

Non-independently mobile child policy

Introduction

The likelihood of a child sustaining an injury and bruising accidentally increases with their increasing mobility. The significance of bruising or minor injuries in a non-independently mobile child can be underestimated at times and the safeguarding implications overlooked. Therefore, bruising in a non-independently mobile child needs to be considered with care. This document addresses the management and assessment pathways for injuries and bruising for non-independently mobile children within Suffolk to ensure that safeguarding causes are considered and fully assessed.

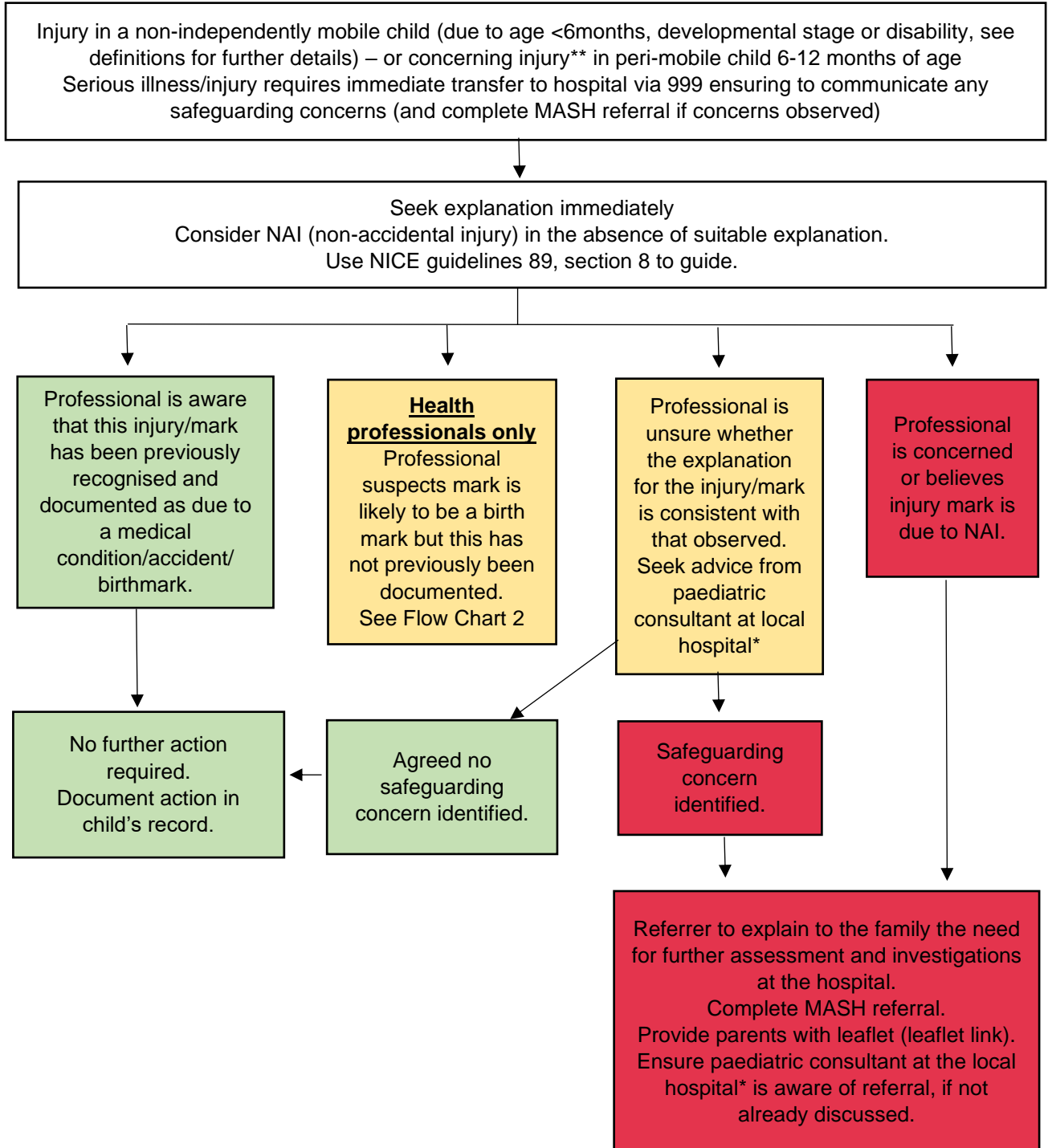
Aim

The pathway aims to give professionals guidance when working with children to enable them to make safe assessments within the NICE and RCPCH safeguarding children frameworks to provide effective care. It can be challenging to identify abuse and neglect within a clinical setting and professional judgement must be used at all times. This policy provides a framework and pathway for referrals. Missed opportunities in young babies can result in catastrophic consequences and this must be recognised. Any concerns must be referred for further assessment, investigation and multi-agency decision making.

