

Multi Agency Protocol Bruising, Marks, and Injuries in Children Not Independently Mobile



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Sub Group

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1. Introduction

Bruising, marks and injuries are the most common presenting feature of physical abuse in not independently mobile children. A 'not independently mobile' child is one who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all children under the age of six months, most children under one year and some older children with disabilities such as cerebral palsy. The younger the child the greater the risk that bruising, mark, or injury is non-accidental. There is a substantial and well-founded research base on the significance of bruising in children.

A bruise, mark or injury must never be interpreted in isolation and must always be assessed in the context of the medical and social history, developmental stage and explanation given.

This protocol should be read in conjunction with the Wales Safeguarding Procedures 2019, which all practitioners must follow. Reference should also be made to the regional Interagency Protocol for Conducting Section 47 Child Protection Enquiries, which can be found here. <u>Interagency Protocol for Conducting Section 47 Child Protection Enquiries - July 2021 (gwentsafeguarding.org.uk)</u>

Safeguarding is everybody's responsibility. Failure to report a bruise, mark, or injury in a timely manner could result in a child being at continued risk of significant harm.

2. Aims

This protocol provides frontline practitioners with information about what to do if they observe bruising, marks or injuries in children who are not independently mobile.

3. Procedure for Practitioners in the Community

If there are immediate concerns regarding the safety or well-being of any child, contact should be made with emergency services by dialing 999 to contact Police. Appropriate medical attention should also be sought if necessary.

Bruising, marks and/or injuries in a child who is not independently mobile is rare and should raise suspicion. This should result in an immediate referral to Children's Services who will follow child protection procedures and seek medical assessment of the injury. It is important that practitioners are as transparent as possible with families about what information will be shared, why and with whom, unless to do so would place the child at further risk.

Wales Safeguarding Procedures 2019 state that if a practitioner has reasonable cause to suspect that a child is at risk, a report must be made by telephone as soon as possible to Children's Services. Any referrals made by telephone must be followed up with a Duty to Report form within 24 hours. Details on how to make a Duty to Report can be found in Appendix 1.

All Practitioners can use their professional judgement, however, if unsure they should always seek advice. Practitioners may need to discuss their concerns with their designated safeguarding person prior to making a Duty to Report. This must be done immediately following identification of the bruise, mark, or injury so that the telephone referral/DTR can be made as a matter of urgency, followed by the Duty to Report form

within 24 hours. If the Designated Safeguarding Person is not available, this is **not** a reason to delay a Duty to Report, contact should be made with Children's Services to share information and seek guidance. Contact details for each Gwent Local Authority are provided in Appendix 1.

Following the identification of the bruise, mark or injury and immediate telephone call to report the concerns, it may not always be practical for the practitioner to remain with the child until Children's Services are able to respond.

However, if the child is believed to be at **immediate risk**, then the Police need to be contacted via 999 and if practitioners feel safe, they should remain with the child. If the practitioner is unable to stay with the child they should make this clear to social services when reporting the concern.

On receipt of the telephone DTR, in all cases of bruising, marks and/or injury to a non-independently mobile child, a strategy discussion/meeting should take place to allow multi-agency practitioners to share information and to identify any further actions. Best practice is that this **must** include a health representative from the Corporate Safeguarding Hub, and/or Lead Nurse for Vulnerability, and/or Health Visitor, and/or possibly Paediatrician on call, the referrer, a representative from the Police, and Children's Services. However, it is acknowledged that securing attendance from a health representative is not always possible when strategy meetings are required to take place out of hours. Any other agencies involved with the child and their family can also be invited or information sought from them to aide decision making e.g. Probation Service, IDVA. If there are other children in the family who are older, consideration should be given to invite agencies involved with that child, such as Education.

Accidental bruising or injury in children who are not independently mobile is rare. The recommendations around whether an injury, mark or bruise requires a child protection medical will be led by the assessment of the health representative, however, it is the joint responsibility of all members of the strategy discussion/meeting to identify an action plan ensuring appropriate safeguards are in place.

Appropriate action will be taken following the strategy discussion/meeting, in accordance with the Wales Safeguarding Procedures.

Appendix 1

To access the relevant Duty to Report form, contact details, and guidance, please follow the link below:

Report a child at risk - Gwent Safeguarding

Blaenau Gwent

Tel: 01495 315700

Email: <u>DutyTeam@blaenau-gwent.gov.uk</u>

Caerphilly

Tel: 0808 100 1727

Email: contactandreferral@caerphilly.gov.uk

Monmouthshire

Tel: 01291 635 669

Email: ChildDuty@monmouthshire.gov.uk

Newport

Tel: 01633 656656

Email: children.duty@newport.gov.uk

Torfaen

Tel: 01495 762200

Email: socialcarecalltorfaen@torfaen.gov.uk

After 5pm and on weekends and bank holidays please contact the South-East Wales Emergency Duty Team on 0800 328 4432.

If you think a child or young person is in immediate danger, then contact the Police on 999

MULTI AGENCY SAFEGUARDING PROCESS IN CASES OF SUSPECTED/CONFIRMED NON-ACCIDENTAL INJURIES

This process relates to any new concerns

Child/ Young person presented to Health and Health query non accidental injury

Health contacts Local Authority duty desk (or SEWEDT if out of hours) without delay and completes and submits a Duty to Report referral to LA- to include any contextual information from child/young person, parent/carer A professional/member of the public has concerns about suspected non accidental injury and LA duty desk (or SEWEDT if out of hours) is notified verbally or via Duty to Report

An urgent strategy discussion should be convened with a health representative involved

LA notifies health and requests a health representative to attend the strategy discussion

Strategy discussion decides whether Section 47 threshold is met and consider if a CP medical needs to be completed. The paediatrician undertakes CP medical investigations. Social worker/Police agree safety plan with parents/carers/family members

PRACTICE TIP

Strategy discussion considers and decides:

- immediate safeguards required safety plan to also consider other children (including children who they may come into contact with in a professional capacity, for example if the person suspected to have caused the injury is employed as a teacher))
- CP medical required, when and by whom
- ❖ Section 47 enquiries, joint or single agency, timescales, when and by whom
- Consideration of the need for professional concerns strategy meeting

Child considered fit for discharge (if admitted) – discharge planning meeting/Strategy Meeting to be arranged, attended by all relevant agencies and discharge plan agreed.

Any amendments to the safety plan agreed and understood by all

Once all medical and social work investigations and enquiries are completed (including double reporting of repeat skeletal if relevant) the CS Team Manager will convene an outcome strategy discussion

PRACTICE TIP

Outcome strategy meeting will conclude either:

- Concerns of significant harm are not substantiated
- Concerns substantiated, but child not at continuing risk of significant harm
- Concerns substantiated and child judged to be experiencing or at risk of abuse, harm, or neglect – convene CP conference