



**Kent and Medway protocol for the management of actual or suspected bruising in infants and children who are not independently mobile**

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| **Summary of Purpose** | This protocol has been designed to guide the response and management of all professionals who have identified actual or suspected bruising in infants and children who are not independently mobile.  |
| **Accessibility** | This document can be made available in large print, or in electronic format. There are no copies currently available in other languages.  |
| **Equalities Impact Assessment** | During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality, and diversity, in the services delivered regardless of disability, ethnic origin, race, gender, age, religious beliefs or sexual orientation.  |
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| **Policy Review Date** | This document will be reviewed in March 2026.  |

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**1.** **Introduction**

Bruising in babies/infants or children with complex needs that are non-mobile, meaning a child who is unable to move independently through rolling, crawling, cruising or bottom shuffling, is unusual and should always be explored. National and local child safeguarding practice reviews have identified the need for heightened concern about any bruising in an infant or child who is not independently mobile, and the need to pay particular attention to risk in those children who are unable to roll over. Lack of mobility in infants and children can be due to disability or developmental delay. It is nationally recognised that children with disabilities are more likely to be abused than non-disabled children (and that this can be attributable to the multiple carers they may come in contact with during the day and their level of physical dependence). It is important that any suspected bruising is reviewed by a health professional and considered in multi-agency discussion, even if the parents or carers feel they are able to give a reason for it.

**2. Aim of protocol**

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

A child is considered non-mobile if they are not yet crawling, bottom shuffling, pulling to stand, cruising around furniture or walking independently; including all children under the age of 6 months. An older infant or child with a disability with any of the risk indicators would also warrant careful consideration.

**3. Rationale and evidence base**

Bruising is the most common presenting feature of physical abuse in children. The Royal College of Paediatrics and Child Health (RCPCH) Child Protection Evidence Systematic Review on Bruising[[1]](#footnote-1) carried out in 2020 evaluated the scientific literature on abusive and non-abusive bruising in children published up until January 2019 and reflects the findings of eligible studies.

Key findings from the review were:

* Bruising is the most common injury in children who have been abused. It is also a common injury in non-abused children, exception to this being pre-mobile infants where accidental bruising is rare (0-1.3%). The number of bruises a child sustains through normal activity increases as they get older and their level of independent mobility increases.
* Cases have been reported where bruising was a ‘sentinel injury’ in children prior to the recognition of child abuse, highlighting the importance of recognising abnormal characteristics of bruising in children, enabling detection as early as possible and potentially preventing escalation of abuse with avoidance or serious abusive injury or death.
* There is no change in the evidence that it is not possible to age a bruise based on a naked eye assessment. There is, however, an increasing body of literature addressing optimal imaging of bruises.
* Importance of recognising characteristics of bruising in children to enable the correct identifications of abuse.

The message from this research is that infants who have yet to acquire independent mobility (rolling, crawling or bottom shuffling) should not have bruises without a clear explanation and any explanation should be treated with professional scepticism.

**4. Action to be taken on identifying actual or suspected bruising**

If the infant or child appears seriously ill or injured:

* Seek emergency treatment at an emergency department (ED). Utilise 999 services if required. If able to do so, contact the duty Consultant Paediatric on the call team at the local hospital prior to admission.
* Notify the local authority children’s services of your concern and the child’s location.

In all other cases:

* Practitioners must describe and document accurately on a body map and in the child’s record, the size, shape, colour and position of the mark/s on the head and/or body.
* Document any explanation of the history of the injury or comments by the parents/carers accurately, verbatim in the child’s record.
* Immediate referral to the local authority children’s services, who will take responsibility for arranging further multi-agency assessments and contacting the local duty Consultant Paediatrician for an urgent review.
* If there are concerns regarding the immediate safety of the child or the professional, the police should be called.

Inform parents/carers of your professional responsibility to follow Kent and Medway safeguarding procedures and state that any action by the local authority children’s services will be informed by a reviewing clinician’s opinion. Answer any questions the parents/carers may have and inform them that the infant or child may be admitted to the paediatric ward for further examination. Document within the child’s record that discussion with parents/carers.

**5. Action following referral to local authority children’s services**

Once a referral is accepted a Strategy Meeting must take place as per Working Together to Safeguard Children 2018[[2]](#footnote-2). A Social Worker, Paediatrician/Safeguarding Children Team representative and Police Officer must be present. The outcome of this meeting must be explained to parents/carers. If the bruising/injury is suspected to be non-accidental a full Child Protection Medical must take place, after any acute injury is treated.

The Child Protection Medical will be arranged in conjunction with the Social Worker and the Consultant Paediatrician. Consideration for admission to a Paediatric Ward must be given.

The child must attend for a paediatric assessment as soon as possible following the local authority children’s services receiving the referral. This should include a detailed history from the parents/carers, review of past medical history and family history including any previous reports of bruising, and enquiry about vulnerabilities within the family. The paediatrician should follow their trust’s guidelines for appropriate examinations/ investigations. They should also explain the findings of the assessment with the parents/carers, giving consideration to the risks posed to the child and not to jeopardise any parallel criminal investigation.

**6. Specific considerations**

**Birth injury:** both normal birth and instrumental delivery may lead to development of bruising and to minor bleeding into the white of the eye. However, staff should be alert to the possibility of physical abuse even within a hospital setting and follow this protocol if they believe the injury was not due to the delivery. If any health practitioner sees bleeding in the eye not associated with birth injury, further investigations should be undertaken. If concerns persist and advice sought from the Paediatrician, Named Doctor/Consultant Paediatrician, birth details should be verified from local or out of area sources.

