Non mobile baby policy

1, Introduction

Bruising is the commonest presenting feature of physical abuse in children. This procedure covers all actual or suspected injuries to non-mobile children.

Any bruising, fractures, bleeding and other injuries such as burns should be taken as a matter of enquiry and concern.

2. Terminology

- **Not Independently Mobile (this should be based on developmental rather than chronological age): a baby who is not crawling, bottom shuffling, pulling to stand, cruising or walking independently. Includes all babies and children who are not able to move independently, including children with a disability. Babies who can roll or sit independently are classed as non-mobile;**
- **Bruising: blood coming out of the blood vessels into the soft tissues, producing a temporary, non- blanching discolouration of skin however faint or small with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple. This includes petechiae, which are tiny red or purple non-blanching spots, less than two millimetres in diameter and often in clusters;**
- **Minor injuries may include (but are not confined to) torn frenulum; grazing; abrasions; minor cuts; blisters; injuries such as bruises, scratches, burns/scalds, eye injuries e.g. sub-conjunctival haemorrhages/corneal abrasions, bleeding from the nose or mouth, bumps to the head, ear injuries.**

Any bruising, fractures, bleeding and other injuries such as burns should be taken as a matter of enquiry and potential abuse unless otherwise evidenced.

3. What Research Tells Us

- **Bruising in non-mobile babies and children is unusual and is highly suggestive of non-accidental injuries;**
- **National serious case reviews and local individual child protection cases have indicated that staff have sometimes underestimated the significance of the presence of bruising or minor injuries in children who are not independently mobile. They have therefore not considered what appears to be a rather minor injury as 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;**
- **Severe child abuse is 6 times more common in babies aged under 1 year than in older children. Infants under the age of one are more at risk of**

being killed at the hands of another person (usually a carer) than any other age group of child in England and Wales;
- Non-mobile babies very rarely cause injuries to themselves and therefore must be considered at significant risk of abuse;
- Infant deaths from non-accidental injuries often have a history of minor injuries prior to hospital admission;
- Moreover, the pattern, number and distribution of accidental bruising in non-abused children is different to that in those who have been abused. Accidental bruises are more commonly found over bony prominences and on the front of the body but rarely on the back, buttocks, abdomen, upper limbs or soft-tissue areas such as cheeks, around the eyes, ears, palms or soles of the feet;
- Patterns of bruising suggestive of physical child abuse include:
    - Bruising or injuries in babies and children who are not independently mobile;
    - Bruises that are away from bony prominences;
    - Bruises to the face, back, abdomen, arms, buttocks, ears or hands;
    - Multiple or clustered bruising;
    - Imprinting and petechiae (for example pinch marks, grab marks particularly around the face);
    - Symmetrical bruising;
    - Bleeding from the nose or mouth.

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

4. Responding to a Bruise or Injury in a Not Independently Mobile Child or Non-Mobile Baby

Any injuries in non-mobile babies, however minor, are cause for concern.

In non-mobile children, the presence of any injury including bruising, of any size, in any site should initiate an inquiry into its explanation, origin, characteristics and history.

The professional who has learnt of or observed the injury should consult with their agency Safeguarding Lead/Advisor without delay so that decisions are not made in isolation. Any explanations for the bruising or injury provided by the parents/carers should be discussed with the Safeguarding Lead/Advisor where in place within the organisation and Children's Social Care consulted to inform next steps.

Where there are concerns as to the cause or origin of the bruising/injury the Safeguarding Lead will report the matter to Children's Social Care or Emergency Duty Service out of hours. In the absence of the Safeguarding Lead the professional must report directly to Children's Social Care or the Emergency Duty Service out of hours.

The detail of what has been observed and discussed should be recorded, dated, timed and signed in the child's individual record held by the agency and followed up in writing as part of the referral to Children's Social Care.

In all instances the agency professional should follow the agreed procedures for consulting on, referring and recording child protection concerns.

Professional judgement not to refer or report an injury should only take place where there has been consideration of the following:

- **You are a health professional whose experience and training enables you to evidence that the bruise or injury is not a cause for concern (for example access to medical records which indicate a medical cause for the injury; parents provide a plausible explanation which fits with the clinical finding or bruising in the first week of life consistent with birth injury). In these circumstances the case should also be discuss with peers or senior colleagues and the outcome of these discussions recorded.**

Where a child is presented at a hospital Emergency Department or urgent and unscheduled care setting and where there are concerns Children's Social Care/EDS should be notified and the child protection process followed.

