B&NES, Swindon and Wiltshire (BSW) policy on suspected bruising or injuries, in children who are not independently mobile.

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Please note: If a child appears ill or seriously injured, seek emergency treatment immediately and notify children's social care of your concerns.

1. Introduction

Bruising is the most common presenting feature of physical abuse in children. It is recognised that the likelihood of a child sustaining accidental injuries increases with increased mobility. Child Practice Safeguarding Reviews (CSPRs) have identified that professionals sometimes fail to recognise the likelihood of child abuse from the presence of injuries to non-independently mobile children. Numerous CSPRs have identified situations where children have died because practitioners did not recognise and respond to the significance of what appeared to be minor bruising in a non-mobile infant or child. Children under the age of one are most likely to be killed by their parent or step-parent (NSPCC, 2020). Understandably, owing to babies' inability to communicate, abuse tends to be uncovered when there is a critical injury, or when it is too late (Ofsted, 2020).

2. Definitions

Professionals: All individuals from all agencies working with children and families either directly or indirectly.

Non-independently mobile: A child who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. Includes all children under the age of six months as although some children can 'roll over' from a very early age this does not constitute independent mobility. Over six months of age, consideration must be given to the individual child's level of development. This guidance also applies to children with physical disabilities who are not independently mobile.

Injuries: It is recognised that bruising is the most common presentation in children who have been physically abused (Maguire, 2010). However, for the purpose of this protocol, 'injury' will be taken to mean any bruising, unexplained mark, burn, scald, unexplained bleeding, fracture or any other apparent injury to a child. A torn frenulum is also a possible indicator of physical abuse. There are three frenula (small bands of tissue) in the mouth - inferior labial (joining the lower lip to the gum), superior labial (joining the upper lip to the gum) and lingual (joining the tongue to the floor of the mouth).

Bruising: Leakage of blood into the soft tissues, producing a temporary, non-blanching discolouration of skin, however faint or small, with or without other skin abrasions or marks. This includes petechiae, which are red or purple, non-blanching spots, less than two millimetres in diameter and often appear in clusters. Bruising in very young babies may be caused by medical issues such as birth trauma, although this is very rare. Such trauma should be well documented and the information accessible.

Birthmarks: Birthmarks are irregularities of the skin of congenital origin. They are not always visible at birth and can take several weeks to appear. There are two types of birthmark - vascular and pigmented. Haemangiomas are the most common vascular birthmarks and are seen in one in ten babies, appearing from approximately two weeks post birth. In addition, some medical conditions can cause pigmented marks to the skin that resemble bruises e.g. grey-slate naevi (congenital dermal melanocytosis)/blue-grey spots (previously known as Mongolian Blue Spots). Where a professional has identified and is sure about a birthmark, this should be recorded in the child's electronic medical records and the Personal Child Health Record (PCHR, 'red book'). (See Appendix 1 for further information).

Sentinel Injury:
A “sentinel injury” is recognised as a minor injury in a non-mobile child and has been recognised as a precursor to a more significant injury, the most frequent being a bruise (RCPCH, 2020).

3. Research Base

The Triennial Analysis of SCR’s (Sidebotham et al, 2016) and four consecutive Biennial Analyses of SCR’s (Brandon et al, 2008, 2009, 2010, 2012) have identified that children under the age of 1 year are consistently overrepresented in CSPR’s, almost exclusively because of severe injury or death as a result of physical abuse.

It is also recognised that all children with disabilities are at increased risk of abuse. Research suggests that children with disabilities are up to 3.4 times more likely to be abused or neglected than their non-disabled contemporaries (Sullivan and Knutson, 2000). Disabled children are underrepresented in data relating to multi-agency involvement following the identification of potential non-accidental events.

Although bruising is not uncommon in older, mobile children, it is rare in infants that are immobile, particularly those under the age of six months. Whilst up to 60% of older children who are walking will have bruising on examination, it is found in less than 1% of non-independently mobile infants. Moreover, the pattern, number and distribution of accidental bruising in non-abused children is different from that in those children who have been abused. Accidental bruises are more commonly found over bony prominences and on the front of the body but rarely on the back, buttocks, abdomen, upper limbs or soft-tissue area such as cheeks, around the eyes, ears, palms or soles. (See Appendix 2 for visual guides).

Patterns of bruising suggestive of physical child abuse include:

- Bruising in children who are not independently mobile
- Bruising in babies
- Bruises away from bony prominences
- Bruises to the face, abdomen, arms, buttocks, ears and hands
- Multiple or clustered bruising
- Imprinting or petechiae
- Symmetrical bruising

(RCPCH Child Protection Companion)

A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. This is best done as part of a multi-agency strategy discussion.

The younger the child, the greater the risk that bruising is non-accidental and the greater the potential risk of significant or serious harm. Infants under the age of one are more at risk of being killed at the hands of another person, usually a carer, than any other age group of children in England and Wales. Non-mobile babies very rarely cause injuries to themselves and therefore must be considered at significant risk of abuse. Multi-agency information sharing, via a strategy discussion, enables sensible, informed judgements to be made with regard to the child’s safety.

4. Scope of policy

This policy must be followed in all situations where an actual or suspected bruise or injury is noted in a child who is not independently mobile.

5. Using professional judgement:

Where there is a bruise in a non-mobile child, a referral **must** be made to children's social care, even if the professional judgement is that there is a low likelihood of a non-accidental cause. At a strategy discussion, a multi-agency decision can be made, following review of all relevant information, as to whether the professional judgement is that no further action is required.

