

## NSPCC resources for professionals

### Training

The NSPCC provides specialist training courses and conferences. Training can be tailored to meet the needs of different audiences. For further information call 0116 234 7225.

### Training Packs and Materials

The NSPCC publishes resources to assist trainers in planning and designing workshops on key aspects of child protection. The following are relevant to the protection of babies and toddlers:

#### *Fragile: Handle with Care – protecting babies from harm*

A training pack on the protection of babies under 18 months for educators in the health service. It comprises: a trainer with trainer guidance and three modules with exercises; a reader covering key research and lessons in practice; a video with trigger scenarios.

#### *Making an impact – children and domestic violence*

A training and resource pack for professionals,

commissioned by the Department of Health and produced jointly with Barnardos and University of Bristol.

For further information call 0116 234 7223.

### EduCare Child Protection Awareness Programmes

The NSPCC, in association with de Brus Marketing Services Ltd, has developed interactive distance learning programmes designed to teach everybody about their role in protecting children. For further information call the EduCare Hotline 01926 436 219.

### NSPCC inform

NSPCC inform is an online child protection resource, providing access to the latest child protection news, the NSPCC Library catalogue, online ordering of NSPCC publications, and details of training courses, conferences and NSPCC Consultancy Services.

Visit [www.nspcc.org.uk/inform](http://www.nspcc.org.uk/inform)

## Parenting Publications



The NSPCC offers a wide range of resources, including parenting publications which parents can use by themselves or with professionals. These include:

**Handle with Care** explains how to hold and look after your baby, including advice on how to cope with persistent crying.

**Putting Children First** is designed for parents of 0-5 year olds.

**Listening to Children** offers practical advice on how to listen to and understand children.

**Stress: A Guide for Parents** helps you identify and manage stress and offers simple stress-busting solutions.

**Behave Yourself** provides a positive approach to managing your children's behaviour.

**Encouraging Better Behaviour** provides useful information on positive parenting and positive discipline.

For a sample copy of these publications please send an A4 SAE (five 1st class stamps) to: Parenting Pack, Publications and Information Unit, NSPCC, Weston House, 42 Curtain Road, London EC2A 3NH. For a copy of our publications catalogue, please send an A4 SAE (two first class stamps) to the same address.

Alternatively you can view these materials and the catalogue online at [www.nspcc.org.uk/inform](http://www.nspcc.org.uk/inform).

© NSPCC 2003 Photos posed by models Stores Code 0537 Designed by The Forster Company Registered Charity Number 216401

# Protecting Babies and Toddlers

## Information for professionals and those working with children



Supported by



# Working together to protect babies and toddlers

Babies and toddlers are more vulnerable to harm and abuse than any other age group. Much of this abuse can be prevented.

As part of FULL STOP, the NSPCC is campaigning for the protection of babies and toddlers and the support of families. Professionals in a range of disciplines have a key role to play in supporting parents, particularly at times of stress, so that they can avoid “crossing the line” when things get out of hand and their behaviour can become harmful. Working together, professionals can both prevent and identify harm to babies and toddlers.

Parents and carers of babies and toddlers who are under stress, are more likely to be in touch with the health service than any other agency. Midwives, health visitors, GPs, practice nurses, and staff in Accident and Emergency Departments are in a good position to help. Social workers, early years workers, childminders, and staff and volunteers in voluntary and community groups and programmes, including Sure Start, also provide important support.

Professionals have different levels of involvement with families. Some work in child protection, some support

families, and some engage mainly with either the child or the parent. All professionals need to be aware of the paramount need to protect children and take action when they are at risk.

This leaflet describes ways in which professionals can provide support and advice to protect babies and toddlers. Key government guidance is contained in *Working Together to Safeguard Children* and *The Framework for the Assessment of Children in Need and their Families*. Individual professional bodies also provide guidance.

## Some facts

Most babies and toddlers are cared for and protected by loving parents.

However, all parents can come under stress and a significant number of babies may be harmed as a result.

Many of these injuries can be prevented.

