



West Hertfordshire Primary Care Trust and
East and North Hertfordshire Primary Care Trust



MULTI AGENCY PROTOCOL

Management of Suspicious / Unexplained Injuries / Bruising in Children for all Front Line Professionals

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Authored by	Amanda Hampton – Safeguarding Children Nurse Manager John Heckmatt – Consultant Paediatrician. Named Doctor
Contributing agencies	Children’s services - Verity Hague; Nicola Curley; Mayank Joshi; Ross Williams, Raj Chibber Acute NHS Trust Jan Reiser - Consultant Paediatrician. Named Doctor Olive Hayes – Paediatrician Safeguarding Team: Dee Harris – Named Nurse; Bev Morrison – HV Liaison /Safeguarding nurse Children’s Universal health services – Maggie Davies HV team lead; Melanie Purves HV Police – DCI David Newsome; DI Anna Higgins, DI Chris Treadwell

SUMMARY OVERVIEW

If you do have concerns:

All professionals

Where bruises/marks are seen on an immobile baby/child or a child six months or under OR where there is concern that a mark/bruise may be suspicious on any child, professionals are advised **NOT TO** make their own assessment but to refer to the flowchart (*Appendix i*) for your actions.

Health/Medical professionals ONLY

If the child is immobile or under six months old you may use the pre-assessment tool (*Appendix ii*) to help your assessment of the mark or to ascertain if this is a normal mark **but** if in any doubt you should refer (see flow chart (*Appendix i*))

If you have no concerns

If there are no concerns and you are happy that the mark is normal or that the history and child's development fits the mark / bruise seen, ensure you:

- Review all previous records for any similar history or risk factors
- Review the distribution of bruising document (*Appendix iii*)
- Document all information on records
- Make a clear record of the mark using body maps (*Appendix iv*) in the child's record and parent held record (where relevant).
- Consider safety assessment and advice to prevent further incident
- No further action at this time.

THIS DOCUMENT SHOULD ALWAYS BE READ IN CONJUNCTION WITH THE FLOW CHART AND WITH LOCAL AND HSCB CHILD PROTECTION PROCEDURES which can be found at <http://hertsscb.proceduresonline.com/index.htm>

Aim

The aim of this protocol is to provide frontline professionals with a knowledge base and clear action strategy for the assessment, management and referral of children under the age of 18 who are either not independently mobile or who present with bruising or suspicious marks.

The protocol is necessarily directive in terms of actions to be taken, and whilst professional judgement and responsibility is recognised as important, research¹ tells us we must act at all times where there are concerns. Therefore we require that a referral to Children Services is undertaken and the child examined by an appropriate Paediatrician for a child protection medical on all children who are seen to have bruising who are under 6 months or who are not independently mobile, and in any child under 18 where suspicious bruises or marks are identified.

Introduction

Bruising is the most common presenting feature of physical abuse in children. Serious case reviews nationally, and individual cases across Hertfordshire highlight that frontline staff sometimes underestimate or ignore the prediction that abuse is a likely cause of bruising in young babies who are not independently mobile (those not yet crawling, cruising or walking independently or children with disability such that they are not mobile). For the purpose of this protocol, this includes all babies under the age of 6 months

NICE guidance² states that bruising in any child who is not independently mobile should prompt suspicion of maltreatment as these children are the least likely to sustain accidental bruises³

Whilst bruising in older children is much more likely to be presented, it is vital that these are assessed in terms of the history, risks factors, medical factors, social development, disability and what research tells us about non-accidental bruising. Where there are concerns about a mark or bruise the decision that the child **has not** suffered abuse should always be a multi-agency decision and not one made by a single agency. The younger the child the greater the risk that the bruise is non-accidental³

Target Audience

Front line practitioners:

This includes teachers and staff in specialist education provision, GP's, Nurses, Midwives, Health Visitors, Allied Health Staff, disabled children's workers, Nursery Nurses, School Nurses, Early Years Professionals, Youth Workers, Police, Accident and Emergency staff and Minor Injuries units, Paediatricians, Voluntary and Community Workers and Social Workers.

The UK Government states that 'Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play'⁴.

