Hull Safeguarding Children Partnership

PROCEDURES AND GUIDANCE

Injury and bruising to non-mobile Infants

Date of document:	**March 2024**
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Bruising and Injury to Non-Mobile infants Guidance

1. Introduction

‘Bruising was the most common injury in children who have been abused. It is also a common injury in non-abused children, **the 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’

Royal College of Paediatrics and Child Health, 2020.

National Child Safeguarding Practice Reviews have indicated that practitioners have sometimes underestimated the significance of the presence of bruising or injuries in infants who are not independently mobile. Practitioners have not always considered what appears to be a rather minor injury as a possible indicator or precursor to significant harm or abuse. Early recognition and action in such cases is key to preventing further injuries and ensuring the safety and wellbeing of children.

2. Aim of Guidance

The aim of the policy and procedure is to ensure that practitioners working with children and families:

1. Have the knowledge base and action strategy for the identification, assessment and management of infants who are not independently mobile and who present with injuries or bruising.
2. Practitioners are aware that even minor injuries could be an indicator to abuse in non- mobile infants.
3. Practitioners know that such injuries and bruising to non-mobile infants should be treated as a matter of enquiry and concern and therefore may require multi-agency information sharing and action.
4. Practitioners are supported to identify potential concerns and make referrals as appropriate.

See appendix 1 or process flowchart.

3. Definitions and Terminology

Practitioners: The Term ‘practitioners’ is used to refer to any individuals who work with children and their families in any capacity, in accordance with Working Together to Safeguard Children (2023).

Non-mobile: An infant who is not yet walking, crawling, pulling to stand or bottom shuffling independently. **Infants who can roll over are classed as non-mobile for the purposes of this document.** Practitioners must use their judgement regarding infants who can sit independently but cannot crawl, depending on severity of the injury and its plausibility. **Particular attention should be made to infants who are unable to roll over.**

Injury: for the purpose of this guidance, the use of the word 'injury' refers to any bruise, mark, burn/scalds, eye injuries, laceration, cut, abrasion, swelling, suspected fracture, or bleeding (including nose and mouth bleeds). Scratches may be self- inflicted by younger infants and practitioners can use their judgement or discuss with a senior colleague as to whether checks should be completed with Children's Social Care and examination by a paediatrician in that circumstance.

Bruising: This is the leakage of blood from vessels in the soft tissues producing a temporary, non – blanching discolouration of the skin. This can be faint or small and with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple. This includes petechial, which are red or purple non – blanching spots, less than two millimetres in diameter and often in clusters. **Any bruising in infants under one can be an indicator of significant harm unless it can be attributed to another established diagnosis or cause.**

Other conditions that mimic or present with bruises:

- Infections related – E.g., meningitis
- Drug related
- Undiagnosed bleeding disorders
- Malignancy (Cancers or leukaemia)

Birth Marks ('slate grey naevus' – previously known as Mongolian Blue Spot, capillary haemangioma): Any birth marks discovered at birth by midwife/obstetrician/paediatrician need to be clearly recorded in the maternity notes and baby's health records.

Bruising with a medical explanation: Bruising in very young infants may be caused by medical issues such as birth trauma, although this is very rare. This should always be documented in the Parent Held Record (Red Book).

For other examples of bruising due to medical conditions see: Evidence & reviews – RCPCH Child Protection Portal

4. Research Base

- The current evidence base concludes bruising is the most common presentation in children who have been physically abused. It is recognised that very young children are the most vulnerable to the impact of physical abuse (Maguire, 2010).
- Accidental bruising is uncommon in non-mobile infants, particularly in those who are younger, unable to roll and unable to crawl. Accidental injury to non-mobile infants is extremely rare (0-1.3%) (Royal College of Paediatrics and Child Health, 2020).
- In 2021, 32% of serious incident notifications were about children less than a year old. Of the 129 infants under 1 who were notified in 2021, six (5%) had died as a result of physical abuse, a further 66 (51%) suffered serious but non-fatal physical abuse, and 57 (44%) were subject to other forms of serious or fatal harm, including neglect and sudden unexpected death in infancy (National Panel Annual Report 2021).

