Accumulation of Minor Injuries Protocol

1

Introduction – Guiding Principles

1.1

This protocol has been agreed by the Kirklees Safeguarding Children's Partnership and should be read in conjunction with the Multi-Agency Protocol for the Assessment of Bruising, Burns and Scalds in Non Mobile Babies.

It is relevant to any professional operating within the West Yorkshire area who may come into contact with a child, of any age, who it is identified has suffered an accumulation of minor injuries as defined in paragraph 2.3 below.

1.2

Published evidence suggests that children under the age of three, and particularly those under one year, are most at risk of suffering physical abuse. Practitioners are reminded that all children are vulnerable to harm and as such they should remain alert to signs of abuse, unexplained or unusual injuries; or injuries where the explanation provided is not consistent with the injury sustained.

Bruising is the most common accidental injury experienced by babies and children, however neglectful actions or omission can cause injuries to children and the likelihood of a baby sustaining accidental bruising increases as they become more mobile. The evidence also suggests that it is extremely rare for a non-mobile baby, for example one that is not yet crawling, to sustain accidental bruising. Therefore all such bruising in non-mobile babies should be viewed by professionals as an indicator of possible physical abuse.

1.3

Children can sustain minor injuries for a variety of reasons, explanations given by themselves and by their parents and carers should always be sought even where there is no obvious concern about the injury sustained. Professionals should be alert to any pattern in explanations or discrepancies in the explanations given by a parent/carer and /or child, or between parent/carers or provided to different professionals.

~~P~~lausible explanations can be given routinely and "normalised" for injuries, for example siblings fighting, and may lead professionals to raise their threshold for being concerned about injuries sighted on a child. Consideration of this and disguised compliance which may involve a parent or carer giving the appearance of co-operating with professionals to avoid raising suspicions or to allay professional concerns and ultimately to diffuse professional intervention, should always be given in circumstances where there is evidence of an accumulation of minor injuries.

Responding to children with minor injuries requires the ability to recognise or see the signs of vulnerabilities and potential or actual risks of harm, maintaining an open stance of professional curiosity and understanding responsibility in how to take action.

This protocol aims to draw attention to circumstances where an accumulation of minor injuries, even where plausible explanations are given, may give rise to concern.

1.4

Working Together to Safeguard Children (2018) clearly identifies that no single professional can have a full picture of the child's circumstances. This protocol is underpinned by the principle that effective safeguarding systems are child centred and support clear local arrangements for collaboration between professionals and agencies. 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.

2

Terminology

2.1

Definition of not independently mobile

Not independently mobile 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 early age and this does not constitute self-mobility. It also includes children of any age who are immobile due to a disability.

Bruising is strongly related to mobility.

- Once children are mobile they sustain bruises from everyday activities and accidents;
- Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual
- Most children who are able to walk independently have bruises;
- Bruises usually happen when children fall over or bump into objects in their way.

A bruise should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given. However, bruising in children who are not independently mobile including bruises in babies should raise concern about the possibility of physical child abuse and a bruise or suspicious mark in this group, however small, which does not have an adequate explanation of a significant event which fits with the child's developmental level.

2.2

Further detail on the medical definition of bruising and other conditions that mimic or present with bruises can be found in the Multi-Agency Protocol for the Assessment of Bruising, Burns and Scalds in Non Mobile Babies and for Leeds, the Multi-agency Bruising Protocol for Children Not Independently Mobile.

2.3

Definition of minor injury

A minor injury can include but is not limited to;

- bruises
- small abrasions or cuts
- sprains and strains

- broken bones
- burns and scalds
- minor head injuries
- injuries to the back, shoulder and chest

It is not possible or practical to give a definitive number of injuries that would be defined as an accumulation of minor injuries and professionals should use their own judgement regarding the number or frequency of the minor injuries as to whether to follow the below procedure.

3

3.1 Responding to a child with an injury

Whenever a professional becomes aware of an injury to a child the parents or carers should be asked for an explanation of that injury. This should be clearly recorded in the child's record. -Some settings may have further procedures to follow, such as completing a body map of the injury and asking the parent to sign against the description and explanation of the injury (for example Early Years settings). If at the time the professional is concerned about the injury or the explanation given they should follow normal child protection procedures and contact Children's Social Care. http://www.kirkleessafeguardingchildren.co.uk/duty-and-advice.html

3.2 Concerns regarding an accumulation of minor injuries

In the first instance of a professional becoming concerned about the number or frequency of minor injuries, the professional should review their records regarding the injuries to the child. The professional should reflect on the following:

- Are there any concerns about the explanations given by the parent, carer or child in relation to one or more of the injuries?
- Is there a pattern to the injuries; type, placement, explanation given, when the injuries occurred (Day of the week? Time? During school holidays?).
- Is there anything known about injuries to siblings?
- Are the explanations given consistent over time? If conversations about the injuries have been revisited, has the explanation remained the same as reported to each agency?.
- Have injuries been occurring over a period of time? NB: Younger children may have an accumulation of injuries over a short period of time due to a new developmental stage..
- Are the explanations for injuries indicative of other concerns such as lack of supervision or a failure to address ~~a~~ safety issues in the home. Examples of this might be that explanations for injuries include; injuries caused by siblings, lack of safety gates / fire guards, falls from the sofa / bed / changing table.
- What is the child's developmental stage in relation to their movement?
- Are the parents expressing concern about the injuries, Are they taking action to reduce the potential for future injuries?
- Where an explanation provided is related to a child's disability is this backed up by health professionals familiar with the child's condition or taken only from the parents, carers account?
- If the explanation given is the same (or similar every time) is there evidence of professionals readily accepting or normalising this and failing to ask questions?