- Almost two-thirds of child homicide victims are under the age of four years old.<sup>1</sup>
- Under ones are the most at risk of all age groups, and are four times more likely to be killed than the average person.<sup>2</sup>
- Shaking babies causes brain damage resulting in long-term disability and death. This brain damage has been detected in 1 in 4,000 infants.<sup>3</sup>
- Under ones are statistically most at risk of abuse and neglect. At 31 March 2001, there were 4,200 registrations of babies under one year old on child protection registers. This is the highest rate for any age, three times the average for all ages, and is over 15 per cent of all registrations.<sup>4</sup>
- In all, there were nearly 11,000 children under five years old on registers in England, around 900 in Wales, and 500 in Northern Ireland.<sup>5</sup>
- Crying babies are particularly difficult to cope with and parents and carers may feel inadequate if they are unable to pacify them. The most common reason given for shaking a baby is that “it wouldn’t stop crying”.<sup>6</sup>
- Post-natal depression is experienced by 12-15 per cent of mothers.<sup>7</sup> It encompasses child birth mood disorders from “baby blues” to serious psychiatric illness.
- An NSPCC survey of 2,100 people who had recently had babies found 46 per cent of them did not feel they had enough support in times of stress. Of those who suffered, or whose partner suffered post-natal depression, 52 per cent felt they did not get enough extra support from health professionals.<sup>8</sup>
- Support for new mothers is diminishing. The number of post-natal home visits by midwives and health visitors has declined by a quarter in the last decade.<sup>9</sup>
- A survey of the mothers of one year olds found 75 per cent had already hit their children. Fourteen per cent of these incidents were classed as more than ‘mild’.<sup>10</sup>
- Although injuries sustained by infants are more likely to have fatal consequences, toddlers are just as likely to be injured by parents’ actions.<sup>11</sup>
- A 10 year study in the US found that over 10 per cent of injuries to under fives involved child abuse. Children whose injuries were non-accidental were usually younger, had more often received prior medical attention, and their injuries were more severe and dangerous.<sup>12</sup>

## Supporting parents is part of protecting children

Babies and toddlers are at an increased risk of harm when their parents or carers are experiencing or subjected to the risk factors that can lead to that harm. Some parents are unable to give the consistent nurturing that babies need.

Mothers describe feeling guilty if they experience negative feelings about themselves and/or the baby. These feelings may be due to such factors as: the earlier experiences of the parent or carer, an inability to understand the needs of the baby or toddler, the socio-economic circumstances of the family, mental health problems, having a violent partner, or being an isolated, unsupported parent. Babies and toddlers from all backgrounds may be at risk of suffering significant harm.

Many parents do not fully understand their babies' and toddlers' changing needs, and behaviour that is quite "normal" may be misunderstood. It may be misinterpreted as naughty or – worse still – wicked or deliberate. Refusing to eat, resisting bedtimes, not co-operating with toilet training, being negative, repetitive behaviour, separation anxiety, temper tantrums,

biting, spitting, and other forms of seemingly anti-social behaviour are all "normal." But they can also be very stressful to parents.

Many parents who have a toddler also have a baby and managing their different and competing demands – including jealousy shown by the older sibling – can be difficult.

### Parents of babies and toddlers with disabilities

Parents of babies and toddlers with disabilities may face questions, stresses and difficulties additional to those of other parents and they may feel more isolated.

#### The damaging consequences of harm to babies and toddlers include:

- Death
- Brain damage
- Disability
- Injuries, including broken bones
- Poisoning
- Suffocation
- Delayed development
- Attachment problems which may lead to longer term emotional consequences
- Intellectual, social and behavioural difficulties.

While there is no reason why parents with a disability should not do as good a job as a parent as anyone else – and many disabled parents already do – their disabilities can make some aspects of looking after a baby or toddler more difficult. All families are unique and have different characteristics that may lead them to being more or less socially isolated or supported. Any family may need extra help and support at different times during the family life cycle.

### Professionals can help by:

- recognising the risk factors that families are facing – while also recognising that families may be more or less able to cope with these.
- listening to and supporting parents.
- taking a child-focused approach.
- making appropriate referrals to other statutory and voluntary agencies.
- providing clear and consistent information to all parents on how babies and toddlers are harmed, and measures to promote their safety.
- following up parents who are not engaging with health services both ante- and post-natally. Home visits and extra telephone contact should be made.
- considering the commissioning and provision of health and home visiting services, parenting classes, and preventive services.

### Risk factors to consider:

- Overwhelming social circumstances
- Impact of changing roles when becoming a parent
- Social isolation
- Poor parenting skills – including a lack of understanding of the child's needs and behaviour
- Weak attachment between parents/carers and their child
- Domestic violence
- Parent's low level of education
- Illness – experienced by the parent, baby or toddler
- Parent's bereavement
- Drug and alcohol addiction
- Non-attendance for routine ante-natal and post-natal services.

