Cwm Taf Morgannwg Safeguarding Board

Management of Suspicious, Unexplained or Non-Accidental Injuries (NAI) in Children

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Bwrdd Diogelu
Safeguarding Board

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1. Introduction

Suspicious, unexplained or non-accidental injuries (NAI) in children are a critical safeguarding concern. Evidence from national child practice reviews, rapid reviews and research (including Royal College of Paediatrics and Child Health Child **(RCPCH)**) shows that even minor injuries can be sentinel injuries indicating a significant risk of escalating harm or death. Early recognition, professional curiosity and prompt statutory reporting are essential to preventing serious harm.

This protocol provides an evidence-based, multi-agency process for managing suspected suspicious, unexplained or NAI across Cwm Taf Morgannwg, in alignment with the :

- **Social Services and Well-being (Wales) Act 2014**
- **Wales Safeguarding Procedures**
- **Children Act 1989 / 2004**
- **Working Together to Safeguard People 2022**
- **Wales Strategy for Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Act 2015**
- **RCPCH Child Protection Evidence** (bruising, fractures, burns, head injury)
- **Royal College of Emergency Medicine (RCEM) NAI guidance**

This Protocol replaces all previous CTMSB guidance in respect of suspicious, unexplained or NAI injuries and bruising.

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2. Scope

This procedure provides a consistent approach across Cwm Taf Morgannwg. It applies to all practitioners when dealing with suspected injuries in all children, including those who are non-independently mobile, to ensure that they are appropriately safeguarded.

This Protocol applies to **all practitioners** in:

- Health (primary, community, mental health, paediatrics, ED, maternity, therapies)
- Education and early years
- Police
- Social Care

- Third sector and commissioned services
- Emergency duty teams (EDT)

It covers **all children under 18**, with additional mandatory requirements for:

- **Non-independently mobile infants/children**
- **Children with disabilities** (who may be at increased risk of NAI)
- **Children who disclose physical abuse**

All bruising or injuries in non-independently mobile infants must be treated as a **potential safeguarding emergency** until proven otherwise.

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3. Key Definitions

3.1 Non-Independently Mobile Children

The terms non mobile or non-independently mobile, mean the same. For the purposes of this procedure the term non-independently mobile will be used. This is a child who **cannot**:

- crawl
- bottom shuffle
- pull to stand
- cruise
- walk independently

Rolling **does not** count as independent mobility.

This includes all children under the age of six months, most children under one year and some older children with severe disabilities.

3.2 Non-Accidental Injury (NAI)

Any injury not consistent with the explanation provided or caused deliberately or through omission of care.

This includes **(not exhaustive):**

- Bruising
- Burns or scalds

- Fractures
- Abusive head trauma
- Oral injuries
- Patterned/multiple injuries
- Poisoning
- Human bites
- Genital bruising and/or injury could indicate child sexual abuse (NCPCC, 2021)



Evidence from the Royal College of Paediatrics and Child Health (RCPCH) shows that certain injury patterns have high predictive value for abuse.

Further guidance is available from the Royal College of Paediatrics and Child Health website: https://www.rcpch.ac.uk/key-topics/child-protection/evidence-reviews

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4. Roles and Responsibilities

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

All practitioners must:

- **A**ssumptions - should not be used to mitigate risk or the need to undertake further enquiries.
- **B**elief - should not be used in place of seeking proof to mitigate a risk.
- **C**hallenge –checks should be made to test / corroborate information or accounts.
- **D**ocument it – appropriately record your actions and rationale to support future scrutiny.
- Recognise that injury **must never be interpreted in isolation**.
- Apply **professional curiosity** and avoid making assumptions.
- Never suggest explanations to a child or carer.
- Seek **immediate** advice from safeguarding leads or the CTM MASH when unsure.

Line managers and safeguarding leads must support practitioners through supervision and decision-making.

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5. Birth Marks and Birth Trauma

Evidence shows some congenital or birth-related marks may mimic bruising (e.g., dermal melanocytosis (blue spots), forceps marks). Practitioners must:

- Request a review of maternity and child health records.
- Liaise with midwifery or paediatrics for clarification.
- If uncertainty remains, treat the mark as a potential injury and proceed with safeguarding referral.