6. Pathway

BSW multi-agency pathway for suspected bruising or injuries in children who are not independently mobile

Suspected bruise or injury observed in a non-independently mobile child
(A child who is seriously ill should be transferred immediately to hospital Emergency Department)

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Explain to family (if safe to do so) the need for immediate referral to Children's Social Care. Provide the parent/carer with the leaflet for parents (Appendices 2-4). Document bruises and injuries on the body map (Appendix 5)

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Immediate referral to children's social care (within 2 hours, see appendix 6 for contact details for each area)

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MASH/Safeguarding Teams to arrange strategy discussion at which the paediatrician on call for safeguarding attends in order for multi-agency decision to be made about whether a child protection medical is required and next steps to safeguarding child/and siblings where relevant

Appendix 1

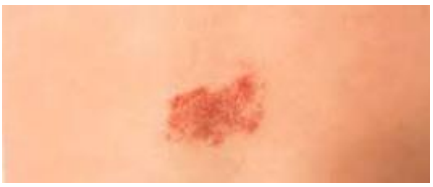
Bruise or Birthmark?

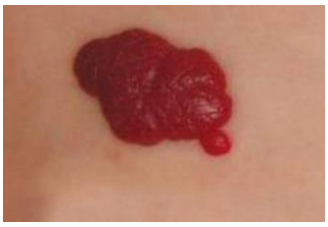
What are birthmarks?
Birthmarks are irregularities of the skin of congenital origin. They are not always visible at birth and can take several weeks to appear. There are two types of birthmark - vascular and pigmented

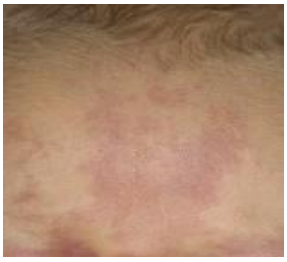
Vascular birthmarks are caused by either abnormal growth of blood vessels or less commonly, by malformation of blood vessels.

Haemangiomas (Commonly referred to as Strawberry Birthmark)

These can affect one in ten babies. They normally appear around week two of age. These do occur more in girls, premature babies and multiple births. Haemangiomas may increase in size during the first three months, but it is unusual for them to get bigger after ten months. They then generally settle and then start to shrink in size.







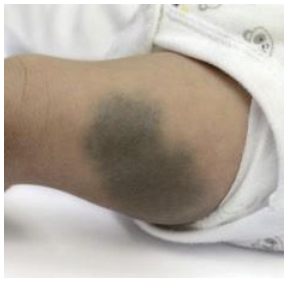
Haemangiomas can also be referred to as capillary haemangioma, infantile haemangioma, naevus simplex, naevus flammeus, stork mark, angel kiss, salmon patch. They often blanch on pressure and can get darker / more visible when a child cries or is warm.

Advice should be given to parents on the nature of the birthmark, the causes and time expected to appear. Some birthmarks will need treatment if they cover the eyes, mouth or nose and should be referred to GP.

Bruises do not blanch on pressure, but vascular birthmarks often do.

Pigmented birthmarks are caused by overgrowth of melanin-producing cells. Like bruises, they do not blanch on pressure. Examples include slate-grey naevi, (congenital dermal melanocytosis), previously known as Mongolian blue spots, café au lait patches and moles.

Slate-grey naevi often occur on the lower back or buttocks in dark skinned infants, but they can be found on the limbs and elsewhere.



They may not appear for a few days, and take up to a few weeks to become visible. They can also occur in white-skinned infants, e.g. if there is Mediterranean ancestry.

If a pigmented lesion cannot be distinguished from a bruise and there is no documentation or photographs to show it has been there and unchanged for a period of time, it is sometimes necessary for a safety plan to be agreed between parents and children's social care, whilst the mark is kept under observation by a paediatrician (usually for up to a week).

If you see skin changes that might be a birthmark, ask parents to scroll through their photographs. Birthmarks sometimes show up on pictures parents had not realised were there. Always record birth marks (preferably in the personal child health record), even if it is obvious to you what they are. The next practitioner might mistake them for a bruise. Encourage parents to take photographs.

Appendix 2

B&NES: Parent Information Leaflet

I feel worried about all of this...

That's completely understandable.

Taking your child to hospital is a worrying time for many parents and carers whilst they wait for doctors or nurses to give a medical opinion about what has happened.

Please know that if there is a need to explore any mark or injury on your child, both health and social care professionals will seek to treat you with respect and empathy and listen to your point of view.

Everyone will try to keep you informed and up to date about what is going on so you know what is going on and why. Please ask questions if you feel you don't understand what is happening .

Where else can I find information?

NSPCC: **www.nspcc.org.uk / 08080 800 5000**

Family Rights Group: **www.frg.org.uk / 0808 801 0366**

BCSSP: **https://bcssp.bathnes.gov.uk/**

Contact Details

B&NES Triage Team

01225 396111 / 01225 477929

Monday—Thursday 08.30—17:00

Friday 08.30—16:30

Emergency Duty Team

01454 615165

Weekdays—17:00—08.30

Weekends 16:30 (Fri) - 08.30 (Mon)

All Bank Holidays

Updated May 2021

B&NES Community Safety & Safeguarding Partnership

Bruising / Injuries in non-mobile children

Information for parents and carers

Appendix 3

Swindon: Parent Information Leaflet

I am worried about the assessment

We understand that the assessment may be upsetting and that you may feel anxious or worried. We will keep you informed of what is happening and will treat you with courtesy and sensitivity.
If you do not understand any part of the process and need further explanation, then ask the professionals involved who can then provide you with more information.

How can I make a comment about my child's treatment?

The Customer Care Team of the Health Trust where your baby or child's examination is done can help in resolving any concerns you may have. They can provide information and advice and will liaise with other staff and departments to help resolve problems and concerns as quickly as possible.

