

## Multi-Agency Protocol for the Assessment of Bruising, Burns and Scalds in Non Mobile Babies

<b>1</b>	<b>Introduction – Guiding Principles</b>
1.1	<p>This protocol has been agreed by all partner agencies</p> <p>The Protocol is relevant to any professional operating within the Kirklees and Calderdale districts who may come into contact with babies who are not yet self-mobile and who may be in a position to identify that such a baby has received an actual or suspected bruise, burn or scald, as defined in paragraph 2.2</p>
1.2	<p>Bruising is the most common accidental injury experienced by children, and research shows that the likelihood of a baby sustaining accidental bruising increases with increased mobility. The evidence suggests that it is <b>extremely rare</b> for a non-mobile baby, for example one that is not yet crawling, to sustain accidental bruising. Therefore all such bruising should be suspected by professionals to be an indicator of physical abuse and should be thoroughly investigated.</p> <p>It should also be borne in mind that other unusual marks on the skin or unusual sites of bleeding e.g. bleeding from the mouth in young children or bleeding within the whites of the eyes without a clear explanation may also be a sign of non-accidental injury and should also be referred according to this protocol if there is any uncertainty.</p>
1.3	<p>Published evidence suggests that children under the age of three and particularly those under one year, are most at risk of suffering physical abuse. However, practitioners are reminded that <b>all</b> children are vulnerable to harm and as such practitioners should remain alert to signs of abuse, unexplained or unusual injuries; or injuries where the explanation provided is not congruent with the injury sustained.</p>
1.4	<p>This protocol requires that <b>all</b> actual or suspected bruising, burns or scalds to babies who are not yet self-mobile should be subject to multi-agency investigation in order to assess risk of harm. For this reason, any professional who identifies such an injury to a non-mobile baby is required to make a referral to the Children's Social Care, Referral and Response Service regardless of the explanation offered by parents or carers, and regardless of the professional's own opinion about how the injury may have been caused.</p> <p>Working Together to Safeguard Children (2015) clearly identifies that no single professional can have a full picture of the child's circumstances. This protocol is underpinned by the underlying principle that effective safeguarding systems are child centred and support clear local arrangements for collaboration between professionals and agencies.</p> <p style="background-color: #e91e63; color: white; padding: 2px;">A decision that the child has not suffered abuse must be a joint decision and must not be made by an individual or single agency.</p>
<b>2</b>	<b>Terminology</b>
<b>2.1</b>	<b>Definition of Self-Mobile</b>
	<p>This phrase refers to babies, who are to some degree independently mobile e.g. crawling, bottom shuffling, pulling to stand, cruising or walking independently. Please note however that some babies can roll from a very</p>

	early age and this does <b>not</b> constitute self-mobility.
<b>2.2</b>	<b>Medical Definition of Bruising</b>
	<p>Bruising is caused by leakage of blood into the surrounding soft tissues, producing a temporary 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 is a type of speckled bruising consisting of small red or purple spots, less than two millimetres in diameter and often presenting in clusters.</p> <p>Subconjunctival haemorrhages refer to bleeding within the whites of the eyes and should be considered as similar to bruising to the eye itself for the purposes of this protocol.</p>
<b>2.3</b>	<b>Other Conditions that Mimic or Present with Bruises</b>
	<p>There are a number of conditions that can mimic or present with bruises.</p> <ul style="list-style-type: none"> <li>• Birth marks, such as Mongolian Blue spots or Strawberry Marks/Haemangiomas, can frequently look like bruises.</li> <li>• If a trained health professional is confident that the mark is a <b>birth mark and not a bruise</b> this can be clearly documented in the records and a referral under this protocol is not necessary. Birth marks may not be apparent at the time of birth and may appear or become more obvious over the first few weeks or months of life. It would be appropriate in these cases to request a review by the GP, preferably within 24 hours or a paediatrician to determine the nature of the mark before a referral to social care is made.</li> <li>• Trauma around the time of birth is also very common in newborn babies and it is not uncommon to have injuries e.g. related to a forceps delivery or bleeding within the whites of the eyes (Subconjunctival haemorrhages) related to being squeezed during the birthing process. As with birth marks, if a trained health professional notes such an injury and is confident that it is related to birth, with no other safeguarding concerns, a referral under this protocol is not necessary. All findings and decisions should be clearly documented within the records. N.B Subconjunctival haemorrhages related to birth will usually have resolved by 2-3 weeks of age.</li> <li>• There are also a number of medical conditions that may present with bruising including conditions such as clotting disorders, leukaemia or infections such as meningococcal septicaemia. It is part of the child protection medical assessment to consider these possible causes and investigate further if clinically indicated. If there is a high level of suspicion that the marks seen are most likely related to an underlying medical condition then it may be appropriate to discuss the case with the on call consultant paediatrician prior to a referral to Children's Social Care.</li> </ul>
<b>3</b>	<b>Referring the child to Children's Social Care</b>
3.1	This protocol requires any professional who identifies an actual or suspected bruise, burn or scald to make a referral to Children's Social Care. This is because there is a significant possibility that such injury in a non-mobile baby may have arisen as a result of abuse or neglect.
3.2	<p>The referrer should treat Children's Social Care as the first point of contact. They are a 24/7 service that deals with all requests for a children's social care service, including concerns related to child abuse and neglect.</p> <p><b>Kirklees Children's Social Care – Tel: 01484 456848</b>  <b>Kirklees Children's Social Care – out of hours Tel: 01484 414933</b></p> <p><b>Calderdale Multi-agency Screening Team (MAST) - Tel: 01422 393336</b>  <b>Out of Hours Tel: 01422 288000</b></p>
3.3	<b>Informing the Parents/Carers and Obtaining Consent</b>
	It would be expected that in most cases the professional will inform a parents/carer of their intention to make a referral and obtain their consent. However, in judging whether or not to inform the parent/carer that a referral is to be made, the professional who has identified the suspected injury must consider the possibility that to do