- The Triennial Analysis of Serious Case Reviews (Sidebotham et al, 2016) and four consecutive Biennial Analyses of Serious Case Reviews (Brandon et al, 2008; 2009; 2010; 2012) have identified that children under the age of one are consistently represented in Child Safeguarding Practice Reviews, almost exclusively because of severe injury or death as a result of physical abuse.
- The Child Safeguarding Practice Review Panel has published a briefing paper 'Bruising in non- mobile infants' (2022). Recommendations from the briefing states in cases of bruising in non-mobile infants there should be;
  - A review by a health practitioner who has the appropriate expertise to assess the nature and presentation of the bruise, any associated injuries, and to appraise the circumstances of the presentation including the developmental stage of the child, whether there is any evidence of a medical condition that could have caused or contributed to the bruising, or a plausible explanation for the bruising.
  - There should not be a blanket approach to Section 47 enquires. A multi-agency discussion should take place to consider any other information about the child and family and any known risks, and to jointly decide whether any further assessment, investigation, or action is needed to support the family or protect the child. Where possible, this multi-agency discussion should always include the health practitioner who reviewed the child.

4.1 The Myth of Invisible Men

The Panel's third national review, The Myth of Invisible Men, specifically explored the role of fathers and male carers in relation to non-accidental injuries in infants. This review included in-depth fieldwork into cases involving 23 babies, and, uniquely, interviews with eight male perpetrators who were currently serving prison sentences for harming babies. The Panel found that, for this group of men, the role that they play in a child's life, their history of parenting, and their own childhood experiences are too frequently overlooked by those services with responsibilities for safeguarding children and supporting parents.

The Myth of Invisible Men (publishing.service.gov.uk)

The most comprehensive of the current evidence is the Fatherhood Institute's 2021 rapid evidence review that informed the Panel's The Myth of Invisible Men report. Foundations carried out additional rapid evidence summaries to build upon the Fatherhood Institute's evidence review, given the limited evidence base for the specific group of fathers and infants. It was found that there is limited research on these topics, with a limited number of existing small-scale studies that cannot infer causality. Mixed evidence for infant crying and fathers' poor mental health and substance misuse as risk factors was indicated. The review of services found that there was no routine engagement with fathers around non-accidental injury by universal services and a tendency to underestimate the value of working with fathers. Services that do address parental risk factors for non-accidental injury are under-evaluated.

Working with male carers to reduce non-accidental injury to infants under 1 year old (foundations.org.uk)

It is important that all agencies fully consider the role of fathers and the wider family members in the care of the infant even if the parents are not living together. Information should also be gathered about fathers and partners who are not the biological father to ensure any risk factors can be identified. A failure to do so may mean that practitioners

are not able to accurately assess the contribution which they may make to the care of the infant and any other children in the household, including strengths and risks.

5. Patterns of bruising suggestive of physical abuse **in all ages include:**

- Bruising or injuries in infants who are non-mobile
- Bruises that are away from bony prominences
- Bruises to the face, back, abdomen, arms, buttocks, ears, or hands
- Multiple or clustered bruising
- Imprinting and petechial bruising (for example pinch marks, grab marks particularly around the face)
- Symmetrical bruising
- Bleeding from the nose or mouth (particularly in non-mobile infants)

A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, physical examination, medical investigations if appropriate, developmental stage and explanation given. Please see: Evidence & reviews – RCPCH Child Protection Portal

Consideration should always be made regarding inconsistent history which is not in keeping with the injuries which are observed. Non-accidental injuries often occur on the same body areas as accidental ones and practitioners need to be mindful and maintain a stance of respectful uncertainty even if the explanation appears plausible. This applies in **all** cases of injury to non-mobile infants.

6. Responding to injuries in non-mobile infants

When a non-mobile infant presents with an injury(s), practitioners must always consider the possibility of maltreatment. You should refer to NICE guidance 'when to suspect child maltreatment' which provides a summary of the presenting features associated with abuse. Overview | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE

An infant who requires medical treatment should be transferred immediately to hospital.

In all cases of observed injury to a non-mobile infant, an explanation should be sought from the parent or carer where safe to do so, and the explanation given should be recorded.

NB If an explanation is not sought due to concerns of increased risk to the child or yourself, an **immediate referral to EHASH is required**. It is crucial to give context and rationale for observed concerns/risk and why an explanation was not sought.

The use of an interpreter should be considered appropriate where difficulties exist with communication.

Any explanation for the injury should be critically considered within the context of:

- The nature and site of the injury
- Is the injury feasible given the infant's age and developmental stage?
- Are there any other safeguarding concerns regarding the infant's presentation, e.g., indicators of neglect?

