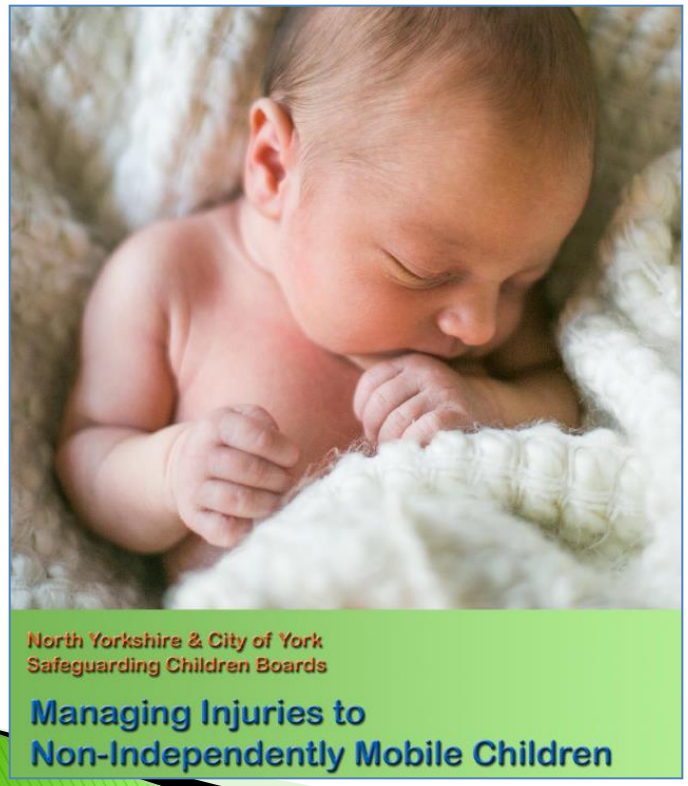
Managing injuries to Non Independently mobile children



Jacqui Hourigan
Nurse Consultant Safeguarding
Primary Care
Janette Griffiths
Named Nurse Safeguarding
Primary Care

Background

- It is recognised that the likelihood of a child sustaining accidental injuries increases with increased mobility.
- Safeguarding children reviews have identified that professionals sometimes fail to recognise the highly predictive value, for child abuse, of the presence of injuries to non- independently mobile children

What Research Tells Us

- Very young children are the most vulnerable to the impact of physical abuse (Maguire, 2010).
- The Triennial Analysis of SCRs (Sidebotham et al, 2016) and four consecutive Biennial Analyses of Serious Case Reviews (Brandon et al, 2008; 2009; 2010; 2012) have identified that children under the age of 1 year are consistently over represented in Serious Case Reviews , almost exclusively because of severe injury or death as a result of physical abuse.
- It is also recognised that all children with disabilities are at increased risk of abuse. Research suggests that children with disabilities are up to 3.4 times more likely to be abused or neglected than their non- disabled contemporaries (Sullivan and Knutson, 2000)

Terminology

- **Non-Independently Mobile**: A child who is not yet walking, crawling, pulling to stand or bottom shuffling independently. This includes **all** children less than six months old as although some children can 'roll over' from a very early age this does not constitute self–mobility. This guidance also includes children with physical disabilities who are not independently mobile.
- **Injuries**: It is recognised that bruising is the most common presentation in children who have been physically abused (Maguire, 2010). However, for the purpose of the North Yorkshire and York guidance , 'injury' is taken to mean any bruising, burn, scald, unexplained bleeding, suspected fracture or any other apparent injury to a child.
- **Bruising with a medical explanation**: Bruising in very young babies may be caused by medical issues such as birth trauma although this is very rare. This should always be documented in the child's medical notes and parent held record.
- **Birth marks**: Where practitioners are confident that a child has a birth mark of some type, including Mongolian Blue Spot, this should be recorded in the child's medical record and parent held record and GP informed

Bruising

- The pattern, number and distribution of accidental bruising in non-abused children is different to that in those who have been abused. Accidental bruises are more commonly found over bony prominences and on the front of the body but rarely on the back, buttocks, abdomen, upper limbs or soft-tissue areas such as cheeks, around the eyes, ears, palms or soles of the feet;
- Patterns of bruising suggestive of physical child abuse include:
  - Bruising or injuries in children who are not independently mobile;
  - Bruising or injuries in babies;
  - Bruises that are away from bony prominences;
  - Bruises to the face, back, abdomen, arms, buttocks, ears or hands;
  - Multiple or clustered bruising;
  - Imprinting and petechiae;
  - Symmetrical bruising.
- A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given.

