

Child Protection – Guidance for Staff:

Management of infants under 1 year with injuries or maltreatment



TARGET AUDIENCE	All NHS Lanarkshire (NHSL) employees NHSL has produced this guidance which enhances the suite of Child Protection Policies to promote staff awareness and understanding of their responsibilities towards the care and protection of children and young people
PATIENT GROUP	Infants under one year

Clinical Guidelines Summary

INTRODUCTION

Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children less than 1 year are at an increased risk of severe physical abuse. If physical abuse or child maltreatment is suspected, a medical examination and possible medical investigations to assess for underlying injury is required.

AIM

This document aims to provide guidance to support NHSL staff in defensible decision making relating to the assessment of abuse, neglect or maltreatment in infants under 1 year presenting with concerns.

EQUALITY AND DIVERSITY

A sensitive, collaborative, respectful approach is essential, alongside practitioner's central focus on a child's needs for protection from harm; and the needs of a family for support to reduce stress and associated risk. There may be other factors to consider in personal, family, community or cultural attitudes to parenting.

MANAGEMENT OF INFANTS UNDER 1 YEAR WITH INJURIES OR MALTREATMENT

ROLES AND RESPONSIBILITIES

- All NHSL staff have a responsibility to respond to children who are at risk or suffering child abuse and neglect
- GIRFEC Principles should always apply to practice
- The rights of children according to UNCRC, should be protected and promoted in all areas of their life including freedom from violence, abuse and neglect
- Health staff have a duty to work in partnership with other statutory agencies (social work, police and education) in the identification and investigation of child protection concerns
- On recognising a child protection concern you should consider discussing with your own line manager, or other professionals for advice in the first instance (such as child protection paediatrician, child protection advisors or social work)
- Following assessment and identification of concerns a notification of child protection concern should be made to social work – you must follow the NHSL 'Raising a Notification of Child Protection Concern' guidance (available on Firstport)

RISK FACTORS

Changing history, injury inconsistent with the child's development or delayed presentation to medical services, should raise significant concerns. The following risk factors can be associated with abuse:

- Domestic abuse
- Drug and alcohol misuse
- Adult Mental Health issues
- Lack of parental supervision
- Families reluctant to engage
- Parental – child interactions/behaviour suggestive of emotional abuse / neglect
- Previous presentations of concern
- Children with additional needs

This list is not exhaustive and professionals should exercise their clinical judgement.

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ASSESSMENT OF INJURIES

All infants under 1 year with a physical injury need to be clinically assessed by a practitioner with the appropriate skills. In the first instance this may be the GP, ED doctor or nurse practitioner trained in managing injuries. The medical needs relating to the child and injury should be addressed first. Medical assessment requires a detailed history of the injury, covering the mechanism of injury and chronology of events. Wherever possible this information should be sought from an eye witness. The developmental abilities of an infant presenting with an injury should be considered. The child should be examined and detailed description of the injury and remainder of examination documented. We would recommend using the 'Under 1 Injury Proforma' in emergency departments. Proforma is available [here](#):

Any physical injury to a child who is not ambulant should be carefully assessed as possible non-accidental injury (NAI). Different types of physical injury include

- Fractures
- Bruising
- Burns
- Bites
- Head injuries
- Visceral injuries.

There are specific sites and injuries which raise considerable concern for NAI. Examples include:

- Facial bruising in non-mobile infant
- Ear or genital bruising
- Bruising with an outline of an implement or grip mark
- Cigarette or immersion burns
- Spiral or metaphyseal fractures of long bones or rib fractures
- Non-accidental head trauma or retinal haemorrhages
- Torn frenulum

Where possible views of a child should be recorded. In non-verbal children, presentation is important in assessing what a child is telling us. This could present as Evidence of neglect (e.g. unkempt, severe nappy rash, weight loss) Unusual behaviour of infant (e.g. In their interactions, emotional state, vocal cues, posture, eye contact). More detail can be found in Voice of the Infant Best Practice Guidelines and Infant Pledge (see reference)

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RESPONSE TO INJURIES What happens next?

