Merton Safeguarding Children Board Multi-Agency Guidance on Bruising in Non-Independently Mobile Infants and Children

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1. Introduction

This guidance is designed to support professionals' practice in the assessment and management of bruising in non-independently mobile infants, children, and young people. The aims of the guidance are to:

- Outline pathways in Merton for the referral and assessment of bruising in non-independently infants, children, and young people, including any with disabilities.
- Ensure that all partners are responding to bruising in non-independently mobile infants, children, and young people in a consistent way.
- Support practitioners to effectively respond to concerns about non–accidental injury in non-independently mobile infants, children, and young people (including SEND)

2. Definitions

The following definitions are applied for the purpose of this guidance:

Not Independently Mobile (NIM): is a child who is not yet crawling, bottom shuffling, or cruising. It includes **all** infants under 6 months and children of any age with a disability or a condition which means that they are not independently mobile.

Bruising: Extravasations of blood in the soft tissues, producing a temporary, non-blanching discolouration of skin however faint or small with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple or red. This includes petechiae, which are red or purple non-blanching spots, less than two millimetres in diameter and often in clusters.

3. Literature review

There is substantial and well-founded research on the significance of bruising in children. See the NICE Cause and Background Core Information page and a National Repository of Published Case Reviews page which provides a national picture of concerns.

The Research base demonstrates that bruising in NIM children is rare; **particularly those under the age of six months**. The implication for practice is that the younger the baby, the greater is the risk that bruising is non-accidental.

Patterns of bruising suggestive of physical child abuse include:

- Bruising in children who are NIM, particularly those under 6 months of age;
- Bruises that are away from bony prominences;
- Bruises to the face, back, abdomen, arms, upper thighs, buttocks, ears, and hands;
- Multiple or clustered bruising;
- Imprinting and petechiae;
- Symmetrical bruising.

A bruise, whatever its size, must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. A full clinical examination and relevant investigations must be undertaken.

Body maps to record bruising should be completed in all cases where there are injuries of concern (see Appendix 2). For non-medical staff, this should only be for visible bruising. This is to address the potential for inaccurate recording when there are multiple bruises / patterns of bruising over time, as identified in both national and local Serious Case Reviews.

Analysis undertaken by the Social Care Institute of Excellence (SCIE) (2016) of the Child Safeguarding Practice Review (CSPR) highlights several reasons for failing to make a referral to CSC in response to bruising in non-mobile babies including:

- a lack of understanding of child protection procedures, particularly among those working in out of hours GP surgeries
- a lack of professional curiosity and 'respectful scepticism' about explanations for bruising
- second opinions not sought from more experienced clinicians and/or safeguarding leads

SCIE also identified the following underlying reasons for the failure to make referrals:

1) A lack of knowledge about the NICE guideline which recommends referral following bruising to babies and NIM children
2) That vulnerable families are more likely to use out of hours services, but conversely these were less likely to have safeguarding expertise and knowledge of local systems and were also less likely to build sustained relationships with families which would support them.
3) Influence of the relationship with the family; the problem of questioning explanations, particularly from families who seem 'plausible,' or are professionals themselves.[1]

4. Scope

This guidance relates only to bruising in infants, children, and young people who are not yet independently mobile as stated previously. While accidental and innocent bruising is significantly more common in older, mobile children, practitioners are reminded that mobile children who are abused may also present with bruising. Where there are concerns about children who are mobile, please follow your agency's usual procedures for child safeguarding.

It should also be noted that all children may be abused and have no evidence of bruising or external injury for example fractures, serious head injuries and intra-abdominal injuries.

5. Guidance

The following guidance is taken from the clinical guidance summary issued by the National Institute for Clinical Excellence (NICE) '*When to suspect child maltreatment in under 18's.* It is aimed at health professionals, categorises features that should lead staff to 'consider abuse' as part of a differential diagnosis, or 'suspect abuse' such that there is a serious level of concern. The Social Care Institute for Excellence (SCIE) refer to the NICE guidance in inter-professional communication and the role of the Local Safeguarding Children Partnership (LSCP) referral and assessment procedures to ensure that cases are referred to children's social care (please see appendix 1).

The NICE guidance sets out that, professionals should seek an explanation for all bruising and assess its characteristics and distribution to seek assurance that it is consistent with the parent or carer's explanation. All discussions and explanations should be recorded.

