



# Procedure for the Management of Suspected Injuries in Non-Mobile Children

## THE MID AND WEST WALES SAFEGUARDING BOARD

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## **1. Introduction**

National reviews have indicated that practitioners have sometimes underestimated the significance of the presence of bruising or minor injuries in children who are not independently mobile. It is very important to recognise that minor injuries can be an indicator or precursor to significant injuries or death of a child. Early recognition and action in such cases is key to preventing further injuries.

The purpose of this procedure is to set out a consistent process for practitioners across all agencies and must be read in conjunction with the Wales Safeguarding Procedures 2019.

## **2. Scope**

This procedure provides a consistent approach across the Mid and West Wales Region. It applies to all practitioners when dealing with suspected injuries in non-mobile babies and children to ensure that they are appropriately safeguarded. Children with disabilities may also be non-mobile and therefore it is important to carefully evaluate injuries in this group, which may be a sign of non-accidental injury.

In addition to accidental and non-accidental injuries, babies in particular can present to practitioners with marks on the skin or eyes that are related to trauma from birth 'Birth Trauma Marks' or congenital pigment and /or vascular lesions (Birth marks) that may not all have been visible at the time of birth or postnatal examination. This procedure will provide some practical guidance about addressing these issues without compromising the safety of the child.

## **3. Definition**

The terms non mobile or not independently mobile, mean the same. For the purpose of this procedure the term non mobile will be used.

Non-Mobile refers to a baby or child who cannot crawl, pull to stand, 'cruise' around furniture, toddle or walk. Babies or children who can roll are classed as non-mobile for the purposes of this procedure.

## **4. Responsibility**

Practitioners must exercise professional curiosity at all times. Professional curiosity is the capacity and communication skill to explore and understand what is happening rather than making assumptions or accepting things at face value. Curious practitioners will use their skills to observe and interact, not presuming they know what is happening, but will ask questions and seek clarity if not certain.

Practitioners must use their judgement regarding babies and children who can sit independently but cannot, crawl, depending on severity of the injury, the account of the parent or care giver and the plausibility. The emphasis should be about

considering whether the history or potential mechanism of the injury, is consistent with the individual abilities of the child.

## **5. Suspected 'Birth Marks' or 'Birth Trauma Marks'**

On occasions practitioners may believe that a mark on an infant could be a birth mark or due to birth trauma. In such cases the practitioner should, without delay, contact their agency safeguarding team and /or seek medical opinion from General Practitioner or Paediatrician. A decision should be made about whether to proceed with the referral to Local Authority Children Services at that time, or seek medical review that day, to aid in the decision making process.

The paediatric records, and where pertinent the maternity records and child health record, should be checked for documentation of any marks or injuries that have occurred as a result of the birth itself or as a result of historical medical treatment.

## **6. Injuries in non- mobile babies and children**

Accidental injuries to non-mobile children or babies can sometimes occur however are unusual and should always be initially treated as a cause of concern. Of particular concern are injuries to a baby six months and under as any injuries are unusual in this age group. Minor injuries may be significant, and they may be a sign that another hidden injury is already present and therefore a referral to Local Authority Children Services must be made.

In all cases an explanation should be sought and recorded for any visible injury observed in non-mobile babies and children unless there are concerns that this will place the baby / child at risk of harm. It is imperative that the professional DOES NOT suggest to the parent/carer how the injury occurred. Further guidance is available from the Royal College of Paediatrics and Child Health website:

<https://www.rcpch.ac.uk/key-topics/child-protection/evidence-reviews>

Indication of non-accidental injury can include but this is not exhaustive

- Small single bruises e.g. on face, cheeks, ears, chest, arms or legs, hands or feet or trunk
- Bruising: is blood in the soft tissues; producing a temporary, non-blanching discolouration of skin however faint. This may be singular and small. This can be with or without other skin abrasions or marks. Colouring may vary and aging of bruising is not possible.
- Oral injuries, including to the lip, tongue, gums or teeth.
- Lacerations, abrasions or scars.
- Bite marks
- Burns and scalds.
- Tenderness, swelling, asymmetry or failing to use an arm or leg which may indicate pain or discomfort and an underlying fracture;

- Inconsolable crying
- Small bleeds into the whites of the eyes (sub conjunctival haemorrhages), not sustained during labour or birth.

## **Duty to Report**

The practitioner MUST refer directly to the Local Authority Children's Services in line with their statutory duty to report within the *Social Services & Well-Being Act (Wales) 2014*.

It is the responsibility of any partner agency practitioner who learns of the physical injuries involving a non-mobile baby or child to make the referral by telephone to the Local Authority Children's Services, followed by completion of a Multi-Agency Referral Form (MARF) <https://www.cysur.wales/regional-policies-procedures/> in line with the Wales Safeguarding Procedures 2019.