Subsequent to initial medical assessment, if there are concerns that this may be a non-accidental injury, you should first seek advice from your senior and the 'notification of child protection concern' pathway should be followed. The family should be made aware of any referral or concern being shared with other agencies. If it was felt that informing the family would increase risk to the infant, this would require to be escalated, discussed with social work or police and carefully documented.

Consider the assessment and safeguarding of siblings

If there is continuing uncertainty seek advice from the following professionals:

- Child protection adviser
- Child protection paediatrician
- Social work - locality or out of hours
- Police Scotland

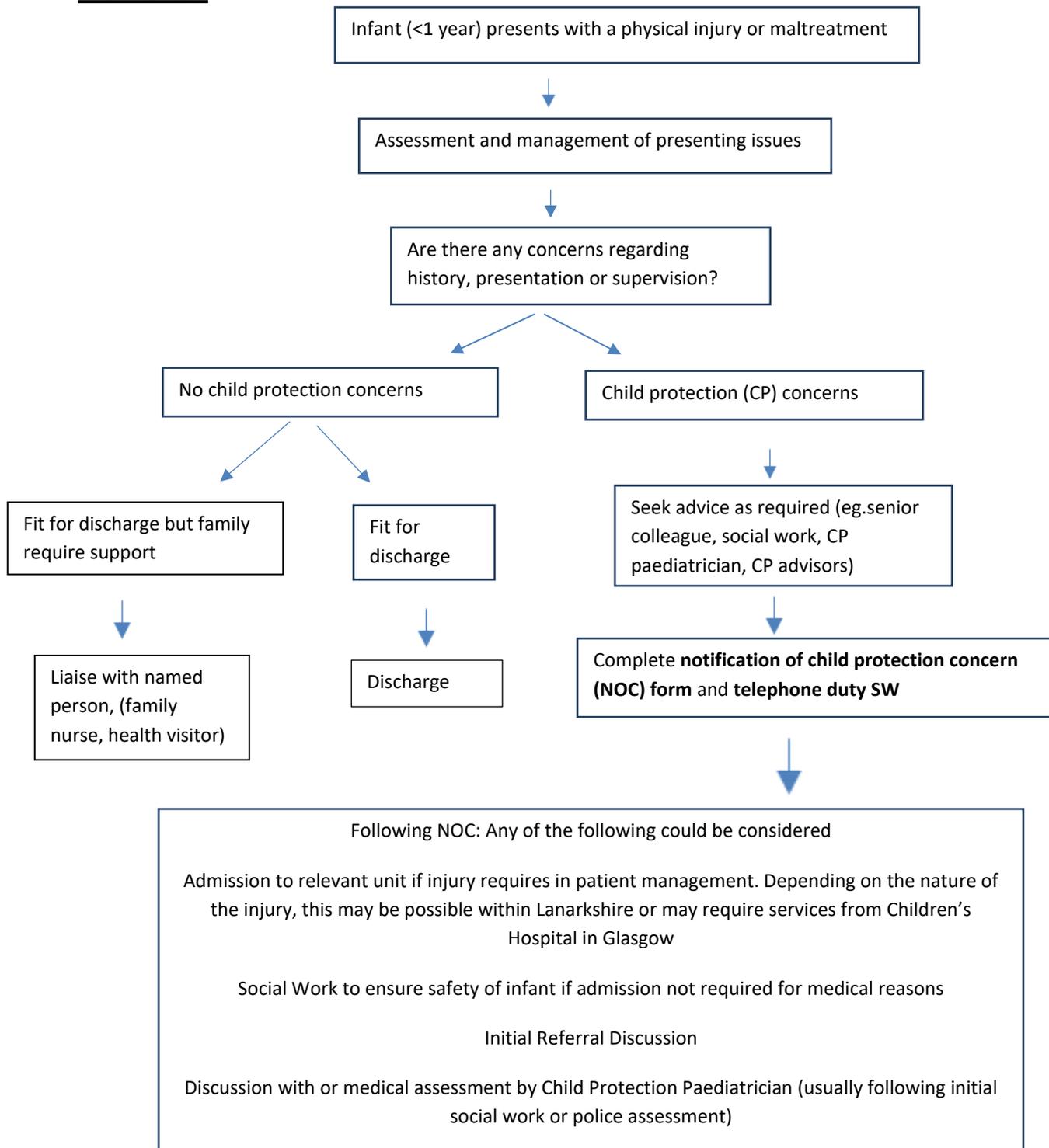
Following notification of concern (NoC) to social work an interagency referral discussion (IRD) will take place. This discussion will decide next steps and whether a formal child protection investigation is required, and if an examination by the Child Protection Paediatrician is required to provide assessment of injuries and consider investigations such as skeletal survey, brain scan, blood tests and ophthalmology assessment. If child is examined out of hours following discussion with out of hours' social work or police, the IRD would take place as soon as possible during the next working day.