## What can you do?

Non-accidental injury is the most common cause of cerebral haemorrhages

### Professionals need to know:

Shaking causes bleeding in the brain; crying is the most common reason for shaking a baby. All children will suffer some accidental injuries, but any serious injury to a child, including

accidental injuries may suggest that the family needs advice or help to keep the child safe.

**What professionals can do:**

In assessing the risk to a baby you may need to question the degree of distress caused to the parent by the baby crying, or by caring for the baby's needs. Is the distress intolerable? Directly ask parents about how they cope with stress – this may enable you to discuss positive ways to deal with frustrations. When medical professionals see injuries in children, they should always consider whether the injuries were preventable, and whether the family might need help to prevent any injuries in the future.

**Communicate to parents:**

Never shake a baby – it is dangerous; babies cry because that is their way of communicating their needs such as hunger or discomfort. A parent responding to a baby's crying is demonstrating a nurturing and protective role.

## Any smacking of babies and toddlers can be damaging

**Professionals need to know:**

Severe injuries occur due to lack of self-control in responding to stress or administering “punishment” or discipline. Evidence of abuse may not always be present but it may manifest itself as: bruising; bite marks; other unexplained injuries. Any bruising in babies under one year old is indicative of severe abuse unless it can be attributed to another established diagnosis or cause. Toddlers are much more mobile than babies and may be bruised as a result of accidents – however, certain patterns of bruising and a child who is repeatedly bruised may indicate abuse.

**What professionals can do:**

Discuss the origins of injuries with parents and carers and check patterns of repeated injuries. If there is reason to suspect the child is at risk or has suffered significant harm, action needs to be taken to protect the child in accordance with inter-agency guidelines.

# Early intervention may stop the development of harmful patterns of behaviour within families

**Communicate to parents:**

Never hit or smack a child – it can be dangerous. Babies and toddlers are not sufficiently well developed to be deliberately “naughty” or know how to provoke you; any type of physical aggression against a baby or toddler is unacceptable.

## Babies and toddlers are at risk in violent homes

**Professionals need to know:**

Domestic violence to mothers and abuse of babies and children often coincide. Where there are unexplained injuries to a baby or child, a medical examination should be sought.

**What professionals can do:**

Be aware of the possibility of wider domestic or family violence. Don't be

afraid to ask about the causes of injuries and record all observed injuries to both mothers and children. This may help with your professional assessment over time and they may be needed later in criminal proceedings. Always ask about safety and protection and familiarise yourself with local support agencies and child protection procedures.

**Communicate to parents:**

Take action now to protect yourself and your children – seek help and advice. Violence in the home may mean it is difficult to look after your children properly. Seeking help does not necessarily mean your children will be taken into care. Do not assume that your children are unaffected.

### Remember to advise parents:

- Never shake or smack a baby or toddler.
- All parents can come under stress from time to time. You are not alone.
- Try to understand your baby's or toddler's needs and how they develop. That will help you respond appropriately to difficult behaviour.
- If you're struggling, losing control, and in “danger of crossing the line” seek help before things get out of hand and your behaviour becomes harmful. You can always telephone the NSPCC Child Protection Helpline on 0800 800 5000.
- Babies are vulnerable when you're vulnerable. Look after yourself.
- It is worth seeking help – support and advice are effective.

## Sudden infant deaths

### Professionals need to know:

Between two and four months is the age at which most sudden or unexpected deaths occur. It has been estimated that parental action or inaction may contribute to 6 to 14 per cent of sudden infant deaths.

### What professionals can do:

Encourage parents to seek prompt medical advice for signs of ill-health or reduced responsiveness, particularly breathing difficulties. In reviewing an infant's death consider the possibility of abuse or neglect, but keep in mind that the vast majority of parents whose baby has died are innocent of causing harm.

### Communicate to parents:

The risk of sudden infant deaths is minimised through: sleeping babies on their backs; preventing a baby's face from being covered by bedding; keeping the room temperature at around 16-18°C; keeping babies in a smoke-free environment.