Further Information and Support

Contact Swindon: 01793 464646
Email: contactswindon@swindon.gov.uk
Monday – Thursday 8.30am – 4.40pm
Friday 8.30am – 4pm
Emergency Duty Service (ED):
01793 436699
Is available outside of office hours

National Society for the Prevention Of Cruelty to Children (NSPCC):
0808 800 5000
www.nspcc.org.uk

Family Rights Group:
0808 801 0366
www.frg.org.uk

Swindon Safeguarding Partnership

NHS Swindon Clinical Commissioning Group · Swindon Borough Council · Wiltshire Police

Bruising and injuries in babies and children

Information for parents and carers about bruising or injuries on babies and children who are not independently mobile

Appendix 4

Wiltshire: Parent Information Leaflet

I am worried about the assessment

We understand that the assessment may be upsetting and that you may feel anxious or worried. We will keep you informed of what is happening and will treat you with courtesy and sensitivity.

If you do not understand any part of the process and need further explanation, then ask the professionals involved who can then provide you with more information.

How can I make a comment about my child's treatment?

The Customer Care Team of the Health Trust where your baby or child's examination is done can help in resolving any concerns you may have. They can provide information and advice and will liaise with other staff and departments to help resolve problems and concerns as quickly as possible.

Further information and support

MASH: 0300 456 0108
Monday – Thursday: 8:45am – 5pm
Friday: 8:45am – 4pm

Emergency Duty Service: 0300 456 0100

www.wiltshiresvpp.org.uk
Twitter: @WiltshireSVPP
Email: SVPP@wiltshire.gov.uk

National Society for the Prevention of Cruelty to Children (NSPCC): 0808 800 5000
www.nspcc.org.uk

Family Rights Group: 0808 801 0366
www.frg.org.uk

Wiltshire Safeguarding Vulnerable People Partnership

Bruising and injuries in babies and children

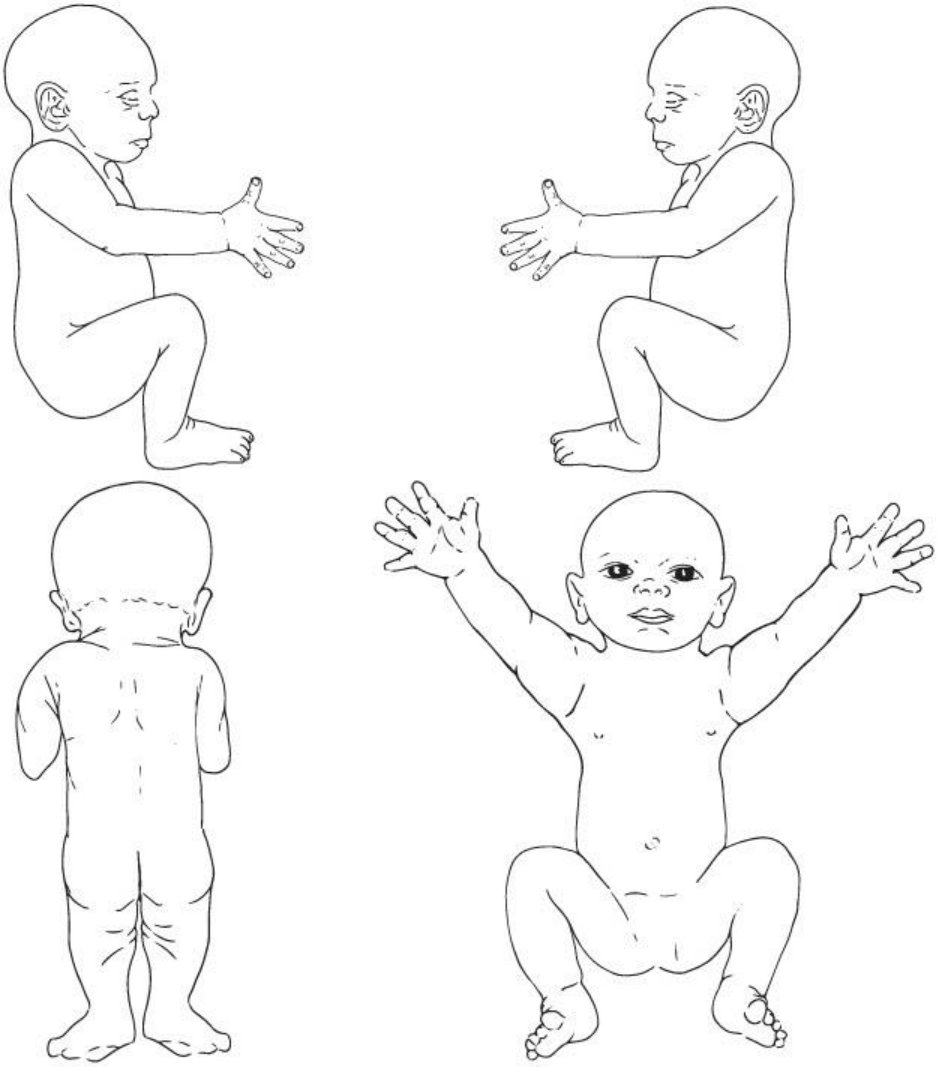
Information for parents and carers about bruising or injuries on babies and children who are not independently mobile