¹ Hertfordshire Safeguarding Children Board (HSCB) (2015) Definition and recognition of abuse and neglect 4th edition– literature review. (Heckmatt J)
www.hertssafeguarding.org.uk

² National Institute for Health and Clinical Excellence. (July 2009 Last Modified March 2013) *When to suspect child maltreatment*. NICE clinical guideline 89. London
<https://www.nice.org.uk/guidance/cg89/chapter/1-Guidance>

³ Maguire S (2010). **Which injuries may indicate child abuse?** *Arch Dis Child Educ Pract* Ed 2010; 95: 170-77
<http://www.ncbi.nlm.nih.gov/pubmed/20926622>

⁴ HM Government (2015) Working Together To Safeguard Children: A guide to inter-agency working to safeguard and promote the safety of children.
www.workingtogetheronline.co.uk

Underpinning Research ⁵

Bruises are unusual in babies under 6-months-old who are unable to sit or crawl. Once infants develop mobility, the frequency of accidental bruises steadily rises from approximately 10% of those who can sit to 40% of those who can walk. These bruises are usually <1 cm in diameter, over the forehead, bony part of the cheek or jaw, or shins. An active baby in the first 18 months might have two or perhaps three of these.

In older children, most accidental bruises are over bony prominences and sometimes associated with a graze. Between 18-months and 3-years, forehead and facial bruises (over bone) are common (17% of children) but unusual in older children. Accidental bruising of the hands and feet and lower legs (particularly the shins and often multiple) are frequent. 14% of children 6-11 years have bruises over the lower back but bruises at this site are unusual under the age of three years. An active boisterous child may have up to 12 accidental bruises at these sites.

Non-accidental bruises are more likely to be around the mouth and adjacent cheek, neck, eye-socket, ear, chest, abdomen, upper arms, buttocks and upper legs. All these areas are relatively protected. Some bruises have a particular configuration, such as a slap, fingertip bruises, pinch marks or marks from an implement. Non-accidental bruises are usually multiple and cannot easily be explained on the basis of simple falls. Maguire (2010) clearly illustrates accident versus abuse bruising patterns (*Appendix iv*)

When the nature of the bruise does not differentiate non-accidental from accidental injury, the key issue is the discrepant history where there is either no explanation or an inadequate explanation. Full assessment usually requires a reconvened strategy meeting.

Serious cases highlight the child who presents with severe or repeated bruising where the parent forestalls an investigation by suggesting bullying, a fall, self-injury and injury from siblings. Bruising from bullying (including bigger teenage siblings) requires investigation, accidents are liable to produce bruises on exposed bony surfaces along with grazes, self-injury is rare and pre-teen siblings are not usually strong enough to produce significant bruising.

The younger the child the greater the risk that bruising is non-accidental and the greater the potential risk to the child.

⁵ Hertfordshire Safeguarding Children Board (HSCB) (2015) Definition and recognition of abuse and neglect 5th edition– literature review. (Heckmatt J)
www.hertssafeguarding.org.uk

Presentation Bruising which suggests the possibility of Non-Accidental Injury include:

- Bruising in babies (in arms - research has shown a small bruise on a pre-mobile baby can be a sign of abuse)
- Bruising in children who are not independently mobile (including disabled)
- Bruises that are seen away from bony prominences
- Bruises around mouth & cheeks, back, abdomen, upper arms, buttocks & ear lobes.
- Multiple bruises in clusters
- Multiple bruises of uniform shape
- Bruises that carry an imprint – of an implement or cord
- Bruises with *petechiae* (dots of blood under the skin) around them

A mark/bruise should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given (*See appendix iv*)
A full clinical assessment and relevant investigation must be undertaken.

Risk factors.

When making an assessment and referral you should always review the information you hold within your agency with regards to the family and child to identify any relevant and associated risk factors that you will need to share with the social worker. This may include parental risk factors or child risk factors.

Emergency medical conditions or injury

Any child who is found to have suspicious bruises or marks, and is seriously ill or injured, or in need of urgent treatment or investigation, should be immediately referred to hospital without delay. Professionals should be particularly diligent to the age of the child as the smaller the child, the greater the risk of internal injury.

Referral to hospital should not be delayed by a referral to Children Services as this can be made from the hospital setting although **it is the responsibility of the person dealing with the case to ensure this referral has been made and also to phone ahead to the hospital to advise regarding the concerns.** (see telephone numbers)

REFERRAL TO THE EMERGENCY DEPARTMENT IF YOU HAVE AN IMMEDIATE MEDICAL CONCERN.