Flow charts

Flow charts adapted from Safer Children York protocol

Flow Chart 1

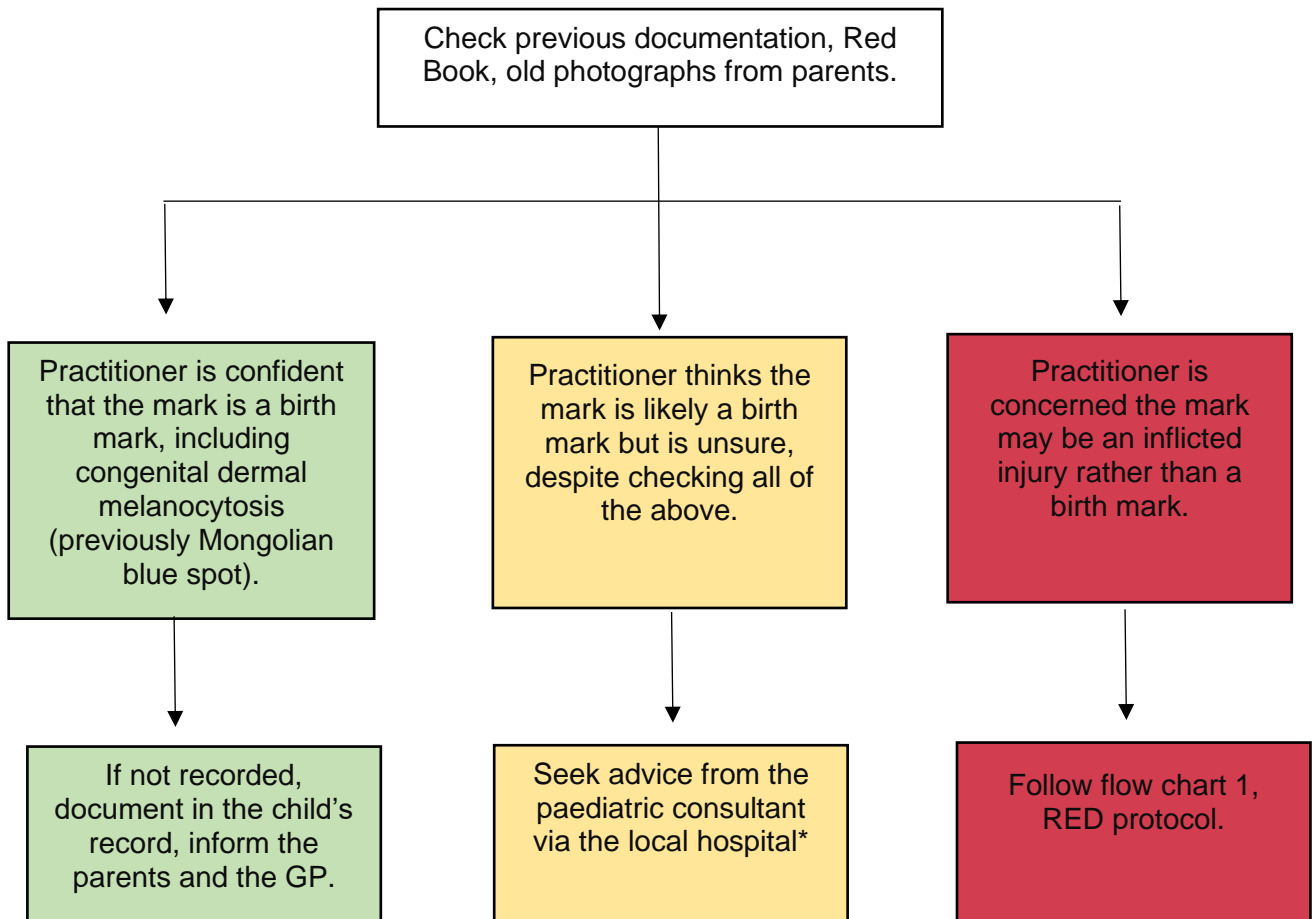


** Injury with no history, inconsistent history, history that does not match with the injury or in a 'high risk' area; see RCPCH safeguarding companion and below.

*Waveney area referral process differs.
Ipswich Hospital switchboard: 01473 712233
West Suffolk Hospital: 01284 713000
Ask to speak to the Paediatric Consultant on call

Flow Chart 2

Suspected Birth Mark



*Waveney area referral process differs.