**Birthmarks:** these may not present at birth and appear during the early weeks and months of life. Certain birthmarks, particularly Congenital Dermal Melanocytosis (formerly called Mongolian Blue Spots), which is a flat, blue or blue-grey birthmark that can occur at birth or in the first few weeks of life. These are rare in children of white European background, but very common in children of African, Middle Eastern, Mediterranean or Asian background. These do not need to be referred under this protocol. Where a practitioner believes a mark is likely to be a birthmark but requires further advice to be certain, the infant or child may be referred to the GP. If there is still uncertainty the GP should refer to the local authority children’s services. The child’s records must include written detail and a body map of any birth marks.

**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 themselves with an object i.e. toy, falling on a object i.e. dummy, or banging against something i.e. bars of a cot or adult’s body, should not be accepted without detailed assessment by a paediatrician and social worker. Sometimes, even when children are moving around by themselves, there can be concern about how a mark or bruise occurred and in these situations a referral should always be made to the local authority children’s services.

**Injury from other children:** it is unusual but not unknown for siblings to injure an infant or child. In these circumstances, the infant must still be referred for a Child Protection Medical. This must include a detailed history of the circumstances of the injury, and consideration of the parents’ ability to supervise their children.

**7. The national institute for clinical excellence (NICE) guidance**

The National Institute for Clinical Excellence (NICE) guideline ‘When to Suspect Child Maltreatment’[[3]](#footnote-3), aimed at health professionals, categorises features that should lead staff to ‘consider abuse’ as part of a differential diagnosis, or ‘suspect abuse’ such as there is a serious level of concern. In relation to bruising, health professionals are advised to ‘suspect abuse’ and refer to local authority children’s services in the following situations:

1. If a child or young person has bruising in the shape of a hand, ligature, stick, tooth mark, grip or implement.
2. If there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a bleeding disorder) and if the explanation for the bruising is unsuitable.

Examples:

* 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

The NICE guideline also advises practitioners to ‘suspect abuse’ when features of injury such as bites, lacerations, abrasions, scars and thermal injuries are seen on a child who is not independently mobile and there is an unsuitable explanation.

Numerous child safeguarding practice reviews have identified situations where children have died because practitioners did not appreciate the significance of what appeared to be minor bruising in a non-mobile infant or child. National analysis of reports reiterates the need for heightened concern about any bruising in any pre-mobile baby, any bruising is likely to come from external sources. The younger the child the more serious should be the concerns about how and why even very tiny bruises are on any part of the child.

**Appendix 1: Management of actual or suspected bruising flowchart**

**Share**

* Professionals should share information with other professionals as appropriate.
* Consider if there are any other actions needed to safeguard or support of the family.

**Document**

* Document your discussion with parents/carers.
* Document assessments and actions, including a body map or any observed marks/bruising.

**Adequate explanation**

* Injury in keeping with the child’s development ability.
* To be considered accidental.
* History should be clear, consistent and plausible.
* Appropriate parental response to the injury.

**Inadequate explanation**

* No explanation or an explanation that is inadequate, unlikely or does not rule out abuse or neglect.
* Inform parents/carers of need to refer for further assessment and the requirement for a referral to the local authority children’s services.
* Immediate referral to the local authority children’s services.
* If there are any concerns regarding the immediate safety of the child, then police should be contacted.
* The local authority children’s services to immediately arrange a social worker to meet with the child and family. Parents/carers need to be informed that the child may be admitted to the paediatric ward for further examination.
* A multi-agency Strategy Discussion to be held and the appropriateness and timing of a paediatric assessment should be discussed.
* If bruising/injury is suspected to be non-accidental a full Child Protection Medical must take place, after any acute injury is treated.
* The outcome of this meeting must be explained to the parents/carers.
* The Child Protection Medical will be arranged in conjunction with the social worker and the Consultant Paediatrician. Consideration for admission to a paediatric ward must be given.
* The child must attend for a paediatric assessment as soon as possible following the local authority children’ s services receiving the referral.

**If in need of emergency medical attention or to treat a serious injury**

* Refer to Emergency Department (ED). If able to do so, contact the duty Consultant Paediatrician prior to admission.
* Notify the local authority children’s services (Kent – 03000 41 11 11 / Medway – 01634 33 44 66 / Out of hours – 03000 41 91 91). Informing them of the whereabouts of the child and the nature of the injury. The social worker will need to arrange a paediatric assessment as per local arrangements.
* Bruising is strongly related to mobility. Bruising in a baby, infant or child who is not yet crawling, and therefore has no independent mobility, is very unusual. Likewise, bruising in a child with complex needs who is not mobile should always warrant investigation.
* Seek explanation, do not ask leading questions or offer suggestions as to how the mark may have occurred.
* If appropriate, examine for other marks. Practitioners should document and describe all marks on a body map.
* If suggested to be a birthmark; check the ‘Red Book’ or other health records (GP, postnatal records, health visiting records).
* If in doubt regarding the cause or nature of the bruising/mark – follow the right-hand pathway – do not refer to the GP. Do not refer to the Emergency Department (ED) unless there is a need for emergency treatment.
1. <https://childprotection.rcpch.ac.uk/child-protection-evidence/bruising-systematic-review/> [↑](#footnote-ref-1)
2. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf> [↑](#footnote-ref-2)
3. <https://www.nice.org.uk/guidance/cg89> [↑](#footnote-ref-3)