- CALL **999** IF AN EMERGENCY AND AMBULANCE REQUIRED
- If it is not a life threatening emergency and you ask the parents to take their child to the hospital because there is an immediate medical concern ensure you phone ahead to the agreed nearest children's emergency department (see below) to ensure they are aware what the reason is for attendance and also so they can feedback should the child not attend

Contacting Emergency Departments

Watford General Hospital (WGH)	01923 217564
Lister Hospital	01438 284333
Princess Alexander Hospital (PAH)	01279 444455
North Middlesex Hospital	0208 8872000
Barnet General Hospital	0845 111 4000
Addenbrookes Hospital	01223 245151
Stoke Mandeville Hospital	01296 315000

REFERRAL TO CHILDRENS SERVICES BY ANY AGENCY

Please refer to referral process below

In children 6 months and under and non-independently mobile children (due to age or disability) the presence of any bruising of any size and in any site should initiate an immediate referral to Children's Services under this protocol and the referral directed to the Joint Child Protection Investigation Team.

In mobile children the presence of suspicious marks or bruising or following a disclosure from the child, should be referred immediately to Children's Services without delay. Sometimes this means that professionals may work together to make the decision but this should not delay the process or prevent any professional of any status making this referral.

Prior to referring the professional should ensure that they have sufficient information to assist Children's Services in responding. This would include basic details such as name, date of birth address etc. as well as details of parents / carers and any other relevant background information that is known to that agency. At all times the parent, where it is safe to do so, should be made aware of the referral however consent is not required⁶

If the professional decision is taken not to refer to Children's Services, this should be documented in detail in the child's record and the reason clearly explained along with the full names of the professionals taking this decision.

UNIVERSAL SERVICES REFERRALS TO CHILDRENS SERVICES REFERRAL TO INSTIGATE MULTI AGENCY ASSESSMENT

0300 123 4043

For any referral for a child please note the following:

- If parents are present, advise carers of your concerns and give the bruising leaflet for them to read.
- If parent/carer not present (ie.older children) **do not contact parents** but refer to Children Services and ascertain the action plan first.

What information do I need before I refer?

- As much as possible, please ensure you have complete details of all children and parents/carers before you make this referral as you will be asked for these

What do I need to say to the staff in the call centre?

- Clearly state your concerns and advise the call centre staff that this is a referral due to bruising or suspicious mark on a non-mobile child (either due age or disability) or that the injury or mark does not fit with the explanation given.
- Give your contact details
- Ensure you take the **full** names and contact details of the people you speak to
- Check plan of action by asking call centre staff member to repeat back what you have said.
- It is important you state that your expectation is that a SW from the Joint Child Protection Investigation Team (JCPIT) will call you back immediately
- Advise your Safeguarding lead of your actions.
- Always follow up referral within 48 hours in writing and email to:
protectedreferrals.cs@hertfordshire.gov.uk

What do I do now:

Await a call back from the social worker. Ensure the parent/carer has access to the parent leaflet 'What's going on'. The flow chart will show you what the agency roles are once they have received a referral

CHILDREN'S SERVICES

Children's Services should take any referral made under this protocol as requiring further multi agency investigation and should check local systems for any risk factors and consider whether a strategy meeting is required to include the consideration of a child protection medical being undertaken by an appropriate Paediatrician

The decision regarding whether a CP medical is undertaken or not should be taken within a Strategy Meeting which health should be involved in. If the decision at the strategy meeting is that a CP medical is not required, the referrer and social worker should consider the medical needs of the child and whether medical assessment is still required.

If the child/ren already has a Social Worker, Children's Services should ensure that the named social worker or a duty Social Worker responds immediately and within one hour

⁶ HM Government (2015) Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

POLICE

The Police on receipt of a referral made under this protocol will conduct a review to consider the need for any immediate safeguarding measures to be implemented in order to safeguarding the child(ren) involved

The Police (JCPIT) will take any referral made under this protocol as requiring further multi-agency investigation.

The Police will notify partner organisations of the referral (if not already aware) and the requirement for a strategy discussion as defined in Working Together 2015.

The Police will in preparation for the strategy discussion collate all available information to share with partner organisations under statutory framework or existing information sharing agreements.

The Police (JCPIT) will actively participate in strategy discussions and undertake such actions to ensure the safety of all identified children and if deemed appropriate secure and preserve evidence in accordance with legislation and best practice.