## Campaigning for improved services to protect babies and toddlers and their families

In order to better protect babies and toddlers and support their families the NSPCC is campaigning to promote the following measures:

- Family support services that any parent (including adoptive parents) can access without feeling she or he has "failed". Where possible, these services should strengthen the relationships in the extended family and increase support available to children.
- Universal health and support services should continue to be a priority.
- Increased resources for the expansion of the role played by midwives and health visitors, ensuring that mothers and fathers have high quality ante-natal and post-natal information and that signs of post-natal depression can be detected quickly.
- The maintenance and expansion of the Sure Start programme with built-in checks to ensure that it is effective for children with disabilities and special needs.

- All parents of new-born babies should be educated about the appropriate handling of babies and the dangers of shaking them. They should receive printed information on local sources of support and advice.
- Group parenting classes for all new parents, so that they have the opportunity to attend at least one course when their child is between the ages of two and five.
- Mass public education on the benefits of positive or helpful parenting, to raise awareness and create a climate of acceptance and understanding within which services can be delivered.
- To give training in child development and child protection to everyone working with children. Family support services need to incorporate child protection in their policies and procedures.
- Children to have the same legal protection from assault as adults. Parents need access to education about positive discipline.
- Government to commit to reducing child abuse deaths by 50 per cent in 10 years and to develop national strategies for stopping those deaths.

## Sources of help for parents

Parents and carers can get help from a number of voluntary organisations, some of which may also advise professionals:

### Child Psychotherapy Trust

Telephone: 020 7284 1355

Provides information and publications on the emotional development of children. Free publications available on request.

### Contact A Family

Helpline: 0808 808 3555

Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

Promotes mutual support between families caring for children with any type of disability.

### Cry-sis

Helpline: 020 7404 5011 (9am-10pm)

Provides emotional support and practical advice to parents dealing with excessive crying, demanding behaviour, and sleep problems.

### Disabled Parents Network

A national organisation of disabled people who are parents or who hope to become parents, and their families. Provides peer support, information and advice to disabled parents and their allies.

### Foundation for the Study of Infant Deaths

Telephone: 0870 787 0885

Helpline: 0870 787 0554

Advises on the prevention of sudden infant deaths and provides support and information to parents and professionals on reducing the risk of sudden infant deaths. Provides support to bereaved families and those caring for them.

### Home-Start

Telephone: 0116 233 9955.

Parent and volunteer freephone information line: 08000 68 63 68

Website: [www.home-start.org.uk](http://www.home-start.org.uk)

Throughout the UK, parent volunteers offer support, friendship, and practical help to families with at least one child under the age of five. Families are visited regularly in their own homes, with some schemes also offering family groups.

### National Childminding Association

Information Line: 0800 169 4486 (Mon-Fri, 10am-4pm)

Administration Line: 020 8464 6164. Website: [www.ncma.org.uk](http://www.ncma.org.uk)

Speaks on behalf of registered childminders in England and Wales and promotes quality childminding.

### National Childbirth Trust (NCT)

Enquiry line: 0870 444 8707 (9am-5pm Mon-Thurs, 9am-4pm Fri)

Website: [www.nctpregnancyandbabycare.com](http://www.nctpregnancyandbabycare.com)  
Offers information and support for parents during pregnancy, birth and early childhood, through its services, local support networks and publications.

### Parentline Plus

Unit 520 Highgate Studios  
53-79 Highgate Road, London NW5 1TL  
Helpline: 0808 800 2222  
Textphone: 0800 783 6783

Website: [www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)  
Parentline Plus is a national charity offering help and information for parents, carers and families via a range of services including a free 24-hour confidential helpline, workshops, courses, information leaflets and website.

Family Business is a partnership between National Council for One Parent Families and Parentline Plus providing national training and consultancy service for people and organisations working with parents and families. For more information visit [www.familybusiness.org.uk](http://www.familybusiness.org.uk) or contact Sally-Ann Lipson: 020 7284 5515 or email: [sallyann@familybusiness.org.uk](mailto:sallyann@familybusiness.org.uk)

### Parents Advice Centre (Northern Ireland)

Helpline: 028 9023 8800  
Email: [belfast@pachelp.org](mailto:belfast@pachelp.org)

Website: [www.pachelp.org](http://www.pachelp.org)  
Provides help, support and guidance to parents on any family problem.

### Women's Aid

For national organisations:  
England: Helpline 08457 023468 (24 hours a day). Website: [www.womensaid.org.uk](http://www.womensaid.org.uk)  
Northern Ireland: Helpline 02890 331818; Website: [www.niwaf.org](http://www.niwaf.org)  
Wales: Local Welsh groups in Yellow Pages or phone 192. Information, support, and refuge for women and their children affected by domestic violence.