Mongolian Blue Spots

- Hyper pigmented skin areas
- Usually seen at birth or early life
- Often familial
- Common in children of Asian/African descent
- Rarer in Caucasians
- Usually bluish/slate-grey in colour
- Usually flat & not raised, swollen or inflamed
- Usually round/ovoid but can be triangular, heart-shaped or linear
- Can be single or multiple marks
- Usually on the lower back/sacrum/buttocks
- Trunk, extremities (rarer)
- Face or scalp (extremely rare)
- Usually fade with age

Differentiation of Mongolian Spots from Bruising:

Typical sites

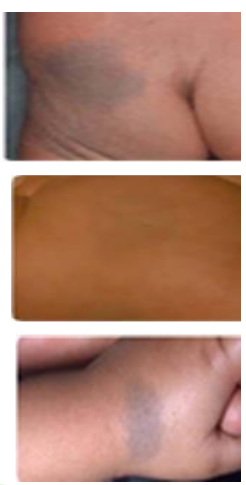
Non – tender

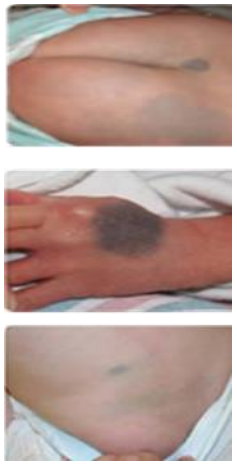
Usually homogeneous in colour

Don't change colour and take months/years to disappear

Must always document presence of Mongolian Spots,

including how extensive, site and shape





https://www.nottinghamshire.gov.uk/nscp/news/babies-that-don-t-cruise-rarely-bruise

Case Study baby

- Baby attends for immunisations at 3 months.
- Baby noted to have a bruise to face.
- Considerations ?
- Actions ?

Case study child

- Non Verbal child (wheelchair user) aged 10 attends with parent who has concerns with regards to bruising to the inside of both her thighs
- Considerations ?
- Actions ?

In summary:

The presence of injuries in non-independently mobile children is highly predictive of abuse

When an immobile child presents with an injury, consider:

- Is the injury feasible given the child's age and developmental stage?
- Are there any other safeguarding concerns regarding the child's presentation, e.g. indicators of neglect?
- Adult behaviours which may affect the safety of their child such as domestic abuse, mental health issues, learning disability or substance misuse?
- Is there any information available regarding the child or family history which would raise concerns? (eg child/ren subject to previous Child Protection Plans