- Are there any adult behaviours which may affect the safety of their child such as domestic abuse, mental health issues, learning disability or substance misuse?
- Is there any information available regarding the child or family history which would raise concerns? (E.g., child (ren) subject to current or previous child protection plans)
- Is it crucial to consider the safety of any other children in the household.

It may be necessary for practitioners to discuss concerns with their organisations safeguarding teams/leads at the earliest possible opportunity, as per their local policy/guidance.

If the explanation for the observed injury is due to a medical condition, such as a birth mark or birth trauma this would be recorded in the Parent Held Record (Red Book), which can be seen with parental consent. If the Parent Held Record is not available, the practitioner who has observed the injury should contact EHASH to discuss concerns and further multi agency checks would be required. If evidence is obtained to confirm that the injury has previously been recognised and documented as a medical condition than no further safeguarding action is required. The action taken and decision should be recorded in line with organisational policy.

When an explanation of injury is plausible, it requires further curiosity to consider the possibility of maltreatment. This requires further information gathering including a discussion with Children's Social Care (CSC). It is essential that consideration is given to the nature of the injury in accordance with the infant's age and stage of development. Consideration needs to be given to the family and social circumstances, including all those living in the family home and adults and family members who do not live in the family home but participate in the infants' care. CSC may arrange a multi-agency meeting to discuss concerns and triangulate information. The Hospital Safeguarding Children team should be informed, and multi-agency checks completed. Arrangements should be made for non-mobile infants to be fully examined by a practitioner who has paediatric training and confident in the examination of infants. Following these multi agency enquiries and processes, this could result in no further statutory safeguarding action. Practitioners should consider whether a referral to Early Help is required with consent from parents/carers. Should the above enquires cause concerns than safeguarding procedures are to be followed.

NB in cases were a non-mobile infant, who is unable to independently roll over, presents with an injury/bruising this requires an immediate referral to CSC.

7. Referrals to Children's Social Care

Due to the significant risk of abusive injury, all non-mobile infants with an unexplained injury, or when an explanation of injury is inadequate, inconsistent, or implausible would require an immediate referral to CSC. It is the responsibility of the practitioner who first learns of or observes the injury to make the referral and should be made the same working day. The practitioner must contact Children's Social Care via EHASH (Tel 01482 448879 Monday – Thursday; 8.30- 4.30pm Friday) or the out of hours Emergency Duty Team (EDT) Tel 01482 300304.

During working hours, if you cannot get through on the telephone, please email ehash@hullcc.gov.uk and mark the subject with "urgent concern for non-mobile infant" and request an immediate call back. This should be followed up by a written/portal referral (dependent upon organisation).

NB- should an infant present from out of area, contact must be made with their Local Authority Safeguarding Team.

The referrer should make Children's Social Care aware of the events, the nature of the injury and the explanation given. If the infant already has a social worker, then they should be informed; in their absence, their team manager must be informed without delay.

Following this referral, the social worker/EHASH will consult with the hospital Safeguarding Children Team for their medical opinion. The information gathered would determine whether a strategy discussion is required, which must include, as a minimum, Children's Social Care, Police and Health. If concerns remain, enquires and assessment under Section 47 of the Children Act 1989 will be made. This will include a referral for a Child Protection Medical examination for a detailed assessment of the injury (if this has not already been done). The pathway for the CP Medical will be dependent on if the infant is already in attendance at the hospital, for example in the Emergency Department (ED) or paediatric assessment unit or if the infant is in the Community.

NB It is also important that any other children in the household are considered within the strategy discussion to ensure their safety and wellbeing.

Where concerns have been raised for those infants already attending ED, the hospital will make arrangements for admission to a paediatric ward where the CP medical can take place following the strategy discussion. Where infants do not require an emergency attendance to the Emergency Department a discussion should be held with the specialist team at the Anlaby Suite (in working hours 8.30-16.30 Mon-Friday –Tel 311084) or out of hours, urgent paediatric medical examination can be discussed with the on call Acute Paediatric Registrar based at Hull Royal Infirmary (Tel Switchboard 01482 875875).

In all instances, the safety of the infant is of paramount concern, and where there is a delay in medical examination, arrangements should be made to safeguard the infant.

A decision must be made as to whether the child can be safely transported to hospital by the parent or carer alone or whether the child should be accompanied to the hospital by a Children's Social Care practitioner. If the decision is made that the infant needs to be accompanied to the hospital, then the practitioner making the referral and the social worker should agree if it is necessary for the practitioner to stay with the child until Children's Social Care are able to attend to accompany the child to the medical examination.