	<p>so may increase the level of risk to the baby. In this instance the professional does not need to obtain consent to make a referral.</p> <p>If the professional concludes that informing the parent/carer may increase the level of risk to the baby, they should consult with Children's Social Care or the child's allocated Social Worker before speaking to the parent in order to obtain advice.</p> <p><b>In all cases, Children's Social Care must be advised if the parents or carers are aware of the referral.</b></p>
3.4	<p>Prior to making the referral, the professional should ensure that they have sufficient information. This would include basic details such as name, date of birth, address, contact telephone number etc. as well as details of parents/carers and any other relevant background information that is known at the time.</p> <p>Upon identifying a concern, there should be no delay in making a referral to Children's Social Care.</p>
<b>4</b>	<b>Action to be taken by Children's Social Care</b>
4.1	Referrals made to Children's Social Care under this protocol will always be deemed to be <b>high priority</b> due to the vulnerability of the child concerned.
4.2	Where a referral is made to Children's Social Care they will first check records to ascertain if the family is in receipt of a service from them. If this is found to be the case, the information should be recorded in detail on the electronic system and the information passed <b>immediately</b> to the responsible Social Worker or Team Manager, unless the referral is made out of hours, in which case the out of hours duty Social Worker will make an immediate assessment of risk.
4.3	If the baby or family are <b>not</b> already in receipt of a service from the Children's Social Care will follow safeguarding children procedures and record the information as a <b>high priority</b> referral. This referral will then be transferred to the Joint Investigation Team.
4.4	In all cases, Children's Social Care must confirm that the information/referral has been received by either the allocated Social Worker or Team Manager. <b>This is to ensure that there is not a delay in the information or referral being actioned.</b> This will require direct communication. If neither is able to confirm receipt of the referral, Children's Social Care should liaise with another Team Manager to ensure that the referral is received and responded to.
4.5	Following a referral being made and subsequent strategy discussion, all referrals made under this protocol will be deemed to meet the criteria for an Enquiry under S47 Children Act 1989 to determine whether the baby has suffered or is at risk of suffering significant harm. Multi-agency safeguarding procedures must be followed from the point of referral regardless of whether this is the responsibility of Children's Social Care or a field social work team.
4.6	<p>Following receipt of a referral under this protocol, a Strategy Discussion must be held with the Police CPPU and Paediatrician in order to consult and plan any assessment.</p> <p><b>West Yorkshire procedures in relation to Strategy Discussions and Strategy Meetings can be found at:</b></p> <p><a href="http://www.proceduresonline.com/westyorksrb">www.proceduresonline.com/westyorksrb</a></p>
4.7	Strategy Discussions should also be held with any other agency that may hold information about the family, as far as is practicable given the time of the referral.
<b>5</b>	<b>Referrals Made Outside Office Hours – the role of Children's Social Care</b>
5.1	<p>In cases where information is received outside normal office hours, Children's Social Care will be required to begin the process of S47 Enquiry, regardless of whether the child or family has an allocated Social Worker already.</p> <p><b>It is not acceptable to allow the matter to wait until normal office hours have resumed.</b></p>