In relation to bruising, professionals are advised to 'suspect abuse' and refer to children's services in the following situations:

a) If a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement.

b) If a child demonstrates non-verbal cues that warrant professional curiosity (such as inconsolable crying babies, unusually withdrawn behaviour etc.) *

**Point b is local practice and is not referred to in NICE guidance*

c) If there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition such as a causative coagulation disorder* (this must be checked by an appropriately qualified health professional to confirm that this is the case[2]) and the explanation for the bruising is unsuitable. Examples include:

- Bruising in a child who is not independently mobile
- Multiple bruises or bruises in clusters
- Bruises of a similar shape and size
- Bruises on any non-bony part of the body or face including the eyes, ears, and buttocks
- Bruises on the neck that look like attempted strangulation
- Bruises on the ankles and wrists that look like ligature marks.
- Ear Bruising

**Causative coagulation disorders refer to conditions that affect how the body controls blood-clotting e.g., Haemophilia and von Willebrand's Disease*

6. Guidance for specific circumstances

There are specific circumstances to consider which cover the following:

Birth injury: both normal births and instrumental delivery may lead to development of bruising and of minor bleeding into the white of the eye. However, staff should be alert to the possibility of physical abuse within a hospital setting and follow this protocol if there is any doubt about the origin of the features seen. Professionals should record any injuries on a body map and ensure the Parent Held Child Record (PHCR) is updated with information by obstetric and midwifery services.

Birthmarks: these may not be present at birth and appear during the early weeks and months of life. Certain birthmarks, particularly blue spots (congenital dermal melanocytosis), can mimic bruising. Where there is uncertainty about the nature of a mark, the infant should be discussed with the primary care team in the first instance. Birth marks should also be recorded in the child's health record and the PHCR.

Self-inflicted injury: It is exceptionally rare for non-mobile infants to injure themselves during normal activity. Suggestions that a bruise has been caused by the infant hitting him/herself with a toy, falling on a dummy or banging against an adult's body should not be accepted without detailed assessment by a paediatrician and social worker. Professional curiosity must also be demonstrated in discussions about children and young people with disabilities who are not independently mobile.

Injury from other children: it is unusual but not unknown for siblings/peers to injure babies, children, and young people. In these circumstances, the child must still be referred for further assessment, which must include a detailed history of the circumstances of the injury, and consideration of the parents' ability to supervise their children. Consideration should also be given to any potential needs of the child/young person who allegedly inflicted the injury

7. Action to be taken on identifying actual or suspected bruising

Parents and carers should be included in the decision to refer provided this does not pose a further risk to the child. Information about the referral should also be shared with the child's GP and health visitor/school nurse and this information sharing should be recorded in records as per the agencies record keeping policy.

If a child or young person who is non-mobile has actual or suspected bruising:

- Contact the Children and Families Hub for an emergency consultation immediately, following your agency's child protection procedures.
- Email: candfhub@merton.gov.uk. Telephone: 020 8545 4226 (9am - 5pm) or 020 8545 4227 (out of hours)
- If the child presents as requiring immediate medical intervention, this should be actioned.

In all other cases

- Record what is seen, using a body map or line drawing if appropriate (Appendix 2).
- Record any explanation or other comments by the parent/carer word for word.
- Inform parents/carers of your professional responsibility to follow safeguarding children policies and procedures.
- Refer to Children and Families Hub as first point of contact who will take responsibility for further multi-agency investigation.

Action following request for service

- Children's social care will follow the MSCP threshold guidance as stated in the Effective Support document.
- If the family meets the threshold for a strategy discussion and the threshold for a Section 47 is met the child should be seen on the day of referral for full paediatric assessment. This must include a detailed history from the carer, review of past medical history and family history including any previous reports of bruising, and enquiry about vulnerabilities within the family.
- Parents should not be given the responsibility of planning to seek medical advice themselves and where possible the lead professional for the investigation should ensure that they are present and/or have shared information with and spoken to the clinician who is seeing the child.
- Once a referral is made, an outcome must be given to the original referrer who has the right to escalate this if necessary

8. Referral for Child Protection Medical examination by Paediatrician

The referral for a child protection medical examination involves completing the referral form available in appendix 1 of this guidance. Here are the contact details:

- Please contact Community Paediatric CP admin on 020 8296 4864 first then forward the completed form via a secure email to est-tr.ChildSafeguardingQMHC@nhs.net **.** *Email is preferred than fax so that we can also continue typing into the same form in the relevant sections.*

- **Office hours for CP admin:** 9am – 5pm (Monday to Friday)

- **CP medicals by Community Paediatrician:** 9am and 5pm (Monday to Friday)

- If 'Out of Hours,' please contact the on call **Paediatric Registrar** via the hospital switchboard on 020 8296 2000 and ask for bleep number: 197.