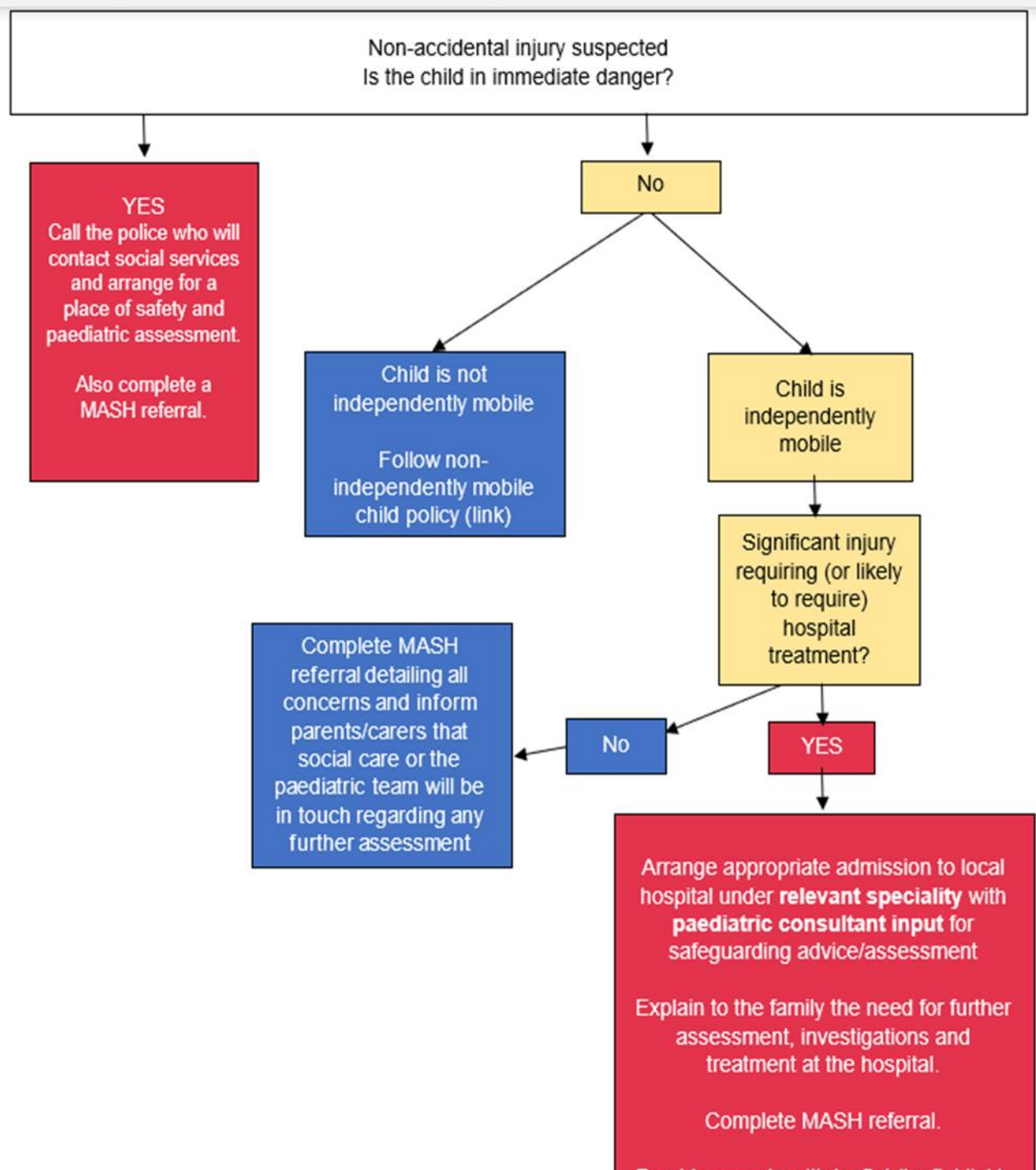
Ipswich Hospital switchboard:
01473 712233

West Suffolk Hospital: 01284
713000

Ask to speak to the Paediatric
Consultant on call

Safeguarding referral process for Waveney:

<https://suffolknet.sharepoint.com/sites/myscc/CYP%20Content%20Library/CYP%20Health%20Services/Safeguarding/JPH%20-%20Non%20Mobile%20Infant%20Policy%20%28updated%29.docx>



Provide parents with Information leaflet.

Note: The parent's leaflet can be found on the Non-Mobile Infants page of the SSP Website.

Definitions

Non-independently mobile child

A non-independently mobile child is any child who is not independently walking, crawling, pulling to stand, cruising or bottom-shuffling. This includes all children under the age of six months; some will be able to roll independently but this is not sufficient to qualify as mobile. Children who are non-independently mobile with the above classification due to disability also should be considered under this category.

Injury

An injury is most commonly a bruise but can also be any other injury, such as a burn, scald, unexplained bleeding, break to the skin, fracture or any other apparent or suspected injury to the child.