If professional judgements are that concerns have not reached the threshold for Child Protection to require a NoC, and family require support, staff should liaise with the Named Person for the infant. This is usually the health visitor or family nurse. Good information sharing is essential.

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Flow Chart



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ADDITIONAL INFORMATION

Indications for admission of infants are if the injury requires inpatient management. This may be possible (depending on the injury) in Lanarkshire or may require specialist services at the Children's Hospital in Glasgow. Once clinically ready social work should enable safe placement of the child. Delays will be escalated to Senior Managers and Professional Leaders.

Clinical notes should be scanned on to Clinical Portal as soon as possible following presentation to emergency departments, to permit timeous access to clinical information for the purpose of IRD / medical review.

Should professionals be concerned or disagree with the outcome of the child protection investigation, this can be raised with their line manager. NHSL 'Resolution and Escalation arrangements' guidance (available on Firstport) should be followed, or the child protection team contacted for advice.

CONTACT INFORMATION

NHS Lanarkshire

- Child Protection Advisors: 01698 894124
Monday – Thursday 8.45am-5pm
Friday 8.45 am – 4.30pm
- Child Protection Paediatrician on call 01698 361100 Mon - Sun 9am-9pm

North Lanarkshire Social Work Departments

- Airdrie 01236 757000
- Bellshill 01698 346666
- Coatbridge 01236 622100
- Cumbernauld 01236 638700
- Motherwell 01698 332100
- Wishaw 01698 348200
- Out of Hours 0800 121 4114

South Lanarkshire Social Work Departments

- Out of hours 0800 678 3282 / 0303 123 1008

Child Abuse Investigation Unit (CAIU)

- Police Scotland 101

Hospitals

- University Hospital Hairmyres 01355 585000
- University Hospital Monklands 01236 748748
- University Hospital Wishaw 01698 361100

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Resources

Scottish Government (2021) National Guidance for Child Protection in Scotland¹.

Scottish Government (2014) Children and Young People (Scotland) Act 2014².

Scottish Government (2023) The Voice of the Infant Best Practice Guideline and Infant Pledge³.

Getting It Right for Every Child (GIRFEC)⁴.

United Nations Convention of the rights of the child (Scotland) Act 2024⁵.

¹ [National Guidance for Child Protection in Scotland 2021 - Updated 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-guidance-for-child-protection-in-scotland-2021-updated-2023/pages/1-introduction.aspx)

² [Children and Young People \(Scotland\) Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/12/section/1)

³ [Voice Infant - Best Practice Guidelines - Infant Pledge](https://www.gov.scot/publications/voice-of-the-infant-best-practice-guidelines/pages/1-introduction.aspx)

⁴ [GIRFEC Principles & Values \(Scot.Gov\)](https://www.gov.scot/publications/girfec-principles-values/pages/1-introduction.aspx)

⁵ [UNCRC \(Scotland\) Act 2024](https://www.legislation.gov.uk/ukpga/2024/12/section/1)

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Appendices

1. Governance information for Guidance document

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Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author/ Authors	Child Protection Advisors
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Distribution	NHSL - Firstport

CHANGE RECORD			
Date	Lead Author	Change	Version No.
14.6.18-19.10.19	Lead Child Protection Paediatrician Child Protection Advisor	Develop, consultation, revise guideline	0.1-0.7
June 2023	Lead Child Protection Paediatrician	Reviewed and updated to reflect change in National Guidance 2021	2

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