- What else is known about the family? Are there any other concerns? Is there any evidence of parental issues such as substance misuse, domestic abuse or mental health?
- Is this a timely presentation of an injury or has there been a delay in presenting without a suitable explanation. What was the reason for the delay?
- Has there been a previous failure to seek medical attention?

3.3

Referring the child to Children's Social Care

If following consideration of the above points concerns remain regarding experiencing an accumulation of minor injuries, then a referral should be made to Children's Social Care following your own agencies procedures.

Kirklees Children's Social Care – Tel: 01484 414960

Kirklees Children's Social Care – out of hours Tel: 01484 414933

3.4

Informing the Parents/Carers and Obtaining Consent

It would be expected that in most cases, the professional should inform parents/carers of their intention to make a referral to Children's Social Care and obtain their consent to do so. Unless to do so would increase the level of risk to the child. If it is judged that this is a possibility in ~~this~~ such instances the professional does not need to obtain consent to make a referral.

If the professional concludes that informing the parent/carer may increase the level of risk to the child, they should consult with Children's Social Care or the child's allocated Social Worker before speaking to the child's parent or carer in order to obtain advice.

In all cases, Children's Social Care must be advised if the parents or carers are aware of the referral.

3.5

Reference to this protocol

If making a referral under this protocol the professional should reference it during the referral indicating that they have followed the guidance set out in 3.1 of the procedures and the reason why, in their assessment, concerns remain regarding the injuries received by the child.

4

Action to be taken by Children's Social Care

4.1

Where a referral is made to Children's Social Care, Children's Social Care will first check existing records to ascertain if the family is currently in receipt of a service. If this is found to be the case, the information will be recorded in detail on the electronic system and passed immediately 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.

4.2

If the child or family are not already in receipt of a service, Children's Social Care will follow local safeguarding children procedures and record the information as a referral. This referral will then be transferred to the appropriate team for multi-agency investigation.

4.3

In all cases, Children's Social Care must confirm that the information/referral has been received. This will require direct communication, and is to ensure that there is no delay in the information or referral being actioned.

4.4

Following receipt of a referral under this protocol, a strategy meeting /discussion will be held by Children's Social Care, the Police Safeguarding Unit an appropriate Health professional. A multi-agency decision will be made to consider S47 of the Children Act 1989, if an enquiry is needed to determine if the child has suffered harm.

It is expected that all referrals under this protocol will be responded to, and an assessment is 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. In all cases, a Strategy Meeting / Discussion and Paediatric Assessment where agreed, should have been undertaken within 24 hours of receipt of the referral

4.5

West Yorkshire Consortium Safeguarding Children Procedures in relation to Strategy Meetings and

Discussions can be found at:

West Yorkshire Consortium Safeguarding Children Procedures

4.6

Strategy Meetings / Discussions should also involve any other agency that may hold information about the family, as far as is practicable given the time of the referral.

5

Decision Making

5.1

The key principle of this protocol is that when a child has sustained an accumulation of minor injuries as outlined in this document, decisions should not be made by a single agency. As a minimum, decisions should be made by a group consisting of a Social Worker, a Police Officer and an appropriate Health professional.

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.

5.2

If a decision is made to progress to a Section 47 enquiry, at the close of the Section 47 Enquiry, Children's Social Care should have made an assessment in relation to whether the child has suffered or is likely to suffer significant harm. This assessment should have been developed in full consultation with all relevant partner agencies.

5.3

Children's Social Care should also ensure that the outcomes of the Section 47 Enquiry are shared with the family and all relevant partners.

5.4

This assessment will inform the decision making and any actions to be taken by Multi agency professionals.

5.5

Where there is professional disagreement the case should be referred to relevant managers or equivalent for resolution in line with West Yorkshire Consortium Procedure for Resolving Professional Disagreements or locally held procedures at: http://www.kirkleessafeguardingchildren.co.uk/EscalationProcess.html

5.6

In all agencies, the outcomes of the Section 47 Enquiry should be recorded in detail. This is particularly important where a decision is taken that no further action is required to protect the child.

6

Timescales

6.1

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. In all cases, a Strategy Meeting / Discussion and Paediatric Assessment where agreed should have been undertaken within 24 hours of receipt of the referral.

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

http://westyorkscb.proceduresonline.com/chapters/contents.html