

## MULTI AGENCY SAFEGUARDING PROCESS IN CASES OF SUSPECTED/CONFIRMED NON-ACCIDENTAL INJURIES

## This process relates to any new concerns

Child/ Young person presented to Health and Health query non accidental injury

Health contacts MASH/IAA without delay and completes and submits a C1 referral to MASH/IAA – to include any contextual information from child/young person,

An urgent strategy discussion should be convened with a paediatric representative involved

For further guidance, please refer to the

Bruising and Injuries in Children Not Independently Mobile Multi-Agency
Protocol

A professional/member of the public has concerns about suspected non accidental injury and MASH/IAA is notified verbally or via

MASH/IAA notifies health and requests a paediatric representative to attend the strategy discussion

Strategy discussion decides whether Section 47 threshold is met and consider if a CP medical needs to be completed. The paediatrician leads CP medical investigations. Social worker/Police agree safety plan with parents/carers/family members

## PRACTICE TIP

Strategy discussion considers and decides:

- immediate safeguards required safety plan to also consider other children in the family
- CP medical required, when and by whom
- Section 47 enquiries, joint or single agency, timescales, when and by whom

Child considered fit for discharge – discharge planning meeting to be arranged, attended by all relevant agencies and discharge plan agreed. Any amendments to the safety plan agreed and understood by all

Once all medical and social work investigations and enquiries are completed the CS Team Manager will convene an outcome strategy discussion

## PRACTICE TIP

Outcome strategy meeting will conclude either:

- Concerns of significant harm are not substantiated
- Concerns substantiated, but child not at continuing risk of significant harm
- Concerns substantiated and child judged to be experiencing or at risk of abuse, harm or neglect – convene CP conference