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6. Injuries in Non-Independently Mobile Children

Evidence from RCPCH indicates that **bruise prevalence in non-independently mobile infants is <1%**, and any bruise is highly predictive of physical abuse. https://www.rcpch.ac.uk/key-topics/child-protection/evidence-reviews

Therefore:

- **All injuries** in non-independently mobile infants require immediate referral to Local Authority Children's Services **(C1 + telephone call)**. The only exception is with documented injuries where there is a clear and unambiguous cause such as marks from delivery, medical procedures or children who have been in road traffic accidents. If there is any doubt about the cause for any injury then the injury should be reported.
- A **strategy meeting must be considered by children services.** Lateral checks and information sharing can be utilised to determine risk and aid decision making in respect of whether a strategy meeting is required. The strategy meeting will determine if a child protection medical is needed and how the child and parents will be transported to the hospital.
- Practitioners **must keep the child in sight and under safe supervision** until risk is clarified and further actions are agreed within the MASH.
- Explanations must be documented but must **not** be prompted.

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7. Injuries in Mobile Children

Mobile children commonly sustain bruises in typical locations linked to accidental activity. However, **Injuries and bruises which are significant/ without explanation /inconsistent with the developmental stage of the child should raise concerns about physical abuse**.

Concerning features include **(not exhaustive):**

- Bruising to soft areas (ears, neck, cheeks, abdomen, buttocks, genitalia)
- Clusters of bruises
- Patterned marks (grips, bites, objects)
- Inconsistent, absent or implausible explanations
- Delay in seeking help
- Recurrent presentations
- Burns/scalds
- Human bites
- Oral injuries, including to lip, tongue, gums or teeth
- Admission of physical chastisement from parents / carers, as no punishment is acceptable

The Royal College of Emergency Medicine (RCEM) and Royal College of Paediatric and Child Health (RCPCH) evidence emphasise that **absence of bruising does not exclude serious abuse**, including fractures or head trauma.

Where injury concern persists, a referral must be made.

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8. Children with Disabilities

Disabled children are at increased risk of non-accidental injury and many will be unable to give an account of what happened. They can include both mobile and non-mobile children.

Disabled children have:

- Higher risk of NAI
- Higher likelihood of communication barriers
- Higher dependence on caregivers

Practitioners must:

- Consider moving & handling equipment, spasms, nutritional issues.
- Avoid cognitive bias, incorrectly attributing physical/mental health symptoms to their existing condition.
- Ensure effective and accessible communication (BSL, Makaton, interpreters).
- Liaise with disability teams, community nursing, therapists and paediatrics.

Patterns of bruising need to be considered in the context of the child's environment and equipment, but if there is any concern that the injury may be non- accidental or due to rough handling a referral for assessment should be made under this protocol.

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9. Additional Risk Indicators

In all cases risk factors for possible abuse within the household should be considered and children's services must be contacted by the practitioner to undertake a Child Protection Register check and to establish if there are any known risk factors or if they are open to children services. **Risk indicators include:**

- Domestic abuse/Sexual Violence
- Parental mental ill-health/Substance misuse
- Previous child safeguarding concerns within the family
- Delay in presentation/reporting injury
- Rough handling or inconsistent accounts
- History of prior injuries (sentinel injuries)
- On the Child Protection Register
- Other associated features e.g. signs of neglect

10. Voice of the Child

All practitioners have a duty to ensure that the rights of children and young people are upheld in line with the United Nations Convention on the Rights of the Child **(UNCRC).**

Where a child can verbalise, practitioners must ensure that children's views are sought, listened to, and taken into account in all safeguarding decisions, this includes:

- Seeking the child's account **in their own words**.
- Speak to the child **alone,** where possible away from parents/carers in a place they feel safe and able to provide uninterrupted explanations.
- Document verbatim.

Children's emotional and behavioural cues must also be documented.

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11. Duty to Report (Statutory Duty)

Under **Section 130 of the Social Services & Well-being (Wales) Act 2014**, all practitioners have a legal duty to report suspected abuse or neglect. Therefore:

- A child who is seriously ill, must be referred immediately to hospital/seek urgent medical treatment/call 999
- Reports must be made **immediately** to Children's Services.
- Where there is a crime or alleged assault a report should be made to 101.
- Follow local pathways for C1 completion.
- Telephone calls must accompany all written referrals.

