Protocol for Referral, Assessment and Management by Professionals in Health and Social Care.

Aim: To provide health and social care professionals with a clear pathway for referral, assessment and management of pre-mobile babies presenting with bruising/marks (which could be due to injury) which cannot be explained by previous treatment and care provided by health professionals[1]. Comprehensive clinical assessment should take place. Collating and analysing information should lead to a considered and safe response for children and their families.

Definition: A pre-mobile baby is a baby who is not yet crawling, not actively rolling as a means of mobility (including those only able to flip from back to front), not bottom shuffling, not pulling to stand, not cruising nor walking independently.

Key Messages:

1. Bruising is the most common presenting feature of physical abuse in children.
2. Bruising/marks (which could be due to injury) should prompt suspicion of maltreatment.
3. Bruising/marks (which could be due to injury) on any pre-mobile baby should prompt an immediate referral to a senior paediatrician for urgent medical assessment and enquiry to social services.
4. Bruising/marks (which could be due to injury) assessed as having no accidental explanation consistent with the clinical findings must be referred to children's social services for investigation.

In pre-mobile babies for whom the nature of the bruise/mark clearly suggests physical abuse from the outset SBNI Regional Core Policies and Procedures http://www.proceduresonline.com/sbni/ must be initiated with immediate telephone referral to children's social services and completion of a UNOCINI referral form (unless children's social services direct otherwise) within 24 hours.

Identification and Referral under this protocol: Any bruise/mark (which could be due to injury) on a pre-mobile baby observed by a health or social care professional which cannot be explained by previous treatment and care provided by health professionals[1] should raise suspicion of maltreatment and be referred to a senior paediatrician for urgent medical assessment.

It is the responsibility of the first professional who learns of (or identifies) the bruise/mark (which could be due to injury) to make the referral by telephone to the senior paediatrician. This telephone referral should be followed up in writing and forwarded to the senior paediatrician immediately (by e-mail if possible which should be password protected), in accordance with local arrangements. A suggested referral form for hospital paediatric assessment is available (see below).

Consent for referral for Paediatric Assessment: Families and professionals should work in partnership. If a person with parental responsibility refuses consent for paediatric assessment, advice must be sought immediately from direct line managers in terms of how to progress. If necessary SBNI Core Regional Policies and Procedures should be initiated.

[1] **NB: Previous treatment or care provided by health professionals includes bruising/marks arising from birth trauma.**

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Paediatric Assessment: Bruising/marks (which could be due to injury) must never be interpreted in isolation. This must always be assessed in the context of medical and social history, developmental stage and explanation given. A full clinical examination and relevant investigations must be overseen by a Consultant Paediatrician within the hospital setting.

Potential Outcomes of Paediatric Assessment and Multi-disciplinary Discussion (if required):

A. This is not an injury (i.e. clinical findings are consistent with a medical diagnosis) or the clinical findings seen can be explained by previous treatment or care provided by health professionals[1]. **Outcome:** - no further action under this protocol is required.

B. There is an injury but there is an accidental explanation given (or accidental cause considered) which in the opinion of the Consultant Paediatrician is consistent with the clinical findings. **Multi-disciplinary discussion must take place. This should be initiated by the Consultant Paediatrician and must include enquiry and exchange of information with children's social services** and nursing staff. This should also include enquiry and discussion with the child's Health Visitor/family nurse/midwife (where relevant)/GP, which should take place as soon as possible (by the next working day) even if the child has been discharged. Consideration should be given to liaising with other professionals involved in the child's care.

Potential Outcomes following multi-disciplinary discussion (Outcome 1 or 2):-

- **Outcome 1** – no child protection concern - no further action under this protocol is required.

- **Outcome 2 - Child Protection concern -** SBNI Regional Core Policies and Procedures should be initiated with immediate telephone referral to children's social services and completion of a UNOCINI referral form within 24 hours by the Consultant Paediatrician (unless children's social services direct otherwise).

C. There is an injury and no accidental explanation in the opinion of the Consultant Paediatrician consistent with the clinical findings. **Outcome: Child Protection concern - SBNI Regional Core Policies and Procedures should be initiated with immediate telephone referral to children's social services and completion of a UNOCINI referral form within 24 hours by the Consultant Paediatrician (unless children's social services direct otherwise).**

If any professional involved in the multi-disciplinary discussion has on-going child protection concerns or if it is agreed at any stage that the injury is a non-accidental injury, either directly or as a result of neglect, then **SBNI Regional Core Policies and Procedures should be initiated with immediate telephone referral to children's social services and completion of a UNOCINI referral form within 24 hours by the Consultant Paediatrician (unless children's social services direct otherwise).**

Outcome of assessment under this protocol must be signed off by the Consultant Paediatrician and shared with the GP, Health Visitor/family nurse/midwife (where relevant), social worker if involved and referrer as soon as possible by the Consultant Paediatrician.