Appendix 5

Body Maps

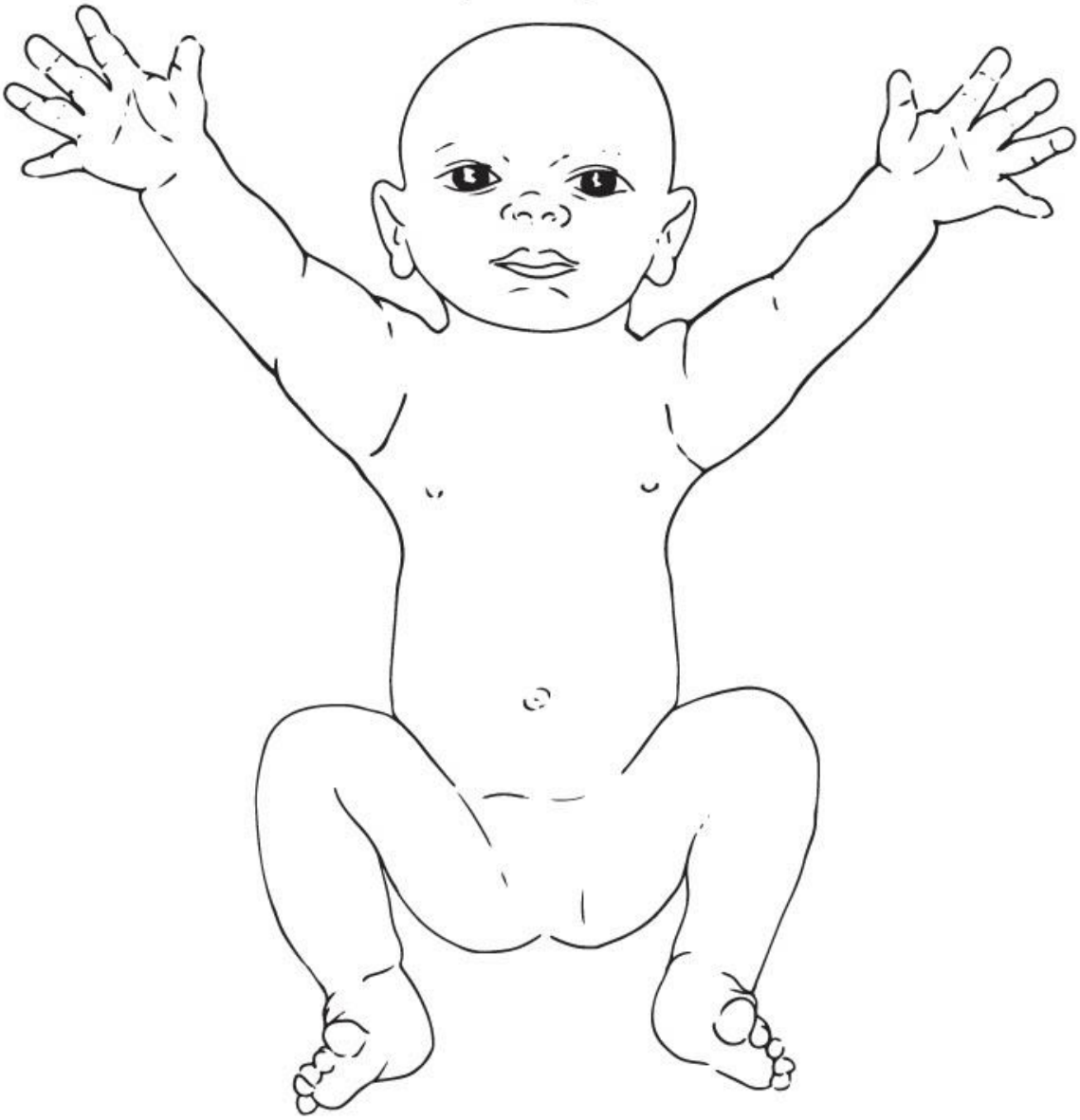
1. Baby Body Map

Patient Name:
Hospital Number:
NHS Number:
Date of Birth:
Date of Examination:
Examiner:
Examiner registration number:



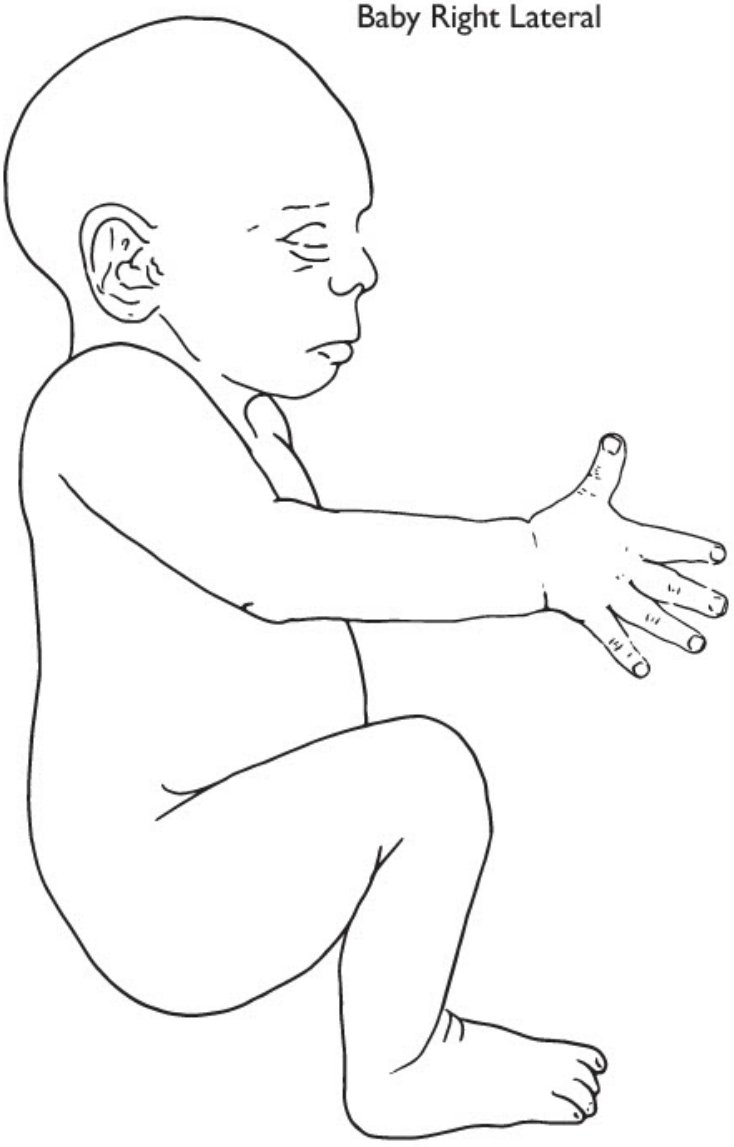
Patient Name:
Hospital Number:
NHS Number:
Date of Birth:
Date of Examination:
Examiner:
Examiner registration number:

Baby Anteroposterior



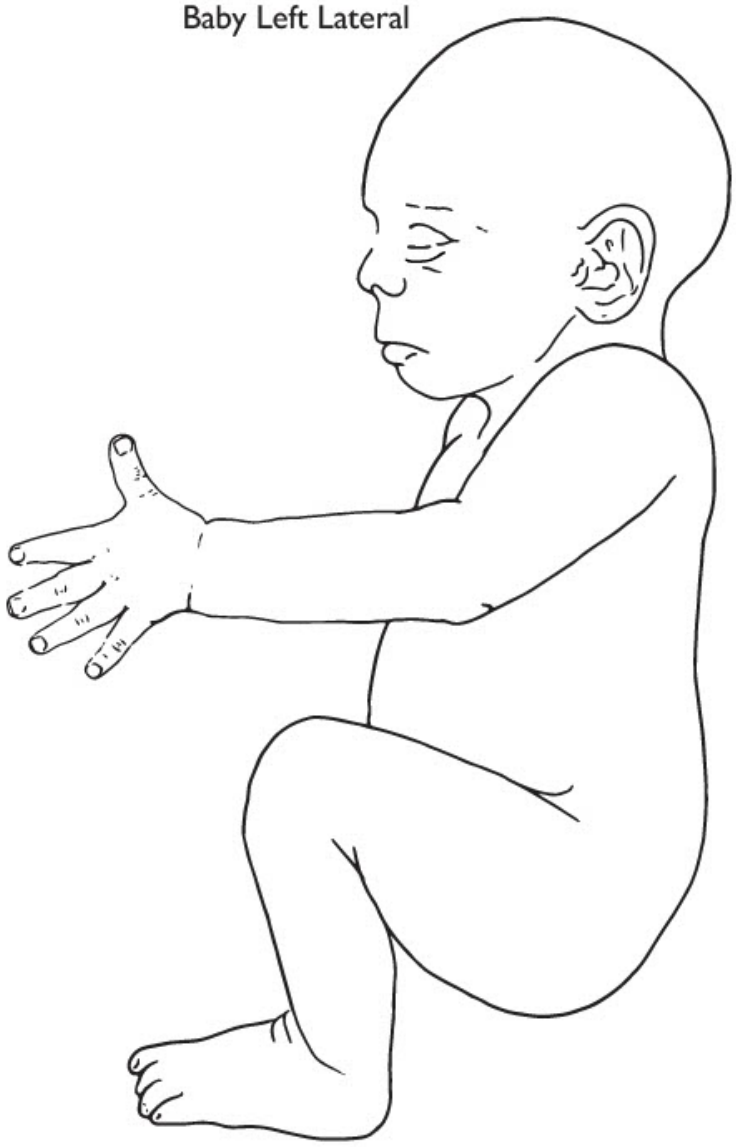
Patient Name:
Hospital Number:
NHS Number:
Date of Birth:
Date of Examination:
Examiner:
Examiner registration number:

Baby Right Lateral



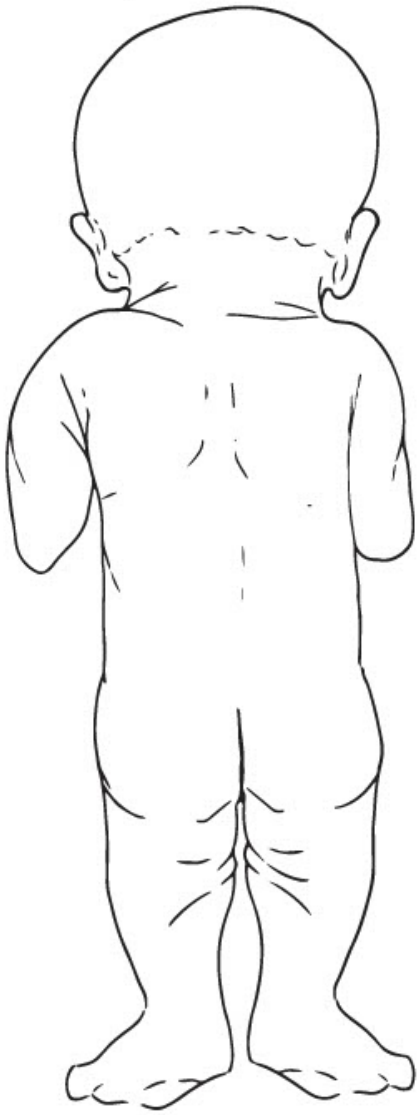
Patient Name:
Hospital Number:
NHS Number:
Date of Birth:
Date of Examination:
Examiner:
Examiner registration number:

Baby Left Lateral



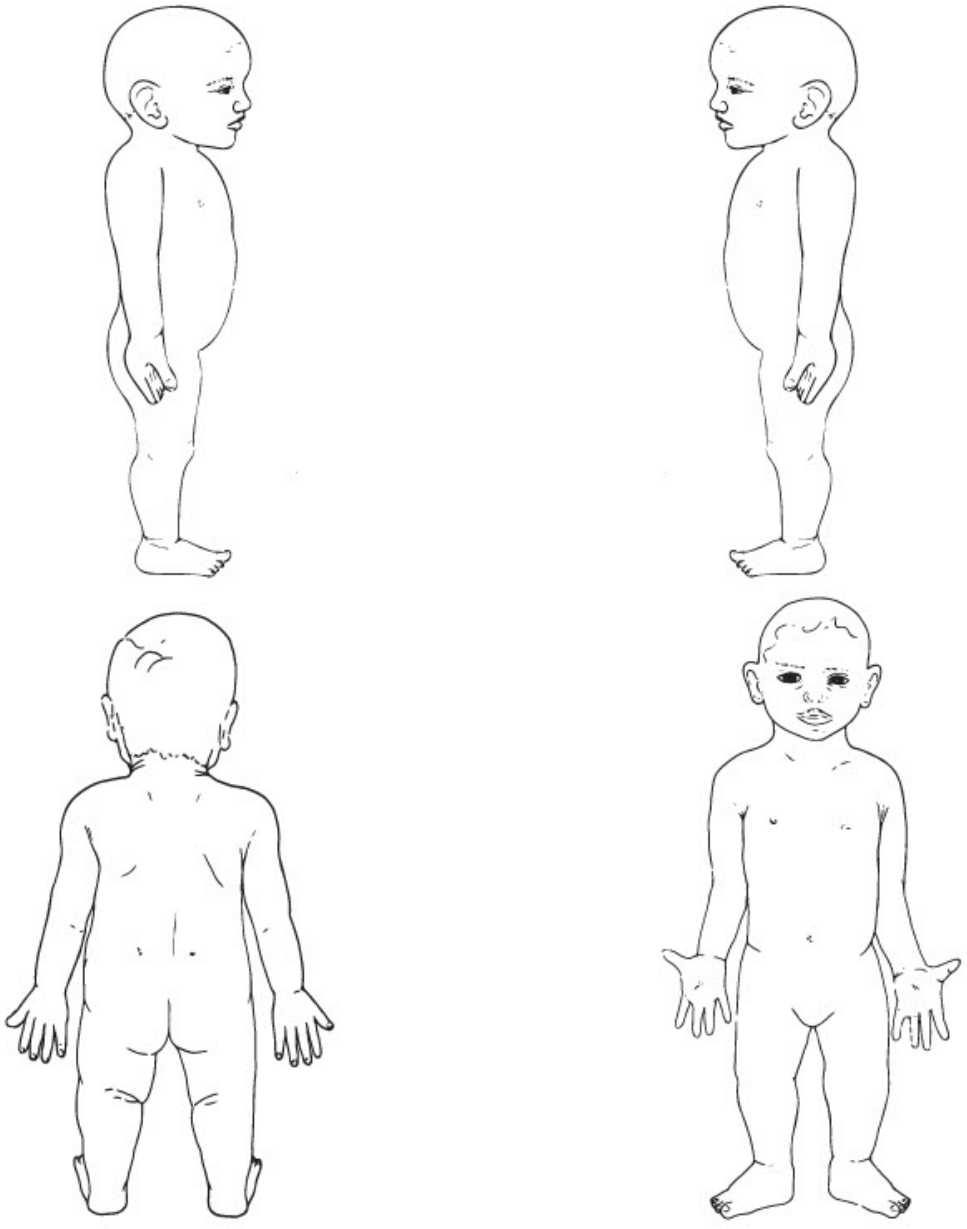
Patient Name:
Hospital Number:
NHS Number:
Date of Birth:
Date of Examination:
Examiner:
Examiner registration number:

Baby Posteroanterior



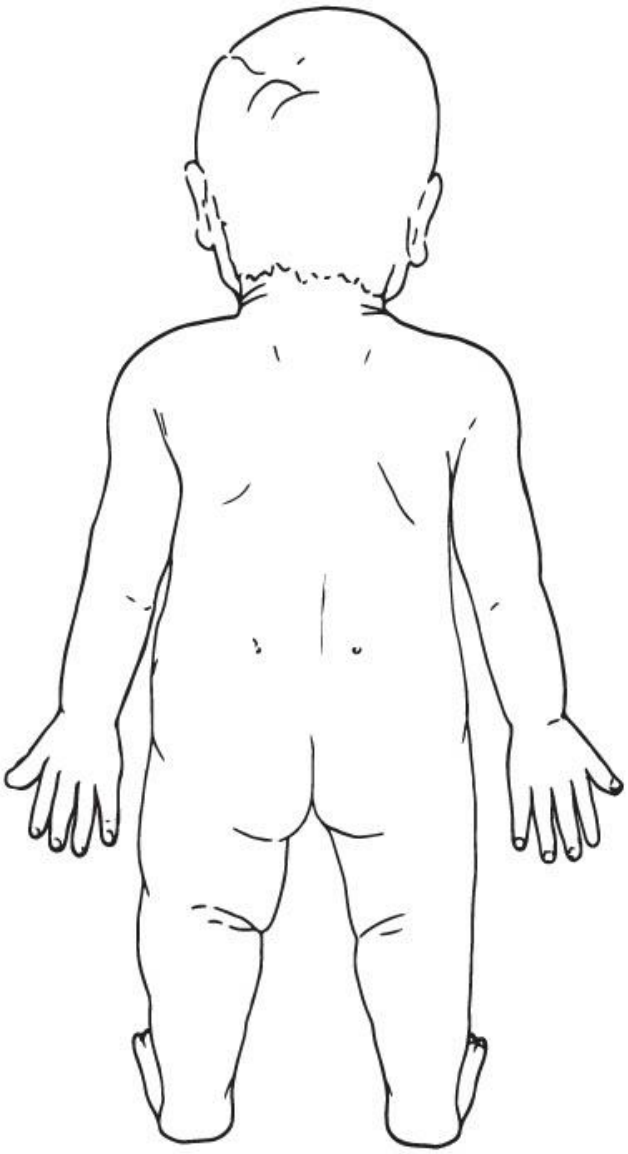
2. Toddler Body Map

Patient Name:
Hospital Number:
NHS Number:
Date of Birth:
Date of Examination:
Examiner:
Examiner registration number:



Patient Name:
Hospital Number:
NHS Number:
Date of Birth:
Date of Examination:
Examiner:
Examiner registration number:

Toddler Posteroanterior

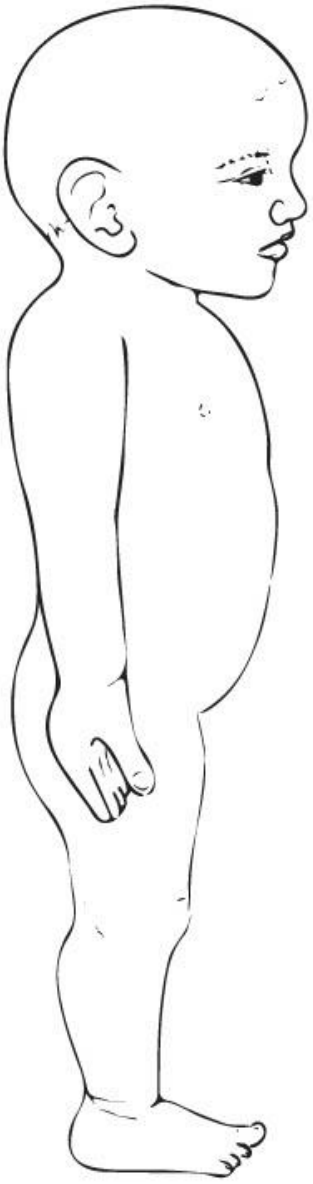


Patient Name:
Hospital Number:
NHS Number:
Date of Birth:
Date of Examination:
Examiner:
Examiner registration number:

Toddler Left Lateral

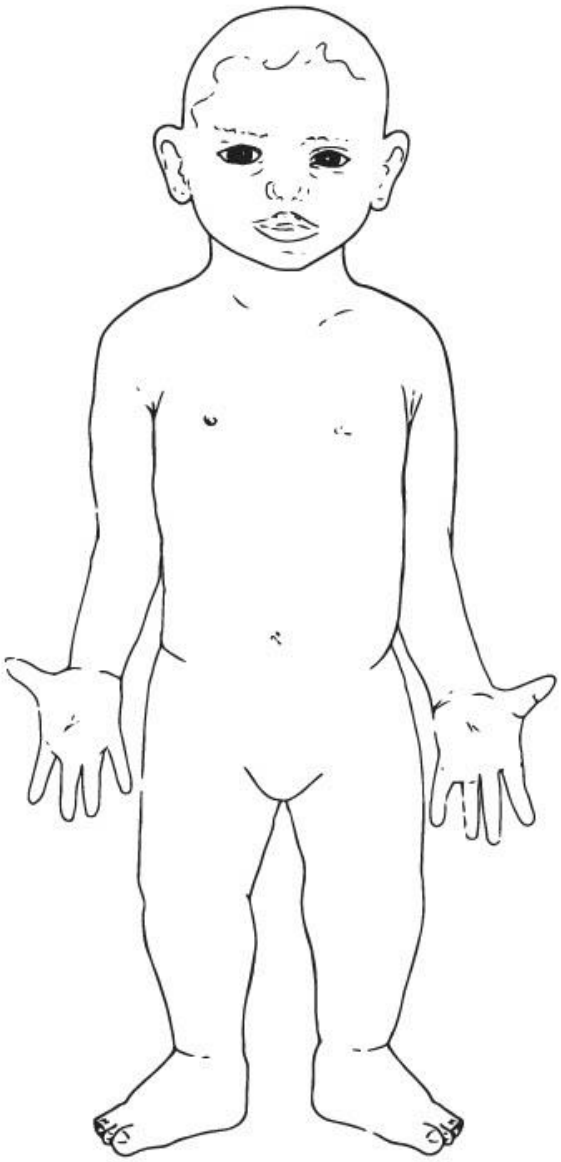
Patient Name:
Hospital Number:
NHS Number:
Date of Birth:
Date of Examination:
Examiner:
Examiner registration number:

Toddler Right Lateral

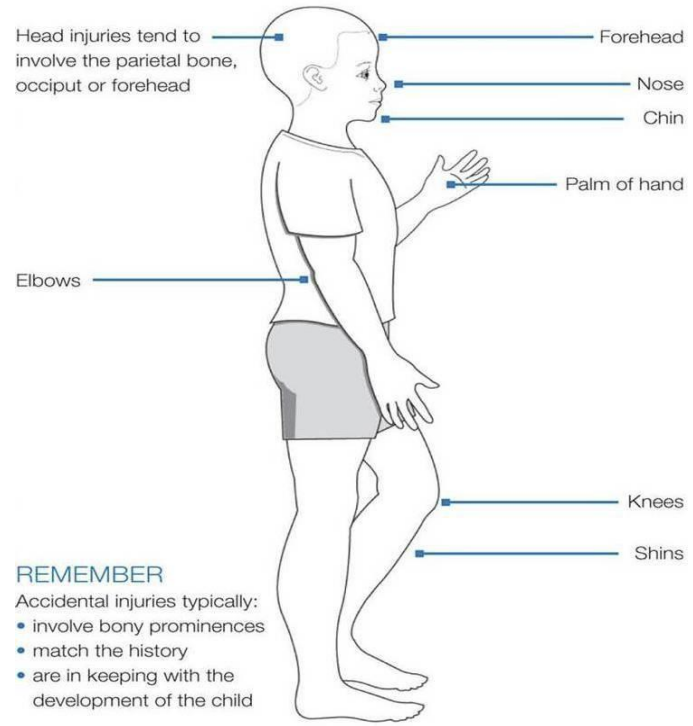


Patient Name:
Hospital Number:
NHS Number:
Date of Birth:
Date of Examination:
Examiner:
Examiner registration number:

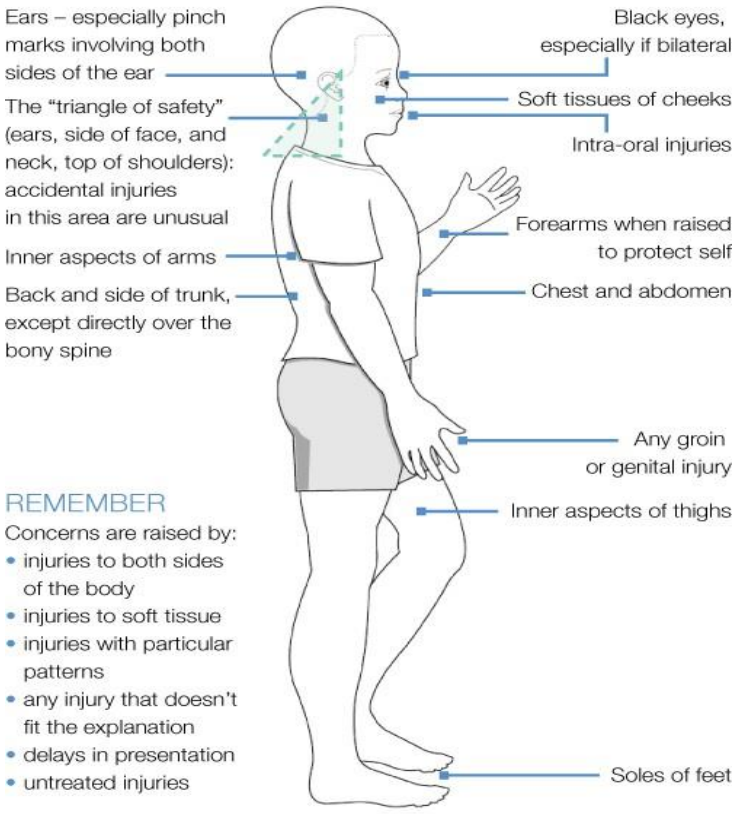
Toddler Anteroposterior



Typical accidental injuries



Typical non-accidental injuries



Appendix 6

Contact and referral details for Children's Social Care:

BaNES

B&NES Triage Team

01225 396111 / 01225 477929

Monday - Thursday 08.30 - 17:00

Friday: 08.30 - 16:30

Emergency Triage Team
01454 615165
All Bank Holidays
Weekdays: 17:00 - 08.30

Weekends: 16:30 (Fri) - 08.30 (Mon)

Swindon

Children and Families Contact Swindon: 01793 464646
Contactchildrenandfamilies@swindon.gov.uk

Monday to Thursday 8.30am - 4.40pm
Friday: 8.30am - 4.00pm

Emergency Duty Service: 01793 463699

Evenings, nights, weekends and bank holidays

Wiltshire

Wiltshire MASH: 0300 456 0108
Monday - Thursday: 8:45am - 5pm
Friday: 8:45am - 4pm

Wiltshire Out of Hours Service: 0300 456 0100
Weekdays: 5pm-9am
Weekends: 4pm Friday - 9am
Monday Bank Holidays: 24 Hours

For Great Western Hospital

Monday to Friday - 8.30 – 16.30 invite gwh.safeguardingchildrenteam@nhs.net . Tel 01793 604945
Outside of these hours please contact the Consultant Paediatrician on Call via Switch on 01793 604020

Appendix 7

References:

Brandon et al (2008) Analysing Child Deaths and Serious Injury through abuse and neglect: what can we learn? A Biennial Analysis of Serious Case Reviews 2003 - 2005. London: Department for Children, Schools and Families.

Brandon et al (2009) Understanding Serious Case Reviews and their Impact: A Biennial Analysis of Serious Case Reviews: 2005 - 2007. London: Department for Children, Schools and Families.

Brandon et al (2010) Building on the Learning from Serious Case Reviews: a two year Analysis of child protection database notifications: 2007 - 2009. London: Department for Education.

Brandon et al (2012) New Learning from Serious Case Reviews: A Two Year Report for 2009 - 2011. London: Department for Education.

Maguire, S. (2010) Which Injuries May Indicate Child Abuse? Archives of Disease in Childhood: Education and Practice Edition, 95(6), 170-177.

National Society for the Prevention of Cruelty to Children (NSPCC) (2020) Statistics Briefing: Child Deaths Due to Abuse or Neglect. [online]. Available from: https://learning.nspcc.org.uk/research-resources/statistics-briefings/child-deaths-abuse-neglect.

NICE Clinical guideline 89, Oct 2017. Overview | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE

Ofsted (2020) Non-accidental head injuries in infants: increased risk during COVID. [online]. Available from: https://www.gov.uk/government/speeches/amanda-spielman-at-ncasc-2020.

Royal College of Paediatrics & Child health (RCPCH). Child Protection Evidence Systematic review on Bruising, Nov 2019.

Royal College of Paediatrics and Child Health (RCPCH) (2017) *Child Protection Evidence-Bruising.* [online]. Available from: https://www.rcpch.ac.uk/resources/child-protection-evidence-bruising.

Child Safeguarding Practice Review Panel – The management of bruising in non-mobile infants paper (Sept 2022) https://www.gov.uk/government/publications/the-management-of-bruising-in-non-mobile-infants-paper