If uncertain seek advice

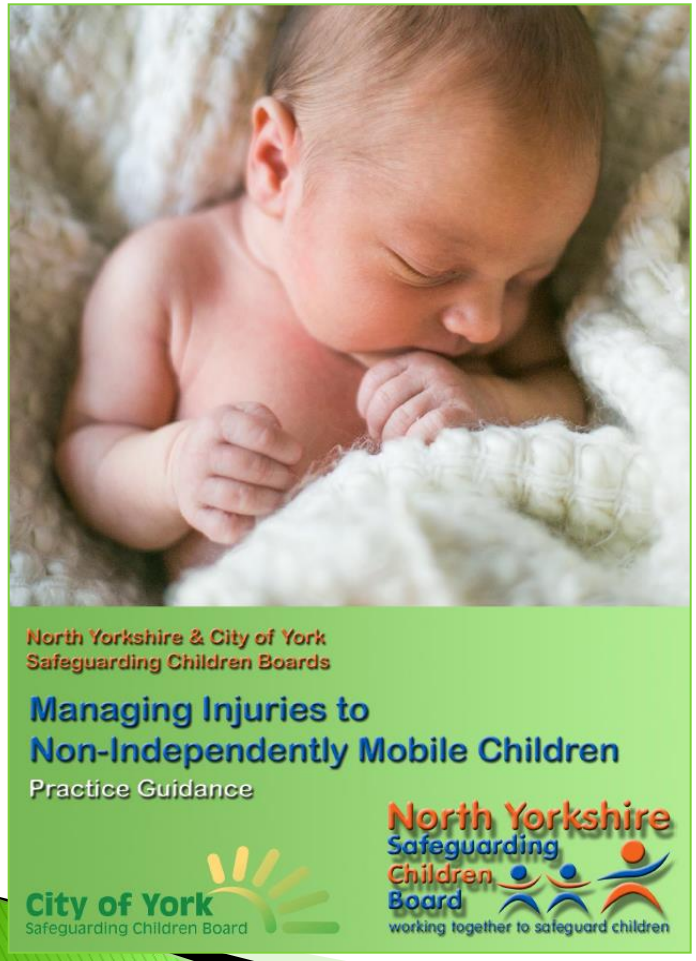
Referring to Children's Social Care

- Where a decision to make a referral to CSC is made it is the responsibility of the professional who first learns of or observes the injury to make the referral following Local Safeguarding Children Partnership Procedures.
- The referral should be made the same working day.
- A full clinical examination and relevant investigations must be undertaken by the on call Paediatrician. CSC are responsible for arranging this Paediatric Assessment.
- A Social Worker should also attend the paediatric assessment wherever possible. This assessment should take place within the same day. Timing of examinations is critical to ensure any underlying injuries are identified and treated. It is also important in order to secure any forensic evidence.

Referral procedure

- The professional making the referral and the Social Worker receiving the referral must reach a decision as to whether the child can be safely transported to the hospital by the parent or carer alone or whether the child should be accompanied to the hospital by a CSC professional.
- If the decision is that the child needs to be accompanied to the hospital then the professional making the referral and the Social Worker should agree if it is necessary for the professional to stay with the child until CSC are able to attend to accompany the child to the assessment.
- Should any professional be dissatisfied with another agency/professionals response to their concern or proposed plan of action they should seek advice from the professional within their organisations who is responsible for offering safeguarding advice and/or access their Safeguarding Children Partnerships professional resolution/escalation procedures.

Bruising in Non Independently Mobile Children Guidance

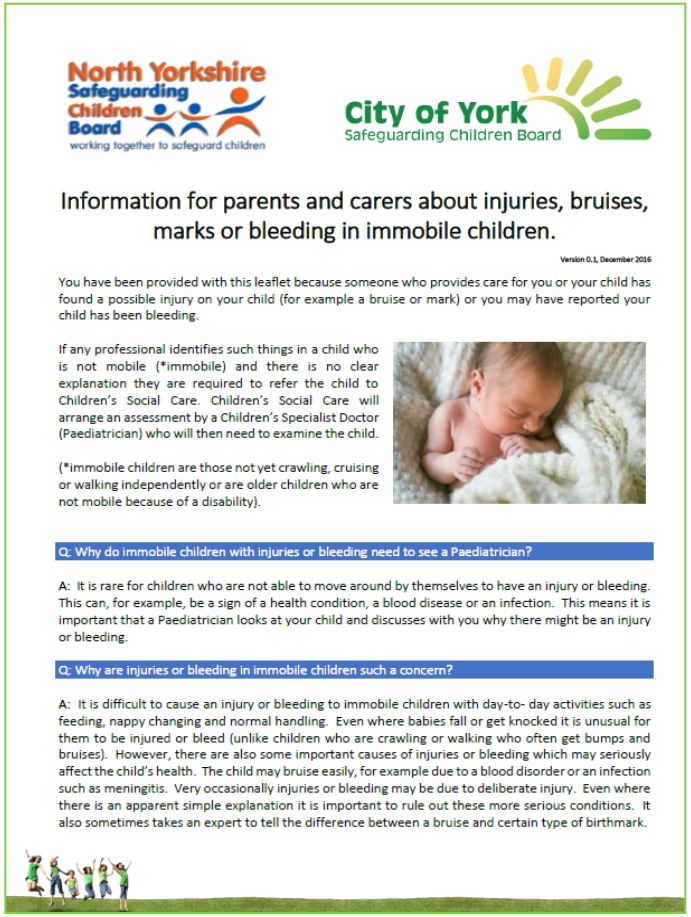


https://www.safeguardingchildren.co.uk/

https://www.saferchildrenyork.org.uk/

Keeping parents / carers informed

- Parents or carers must be kept informed as far as possible throughout this process providing this does not present a risk to the child or the professional. An information leaflet will support you in explaining to parents why the referral to CSC and the paediatric assessment is necessary
- **Parent and Carer leaflet:**



North Yorkshire Safeguarding Children Board
working together to safeguard children

City of York Safeguarding Children Board

Information for parents and carers about injuries, bruises, marks or bleeding in immobile children.