Parents or carers must be informed and included in the decision-making process, unless to do so would jeopardise information gathering (e.g. information or evidence could be destroyed) and / or if it would pose a further risk to the child and or practitioner. This action needs to be clearly documented, explaining the rationale for not informing the parent of the decision to submit a referral to children's services.

If a parent or carer is uncooperative, and the child is considered to be at immediate risk or in danger, this must be reported immediately to Local Authority Children's Services. If appropriate practitioners should try and keep the baby/child under supervision until steps can be taken to secure his or her safety pending a decision by Local Authority Children Services and / or Police

## **7. Process**

Refer to the flowchart in Appendix 1.

Following the submission of the MARF, Local Authority Children Services will hold a strategy discussion with Police. Other practitioners involved with the family will also be contacted to gain a comprehensive understanding of the family and how it functions. Where a medical examination is being considered, a Consultant Paediatrician from the providing service must be involved in the strategy discussion.

## **8. Medical Examination**

It is the responsibility of Local Authority Children Services to arrange for the Child Protection Medical Examination with the Consultant Paediatrician. Babies and children MUST NOT be referred to General Practitioners for a decision as to whether any injury is accidental or non-accidental.

Where consideration is being given for the need to carry out a **medical examination**, practitioners must refer to the Wales Safeguarding Procedures 2019.

Any explanation for the injury should be critically considered within the context of:

- **The nature and site of the injury**
- **The baby's developmental abilities**
- **The family and social circumstances including:**
  - Previous safeguarding concerns
  - Any previous injuries
  - Any unexplained child death in the family
  - Children being removed from the parent
  - Child's name currently on Child Protection Register
  - A history of domestic abuse
  - Parental substance misuse which impacts on the care of the child
  - Parental mental health problems which impact on the care of the child
  - Parental learning difficulties which impact on the care of the child

## **SITUATIONS OF PARTICULAR CONCERN**

Situations that should cause particular concern for professionals include:

- Delayed presentation / reporting of an injury;
- Admission of physical punishment from parents / carers, as no punishment is acceptable at this age;
- Inconsistent or absent explanation from parents / carers;
- Associated family factors such as substance misuse, mental health problems, and domestic abuse;
- Other associated features of concern e.g. signs of neglect such as poor clothing, hygiene and / or nutrition;
- Rough handling;
- Difficulty in feeding / excessive crying;
- Significant behaviour change;
- Infant displays wariness or watchfulness;
- Recurrent injuries;
- Multiple injuries at one time.

All those living within the family home must be considered as part of the assessment

### **9. Supervision of Parents/Carers and Family Members**

If the child becomes a hospital inpatient and it is deemed necessary for supervised access to take place with family/ carers, the Local Authority Children Services must

make arrangements for this to proceed. These arrangements must be discussed and appropriate information shared with the Ward Manager and or/ Senior Nurse Manager and Health Board Safeguarding Team regarding all aspects of the supervised access, including supervisors' details, supervisees, dates, times and contact details of the named social worker and any support worker involved

#### **10. Non- Accidental Injury**

If the concerns are substantiated and the child is judged to be experiencing or at risk of abuse, harm or neglect, a strategy meeting will be held to discuss the initial plan to safeguard the child. The Local Authority may take steps to immediately protect the child, though legal processes.

Where a non-accidental injury is deemed to have occurred any investigation needs to immediately consider the safety and risks to other children in the household and family members-suggested addition.

An Initial Child Protection Conference will need to be convened within 15 days in line with the Wales Safeguarding Procedures 2019. It is expected that the Child Protection medical report is made available prior to the Child Protection Conference. Consideration should be given for the Consultant Paediatrician or deputy to attend the conference, on an individual case by case basis. Other key practitioners including health representation should always be present at the Child Protection Conference.