HEALTH / MEDICAL PROFESSIONAL DIRECT REFERRAL FOR PAEDIATRIC ASSESSMENT BY A NAMED PAEDIATRICIAN

This revisions in this protocol reflect findings within Hertfordshire that a high number of referrals using the 'bruising protocol' resulted in a medical diagnosis or a child being found to have a normal mark (birth mark). For this reason this revised protocol has provision for the health professional to refer the child directly for Paediatric assessment. This is achieved only following referral to customer services, and prior discussion with the Joint Child Protection Investigation Team (JCPIT) or named Social Worker via 0300 123 4043 to establish if there are any concerns, and to establish if the parents may take the child for the examination unaccompanied by other professionals.

Health / Medical professionals only can make their assessment of marks based on professional knowledge of normal manifestations, birth injuries and marks on new babies. Where practitioners are uncertain whether bruising is as a result of birth injury or whether a mark is indicative of a birth mark they should always first refer to and speak with a Social worker (as above) and then refer immediately and directly to the Paediatrician for an assessment (see below and flow chart appendix i).

FOR HEALTH/ MEDICAL PROFFESIONALS ONLY

DIRECT REFERRAL FOR PAEDIATRIC ASSESSMENT BY AN APPROPRIATE PAEDIATRICIAN

Before you refer ensure you have no known concerns or risk factors about this child or family and have first discussed your plan with a social worker and taken the SW's name and contact details to give to the Paediatrician.

DO NOT SEND CHILD TO ANY Minor Injuries Unit, Urgent Care Centre OR GP for examination

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REFERRALS CAN ONLY BE MADE TO THE FOLLOWING FOR Paediatric Medical Assessment:

EAST AND NORTH (AND SOUTH) HERTS

LISTER HOSPITAL	Direct referral 07919 396676
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WEST HERTS

Watford	Dr John Heckmatt	01923 470606	07796 148121
Hertsmere	Dr Deepa Thakur	01923 470602	07828 924268
Three Rivers	Dr Viji Rudran	01923 470602	0778 696 1846
St Albans	Dr Carol-Anne Colford	01727 891100	07789 943750

OTHER USEFUL NUMBERS FOR LIASON

WEST HERTFORDSHIRE

Main switchboard Watford General Hosp	01923 244366, or 0845 402 433
Liaison HV West	07584 703 990 01923 234282.

EAST, NORTH SOUTH HERTFORDSHIRE

Main switchboard LISTER HOSP	01438 314333
Liaison HV North	07768 055197
Liaison HV East	07768 823662

SOCIAL WORKER REFERRAL FOR CHILD PROTECTION (CP) MEDICAL

The decision to undertake a CP medical should be the result of a Strategy Meeting / Discussion unless there is an immediate or urgent (high risk) requiring hospital attendance. This decision should be reached jointly between Children's Services, Police and Health and a strategy meeting/discussion should be arranged as soon as possible thereafter. The Social Worker should assist the family to get to the CP medical and should attend the medical with the child and parent/carer.

Following the Child Protection Medical, the Paediatrician who examines the child should liaise with the social worker with regards to the outcome of the assessment.

Where a referral for Child Protection Medical is delayed for any reason, or when bruising /mark no longer visible a Named Paediatrician must still examine the child to assess, as a minimum, general health, signs of other injuries or maltreatment and to exclude any medical cause.

FOR SOCIAL WORKER ONLY

REFERRALS DIRECT TO PAEDIATRICIAN FOR CHILD PROTECTION (CP) MEDICAL
FOLLOWING STRATEGY MEETING

DO NOT SEND CHILD TO ANY Minor Injuries Unit, Urgent Care Centre OR GP for examination
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REFERRALS CAN ONLY BE MADE TO THE FOLLOWING FOR CP MEDICAL:

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LISTER HOSPITAL	Direct referral 07919 396676
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EAST, NORTH SOUTH HERTFORDSHIRE

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Liaison HV North	07768 055197
Liaison HV East	07768 823662

Child Protection Medical and Paediatric Assessment by a Named Paediatrician

Child Protection medicals and Paediatric assessment an appropriate Paediatrician should only take place in specialist units in Hertfordshire.

If there is a medical emergency the child may have to be taken by ambulance to the nearest available hospital however it is the referring professional's duty to ensure all information around concerns are shared and highlighted to the receiving hospital for them to make an assessment. The referring professional should also inform their safeguarding lead and the Named Paediatrician in Hertfordshire.

