Fife Child Protection Committee

Multi-agency Bruising Guidance for Non-Mobile Infants (for Front-line Practitioners)

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getting it right for every child

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- **'Those who don't cruise rarely bruise'**
- **All bruising to a non-mobile infant requires paediatric assessment**

Aim

The aim of this guidance is to provide frontline practitioners with a knowledge base and action strategy for the assessment, management and referral of infants who present with bruising or otherwise suspicious marks.

While it recognises that professional judgement and responsibility have to be exercised at all times, it errs on the side of safety by requiring that all infants with bruising who are not independently mobile should be raised as a child protection concern as per the Fife Interagency Child Protection Guidance 2016 by submitting a Notification of Child Concern Form and contacting the Social Work Contact Centre on 03451 551503 (Emergency out of hours 03451550099). Front-line staff should not be making decisions about the mechanism of the injury independently.

Introduction

Bruising is the most common presenting feature of physical abuse in children.

Significant case reviews and individual child protection cases across the UK have indicated that practitioners have sometimes underestimated or ignored the highly predictive value for abuse of the presence of bruising in infants who are not independently mobile (NIM) and includes those not yet crawling, cruising or walking independently.

As a result there have been a number of cases where bruised children have suffered significant abuse that might have been prevented if action had been taken at an earlier stage.

Bruising is the most common accidental injury experienced by children, and research shows that the likelihood of a child sustaining accidental bruising increases with increased mobility.

It is extremely rare for a non-mobile infant, to sustain accidental bruising. Therefore all such bruising should be suspected by professionals to be an indicator of physical abuse and should be thoroughly investigated.

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Definitions and Terminology

Front-line practitioner: Includes: teachers, GPs, nurses, allied health professionals, midwives, health visitors, school nurses, early years professionals, youth workers, accident and emergency staff and voluntary and community workers.

Not Independently Mobile: A child who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all infants under the age of six months and most under 9 months. Please note however that although some infants may roll from a very early age this does not constitute mobility. Consideration of the use of this guidance should be also given to children with physical disabilities who are also not independently mobile.

Bruising: Is the release of blood into the soft tissues producing a temporary, non- blanching (does not disappear with pressure) discolouration of the skin. Bruises include 'petechiae', which are red or purple non-blanching spots, less than two millimetres in diameter and often in clusters**.** Bruising can be faint or small and with or without other skin abrasions or marks. A wide spectrum of colours can be seen in bruises. There is no evidence to support the view that the age of a bruise can be determined by its colour.

Medical Bruising: bruising to very young babies may be caused by medical issues e.g. birth trauma. In addition, some medical conditions can cause marks to the skin in very young babies that may resemble a bruise. In all cases, unless the specific mark that has been identified is already confirmed as arising from a medical condition, this guidance should be followed to enable multi-agency assessment of the suspected bruise. An example might be a 'Mongolian blue spot' but this should be confirmed by a registered health professional and should have been documented in the child's records.

Research Base

Although bruising is not uncommon in older, mobile children, it is rare in infants that are non-mobile, particularly those under the age of six months. While up to 60% of older children who are walking have bruising, it is found in less than 1% of non independently mobile infants.

In mobile children 'innocent' bruises sustained due to accidents such as a result of exploring their environment 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 areas such as cheeks, around the eyes, ears, palms of the hands or soles of the feet. The pattern, number and distribution of 'innocent' bruising on non-abused children is different to those who have been abused.

A bruise must never be interpreted in isolation and must always be assessed in the context of medical & social history, developmental stage, explanation given and this should be shared with the paediatrician. A full clinical examination and relevant investigations must be undertaken.

Referring the Child

Any front-line practitioner who identifies a bruise to a non-mobile infant should raise a child protection concern as per the Fife Interagency Child Protection Guidelines 2016 and following the flow chart attached to this protocol (Appendix 1).

When a decision to escalate a child protection concern is made, it is the responsibility of the first practitioner to learn of or observe the bruising to ensure the referral is made. Some practitioners (depending on role parameter for example) will require support and guidance from a senior colleague. However, this requirement should not prevent an individual practitioner of any status referring to social work, as soon as practicably possible, any NIM infant with bruising. Should a professional be unsure about whether or not to refer or concerned about the advice given to them they should immediately seek advice from their line manager or their agency's child protection advisor.

Prior to making the referral, the practitioner should ensure that they have all information available to them which is relevant. This would include basic details such as name, date of birth, address, details of parents/carers and any other relevant background information that is known at the time. Where it is safe to do so, the parent must be made aware of the referral. However practitioners should note that parental consent is not required when raising child protection concerns.

If the family are already known to social work then the front-line practitioner must also inform the social worker as soon as possible.

Paediatric Opinion

Following referral to social work an initial Interagency Referral Discussion (IRD) will take place between social work, police, health and education. A decision will be made whether a paediatric assessment is required (specialist medical examination or joint paediatric forensic medical) depending on the information shared. A social worker should attend the joint paediatric forensic medical examination with the family.

The consultant paediatrician will liaise with police and social work as part of the joint investigation and share the outcome of the medical assessment as soon as it is completed.

It is expected that all referrals made from staff will be responded to on the same day that the referral is received.

References

1. The National Institute of Clinical Excellence guidance (NICE) Clinical Guideline 89 (Last updated October 2017)
   www.nice.org.uk/guidance/CG89

2. Royal College of Paediatrics and Child Health – Child Protection Evidence
   www.rcpch.ac.uk/child-protection-evidence

Appendix 1

Flowchart For Bruising In Non-mobile Infant