Any child who is found to be seriously ill or injured, or in need of urgent treatment or further investigation, should be transported immediately to hospital for assessment and treatment. It is important to ensure that the child's medical needs are treated first. A referral should then be made to Children's Social Care and the child protection procedures followed.

5. Children Subject to a Child Protection Plan or Known to Children's Social Care

Where the child or siblings are subject of a child protection plan, child protection process must be followed in addition to informing the child's/siblings social worker or manager in their absence.

Where children's social care staff are made aware of or observe the injury/bruise (whether Child Protection, Child in Need, Looked After or Special Educational Needs or Disability) the child protection process will be followed.

6. Action Following Referral

Where a child is referred to Children's Social Care or where the child is already known to Children's Social Care in any capacity, the child protection procedures should be followed. This will include gathering information from relevant agencies and speaking to the parents/carers.

In all cases where there is any doubt about the cause of bruising or injuries and concerns that the child may be at risk of suffering significant harm,

Children's Social Care will urgently convene a strategy discussion within 24 hours.

If required, a child protection medical assessment, by a suitably qualified Paediatrician, will be arranged, as part of the actions of the strategy discussion, to take place as soon as possible. The decision about the extent of the medical investigations will be proportionate to the circumstances and context of the injury and be made in consultation with colleagues from other agencies (for example, a skeletal survey or CT scan may not be appropriate or in the best interest of the child if there is a very clear and compatible explanation with no other identified concerns). This assessment will then inform the need for any further investigations.

The Strategy Discussion will decide whether enquiries under Section 47 of the Children Act 1989 should be undertaken (S47 Enquiry).

Section 47 Enquiries (S47) will be undertaken where there are concerns that a child may be at risk of suffering significant harm.

7. Outcome of Child Protection Medical Examination

In all cases where a bruise or injury is observed an explanation about the cause should be sought and the explanation(s) recorded. This should be considered within the context of:

- **The nature and site of the injury;**
- **The baby/child's developmental abilities, evidenced as part of the examination;**
- **The family and social circumstances including current safety of siblings or other children.**

Not all children subject to non-accidental injury will have a history of involvement with children's social care so an absence of knowledge of a family should not be taken as a reassurance.

Where the medical examination concludes that the injury is non-accidental Children Social Care should be informed by telephone and a full medical report detailing the facts and the opinion created. It is anticipated that the parents/carers or other likely perpetrators will be interviewed further by social workers and police and a place of safety for this child and any other children in the family would need to be considered urgently.

Where the medical examination concludes that the cause of the injury is accidental or consistent with the explanation given or has a clear medical explanation, the Paediatrician will discuss their findings with Children's Social Care. Any further interventions/support required will be considered by Children's Social Care in consultation with partner agencies.

Where medical examination is inconclusive or there are concerns as to how the bruise/injury has been caused Children Social Care, in consultation with police and medical staff, will consider any further investigations/support required. This may include any emergency action required to safeguard the child or any other children.

If a child is admitted to hospital, then a multi-agency decision is required to determine whether the parents can have unsupervised access or how contact with their child will be managed.

8. Involving Parents/Carers

Where any professional has concerns about the nature and cause of an injury or bruise they should explain at an early stage why, in cases of bruising or minor injuries in not independently mobile children, additional concern, questioning and examination are required. The decision to refer to Children's Social Care should be explained to the parents or carers frankly and honestly.

Children's Social Care have the prime responsibility to engage with parents and other family members to ascertain the facts of the situation causing concern and to assess the capacity of the family to safeguard the child.

In most cases, parents should be enabled to participate fully in the enquiry and assessment process. Social workers should interview the parents/carers and determine the wider social and environmental factors that might impact on them and their child. The needs and safety of the child will be paramount when determining at what point parents or carers are given information.

Particular attention should be paid to communication with parents who may have difficulty understanding the explanation, for example parents whose first language is not English, suffer with deafness or parents with learning/ processing difficulties.

Where there are any professional disagreements about how to respond to bruising in a non-mobile baby, this should be referred to the relevant senior managers. If the professional differences remain unresolved, please refer to the SWCPP Escalation Policy.