Transportation to hospital for medical should always be discussed with Children's Services and an agreement made between the social worker and parent(s) about how the child should be transported with parent(s). In some cases the social worker will wish to also accompany the child and parent(s) to the medical.

Non-attendance of the child at medical (either CP or for assessment) should always be referred back to the assigned Social Worker for the case and strategy meeting again considered (see flow chart)

Cross border children

Children who are ordinarily resident outside Hertfordshire would come under the remit of this protocol and the fundamental principle of responding to suspicious marks and bruises remains and is a requirement of all professionals coming into contact with any child. Therefore, if there are concerns, a referral to Social care in the child's local area is vital. It is the responsibility of the person who is dealing with the case to make the referral.

Involving parents and carers

Parents/carers should always be given the parent leaflet (*Appendix v*) or the leaflet accessed and printed from www.hertsafeguarding.org.uk

Parents should be informed at an early stage about the progress of the decision making process and the reasons for this unless to do so will further jeopardise information gathering or pose a further risk to the child.

This should always be carried out sensitively and in a private place if at all possible to avoid further distress to parents / carers.

In non-independently mobile children or children under 6 months it is particularly important that professionals pay particular attention to explaining to parents, in a frank and honest way, why additional concern, questioning and examination is required. The decision to refer to Children's Services must be explained along with the referral process for medical.

It is advised that children with suspicious marks or bruises or those that disclose abuse in pre-school or school settings when parents are not present that the referral to Children's Services is made prior to informing the parents and without further questioning of the child.

If parents refuse to co-operate or refuse to take their child or be available for further assessment this should be reported immediately to Children's Services and to the Police if there are concerns for the child or staff safety. In these cases, if at all possible the child should be kept under supervision until steps can be taken to secure his or her safety. Professionals should also consider their own safety at this time.

Disabled children

Evidence that children with disabilities are at increased risk of suffering maltreatment are well documented^{7 8}. Professionals should ensure effective communication and should take into account additional needs such as physical, sensory or learning disabilities, or the inability to speak or read English.

Disability as a factor, should not hinder the assessment or concerns around suspicious marks or bruises on children where a clear and satisfactory causative explanation cannot be found and especially if the child is not independent mobile

Diversity factors

Consideration should be given to cultural needs of children or young people and their families and carers, however cultural practices that are abusive are never an acceptable reason for child maltreatment.

Professionals should at all times be aware of and sensitive to any difficulties in communicating this protocol to parents/ carers and children. This may be due to learning difficulty / disability, language barriers, disability or poor understanding of legislation in the UK.

It is important that the child is seen as swiftly as possible and therefore indicative that additional support and provision is made to assist effective communication but this should not hinder immediate referral.

⁷ Hertfordshire Safeguarding Children Board (HSCB) (2015) Definition and recognition of abuse and neglect 4th edition– literature review. (Heckmatt J)
www.hertssafeguarding.org.uk

⁸ National Institute for Health and Clinical Excellence. (July 2009 Last Modified March 2013) *When to suspect child maltreatment*. NICE clinical guideline 89. London
<https://www.nice.org.uk/guidance/cg89/chapter/1-Guidance>

Escalation process

If you are concerned about the lack of response to a safeguarding concern from any agency you must discuss it with your safeguarding lead who will escalate it, as appropriate, in line with HSCB procedures. These can be found at: www.hertssafeguarding.org.uk

REFERENCES AND APPENDICES

Hertfordshire Safeguarding Children Board (HSCB) (2015) Definition and recognition of abuse and neglect 4th edition– literature review. (Heckmatt J)
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NSPCC (2007) *Core Info; Bruises on children*. Cardiff University
<http://www.nspcc.org.uk/services-and-resources/research-and-resources/bruises-children-core-info/>

APPENDICES

- i Bruising flow chart (colour and B+W)
- ii Bruising/mark assessment tool (health/medical professionals only)
- iii Distribution of bruises accidental /non accidental
- iv Body maps
- v Parent / carer Leaflet

GLOSSARY AND ABBREVIATIONS

CC	Children's Centre
CP	Child Protection
HCS	Hertfordshire Children's Services
HSCB	Hertfordshire Safeguarding Children Board
HV	Health Visitor
NICE	National Institute for Clinical Excellence
JCPIT	Joint Child Protection Investigation team
SHN	School Health Nurse
SW	Social Worker

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