SBNI Safeguarding Board for Northern Ireland

BRUISING/MARKS (WHICH COULD BE DUE TO INJURY) ON PRE-MOBILE BABIES

HEALTH/SOCIAL CARE PROFESSIONAL OBSERVES BRUISING/MARK (WHICH COULD BE DUE TO INJURY) IN A PRE-MOBILE BABY

Bruising/mark seen CAN be explained by previous treatment or care provided by health professionals (including bruising/mark arising from birth trauma), or it is a birthmark – no action is required under this protocol

Bruising/mark seen CANNOT be explained by previous treatment or care provided by health professionals (including bruising arising from birth trauma)

SUSPECT CHILD MALTREATMENT

SEEK AN EXPLANATION, EXAMINE (if applicable to your role) & RECORD ACCURATELY - Note any other features of abuse

THE NATURE OF THE INJURY CLEARLY SUGGESTS PHYSICAL ABUSE

SBNI CORE REGIONAL POLICIES AND PROCEDURES MUST BE INITIATED.

IMMEDIATELY TELEPHONE GATEWAY SINGLE POINT OF ENTRY or REGIONAL EMERGENCY SOCIAL WORK SERVICE OUT OF HOURS COMPLETE WRITTEN UNOCINI REFERRAL FORM WITHIN 24 HRS

ARRANGEMENT FOR MEDICAL ASSESSMENT TO BE UNDERTAKEN UNDER SBNI REGIONAL CORE POLICIES AND PROCEDURES

THE NATURE OF THE INJURY DOES NOT CLEARLY SUGGEST PHYSICAL ABUSE

INITIATE THE PMB PROTOCOL: even if a plausible explanation is given
EXPLAIN the Reason for Immediate Referral under this protocol and PROVIDE Information Leaflet to Carers

IMMEDIATELY TELEPHONE SENIOR PAEDIATRICIAN TO REQUEST URGENT HOSPITAL PAEDIATRIC ASSESSMENT

COMPLETE REFERRAL FOR HOSPITAL PAEDIATRIC ASSESSMENT AND FORWARD TO SENIOR PAEDIATRICIAN (see suggested referral form)
Send completed referral by e-mail if possible

OUTCOME OF PAEDIATRIC ASSESSMENT BY SENIOR PAEDIATRICIAN

There is bruising/injury which CANNOT be explained by previous treatment and care provided by health professionals (including bruising/mark arising from birth trauma)

This is not bruising/injury (i.e. other cause) OR bruising/ injury seen CAN be explained by previous treatment or care provided by health professionals (including bruising/mark arising from birth trauma) not initially evident – no further action under this protocol

MULTI-DISCIPLINARY DISCUSSION
Bruising/injury MUST always be assessed by a Senior Paediatrician and considered in the context of MEDICAL and SOCIAL HISTORY, DEVELOPMENTAL STAGE and the EXPLANATION given or ACCIDENTAL CAUSE considered.

A MULTI-DISCIPLINARY DISCUSSION MUST INVOLVE ENQUIRY/EXCHANGE OF INFORMATION WITH-
CONSULTANT PAEDIATRICIAN, NURSING STAFF, CHILDREN'S SOCIAL SERVICES
Enquiry should take place with child's Health Visitor/family nurse/midwife (where relevant)/GP as soon as possible (by the next working day) even if the child has been discharged.

Bruising/injury and no accidental explanation consistent with the clinical findings

Bruising/injury and accidental explanation consistent with the clinical findings

CONSULTANT PAEDIATRICIAN MUST SIGN OFF PAEDIATRIC ASSESSMENT OUTCOME FORM
COPY sent to GP, HV, referrer (and children's social services if involved)

REFERRAL FORM FOR HOSPITAL PAEDIATRIC ASSESSMENT

Complete as soon as possible after Initial Telephone Referral and forward (by e-mail if possible which should be password protected), in accordance with local arrangements, to the Senior Paediatrician (Please include as much information below as available).

All records must be contemporaneous, comprehensive, accurate, timed, dated and signed

Date and Time child seen		
Child's Name		
Address		
DOB HCN:	1st language: Interpreter required: Y / N	
	Name	Base
GP		
Family Health Visitor/family nurse/midwife (where relevant)		
Social Worker (if involved)		
Allied Health Professional if involved (E.g. Physiotherapist, Occupational Therapist etc.)		
Reason for referral		
Provide description of each bruise or mark. Include exact site, size, shape, colour, pattern. Note if there is any swelling, bleeding or broken skin.		

Parent's/carer's explanation	

BACKGROUND INFORMATION (all sections must be completed)				
	Yes	No	Details	
History of any previous or current child protection concerns?				
History of emotional deprivation or neglect?				
Are family known to social services?				
History of parental/carer drug or alcohol misuse?				
History of parental /carer mental health problems?				
History of violent or aggressive behaviour including domestic violence?				
Other information or concerns that may be relevant?				
Referrer's Name (*please print*)			Mobile Number: Office Number:	
Referrer's signature			Designation: Date:	