PRACTICE GUIDANCE

Bruising in Pre-Mobile Babies/Non-independently mobile children

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1. Introduction

Bruising is the most common presenting feature of physical abuse in children. Any bruising, or what is believed to be bruising, in a child of any age that is observed by, or brought to the attention of any professional should be taken as a matter for inquiry and concern. While accidental and innocent bruising is significantly more common in older mobile children, professionals are reminded that mobile children who are abused may also present with bruising (Baby P, 2008). They should seek a satisfactory explanation for all such bruising, and assess its characteristics and distribution, in the context of personal, family and environmental history, to ensure that it is consistent with an innocent explanation. They should always consider whether the explanation for the cause of the bruising given by the parent/carer or child fits with the site, nature & shape of the bruise. Where a child has a number of bruises of apparently different ages, additional consideration should be given as to whether this is usual for a child of that particular age and ability.

The younger the child or the less mobile the child is, the higher the risk that bruising is non-accidental, particularly where the child is under the age of 6 months. NICE guidance 'When to Suspect Child Maltreatment – Clinical Guidance 89, July 2009', states that bruising in any child 'not independently mobile' should prompt suspicion of maltreatment.

A pre-mobile baby is one who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all babies under the age of 6 months. However, older children such as children with disabilities, may also not be independently mobile.

Recent serious case reviews both nationally and locally have indicated that professionals and practitioners have sometimes underestimated the potential significance of bruising in non-mobile babies and children. Such children with bruising have later been found to have multiple other injuries on further investigation, or have presented again later with more serious injuries.

The guidance is clear:

Bruising in any pre-mobile baby or non-independently mobile child should prompt an immediate referral to Children's Social Care via the Early Help and Safeguarding Hub (EHaSH) on Tel. 01482 395500.

Older children with disabilities that mean they are not independently mobile, and who are noted to have bruises, should also have their bruising considered in the same way. If in any doubt, professionals should telephone EHaSH to discuss their concerns.

2. Referral to Children's Social Care

The presence of any bruising in non-independently mobile babies or children of any size, in any site, requires immediate referral to Children's Social Care, followed by an examination by a Consultant Paediatrician.

A referral to Children's Social Care, via EHaSH, should be made by the first professional to learn of or to observe the bruising. All telephone referrals must be followed up within 24 hours by completing the confirmation of referral form (available through the ERSCP website). Where concerns have been identified outside of normal working hours (including weekends and bank holidays), referrals should be made to the Emergency Duty Team by telephoning 01377 241273.

EHaSH will take any referral made under this protocol as requiring further multi-agency investigation and will involve both the Police and Health Professionals. Following discussion with EHaSH, Children's Social Care should then make an urgent referral to a Consultant Paediatrician to enable a paediatric assessment to be undertaken as soon as possible (See Point 3 below).

If a professional is unsure whether to make a referral, they should seek urgent advice from their line manager, safeguarding team or EHaSH.

It is important that the referrer makes a full record of their concerns, discussions with the family (noting in details what the family have said about how and when the bruise happened) and the joint action plan agreed with EHaSH/Children's Social Care, including any follow up. The importance of signed, timed, dated, accurate, comprehensive and contemporaneous records cannot be overemphasized.

It is recognised that a small percentage of bruising in non-independently mobile babies and children will have an innocent explanation (including medical causes). Nevertheless, because of the difficulty in excluding non-accidental injury, practitioners should always refer to EHaSH/Children's Social Care, even where there may be a plausible, innocent explanation given, in order for the injury to be fully examined and explanation explored.

3. Referral for Assessment by a Consultant Paediatrician

Routes for referral for assessment by a Consultant Paediatrician will depend upon how urgent the situation is.

If the child is unwell or in a life threatening situation and requires urgent medical attention, the child should be taken to acute care services i.e. the local hospital Emergency Department (either directly or via ambulance). **NB: It is not appropriate for the child to be taken to a Minor Injuries Unit or a GP as this will delay the child being seen by a Consultant Paediatrician.**

If not such an immediate emergency, the child should be referred directly to the nearest Hospital Paediatric Service:

Hull	-	01482 674061 during normal working hours. For out of hours, weekends and Bank Holidays, telephone 01482 875875
Scunthorpe	-	0303 3306999 (from 01/03/2017)
Doncaster	-	01302 366666
York	-	01904 631313
Scarborough	-	01723 368111

Referral for a Consultant Paediatrician to undertake a Child Protection Medical Assessment should occur without delay, and certainly within 12 hours of the bruising coming to the attention of any professional or practitioners, using the above contact details.

