



**North Yorkshire & City of York  
Safeguarding Children Boards**

# **Managing Injuries to Non-Independently Mobile Children**

Practice Guidance



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## Managing Injuries to Non-Independently Mobile Children Practice Guidance

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## Introduction

It is recognised that the likelihood of a child sustaining accidental injuries increases with increased mobility. However, Serious Case Reviews (SCR) have identified that professionals sometimes fail to recognise the highly predictive value, for child abuse, of the presence of injuries to non- independently mobile children.

## Aim of this Guidance

The aim of this guidance is to provide all professionals working with children and families with a knowledge base and action strategy for the assessment and management of children who are not independently mobile and who present with injuries or bruising.

It is acknowledged that identifying abuse is particularly challenging and professional judgement and responsibility must be exercised at all times. However, in light of the evidence base this guidance remains necessarily directive as missed opportunities to identify physical abuse can be catastrophic. Any injury to a child who is not independently mobile should be treated as a matter of enquiry and concern.

## Definitions and Terminology

**Professionals:** All individuals from all agencies working with children and families either directly or indirectly

**Non-Independently Mobile:** A child who is not yet walking, crawling, pulling to stand or bottom shuffling independently. This includes **all** children less than six months old as although some children can 'roll over' from a very early age this does not constitute self-mobility. This guidance also includes children with physical disabilities who are not independently mobile.

**Injuries:** It is recognised that bruising is the most common presentation in children who have been physically abused (Maguire, 2010). However, for the purpose of this protocol, 'injury' will be taken to mean any bruising, burn, scald, unexplained bleeding, fracture or any other apparent injury to a child.

**Medical bruising:** bruising in very young babies may be caused by medical issues such as birth trauma, although this is very rare. In addition, some medical conditions can cause marks to the skin that resemble bruises. An example is Mongolian blue spot. In all cases this should be confirmed by a Paediatrician or General Practitioner and documented in the child's medical notes (Primary Care and/or hospital records) and Parent Held Record.

For more examples of medical bruising see: <http://www.core-info.cardiff.ac.uk/reviews/bruising/patterns/other-useful-references>

## Research Base

Very young children are the most vulnerable to the impact of physical abuse (Maguire, 2010). The Triennial Analysis of SCRs (Sidebotham et al, 2016) and four consecutive Biennial Analyses of SCRs (Brandon et al, 2008; 2009; 2010; 2012) have identified that children under the age of 1 year are consistently over represented in SCRs, almost exclusively because of severe injury or death as a result of physical abuse.



It is also recognised that all children with disabilities are at increased risk of abuse. Research suggests that children with disabilities are up to 3.4 times more likely to be abused or neglected than their non-disabled contemporaries (Sullivan and Knutson, 2000).

### Responding to injuries to immobile children

When an immobile child presents to a professional with injuries the possibility of maltreatment must always be considered. You must refer to NICE guidance '*When to suspect Child Maltreatment*' which provides a summary of the presenting features associated with abuse.

<https://www.nice.org.uk/guidance/cg89/resources/child-maltreatment-when-to-suspect-maltreatment-in-under-18s-975697287109>

Key aspects of the assessment must also include seeking an explanation for the injury from the parent or carer and an understanding regarding the child's developmental stage. It is also essential to consider any other issues which would raise your concerns.

- Is the injury feasible given the child's age and developmental stage?
- Are there any other safeguarding concerns regarding the child's presentation, e.g. indicators of neglect?
- Adult behaviours which may affect the safety of their child such as domestic abuse, mental health issues, learning disability or substance misuse?
- Is there any information available regarding the child or family history which would raise concerns? (e.g. child (ren) subject to previous child protection plans)

If you require further advice or guidance you must speak to the person within your organisation who is responsible for offering safeguarding advice, without delay. If they are unavailable you must discuss your concerns with the Children's Social Care (CSC).

### Referring your concerns to Children Social Care

Where a decision to make a referral to CSC is made it is the responsibility of the professional who first learns of or observes the injury to make the referral following Local Safeguarding Children Board Procedures. The referral should be made without delay.

A full clinical examination and relevant investigations must be undertaken by the on call Paediatrician. CSC are responsible for arranging this Paediatric Assessment. A Social Worker should also attend the paediatric assessment wherever possible. This assessment should take place within the same day. Timing of examinations is critical to ensure any underlying injuries are identified and treated. It is also important in order to secure any forensic evidence.

The professional making the referral and the Social Worker receiving the referral must reach a decision as to whether the child can be safely transported to the hospital by the parent or carer alone or whether the child should be accompanied to the hospital by a CSC professional. If the decision is that the child needs to be accompanied to the hospital then the professional making the referral and the Social Worker should agree if it is necessary for the professional to stay with the child until CSC are able to attend to accompany the child to the assessment.

Should any professional be dissatisfied with another agency/professionals response to their concern or proposed plan of action they should seek advice from the professional within their

organisations who is responsible for offering safeguarding advice and/or access their LSCB professional resolution procedures.

