Bruising in Non-Mobile Baby, Non-Mobile Child, Non-Mobile Young Person Pathway

Bruising is the commonest presenting feature of physical abuse in children. The younger the child the greater the risk that bruising is non-accidental. There is a substantial and well-founded research base on the significance of bruising in children. See https://www.rcpch.ac.uk/resources/child-protection-evidence-bruising

Any bruising, or a mark that might be bruising, in a child of any age who is not independently mobile, that is brought to the attention of a carer or professional should be taken as a matter for inquiry and concern.

Bruising in a child not independently mobile should raise suspicion of maltreatment. Professional judgement may result in an immediate referral to Children and Families Social Care and an urgent paediatric opinion. See NICE Clinical Guideline 89: https://www.nice.org.uk/guidance/cg89

This protocol aims to provide frontline professionals with a knowledge base and action strategy for the assessment, management and referral of children who are non-independently mobile who present with bruising or otherwise suspicious marks.

Parents and carers should be included as far as possible in the decision-making process providing this does not pose a further risk to the child. If a parent or carer is uncooperative or refuses to take the child for further assessment, Local Authority legal advice should be sought.

Any child who is found to be seriously ill or injured in whom abuse is suspected, or in need of urgent treatment or further medical investigation, should be referred immediately to hospital at the same time as referral to Children and Families Social Care. The child’s safety is paramount and therefore the referring professional should ensure that the child is with appropriate carers and should contact the on call Paediatric Consultant who can liaise with Paediatrics ED (PED) to ensure the child arrives.

It is the responsibility of the first individual to learn of or observe the bruising to make the referral. (See below for Children and Families Social Care contact numbers).

The individual referring the child to hospital will clearly communicate to the parent / adult carer the reasons for the referral.

The referral must be made following the local Children and Adults Safeguarding Partnership Child Protection Procedures: http://www.southtyneside.info/article/22776/child-protection-procedures

The importance of signed, timed, dated, accurate, comprehensive and contemporaneous records cannot be overemphasised.

For a paediatric discussion, please contact the on call Paediatric Consultant at Sunderland Royal Hospital on 0191 5656 256

Referring professional & Social Worker to discuss who will remain with baby/child/YP until the Social Worker arrives. Care should be taken to also ensure the safety of professionals.

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.

A full clinical examination and relevant investigations must be undertaken by Consultant Paediatrician.

 Innocent bruising in non-independently mobile children is rare. It is the responsibility of the Paediatrician to decide whether bruising is consistent with an innocent cause or not and to discuss this with Children and Families Social Care.

1. The examining Paediatrician MUST try to obtain feedback from the Health Visitor and the GP in relation to the child, siblings and family.

2. The examining Paediatrician MUST speak to the Social Worker in attendance regarding any previous concerns in relation to the child, sibling or other family members. Social Worker expected to bring any CFSC history details (including previous CP medicals) with them to the hospital.

3. Post CP medical assessment, immediate written feedback should be given to the SW indicating whether the injury is likely to be accidental or non-accidental.

4. A full written report should be sent to relevant professionals including Children’s Social Work team / GP / Health Visitor / School Nurse / STSFT Safeguarding Team / other e.g. Looked After Health Team.

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Children and Families Social Care Contact:
Integrated Safeguarding Intervention Team
0191 4245010 (office hours) 0191 4562093 (outside office hours)
Referral Form

South Tyneside and Sunderland Foundation Trust
On Call Paediatric Consultant Contact:
0191 556 256
Age plays an important role in the patterns of child abuse. Younger children are much more vulnerable to physical abuse and neglect and children with disabilities are much more at risk of experiencing abuse. Particular attention should therefore be given to supporting the needs, of children with disabilities and being alert to signs, symptoms and behavioural indicators that may indicate abuse or neglect.

The following points should be considered whenever doubts and suspicions about possible child abuse are raised:

- Could the injury have been caused accidentally and if so, how?
- Does the explanation for the injury fit the development age of the child?
- It is the responsibility of the first individual to learn of or observe the bruising to make the referral.

**NO ASSESSMENT WILL BE COMPLETED WITHOUT CONSENT.**

1. Where there are clear concerns and consent is withheld seek legal advice.
2. The Social Worker must attend with the child for the assessment.

For Child Protection concerns **during office hours** contact Children and Families Social Care (ISIT) on 0191 4245010

Child Protection concerns **out of office hours, weekend and bank holidays** contact Children and Families Social Care (out of hours) on 0191 4562093

The initial referral must be followed up with a written referral within 24 hours


The allocated Social Worker to contact the On Call Paediatric Consultant at Sunderland Hospital to agree time of CP medical assessment 0191 5656 256.

If there is any dispute about the need or timing for the medical the Children and Families Social Care Duty Manager will discuss this with the Paediatric Consultant.

The mode of transportation for the child to hospital to be agreed by SW and referring professional.

Where there is a medical emergency, this supersedes the child protection medical. The referrer must arrange immediate and safe transport to the nearest hospital emergency department (PED) prior to the CP medical taking place. The referrer must also contact the paediatric consultant on call who will liaise with PED.

Referring professional & Social Worker to discuss who will remain with baby/child/YP until social worker arrives. Care should also be taken to ensure safety of professionals.

- **CP Medical Assessment** attended by child, allocated Social Worker and, where appropriate, a parent with parental responsibility (PR).
- The examining Paediatrician **MUST** speak to the Social Worker in attendance regarding any previous concerns in relation to the child, sibling or other family members.
- Post CP medical assessment, **immediate written feedback** should be given to the Social Worker indicating whether the injury is likely to be accidental or non-accidental and a copy to the GP / Health Visitor / School Nurse / Safeguarding Team/ other relevant professionals.

APPENDIX 2
HEALTH PROFESSIONALS ONLY

Mark, Bruise or Injury Observed on a Non-Mobile Baby / Non-Mobile Child / Non-Mobile Young Person (YP)

Listen & Observe, Seek an Explanation, Assess Signs & Record Accurately
Document all indicators of abuse – bruise(s) and location – including neglect, emotional & sexual abuse. Assess in the context of medical & social history, developmental stage & explanation given, especially for children/YP with disability.
In infants REMEMBER to remove all clothing including nappy.

Inform parents of process unless this will put baby/child/YP or professional at risk.

Medical skin condition / birth mark
Professional is confident that the mark is a medical condition
i.e. is very unlikely to be an injury in their professional opinion e.g. a birth mark.

Uncertain cause for Mark
Professional is uncertain whether the mark is an injury or believes that the mark is probably a medical condition

Likely Bruise or Injury
Professional believes the mark is likely to be a bruise or other injury

Immediate telephone referral to Children’s Social Work (SW) Team:
Sunderland:
0191 561 7007 (office hours)
0191 520 5552 (out of hours)
South Tyneside:
0191 424 5010 (office hours)
0191 456 2093 (out of hours)
Must be followed up by a written referral within 24 hours

Post Medical or CP Assessment
A full written report should be sent to relevant professionals including Children’s Social Work team /GP / Health Visitor / School Nurse / Safeguarding Team/other e.g. Looked After Health Team.

RCPCH guidance:
www.rcpch.ac.uk/child-protection-evidence/

NICE guidance:
www.nice.org.uk/guidance/CG89