- Parents should be informed unless doing so increases risk or may compromise evidence.

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12. Process and Required Actions

12.1 Immediate Actions for All Practitioners

- Ensure child's immediate safety.
- Keep child under direct supervision if risk is unclear.
- Document exact words of carers/child.
- Do not attempt diagnosis or definitive interpretation.
- Practitioners must escalate concerns to their line manager or safeguarding lead immediately
- Practitioners must ensure that decision-making is clearly recorded, including the rationale for actions taken or not taken, in line with defensible decision-making principles.

Practitioners should ensure that they have sufficient information to assist Children Services in responding to their concerns including any other relevant background information that is known to the referring agency.

12.2 Local Authority Response

Following the verbal safeguarding report and/or submission of the C1, Children Services will:

- Undertake lateral checks and screening
- Coordinate multi-agency information sharing and establish facts.
- **Decide whether a strategy meeting is required**, ensuring police and partner agencies are invited. Where it is considered that a child protection medical may be required, attempts must be made to include a Consultant Paediatrician in the strategy discussion.
- It is the responsibility of the strategy meeting to work in partnership with the health board to ensure an appropriate and timely medical takes place. Babies and children **MUST NOT** be referred to General Practitioners for a decision as to whether any injury is accidental or non-accidental.
- Decide on safe transport arrangements and supervision for child, parent/carer. This will be based on information shared by partner agencies, based on risk and proportionality.

- Consider section 47 child protection enquiries

Children Services will consider any referral made under this protocol in line with the Wales Safeguarding Procedures and regional policy.

The local authority must inform the referrer of the outcome of the C1 submission as soon as practicable via email or telephone.

12.3 Police

Police will consider criminal thresholds, conduct investigations, implement safeguarding measures in accordance with their powers and contribute to strategy discussions in their initial response. Where required, will undertake joint s47 investigations with children services.

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13. Child Protection Medical Examination

Where consideration is being given for the need to carry out a child protection medical examination, practitioners must refer to the Wales Safeguarding Procedures. Where there is suspected physical abuse or sexual abuse, during daytime hours Monday to Friday 9am–5pm, MASH health nurses or the Child Protection Medical Hub will ensure an appropriate health representative attends the strategy meeting to support decision making and arrange a child protection medical if required. Out of hours and in line with the Wales Safeguarding procedures attempts should be made to include the Consultant Paediatrician and the practitioner making the report should participate. A Child Protection Medical must be arranged where:

- Injury pattern/presentation suggests abuse
- Strategy meeting determines risk of significant harm

Medicals in respect of child sexual abuse will be undertaken at the Sexual Assault Referral Centre (SARC).

Key principles:

- Must be completed by Consultant Paediatrician/Paediatric doctor with sufficient knowledge and experience.
- Must occur within **24 hours** where possible. Where this is not possible, safe care arrangements will need to be considered.

- Babies/children **must not** be referred to GPs for decision making.
- Siblings or co-habiting children may also require examination.

Out of hours, it is the responsibility of Local Authority Children Services to arrange a Child Protection Medical Examination with the on- call Consultant Paediatrician, who can be reached through the hospital switchboard.

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14. Supervision of Parents / Carers

Where it is deemed necessary/agreed at strategy discussion that there is a need for supervised access to take place with family/carers, the Local Authority Children Services will make appropriate arrangements.

Supervision arrangements should be shared with partner agencies such as Police, Health and Education, including details of supervisors, dates, times etc..

