Appendix 3: Flowchart for the referral process for bruises or injuries in non-mobile babies and children

Practitioner observes what appears to be a bruise/injury or suspects an injury to a non-mobile child or an injury/bruise has been reported. Professionals need to be aware that there may not be an immediate sign of injury/bruise as this may appear sometime after an event (seek medical opinion)

If the child is presenting as seriously ill/injured, then they need to be referred to the nearest hospital's emergency department (by calling 999 if you need to) and a referral should be

made immediately to Children's Social Care. In this scenario, the child will be examined by a Senior Emergency Doctor and paediatrician if there is concern it is non-accidental.

Te medical professional is

1) Is there evidence that this could be linked to a birth mark, birth injury or caused by a health condition?

NO

Record what you have seen on a body map (see appendix 2) and record word for word the explanation/account provided by the parents/carers. You should ask the parents/carers for a full detailed medical history of the child.

Some ways that you could confirm this is by consulting the child's red book and consulting with the GP for the child's medical records. If you still have concerns that the mark may not be medically related, then please follow the pathway to the right. You should also consider following the pathway on the right if you have had reports of an injury to a non-mobile child but there is no visible bruise or mark.

Ensure that the appropriate medical professional is made aware of the discussion held e.g. GP, Midwife, Obstetrician, or Health Visitor. Please record the outcome of your discussion in your agency's case notes.

Refer to Children's Social Care front door. Practitioners should usually inform parents/carers that they are going to make a referral unless doing so would place a child at risk (please refer to <u>Information Sharing (proceduresonline.com)</u>. Consider family history and any previous involvement with CSC. Is further information required?

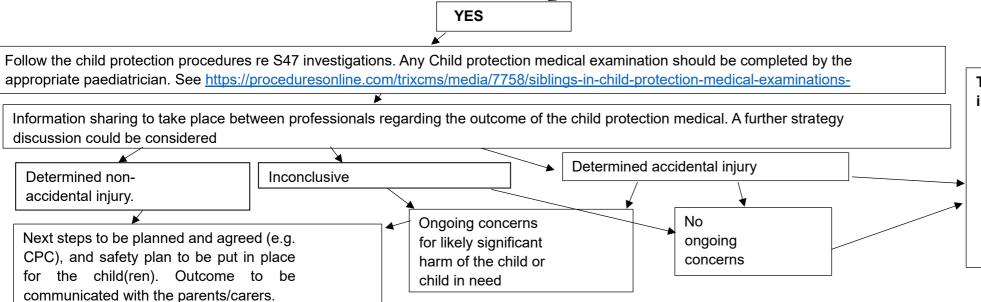
No strategy discussion required. Consider next steps including follow up by Health Visitor, GP or Midwife or further assessment by Children's Social Care including child in need or early help. **NB**. **If there is doubt that this is an accidental injury, a strategy discussion should always be held.**

Front Door decides there is a need for a strategy discussion.

Children's Services will arrange a strategy discussion that will involve a social worker, paediatrics, health MASH and the police. Parents/carers need to understand why a referral is being made (unless doing so will put the child at risk) and they should be provided with a leaflet on bruising in non-mobile babies (this is normally by the referrer).

A <u>strategy discussion</u> is held to consider whether a child has or is likely to suffer significant harm, and these <u>questions</u> (follow link) should be considered. The strategy discussion will explore as far as possible the full medical, developmental, and social history of the child and family. A key decision to be made is whether a child protection medical examination is required. The meeting will decide whether section 47 enquiries are required.

2) Is the threshold for section 47 enquiries met? If doubt remains, initiate section 47 enquiries.



The following actions need to be taken and aligned to specific individuals in the strategy meeting:

- Inform parents/carers of no further action from CSC.
- Follow up from the Health Visitor, Midwife or GP, or other appropriate medical professional to offer advice and guidance to the parents/carers.
- Outcome recorded in agency's case notes.

NO

 Consider whether they are a Child in Need or offering a referral to Early Help

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