5.2	In cases where Children's Social Care commences a S47 Enquiry, this will transfer to the Joint Investigation Team when normal office hours have resumed. The transfer will involve direct communication between Children's Social Care and Social Worker or Team Manager, and will require full records to be entered onto the electronic system by Children's Social Care without delay.
<b>6</b>	<b>West Yorkshire Police</b>
6.1	Where information relating to a suspected or actual bruise, burn or scald to a non-mobile baby is received by West Yorkshire Police from another source; CPPU officers will themselves refer the matter to the Safeguarding and Family Support Directorate and participate in a Strategy Discussion.
6.2	On the basis of this Strategy Discussion, a plan for the investigation and assessment of the suspected injury will be developed jointly, in line with the West Yorkshire Interagency Safeguarding Children Procedures:  <a href="http://www.proceduresonline.com/westyorksrb">www.proceduresonline.com/westyorksrb</a>
<b>7</b>	<b>The Paediatric Assessment</b>
7.1	The examining Paediatrician will participate in all Strategy Discussions that are initiated in line with this Protocol.
7.2	Where information relating to an actual or suspected bruise, burn or scald is received by a member of: they will themselves refer the matter to Children's Social Care and participate in a Strategy Discussion, along with the Police.
7.3	All babies referred to Children's Social Care under this protocol <b>must have a Child Protection medical assessment</b> . The medical assessment should be carried out by a paediatrician with the appropriate training, competencies, and supervision as per <i>Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (RCPCH 2014)</i> .
7.4	Once a strategy discussion has confirmed that a section 47 enquiry is required under the terms set out in this protocol, Parents/carers <b>must not</b> be asked to take the baby to the hospital Emergency Department or to their GP as a substitute for assessment by a hospital Paediatrician.
7.5	Wherever possible, the examination should be attended by a member of Children's Social Care staff. If the family is already known to social care then a worker who is familiar with the family should ideally attend. However in cases where this is not possible e.g. with a family who are not previously known to Children's Social Care, the worker(s) attending with the family should be familiar with the referral that has been made, the nature of the suspected injury etc.
7.6	The Paediatrician should arrange for additional medical investigations if the circumstances warrant this. The paediatrician will provide a verbal opinion at the time of the medical assessment, which will be followed up in writing within 72 hours, unless it has agreed that it will be sooner. If the Social Worker, upon receipt of the report, is unclear about the medical opinion, they must contact the Paediatrician to clarify this.
7.7	In some cases e.g. where the injury was identified within a hospital setting, the baby may have already been seen by a paediatrician prior to referral. Where this is the case Children's Social Care should hold a Strategy Discussion with the Paediatrician and the Police, in order for the medical findings to be considered.
<b>8</b>	<b>Decision Making</b>
8.1	The key principle of this protocol is that when a non-mobile baby has sustained injuries as outlined in this document, decisions should <b>not</b> be made by a single agency. As a minimum, decisions should be made by a group consisting of Social Worker, Police Officer and Paediatrician.  This protocol does not seek to remove or undermine professional judgement, but rather to support it (and

	encourage professional challenge where appropriate) in a multi-agency environment to ensure the best outcomes for children and families.
8.2	At the close of the S47 Enquiry, Children's Social Care should have made an assessment in relation to whether the baby has suffered or is at risk of suffering significant harm. This assessment should have been developed in full consultation with all relevant partner agencies.
8.3	In some cases, the outcomes of the S47 Enquiry may not be clear e.g. the findings of the paediatric assessment may be inconclusive or agencies may hold differing views about the level of risk. In such cases a strategy discussion should be convened and chaired by a Team Manager or Principal Social Worker from Children's Social Care in line with West Yorkshire Safeguarding Procedures. The process of bringing the relevant professionals together to discuss the case may contribute to better assessment and outcomes.
8.4	This assessment will inform the action to be taken by Children's Social Care and/or West Yorkshire Police.
8.5	Where there is professional disagreement the case should be referred to relevant managers or equivalent for resolution in line with West Yorkshire Consortium Safeguarding Children Procedures found at <a href="http://www.proceduresonline.com/westyorksrb">www.proceduresonline.com/westyorksrb</a>
8.6	Children's Social Care should also ensure that the outcomes of the S47 Enquiry are shared with the family (unless to do so would place the baby at increased risk) and all relevant partners.
8.7	In all agencies, the outcomes of the S47 Enquiry should be recorded in detail. This is particularly important where a decision is taken that no further action is required to protect the baby.
<b>9</b>	<b>Timescales</b>
9.1	It is expected that all referrals under this protocol will be responded to, and assessment commenced on the same day that the referral is received. If this is not possible, then arrangements should be made for assessment to commence at the start of the following day at the latest. <b>In all cases, a Strategy Discussion and Paediatric Assessment should have been undertaken within 24 hours of receipt of the referral.</b>

West Yorkshire procedures relating to Child Protection Conferences can be found online at:

[www.proceduresonline.com/westyorksrb](http://www.proceduresonline.com/westyorksrb)

If you have a question relating to a specific Child Protection Conference or report, please contact the Child Protection and Review Unit