

01 Background

A recent Case review in Cheshire East has found that the safeguarding risk of bruising in immobile infants is not always fully understood. There was a lack of knowledge about the policy. The information nationally about child deaths associated with safeguarding shows that 0-2 age is the most vulnerable age group with the highest number of deaths. Regionally various campaigns have highlighted children *who don't cruise don't bruise*.

02 Safeguarding Concerns

- Delays in initial assessment due to lack of clarity of basic details.
- Lack of professional knowledge over pathway for bruising in immobile infants
- Lack of management oversight in decision making including the consideration of the child's immediate safety and the need for respectful uncertainty
- Need for professionals to challenge each other

07 Implementing Change

1. Reflect on the findings and discuss the implications for your service/practice.
2. Outline the steps you and your team will take to improve practice in line with the recommendations.

06 The Recommendations

- Bruising Protocol to be updated, reviewed and relaunched
- Reminder to all practitioners " If they don't cruise, they don't bruise"
- Child Protection medical protocol to be reviewed, to ensure clarity
- All social care workforces to ensure they understand the Bruising Protocol, new staff to have this included in their induction.
- Children's Social Care to agree a system to ensure that ASYE's do not make decisions in isolation.

03 The Incident

A 10 week old baby was presented to the GP for immunisations when bruising was noted by the GP. Both parents were present but unable to give an explanation of how it had occurred. The GP practice was in a different local authority area but the GP followed the correct pathway to make a referral. On the advice of a social worker the baby was sent home. Due to confusion about family names a home visit was delayed by 7 hours. A child protection medical was carried out the next day with both parents and social worker in attendance. It was agreed to return the child home in the care of the mother. The paediatrician later recalled the child to the hospital for a skeletal survey after consideration of the case.

Bruising in Immobile Infants

05 The Findings

The bruising protocol was due for a review however there were clear issues around a lack of knowledge of the protocol within CSC and it not being sufficiently embedded within the practice of all safeguarding professionals. Even if protocols may be sound they are not effective unless adhered to by all professionals including paediatricians. The need for respectful uncertainty needs to be reinforced to ensure that children are not exposed to further harm from a plausible parent. Consideration is needed by children's social care about the allocation of cases to AYSES and also to ensure there is sufficient support and oversight in place for newly appointed practice managers and the out of hours service. The child protection medical protocol needs to be reviewed to provide greater clarity for professionals following the pathway. This allows for challenge by professionals if there appears to be deviation from the pathway.

04 The Review

A multi agency reflective review was conducted by Cheshire East LSCB with full involvement of partners across two local authority areas. The review gathered information on the child both antenatal and post natal and the parents' history and parenting capacity. The review focused on professional knowledge, information sharing, communication and decision making.