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**Appendix to Safeguarding Policy**

**Bruising in children who are not independently mobile**

**Introduction and context**

Accidental bruising on non-independently mobile children is rare and should therefore always warrant further investigation. The younger the child, the greater the risk that bruising is non-accidental. There is a substantial and well-rounded research base on the significance of bruising in children ([www.core-info.cf.ac.uk/bruising](http://www.core-info.cf.ac.uk/bruising))

Bruising is the most common presenting feature of physical abuse in children. Recent Serious Case Reviews and individual child protection cases have indicated that staff and volunteers have sometimes underestimated or not recognised the potential for physical abuse, of the presence of bruising in children who are not independently mobile (i.e., 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.

The protocol contained in this policy is necessarily directive. While it recognises that professional judgement and responsibility have to exercised at all times, it errs on the side of safety by requiring that all children with bruising who are not independently mobile, be referred to Surrey Children’s Services and for a paediatric opinion. This protocol has been approved by Surrey Safeguarding Children’s Board policy and procedures group.

**Definition of terms used in this procedure**

**Not independently mobile:** a child who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently; includes all children under the age of 6 months

**Bruising:** 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.

**Scope of protocol**

This protocol relates only to bruising in children who are not independently mobile however any bruising, suspected bruising in a child of any age that is observed by us or brought to our attention will be taken as a matter for inquiry and concern.

While accidental and innocent bruising is significantly more common in older mobile children, mobile children who are abused may also present with bruising.

Immobility, for example due to disability, in older children will be taken into account as a risk factor. Disabled children, especially those with additional communication needs and learning difficulties have a higher incidence od abuse whether mobile or not.

It should be noted that children may be abused (including sustaining fractures, serious head injuries and intra-abdominal injuries) with no evidence of bruising or external injury.

Where bruising is a concern, the same referral process will be followed for children who are not independently mobile and those who are ambulant.

**Innocent bruising**

It is recognised that a small percentage in not independently mobile children will have an innocent explanation (including medical causes). Nevertheless, because of the difficulty in excluding non-accidental injury, we will seek advice from a child specialist and from Surrey Children’s Services in all cases.

Occasionally, spontaneous bruising may occur as a result of a medical condition such as a bleeding disorder or an acute infection. Child protection issues will not delay the referral of a seriously ill child to acute paediatric services.

It is the responsibility of Surrey Children’s Services in conjunction with the local acute or community paediatric department to decide whether the circumstances of the case and the explanation for the injury are consistent with an innocent cause or not.

**Process**

Bruising in immobile infants is rare and must always result in an immediate consultation with Surrey Children’s Services. Children’s Services and a child specialist will lead assessments and relevant investigations.

**Emergency Admission to Hospital**

Any child who is found to be seriously ill or injured or in need of urgent treatment or further investigation will be referred immediately to hospital.

Such a referral will not be delayed by a referral to Surrey Children’s Services. Our Designated Safeguarding Lead (DSL) or Deputy DSL will be responsible as the professional first dealing with the case to ensure that, where appropriate, a referral to Surrey Children’s Services is made.

**Referral to Children’s Services**

In not independently mobile children, the presence of any bruising f any size in any site will initiate a referral to Children’s Services.

Where a decision to refer is made, it is the responsibility of the DSL or Deputy DSL who learns of or observes the bruising, to make the referral by telephone to Surrey Children’s Services or the Emergency Duty Team (EDT)

All telephone referrals will be followed up within 48 hours with a written referral using the Multi Agency Referral Form and will be fully documented.

Surrey Children’s Services will coordinate multi professional information sharing and assessment.

**Involving Parents or Carers**

As far as possible, parents or carers will be included in the decision-making process unless doing so would jeopardise information gathering (eg, information could be destroyed) or if it could pose a further risk to the child.

In particular, staff and volunteers will explain at an early stage why, in cases of bruising in not independently mobile children, additional concern, questioning and examination are required. The decision to refer to Surrey Children’s Services will be explained to the parents or carers frankly and honestly.

If a parent or carer is uncooperative or refuses to take the child for further assessment, this will be reported immediately to Surrey Children’s Services. If possible, the child will be kept under supervision until steps can be taken to secure their safety.

Parents/carers should be reassured that at all times they will be treated with courtesy and sensitivity and that their explanations will be listened to and discussed. They will be kept fully informed and able to ask questions at all times.

**Contact details**

Surrey County Council Children’s Single Point of Access (CSPA) 0300 470 9100

Emergency Duty Team (out of hours) 01483 517898

March 2022

To be reviewed March 2023