Version 0.1, December 2016

You have been provided with this leaflet because someone who provides care for you or your child has found a possible injury on your child (for example a bruise or mark) or you may have reported your child has been bleeding.

If any professional identifies such things in a child who is not mobile (*immobile) and there is no clear explanation they are required to refer the child to Children's Social Care. Children's Social Care will arrange an assessment by a Children's Specialist Doctor (Paediatrician) who will then need to examine the child.

(*immobile children are those not yet crawling, cruising or walking independently or are older children who are not mobile because of a disability).

Q: Why do immobile children with injuries or bleeding need to see a Paediatrician?

A: It is rare for children who are not able to move around by themselves to have an injury or bleeding. This can, for example, be a sign of a health condition, a blood disease or an infection. This means it is important that a Paediatrician looks at your child and discusses with you why there might be an injury or bleeding.

Q: Why are injuries or bleeding in immobile children such a concern?

A: It is difficult to cause an injury or bleeding to immobile children with day-to- day activities such as feeding, nappy changing and normal handling. Even where babies fall or get knocked it is unusual for them to be injured or bleed (unlike children who are crawling or walking who often get bumps and bruises). However, there are also some important causes of injuries or bleeding which may seriously affect the child's health. The child may bruise easily, for example due to a blood disorder or an infection such as meningitis. Very occasionally injuries or bleeding may be due to deliberate injury. Even where there is an apparent simple explanation it is important to rule out these more serious conditions. It also sometimes takes an expert to tell the difference between a bruise and certain type of birthmark.

*Version 5 updated 19/02/2018

ICON

Babies Cry, You Can Cope!

Infant crying is normal and it will stop!

Babies start to cry more frequently from around 2 weeks of age.

The crying may get more frequent and last longer.

After about 8 weeks of age babies start to cry less each week.

Comfort methods can sometimes soothe the baby and the crying will stop.

Think about are they:

- hungry
- tired
- in need of a nappy change

Try simple calming techniques such as singing to the baby or going for a walk.

It's ok to walk away if you have checked the baby is safe and the crying is getting to you.

After a few minutes when you are feeling calm, go back and check on the baby.

Never, ever shake or hurt a baby.

It can cause lasting brain damage or death.

If you are worried that your baby is unwell contact your GP or call NHS 111.

Speak to someone if you need support such as your family, friends, Midwife, Health Visitor or GP.

Background

- Abusive Head Trauma (AHT) is abuse and is preventable
- Crying is a known trigger
- 70% of babies who are shaken, are shaken by men
- Goal for ICON is to communicate to parents/carers that they can expect crying, prepare for it and cope with it
- North Yorkshire and York launch of ICON 4th November 2019

Some “crying baby” facts

- Parents may, at some point, struggle to cope with their baby’s crying
- Evidence shows that in some extreme cases, crying can lead parents to feel like they may actually harm their child: This is an emotional response of both anger and frustration
- It is important to offer an alternative response to help control these extreme emotions