Please note, the fact that a CP Medical is unable to be definitive regarding the cause of a bruise or injury should not be a barrier to effective intervention to protect children.

9. References

Core Info Cardiff Child Protection Systematic Reviews
www.coreinfo.cardiff.ac.uk

The National Institute for Clinical Excellence (NICE) (2017) *Child maltreatment: when to suspect maltreatment in under 18s* Child maltreatment: when to suspect maltreatment in under 18s (nice.org.uk)

NSPCC National Repository of Serious Case Reviews https://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/serious-case-reviews/

The Child Safeguarding Practice Review Panel
Bruising in non-mobile infants (publishing.service.gov.uk)

Merton Safeguarding Children Partnership Thresholds
Thresholds - Referral Forms - Merton Safeguarding Children Partnership (mertonscp.org.uk)

10. Appendices

[Appendix 1]

Multi-agency flowchart for the management of actual or suspected bruising in Infants who are not independently mobile

Practitioner observes bruise or suspicious mark
Discussion with line manager or safeguarding lead/team
SUSPICION of non-accidental injury
A child who is seriously ill should be referred immediately to a hospital

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Seek explanation, examine and record on body map (see Appendix 2)

Note any other information such as location, shape, size, colour, number of bruises etc.

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Explain to parent/carer the reason for referral to Children's Services and need for paediatric examination*

**Depending on the allegation*

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Phone Referral to the Children and Families Hub
Tel: 020 8545 4226
Referrals must be followed up in writing within 48 hours

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Children's Social Care to refer to a safeguarding medical examination within 24 hours

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Paediatrician
To complete safeguarding medical examination in accordance with RCPCH guidance

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Document
Record assessments and examinations including the use of a body map and subsequent discussions and actions taken following multi-agency assessment

[Appendix 2]

Body map template

Merton Safeguarding Children Partnership

Body Map

Child's name:

Date of birth:

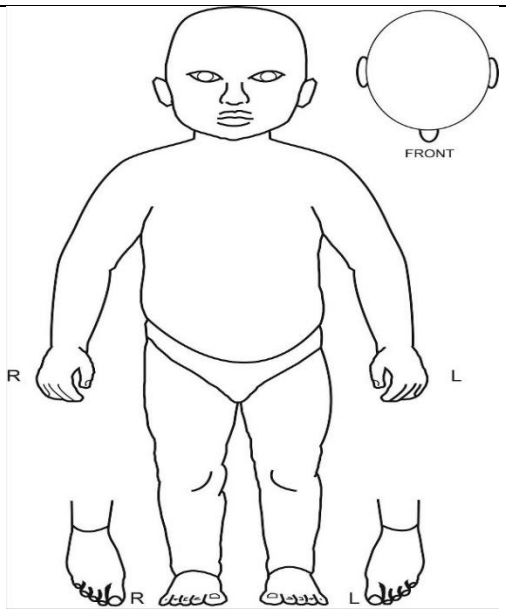
Date/time of skin markings/injuries observed:

Who injuries were observed by:

Information recorded:

Date: **Time:**

Name **Signature:**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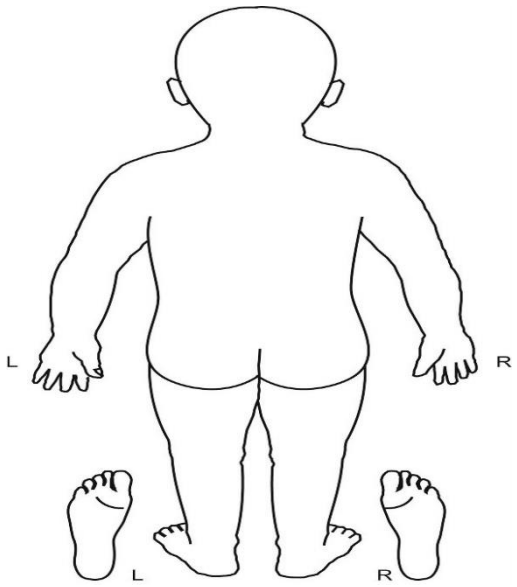
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