Where an injury is identified 'Good practice service delivery standards for the management of children referred for a CP medical assessment' – Standard 2 (RCPCH 2020) states that the medical assessment should be commenced within 24 hours of referral to health. If this standard cannot be met, then the reasons would be provided and recorded in the child's health record and reported via the health provider organisation's governance reporting system. Timing of examinations is critical to ensure any underlying injuries are identified and treated. It is also important in order to secure any forensic evidence.

NB Always share information about the bruise, mark or injury with lead practitioner who are currently working with the family, this includes those in receipt of Early Support/ Early Help, Child in Need, Child Protection Plans and Looked After Children; Health Visitors and Midwives to triangulate the information to determine concern. This is regardless of parental explanation. Parent/s should be informed that this information will be shared, if the red health record is available bruising/injuries should be recorded. Parents or carers must be kept informed as far as possible throughout this process providing this does not present a risk to the child or the practitioner.

8. Documentation and Record Keeping

The importance of accurate, comprehensive, and contemporaneous documentation cannot be overemphasised. In cases of possible non- accidental injury, the explanation for the injury can change over time. Your documentation can be crucial in supporting practitioners in safeguarding the child from further harm. Your documentation may also be used in a subsequent criminal investigation or other court processes.

Any decision made should be recorded in line with organisation policy.

9. Escalation and Resolution

Where disagreements/conflict of interest exist decisions should be made in the infant's best interests (working together to Safeguard Children 2018). During any disagreement between individuals or organisations, practitioners must remain focused on the safety of the infant.

Resolution should be sought following the Hull Safeguarding Children Partnership Escalation and resolution policy.

Escalation and Resolution - Professional Resolutions... (trixonline.co.uk)

10. Key Contacts

Anlaby Suite: 01482 311084 (working hours)

Out of Hours Acute Paediatric Registrar: 01482 875875

Hull Early Help and Safeguarding Hub: 01482 448879 (working hours)

Emergency Duty Team (Out of Hours): 01482 300304

11. Related policies, Procedures, and Guidance

DOH (2020) Bruising in non-mobile infants Bruising in non-mobile infants (publishing.service.gov.uk)

RCPCH (2020) Child Protection Delivery standards Child protection service delivery standards – RCPCH Child Protection Portal

Cardiff Child Protection Systematic Reviews: http://www.core-info.cardiff.ac.uk/reviews/bruising/patterns/patterns-and-sites-abuse

Hull Safeguarding Children's Partnership guidelines and procedures https://hullscb.proceduresonline.com/index.htm

Foundations (2023) Working with male carers to reduce non-accidental injury to infants under 1 year old (foundations.org.uk)

National Panel (2021) The Myth of Invisible Men (publishing.service.gov.uk)

Hull Tri-x Procedures (Hull Children and Families online procedures)

HM Government; Working together 2018 Working Together 2018

HM government (2020) Complexity and Challenge: A triennial analysis of serious case reviews, (2014- 2017) Triennial Analysis of Serious Case Reviews (2020)

NSPCC – Core info- Bruises on Children (2012) https://learning.nspcc.org.uk/media/1046/core-info-bruises-children.pdf

NICE (2009) Child Maltreatment: When to suspect maltreatment in under 18s www.nice.org.uk/cg89

NICE (2017) Child Abuse and Neglect https://www.nice.org.uk/guidance/ng76

The Anlaby Suite: Multi-agency procedure for practitioners requesting Child Protection medicals (2021)

CP Medical pathway April 2022

15. References

DOH (2020) Bruising in non-mobile infants Bruising in non-mobile infants (publishing.service.gov.uk)

RCPCH (2020) Child Protection Delivery standards Child protection service delivery standards – RCPCH Child Protection Portal

Brandon et al (2008) Analysing Child Deaths and Serious Injury through abuse and neglect: what can we learn? A Biennale 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 (2012) New Learning from Serious Case Reviews: A Two Year Report for 2009-2011. London. Department for Education.

