families.

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