



# **Bruising and Injuries in Children Not Independently Mobile**

## **Multi-Agency Protocol**

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## 1 Introduction

Bruising and injuries are the most common presenting feature of physical abuse in not independently mobile children. A 'not independently mobile' child is one who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all children under the age of six months, most children under one year and some older children with severe disabilities such as cerebral palsy. The younger the child the greater the risk that bruising or injury is non-accidental. There is a substantial and well-founded research based on the significance of bruising in children. See [www.rcpch.ac.uk](http://www.rcpch.ac.uk)

A bruise or injury must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given.

Bruising and/or injuries in a child who is not independently mobile is rare and should raise suspicion of maltreatment. This should result in an immediate referral to Children's Services at the Multi Agency Safeguarding Hub (MASH) who will follow child protection procedures and seek medical assessment of the injury.

A strategy meeting may take place to allow multi-agency practitioners to share information. This will include the paediatrician who will be performing the child protection medical and may include the referrer.

Accidental bruising or injury in not independently mobile children is rare. It is the responsibility of Children's Services, Police and the local paediatrician to decide whether the bruise or injury is consistent with an accidental cause or not.



This protocol accompanies the Wales Safeguarding Procedures, which all practitioners must follow.

## **2 Aims**

This protocol provides frontline professionals with information about what to do if they observe bruising, injuries or otherwise suspicious marks to children who are not independently mobile.

## **3 Procedure for practitioners in the Community**

(See Flowchart Appendix 1)

Any child who is found to be in serious condition, or in need of urgent treatment, must be referred urgently to hospital and a referral made to MASH.

It is the responsibility of the first practitioner to learn of or observe the bruising or injury to report to MASH. Wales Safeguarding Procedures state that if a practitioner has reasonable cause to suspect that a child is at risk, a report must be made as soon as possible to Children's Services.

The practitioner is expected to remain with the child until a strategy meeting has taken place and arrangements made for relevant agencies to attend. Also, to provide ongoing updates and support to parents/carers.



All telephone referrals to MASH must be followed up in writing/email within 24 hours of using the C1 or Multi-Agency Referral Form.

To access a C1 or Multi-Agency Referral Form or guidance on how to complete these forms, please use these webpages.

RCT and Merthyr Tydfil:

<https://www.cwmtafmorgannwgsafeguardingboard.co.uk/En/Professionals/FormsandTemplates/FormsandTemplates.aspx>

Bridgend:

<https://www.cwmtafmorgannwgsafeguardingboard.co.uk/En/Professionals/MultiAgencySafeguardingHub/BridgendCorporateSafeguardingPolicy.pdf>

Parents or carers should be included as far as possible in the decision-making process providing this does not pose a further risk to the child.

Practitioners are not expected to place themselves at risk, if there are immediate concerns about a child's safety, they must contact the emergency services without delay.



## Appendix 1

### **Protocol for assessment of bruising and soft tissue injury in children who are not independently mobile**

**A child who is seriously ill, must be referred immediately to hospital/seek urgent medical treatment/call 999**