Bruising

A bruise is caused by leaking of blood under the skin into the soft tissues, causing temporary discolouration in the surrounding area. It might be associated with other marks or injuries to the surrounding skin or soft tissues.

Bruising to non-independently mobile children is extremely rare. Bruising may occur during incidents such as birth trauma (this should be documented), accidents, medical interventions and due to underlying health issues. If bruising has a clear cause, this should be documented in the child's health record and it is explained. Explanations should be considered as to whether they are in keeping with the bruising or injuries seen and the developmental age/stage of the child; safeguarding considerations should be made at all stages of assessment. Accidental injuries may still require safeguarding intervention in the form of accident prevention advice, addressing concerns around neglect or sibling supervision around the non-independently mobile or vulnerable child in the home. The health and wellbeing of the child should be clearly established before discharge. If concerns persist, the bruising should be investigated, as per flow chart 1.

Subconjunctival haemorrhage (bleeding into the whites of the eyes without evidence infection) should be considered as a bruise for the purposes of this protocol.

Concerning injury

A concerning injury in a 6–12-month-old child (who may be cruising or mobile to a degree but not yet fully, independently mobile) requires consideration in the same way as a bruise or injury is managed in a non-independently mobile child. A concerning injury would be one without any reported history, with an inconsistent history, a history which does not match the injury, a clinically significant injury in the opinion of a medical professional, a bruise away from a bony prominence or in a 'high risk' area for non-accidental injury, as defined within the RCPCH safeguarding children companion (e.g., abdomen, back, neck, inner thighs, buttock, cheeks, pinna of ears).

Disabled children

Children with reduced mobility due to disability bruise and sustain injuries in patterns that are different to their able-bodied peers; this should be considered when assessing any injuries that are presented. The level of mobility of the child, mobility aids, transfer and handling aids and how these are used, all need to be considered. It is well-evidenced that children with disabilities are at significantly increased risk of abuse and inflicted injury (Sullivan and Knutson, 2000) and this should always be kept in mind, especially if the child is not able to communicate independently. The mobility level of a child should be assessed with care and consideration. Children who are unable to walk independently due to disability or who use mobility aids may be able to crawl or bum-shuffle independently. The individual child's abilities should always be considered.

Birth marks

Birth marks should be documented in the child's red book when they have been noted at birth. However, some birth marks are not present at birth and develop later, or the baby may not have had a newborn check (NIPE) completed at birth. If there is any uncertainty, the amber arm of flow chart 2 should be followed for the baby to have a paediatric review for this to be confirmed prior to documentation.

Accidents in non-independently mobile children

It is recognised that accidents can and do occur (although relatively rare) with non-independently mobile infants and children and the balance of reacting in a measured manner can be difficult. Children with injuries under the age of six months should always have a medical review when injuries are noted or accidents are brought to the attention of professionals, even when the incident has been independently observed and there are no safeguarding concerns. If there are concerns for the welfare of the child, including around neglect or other social issues which may have led to the accident, the relevant safeguarding protocol must be followed. Any medical professionals seeing a non-independently mobile child with an injury or bruise which they have any uncertainty about should discuss with the paediatric consultant at the local hospital (except in the Waveney area where local pathway should be followed) to decide on a course of action.

NICE guidance

When a non-independently mobile child presents with an injury, non-accidental injury and maltreatment must always be considered. The NICE guidance "When to suspect Child Maltreatment" provides a summary of features to be mindful of when considering when abuse is present.

<https://www.nice.org.uk/Guidance/CG89>

Key aspects to consider within the assessment include:

- Is the injury in keeping with the child's developmental age and stage?
- Is the injury in keeping with the history given?

- Are there any other indicators of concern within the presentation, such as neglect?
- Are there any behaviours from the adults within the home environment which might increase the risk to the child, such as substance misuse, domestic violence, sexual violence, previous violence against children?
- Is there any information about the child/family on record, e.g., is the child on a child protection plan or have they previously been? Is there someone in the household on the sex offenders register?
- If you require further advice, you must speak to your safeguarding lead within your organisation or contact the Multi-Agency Safeguarding Hub (MASH) on the same day

Multi-agency working

All non-independently mobile children who are suspected to have suffered harm should be the subject of a multi-agency investigation to assess the risk of harm.

Working Together to Safeguard Children (2018) clearly identifies that no single practitioner 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 practitioners 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.

If there is disagreement with the decision making of other professionals which cannot be resolved through multi-agency discussion, the escalation policy must be followed in a timely manner.

Please see the links to the supplementary guidance and the non-mobile child leaflet for parents.

Note: The supplementary guidance and parent's leaflet can be found on the Non-Mobile Infants page of the SSP Website.

Author: Rachel Furley with input from Doctors in the CCG

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