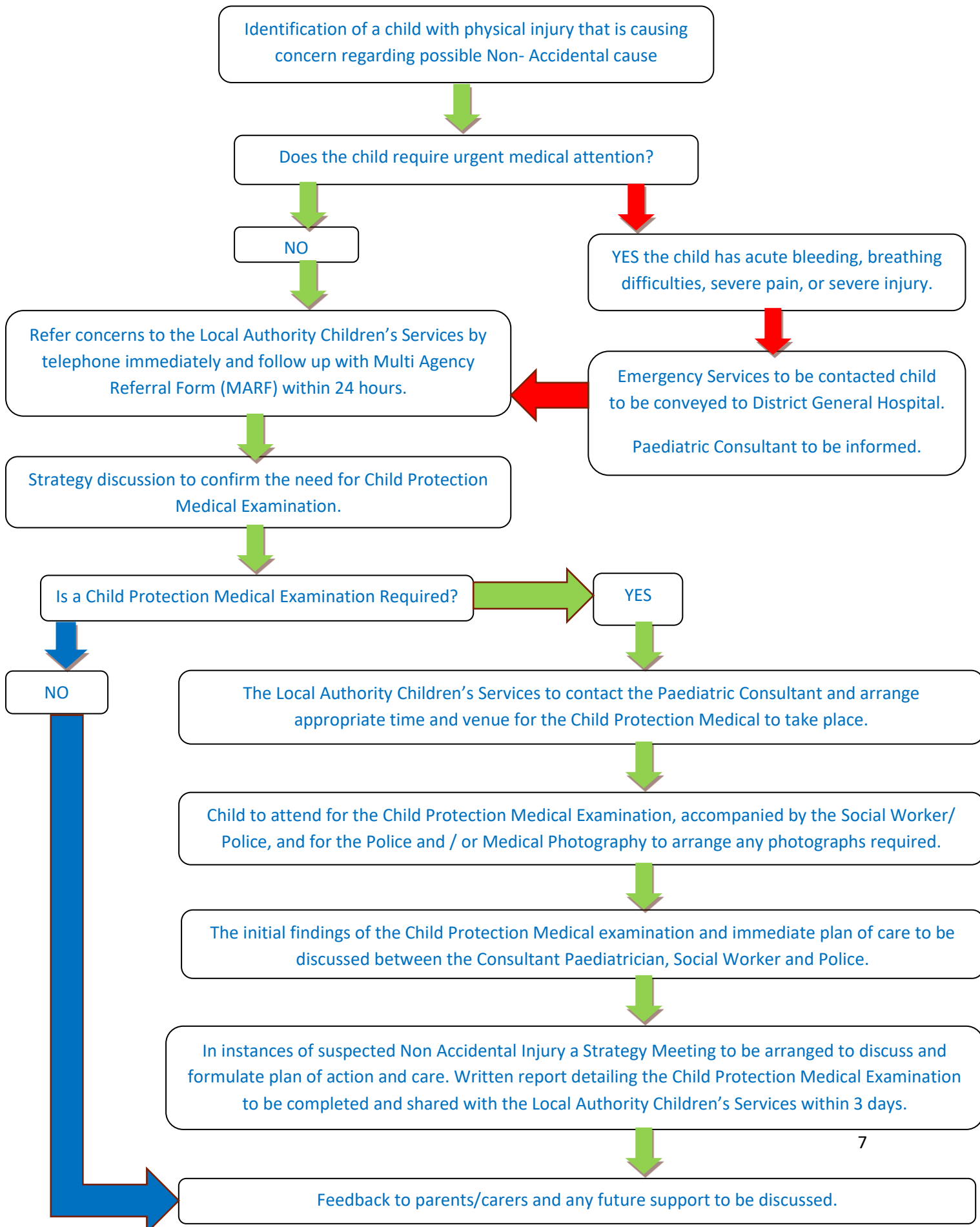
#### **11. Accidental Injury**

If the safeguarding concerns are unsubstantiated, but the child may have unmet care and support needs, they are entitled to a care and support needs assessment under Section 21 of the Social Services and Well- being Act (Wales) 2014.

#### **12. Professional Differences**

If there is any disagreement between practitioners regarding the safety of a child that cannot be resolved immediately, this must be escalated within individual agencies and further discussion to take place between senior managers in accordance with the Regional Safeguarding Board (CYSUR), [Resolution of Professional Differences Protocol, 2018](#).

Appendix 1. **The Multi- agency Process for the Management of an Injury Causing Concern regarding possible Non accidental Injury**



## References

Social Services Well-being Act (Wales) 2014

Children Act 1989

<http://www.legislation.gov.uk/anaw/2014/4/contents> and follow the [Wales Safeguarding Procedures 2019](#)

Wales Safeguarding Procedures 2019

Mid and West Wales Regional Safeguarding Board (CYSUR), Multi Agency Referral Form (MARF)

<https://www.cysur.wales/regional-policies-procedures/>

Regional Safeguarding Board, Multi-agency Protocol for Thresholds for Joint Social Services / Police and Single Agency Child Protection Section 47 Enquiries, 2018

<https://www.cysur.wales/media/sdtphxpg/s-47-protocol-final-approved-250118.pdf>

Regional Safeguarding Board Threshold & Eligibility for support document: the Right Help at the Right Time (2017)

<https://www.cysur.wales/media/ozfbpqqk/cysur-regional-thresholds-eligibility-for-support-document-e.pdf>

Royal College of Paediatrics and Child Health: Child Protection Evidence

<https://www.rcpch.ac.uk/key-topics/child-protection/evidence-reviews>

Regional Safeguarding Board (CYSUR), Resolution of Professional Differences Protocol, 2018

<https://www.cysur.wales/media/sy2jtf2/resolution-of-professional-differences-protocol-approved-190418-eng.pdf>

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