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Background

In 2020, the Child Safeguarding Practice Review panel received notification of 180 serious incidents relating to the death or serious injury of children under 1 in England and Wales.

The panel completed its third national review in September 2021, with a focus on safeguarding children from non-accidental injury. The report that followed, [‘The Myth of Invisible Men’](#) highlighted areas of learning for the safeguarding system.

The review highlighted a need to support practitioners in all relevant services to understand these impacts so that they can work more effectively with families.

ICON is an evidenced based, programme that delivers key messages at different touch points. Infant Crying is Normal; Comforting Methods can help; It's Ok to Walk Away; Never, Ever Shake a Baby.

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Why it matters

Abusive Head Trauma (AHT), or ‘shaken baby syndrome,’ causes catastrophic brain injuries, potentially leading to death or long-term health and learning disabilities.

Over the last decade, the term ‘hidden male’ has been used in safeguarding practice to highlight the risk from mother’s new partner, stepfathers, lodgers, or friends. The national panel found that in 88% of the cases reviewed, violence against babies had been committed by birth fathers. Research suggests that persistent crying is a trigger for some caregivers to lose control and shake a baby. **70% perpetrators are males.**

Males are often visible to practitioners; but the way services engage with them places them out of sight.

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Information

Support available during the postnatal period recognises the inherent vulnerability of babies under 1 year but is often directed towards mothers, not fathers.

There is a need to think family!

Practitioners should have open conversations with families based on identifying and managing risks. Understand the male caregiver's role in the family and include them in any assessments or when completing the crying plan, a tool that can support you identify factors that are influencing parenting behaviours.

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A baby may start to cry more frequently at about 2 weeks of age. The crying may get more frequent and last longer during the next few weeks, hitting a peak at about 6 to 8 weeks. Every baby is different, but after about 8 weeks, babies start to cry less and less each week.

Practitioners should consider the cumulative risk of harm when multiple factors combine, which can create an environment where violence towards babies is more likely to occur. Anyone can get frustrated at a baby's crying.

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Some risk factors can include:

- Caregivers with a history of adverse childhood experiences within their own childhoods (ACEs).
- Caregivers who have histories of impulsive behaviour and low frustration thresholds.
- Substance / alcohol misuse.
- Caregivers who have low self-esteem, or parental mental health.
- Young parents and care leavers.
- Low birthweight (baby).
- Financial hardship and debt, deprivation, worklessness and racism.
- Domestic abuse.

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What to do

Discuss the key points in the [ICON leaflet](#) and encourage caregivers to share this information with anyone involved in their child's care.

Complete the [crying plan](#); this tool helps caregivers create a plan and know who to contact if they feel overwhelmed.

Be sensitive to the needs and context of individual families.

Identify motivational factors that are influencing individual parenting behaviours.

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Questions to consider

Discuss this briefing and resources in your next team meeting and have a reflective discussion around the [‘Myth of Invisible Men’](#) in relation to the work you do.

Am I confident to have conversations about managing risk with families?

What do you cover in your conversations with families to identify risk factors?

How do I engage, assess, and plan with male caregivers?

[Have you completed the ICON elearning?](#)