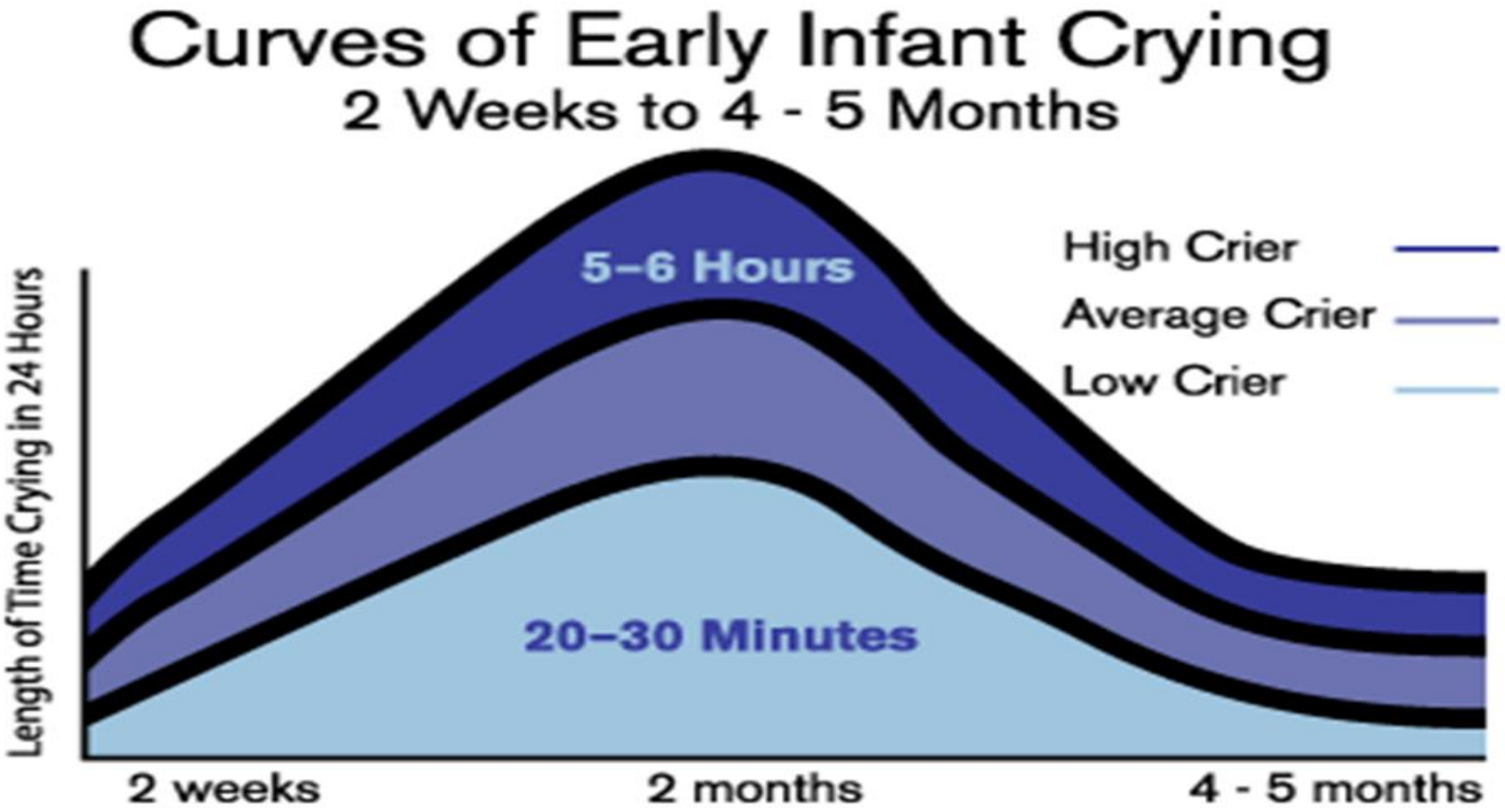
Some more “crying baby” facts

- Crying is a normal part of child development which can have a significant negative impact on the emotional health of parents
- All babies will cry a lot from the ages of 2 weeks to 3-4 months, but this can vary from baby to baby
- Crying seems to peak in the late afternoon and early evening… but this can vary

Some more “crying baby” facts

- Crying is sometimes misdiagnosed as colic
- No one is really sure why babies cry so much in this period… research is ongoing
- An immature nervous system may make babies more irritable… Crying is their only means of expression!
- **ICON** is an evidenced-based delivery method

Normal Crying Curve



But… It's not just the baby

Excessive infant crying can be associated with:

- Parental stress
- Depression
- Possible relationship problems
- Feelings of guilt, inadequacy and helplessness

Remember… this is a new experience for most parents

How can professionals help parents?

- By offering ICON as an alternative to a situation where frustration (often linked to tiredness) can lead to abuse
- By discussing the issues raised
- By talking through the key points in the ICON leaflet

Professional contact points and opportunities to discuss ICON

- Midwifery services : ante-natally , both parents after birth discharge and post natally
- Health Visitor: ante-natally, birth visit and 3 weeks post natally
- GP opportunities ? 6 week check , baby immunisations


ICON
WWW.ICONCOPE.ORG
ICONCOPE
ICON_COPE
I
Infant crying is normal and it will stop!
Babies start to cry more frequently from around 2 weeks of age.
C
Comfort methods can sometimes soothe the baby and the crying will stop. Is the baby hungry, tired or in need of a nappy change?
It's ok to walk away if you have checked the baby is safe and the crying is getting to you. After a few minutes when you are feeling calm, go back and check on the baby.
N
Never, ever shake or hurt a baby.
It can cause lasting brain damage or death.
Babies Cry, You Can Cope
Speak to someone if you need support such as your family, friends, Midwife, Health Visitor or GP.
ICON
Babies Cry. You Can Cope!
Infant crying and how to cope
NHS
Information for parents and carers
ICON
Babies Cry. You Can Cope!