

This is Supplementary Guidance for Health, MASH and Social Care Professionals only and should be read alongside the multi-agency protocol

Responding to bruising and injuries to non-mobile babies and children

Any bruising, fractures, bleeding and other injuries such as burns in a non- mobile child should be taken as a matter of urgency and potential abuse unless otherwise evidenced.

Definition of non- mobile:

A baby or child who is not crawling, bottom shuffling, pulling to stand, cruising or walking independently.

This includes any child with a disability who is not able to move independently who will also be considered to be non-mobile.

1. Terminology

- **Bruising:** blood coming out of the blood vessels into 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. This includes petechiae, which are tiny red or purple non-blanching spots, less than two millimetres in diameter and often in clusters.
- **Minor injuries** may include (but are not confined to) torn frenulum; grazing; abrasions; minor cuts; blisters; injuries such as bruises, scratches, burns/scalds, eye injuries e.g. sub-conjunctival haemorrhages/corneal abrasions, bleeding from the nose or mouth, bumps to the head, ear injuries.
- **Benign skin marks:** Where it is believed a skin-mark could be a birth mark or similar benign medical skin condition, professionals should be encouraged to use their judgement. Midwives/ Health Visitors/ GPs should check for and record any birthmarks, or injuries that have occurred as a result of the birth itself, including recording in Parent Held Record (Red Book) so other professionals can see this (with parental permission). If any doubt exists about the nature of a skin mark this should be reported to MASH for discussion.

2. Assessment of injury by a medical professional

USING PROFESSIONAL JUDGEMENT: Professional judgement is based on your experience, training and role. However, it is important to remember that non-accidental injuries often occur in the same body areas as accidental ones, and professionals are often seduced by plausible explanations.

Babies under 6 months of age are particularly vulnerable and this must be considered in any assessment of the injury and decision about whether to report to MASH.

Even senior, experienced health professionals should discuss cases with peers or senior colleagues and record it. Such colleagues could be your line manager, your safeguarding lead, or a consultant.

Examples where professional judgement to not report by a suitable experienced and trained professional may be appropriate:

- parents provide a plausible explanation which fits the clinical finding or bruising in the first week of life consistent with birth injury

- child is technically mobile (pulling themselves up, rolling) and has a minor injury consistent with explanation provided by parents: e.g. rolled into ornament and cut foot; a minor injury is consistent with explanation provided by parents: e.g. having nails cut
- identification of an emerging birth mark (e.g. Mongolian blue spot)
- bruising from an obvious medical procedure

REMEMBER: A bruise or injury must always be assessed in the context of medical and social history and developmental stage and not based solely around the explanation given.

If health partners are uncertain about whether they need to make a Referral to MASH they are able to contact the Front Door (ideally with parental consent but the call can still be made without this). The case will be discussed and proportionate information will be shared to inform any decision to refer. This discussion and advice will be recorded as a Contact. If a Referral is then made further checks will be undertaken proportionate to the concerns identified and progressed via the Early Support Hub or to MASH. **Not all children subject to non-accidental injury will have a social care history so an absence of knowledge of a family should not be taken as a reassurance.**

The parent/carer should be informed about the process and given an [information leaflet for parents](#), explaining what will happen next.

Where there is any doubt about the cause of an injury a strategy discussion will be convened.

If required a Child Protection Medical Assessment will be arranged, as part of the actions of the Strategy Discussion, to take place as soon as possible. **The decision about the extent of the medical investigations will be proportionate to the circumstances and context of the injury and be made in consultation with colleagues from other agencies** (for example, a skeletal survey or CT scan may not be appropriate or in the best interest of the child given the information available). This assessment will then inform the need for any further investigations.

Whilst the medical assessment is taking place other work by professionals in relation to the case should take place. For example, visiting the home or the police talking to the parents. All findings should be clearly documented.

3. Outcome of Child Protection Medical Examination

In all cases where a bruise or injury is observed an explanation about the cause should be sought and the explanation(s) recorded. This should be considered within the context of:

- the nature and site of the injury
- the baby/child's developmental abilities, evidenced as part of the examination
- the family and social circumstances including current safety of siblings or other children

Not all children subject to non-accidental injury will have a social care history so an absence of knowledge of a family should not be taken as a reassurance.

Where the medical examination concludes that the injury is non-accidental MASH should be informed by telephone and a full medical report detailing the facts and the opinion created. It is anticipated that the parents or other likely perpetrators will be interviewed further by social workers and police and a place of safety for this child and any other children in the family would need to be considered urgently.

Where the medical examination concludes that the cause of the injury is accidental or consistent with the explanation given or has a clear medical explanation, the Paediatrician will discuss their findings with MASH. Any further interventions/support required will be considered by MASH in consultation with partner agencies.

Where medical examination is inconclusive or there are concerns as to how the bruise/injury has been caused MASH, in consultation with police and medical staff, will consider any further investigations/support required. This may include any emergency action required to safeguard the child or any other children.

Further interventions or support for the child and family, including whether the child is in need or in need of

Protection, will be determined by the outcome of the Sect 47 enquiries.

The referring agency should be informed of the outcome of their referral and action taken.

If a child is admitted to hospital then a multi-agency decision is required to determine whether the parents can have unsupervised access or how contact with their child will be managed.

4. Involving Parents/Carers

MASH have the prime responsibility to assess the facts in relation to the referral. They also have a responsibility to engage with and assess the capacity of the family to safeguard the child, and any other children in their care, for example siblings.

In most cases, parents should be enabled to participate fully in the enquiry and assessment process. Social workers should interview the parents/carers and determine the wider social and environmental factors that might impact on them and their child. **The needs and safety of the child will be paramount when determining at what point parents or carers are given information.**

Particular attention should be paid to communication with parents who may have difficulty understanding the explanation, for example parents whose first language is not English or parents with learning difficulties.

Contact details

Wiltshire MASH: 0300 456 0108

Monday – Thursday: 8:45am – 5pm

Friday: 8:45am – 4pm

Emergency Duty Service: 0300 456 0100

Weekdays: 5pm-9am

Weekends: 4pm Friday – 9am

Monday Bank Holidays: 24 Hours

For more information:

[NSPCC Leaflet Bruising in Children](#)

[WSCB Safeguarding unborn babies and under 1s](#)

[Responding to bruising and injuries to non-mobile babies and children](#)

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