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15. Escalation Process

Where professional disagreement occurs, escalate via:

- Agency safeguarding leads
- Senior managers
- CTMSB Concerns Regarding Interagency Safeguarding Practice Protocol ConcernsRegardingInterAgencySafeguardingPracticeCRISPForm2023.docxJ4CRISPApprovedApril2023.docx

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16. References (Evidence Base)

- Social Services & Well-being (Wales) Act 2014 Social Services and Well-being (Wales) Act 2014
- Wales Safeguarding Procedures Safeguarding Wales
- Children Act 1989/2004

- Working Together to Safeguard People 43871 Working together to safeguard people: national action plan on preventing and responding to child sexual abuse
- Violence Against Women Domestic Abuse & Sexual Violence Act 2015 Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Royal College of Paediatrics and Child Health (RCPCH) Child Protection Evidence (Bruising, Fractures, Burns, Head Injury) Child Protection Evidence - RCPCH Child Protection Portal
- RCEM Detection and Management of NAI in Infants (2024) Detection-and-Management-of-Non-Accidental-Injury-in-Infants.pdf

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17. Appendices

- Appendix 1: Non-Mobile Children Flowchart
- Appendix 2: Mobile Children Flowchart

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Multiagency Pathway for the Assessment of bruising and injuries in non-independently mobile children

The support and protection of children cannot be achieved by a single agency, every service must play its part.

For the purposes of this pathway, bruising and injuries is given to mean any bruise, mark, burn, scald, laceration, cut, abrasion, suspected fracture or bleeding.

Note particular risks associated with non-mobile infants with bruising (section 9 and response section 12)

Bruise/Injury observed in a non-independently mobile child

A child who is seriously ill should be transferred immediately to hospital and reported to police.

Seek an explanation. In the absence of any suitable explanation, suspected physical abuse should be considered

For health professionals only; Professional thinks the mark is likely to be a birth mark/injury but this has not been documented in the medical notes and or parent held record. See flowchart 2

Professional is aware that this bruise/injury has previously been recognised and documented as being due to a medical condition or birth mark

No further action required.

Document

Explanation is plausible – Consider suspected physical abuse as one possible explanation and gather further information ensuring that this does not negatively impact on the safety and wellbeing of the child.

1. **Look for other alerting features including known concerns in family history, adult presentation/behaviours which affect child interactions and child.**
2. **Discuss concerns with your organisations safeguarding leads/team**
3. **Consider gathering relevant and proportionate information from other agencies/organisations**
4. **Undertake a child protection register check**
5. **Consider consultation with MASH or EDT**

Explanation for the injury is absent or unsuitable

- Implausible
- Inadequate
- Inconsistent

Safeguarding concern identified

Explain to the family the need for immediate referral to children services in accordance with the SSWBA unless it is considered in doing so you will increase the risk to the child or yourself.

Immediate telephone referral to children services/MASH

Merthyr and RCTCBC – 01443 743730
Bridgend – 01656 642320
Emergency Duty Team – 01443 743730

If appropriate Children's services will arrange an immediate strategy discussion to include all partner agencies, including a Paediatrician or representative from the Child Protection Medical Hub (in working hours). Consideration should be given to a safety plan and transport for further investigation.

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Multiagency Pathway for the Assessment of bruising and injuries in mobile children

The support and protection of children cannot be achieved by a single agency, every service must play its part

Practitioner observes an Unexplained/Inconsistent INJURY, BRUISE, SUSPICIOUS MARK, UNEXPLAINED PAIN or REDUCED MOVEMENT OF LIMB
You Must consider/suspect Child Maltreatment

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Is the child seriously ill / needs treatment?
A child who is seriously ill should be transferred immediately to hospital and reported to police.

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YES

Do not delay call 999 to request ambulance and police attendance if appropriate

NO

- **Seek an explanation, preferably from the child/young person.**
- **Record accurately, detailing a word for word account**
- **In the absence of any suitable explanation, suspected physical abuse should be considered**

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Explain to the family the need for immediate referral to children services in accordance with the SSWBA, unless it is considered in doing so you will increase the risk to the child or yourself. Stay with the child unless unsafe to do so. If unsafe consider contacting the police.

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Safeguarding concern identified

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Immediate telephone referral to children services/MASH
Merthyr and RCTCBC – 01443 743730
Bridgend – 01656 642320
Emergency Duty Team – 01443 743730
Followed bv C1 to relevant children services team

If appropriate Children's services will arrange an immediate strategy discussion to include all partner agencies, including a Paediatrician or representative from the Child Protection Medical Hub (in working hours). Consideration should be given to a safety plan and transport for further investigation.