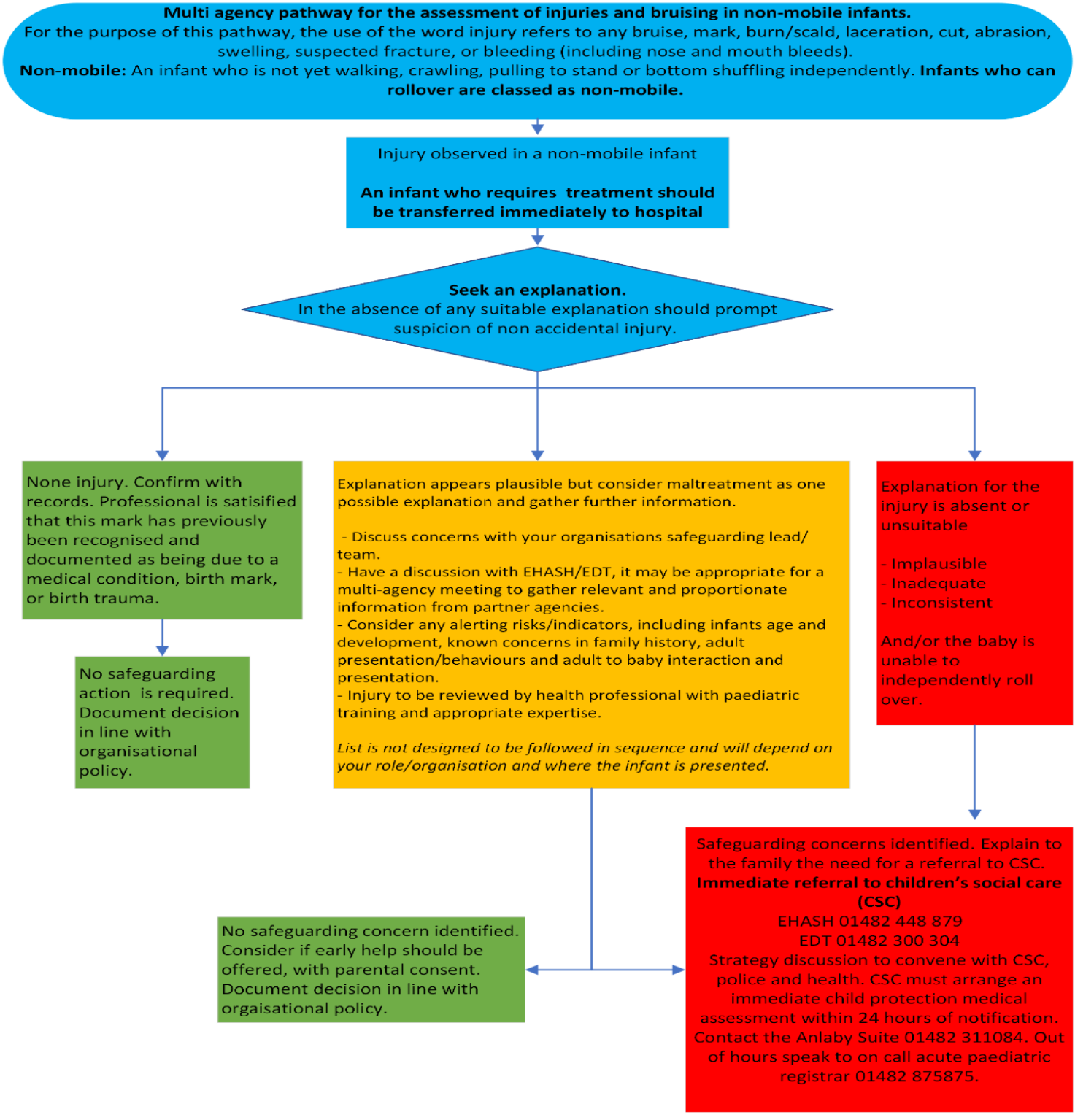
Brandon et al (2010). Building on the Learning from Serious Case Reviews: a two year analysis of child protection database notifications 2007-2009.London. Department for Education.

Maguire, S. (2010). Which injuries may indicate child abuse? Archives of Disease in Childhood: Education and Practice Edition, 95(6), 170-177. doi:10.1136/adc.2009.170431.

Sidebotham et al (2016) Pathways to harm, pathways to protection: A Triennial Analysis of Serious Case Reviews 2011-2014. London. Department for Education.

National Panel Annual Report (2021) Child Safeguarding Practice Review Panel 2021 - annual report (publishing.service.gov.uk)

Appendix 1



NB- should an infant present from out of area, contact must be made with the relevant Local Authority Safeguarding Team.

Any other children in the household are considered within the strategy discussion to ensure their safety and wellbeing.