



Bath & North East Somerset
Local Safeguarding Children Board

Bruising or injury in babies/children who are not independently mobile

A Protocol for Assessment, Management and Referral by those working with children in Bath and North East Somerset

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Detail of review amendments	Adoption of SWCPP

1. Introduction:

Bath and North East Somerset LSCB, have agreed to use the South West Child Protection Procedures (SWCPP), as the default, with additional local information to provide clarity and ensure fitness for purpose in B&NES. It is recognised that the SWCPP do not cover every eventuality and there may be times when B&NES safeguarding partnership develop bespoke guidance/policies, and where guidance and policies are already in existence on the LSCB website, they remain live. This Guidance applies to all workers in Bath and North East Somerset area, and must be read in conjunction with the SWCPP on bruising and injury in non-mobile babies: https://www.proceduresonline.com/swcpp/banes/p_bruising.html

Unless you are a Registered Health Care professional **all bruising in non-mobile babies** should be referred to Children's Social Care. A leaflet is available to give parents at carers to explain the process: [Bruising in Not Independently Mobile Children](#)

2. Assessment of injury by a health care 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 Children's Social Care.

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, they are able to contact the Duty Team (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.**