NB: Any child who is found to be in need of urgent medical treatment, and in whom abuse is suspected, should be transferred immediately, by ambulance, to the nearest hospital Emergency Department (ED). The professional with the concern must have a direct conversation with the senior manager in ED (Nurse in Charge or Consultant) explaining the nature of the concern, with particular reference to the safeguarding issues. The professional with the concern must also make an urgent referral to CSC.

If a parent is uncooperative and refuses to take the child for a paediatric assessment, or fails to attend the paediatric assessment as agreed, this should be reported immediately to CSC and if the child is thought to be at immediate risk of harm the police must be contacted by dialling 999.

### Keeping parents informed

Parents or carers must be kept informed as far as possible throughout this process providing this does not present a risk to the child or the professional. An information leaflet will support you in explaining to parents why the referral to CSC and the paediatric assessment is necessary.

#### Parent and Carer leaflet:

<http://www.safeguardingchildren.co.uk/admin/uploads/practice-guidance/nin-information-for-parents-and-carers-about-injuries.pdf>

### Documentation

The importance of accurate, comprehensive and contemporaneous documentation cannot be overemphasised. In cases of possible non accidental injury the explanation for the injury can change over time. Your documentation can be crucial in supporting professionals to protect the child from further harm. Your documentation may also be used in a subsequent criminal investigation or other court processes.

### Flowchart

A Multiagency Pathway for the Assessment of Injuries in Non-Independently Mobile Children is included in Appendix 1.

### Key contacts

City of York Children Social Care 'Front Door': 01904 551900

North Yorkshire Multi Agency Screening Team: 01609 780780

Emergency Duty Team: 01609 780780

### Safeguarding Children Board Procedures:

City of York: [www.saferchildrenyork.org.uk](http://www.saferchildrenyork.org.uk)

North Yorkshire: [www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk)

## References:

Brandon et al (2008) *Analysing Child Deaths and Serious Injury through abuse and neglect: what can we learn? A Biennale Analysis of Serious Case Reviews 2003-2005*. London. . Department for Children, Schools and Families.

Brandon et al (2009) *Understanding Serious Case Reviews and their Impact: A biennial analysis of Serious Case Reviews: 2005-2007*. London. Department for Children, Schools and Families.

Brandon et al (2012). *New Learning from Serious Case Reviews: A Two Year Report for 2009-2011*. London. Department for Education.

Brandon et al (2010). *Building on the Learning from Serious Case Reviews: a two year analysis of child protection database notifications 2007-2009*. London. Department for Education.

Maguire, S. (2010). Which injuries may indicate child abuse? *Archives of Disease in Childhood: Education and Practice* Edition, 95(6), 170-177. doi:10.1136/adc.2009.170431

Sullivan, P.M. & Knutson, J.F. (2000). Maltreatment and Disabilities: A population based epidemiological study. *Child Abuse and Neglect*, 24 (10), 1257-1273

Sidebotham et al (2016) *Pathways to harm, pathways to protection: A Triennial Analysis of Serious Case Reviews 2011-2014*. London. Department for Education

## Appendix 1

### Multiagency Pathway for the Assessment of Injuries\* in Non-Independently Mobile Children

(\*for the purpose of this pathway injury is given to mean any bruise, mark, burn, scald or bleeding)

#### Injury\* observed in a non-independently mobile child

(A child who is seriously ill should be transferred immediately to hospital)

Seek an explanation. Absence of any suitable explanation should prompt suspicion of Non Accidental Injury – NAI

Record your observations accurately (See NICE Guidelines 89<sup>1</sup> :)

Professional is aware that this injury /mark has previously recognised and is documented as being due to a medical condition or birth mark.

No further action required.  
Document.

The professional witnesses the accidental injury or is satisfied with the explanation offered for the injury.

Seek immediate medical attention if required. Document.

**Professional is concerned and/or believes the injury is a possible NAI.**

Explain to the family the need for immediate referral to Children Social Care in accordance with safeguarding children procedures unless it is considered in doing so you will increase the risk to the child or yourself.

Provide the parent with this leaflet:

<http://www.safeguardingchildren.co.uk/admin/uploads/practice-guidance/nin-information-for-parents-and-carers-about-injuries.pdf>

#### Immediate telephone referral to Children's Social Care:

City of York: Children's Front Door Tel: 01904 551900  
North Yorkshire: Children and Families Service 01609 780780  
Emergency Duty Team: 01609 780780

Children's Social Care must arrange an immediate paediatric assessment by contacting the hospital nearest to the child's place of residence. Ask to speak to the on call consultant paediatrician.

Harrogate Hospital: 01423 885959

York Hospital: 01904 631313

Scarborough Hospital: 01723 368111

Friarage Hospital, Northallerton: 01642 850850

Airedale Hospital: 01535 652511

Where required, professionals should seek advice /support from within their own organisations or via CSC. Safeguarding Children Board Procedures must be followed at all times.

North Yorkshire: [www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk)

City of York: [www.saferchildrenyork.org.uk](http://www.saferchildrenyork.org.uk)

<sup>1</sup><http://www.nice.org.uk/guidance/cg89>