Children's Social Care should telephone and ask for the Consultant Paediatrician on call and request an urgent Child Protection Medical Assessment to be carried out on the child. Discussion with the medical staff within the receiving hospital department will need to inform them of the medical concerns about the child and to communicate any child protection concerns associated with the presentation, including details of any previous child protection concerns within the family.

4. Transfer to the Paediatric Assessment

Children's Social Care must make a decision about whether or not the child can be safely transported to hospital by the child's parent/adult carer alone, or whether the child should be transported to hospital by ambulance, if the child is severely unwell, or by the professional making the referral.

In most cases where bruising to a non-independently mobile baby or child has been noted, the professional who has noted the bruising and made the referral to EHaSH/Children's Social Care should stay with the family until a social worker has arrived to accompany the family to hospital for the paediatric assessment.

It is the responsibility of Children's Social Care to ensure that the child has been presented at the hospital (if being taken by family members/carers) by asking the Consultant Paediatrician to telephone them to confirm that the child has attended. Non-attendance at the hospital should initiate immediate Child Protection procedures between EHaSH/Children's Social Care and the Police.

5. Paediatric Assessment

Following urgent referral to the Consultant Paediatrician, a paediatric assessment will be undertaken. A history and examination will be undertaken, and the paediatrician will give an opinion about the nature and possible causation of the injury. Where appropriate, the Consultant Paediatrician will ask the child to explain how the injury / bruise happened. Further medical investigation is often required. It may also be necessary to admit an infant to hospital while the investigations are completed, which may take up to 48-72 hours for results of e.g. skeletal surveys to be reported. However, if there is no medical need for the child to remain in hospital, then they will be discharged, and it is the Social Worker's responsibility to ensure that the child is discharged to a place of safety. The Consultant Paediatrician will confirm, in writing, his opinion on the injury following examination.

Where bruising is unexplained and/or raises significant concern about non-accidental injury a safety plan will be put into place by Children's Social Care, ensuring supervision of the infant while the medical investigations and assessments by other agencies are carried out. An 'unexplained' injury or bruising should not be a reason for de-escalating concerns, rather it should potentially escalate and require increased professional curiosity in order to ensure the baby/child is safeguarded. In this instance, the need for continued timely intervention and safety planning is crucial.

6. Communication with Parents/Carers

Parents and carers, and the child dependent on age and understanding, should be included, as far as possible, in the decision-making process providing this does not pose a further risk to the child. In particular, professionals should explain at an early stage why they are concerned about bruising in a non-independently mobile baby/child and that further assessment is required. The decision to refer to EHaSH/Children's Social Care should be clearly explained.

If a parent or carer is uncooperative, or refuses to take the child for further assessment, this should be reported immediately to EHaSH/Children's Social Care. If possible, the child should be kept under supervision until steps can be taken to secure his or her safety. In this instance, discussion with EHaSH/Children's Social Care should include consideration regarding whether Police involvement, and the use of their 'Powers of Protection' is required at this stage.

7. Sharing Information and Consulting Colleagues

If there are concerns about the decision making and management of the case, any professional has a duty to escalate concerns to the next level in line with the individual organisation's escalation policy and the ERSCP Resolving Inter-Agency Disagreements guidance document.

When a baby/child has been referred to EHaSH/Children's Services due to bruising, the practitioner should ensure information is shared immediately with the child's GP and Health Visitor.

8. Other Injuries

The evidence base for other injuries to non-independently mobile babies and children, e.g. scratches and/or other marks such as burns or scalds, is less clear. However, if a professional notices **any** injury to a non-independently mobile baby or child, an explanation should be sought. If a practitioner has any concerns about any mark, caution should be exercised and discussion should be had with Children's Services and/or paediatric services.

9. Birthmarks

It is not always easy to identify, with certainty, a skin mark as a bruise in young babies. Less clear cut lesions such as Mongolian Blue Spots or birthmarks should be promptly discussed with the child's Health Visitor or GP. There is also value in discussion with Midwifery staff as such marks may have been noted and recorded at birth.

10. Documentation

Practitioners should record what is seen, using a body map or line drawing if appropriate, and record any explanation or other comments by the parent/carer word for word.

Photographs of the injuries **should not** be taken by the practitioner. However, as part of the paediatric assessment, the Consultant Paediatrician may request photographs to be taken by the medical photography department if available.

References/Further guidance documents

Working Together to Safeguard Children 2015
What to do if you are worried a child is being abused
When to suspect Child Maltreatment – NICE Guidance