### Health and social service professionals

Health and social service professionals can provide advice and support on a range of family, social, and health related matters. Try your health visitor, GP, midwife or local child health clinic for advice and services on what's available near you.

Sometimes, a child's difficult and challenging behaviour may have underlying physical and emotional causes so it may be necessary to involve specialist professionals to help identify any problems and provide appropriate support and help.

### NHS Direct

Helpline: 0845 46 47. Textphone (minicom): 0845 606 4647. Website: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
24-hour nurse advice and health information service, providing information on what to do if someone is feeling ill, health conditions, local healthcare services, and local support organisations.

### NSPCC

Weston House  
42 Curtain Road  
London EC2A 3NH  
Telephone: 020 7825 2500  
Website: [www.nspcc.org.uk](http://www.nspcc.org.uk)



### NSPCC Child Protection Helpline

The NSPCC Child Protection Helpline is a free 24-hour service which provides counselling, information and advice to anyone concerned about a child at risk of abuse. Phone: 0808 800 5000 (free, open 24 hours). Website: [www.nspcc.org.uk](http://www.nspcc.org.uk)  
Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)  
Textphone for people who are deaf or hard of hearing: 0800 056 0566 (free)

### NSPCC Cymru/Wales Child Protection Helpline

Phone: 0808 100 2524 (free, bilingual Welsh/English service, open 10am to 6pm, Monday to Friday)  
Email: [helplinecymru@nspcc.org.uk](mailto:helplinecymru@nspcc.org.uk)  
Textphone for people who are deaf or hard of hearing: 0808 100 1033 (free)

### NSPCC Asian Child Protection Helpline

(Free, open 11am to 7pm, Mon-Fri)  
Bengali-speaking adviser 0800 096 7714  
Gujarati-speaking adviser 0800 096 7715  
Hindi-speaking adviser 0800 096 7716  
Punjabi-speaking adviser 0800 096 7717  
Urdu-speaking adviser 0800 096 7718  
English-speaking Asian adviser 0800 096 7719  
Email: [helpline.asian@nspcc.org.uk](mailto:helpline.asian@nspcc.org.uk)

### Social Services

Local authorities, and the Health and Social Services Trusts in Northern Ireland, have a general responsibility to take action to promote the welfare of children and to try to keep them with their family. They can arrange for families to receive support.

Their details are available in your local telephone directory, under the name of your local authority/council/trust. You can also get the details from local libraries, citizens advice bureaux, and telephone helplines.

## References

1. NSPCC analysis of annual publications: *Criminal Statistics England and Wales, Office of National Statistics, 1998-2001; and Crime in England and Wales 2001/2002: Supplementary Volume, Office of National Statistics, 2003*
2. Ibid
3. Jayawant S, Rawlinson A, Gibbon F, Price J, Schulte J, Sharples P, Sibert J, and Kemp A, *Subdural haemorrhages in infants: population based study*; BMJ 317, 1998
4. Based on most recent national figures:  
England: *Children and Young People on Child Protection Registers in England, Year ending 31st March 2001*, Department of Health, 2001;  
Northern Ireland: *Key Indicators for Personal Social Services for Northern Ireland, DHSSPSNI, 2001*;  
Wales: *Local Authority Child Protection Registers: Wales 2001, National Assembly for Wales, 2001*
5. Ibid
6. Showers J., 1992b "Don't Shake the Baby": the effectiveness of a Prevention Programme; *Child Abuse and Neglect* 16 (1)
7. Cox JL, Murray D, Chapman G, 'A controlled study of the onset, duration and prevalence of Post-natal Depression' *Br J of Psychiatry* 163, 1993
8. NSPCC Survey conducted May 2000
9. *Community Maternity Services Summary Information for England 1999-2000*, Department of Health, 2000
10. Smith M, *A Community Study of Physical Violence to Children in the Home and Associated Variables, 1995*
11. Smith M; 'Infant homicide: Victim/Offender relationship and causes of death;' *Journal of Family Violence* 13(3), 1998
12. 'Child abuse and unintentional injuries: a ten year retrospective,' *Scala CD, Sege R, Guohua L, Reece R, Archives of Pediatric and Adolescent Medicine* 154, 2000