



Bruising in pre-mobile babies & convening a Strategy Meeting

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy meeting/ discussion. [Child Protection Procedures: s47 thresholds and the multi-agency assessment.](#)

1. Key messages:

- Bruising is the most common presenting feature of physical abuse in children.
- Bruising is strongly related to mobility and once children are mobile they can sustain bruises through everyday activities and accidents.
- Bruising in an infant who is pre-mobile is, however, very unusual and should always be investigated.
- It is nationally recognised that pre-mobile infants are at greater risk of abuse than older children.
- The younger the child the higher the risk that the bruising is non-accidental.
- Bruising in any pre-mobile baby should prompt an immediate referral to Social Care ([Camden's Children and Family Contact Service](#)), who will arrange a strategy meeting and an urgent medical examination by a paediatrician.
- It is important that any bruising to a pre-mobile infant (0-12 months) is fully assessed by a Paediatrician even if parents or carers feel they are able to give a reason for it.
- Practitioners must consider the significance of what appears to be minor bruising in non-mobile babies and children and act in line with safeguarding procedures.

2. Definitions

- **Pre-mobile baby:** A baby who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. Please remember that some babies and children have developmental delay – so they may be at a “pre-mobile” phase of development outside normal age ranges.
- **Bruising:** Extravasation of 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. This includes petechiae, which are red or purple non-blanching spots, less than two millimetres in diameter and often in clusters.

3. Introduction

Although bruising is not uncommon in older, mobile children, it is rare in infants that are immobile, particularly those under the age of six months or older if there is a developmental delay. **Bruising is the common presenting feature of physical abuse in children.** The NICE guideline ‘When to Suspect Child Maltreatment ([Clinical Guideline 89, updated October 2017](#)) states that bruising in any child ‘not independently mobile’ should prompt suspicion of maltreatment.



While accidental and innocent bruising is significantly more common in older mobile children, professionals are reminded that mobile children who are abused may also present with bruising. They should **seek a satisfactory explanation for all such bruising, and assess its characteristics and distribution, in the context of personal, family and environmental history, to ensure that it is consistent with an innocent explanation.** It is accepted that marks could be the result of birth trauma, birth marks or areas of skin pigmentation. However, if there is any doubt as to the nature of the mark, caution should be exercised.

While up to 60% of older children who are walking have bruising, it is found in less than 1% of ‘not independently mobile’ infants. Further research into child deaths from non-accidental injuries and children who suffer serious injury suggests that these children often have a history of minor injuries prior to hospital admission.

4. Bruising which might be indicative of abuse include:

- Bruising on the head, especially the face, ears and neck
- Multiple bruising, especially of uniform shape or symmetrical positions
- Bruises in clusters
- Large bruises
- Bruising on soft tissues (away from bony prominences) especially cheeks and around eyes
- Bruising on the abdomen, upper limbs (especially arms and hands), buttocks and back

- Bruising around the anus or genitals
- Imprints and patterns, including, hands, rods, ropes, ligatures, belts and buckles
- Bruising caused by an object or implement may not always show a typical imprint of the injuring object
- A boggy forehead swelling (caused by violent pulling of the child's hair)
- Petechiae
- Bruising in children with a disability
- Accompanying injuries such as scars, scratches, abrasions, burns or scalds

5. Medical explanation or any external factors

Where a medical explanation is offered as a cause for bruising this should always be verified by an appropriate medical professional for example the child's GP, allocated paediatrician (if already known to paediatric team) or the paediatric safeguarding team. Medical explanation could include:

- An underlying organic cause or birth injuries – normal and instrumental delivery may result in bruising to the head or face, minor bleeding into the whites of the eye or injury to the arm or shoulder in new born babies.
- All birth injuries evident at the time or soon after delivery, should be documented in the child's medical records and communicated to community staff. Appropriate follow-up should be arranged, with a paediatrician.
- Birthmarks – These may not be present at birth but appear during the early weeks of life should be documented in the child's medical notes and parent record (red book). Some birthmarks, in particular blue-grey spots (previously known as Mongolian blue spots) can look like bruising. If a professional believes discolouration of the skin to be a birthmark but is uncertain, the baby/child should be referred to the general practitioner (GP) for further assessment. If uncertainty remains following this, a referral should be made to the Local Authority Children's Social Care and details documented on a body map and in the child's medical record.



External factors to consider are:



Injury from a sibling/other child?
This would be unusual but it is not unheard of for an older sibling to injure a new baby. This would still require referral to Children's Social Care for a multi-agency approach to decision making with explanations considered by the relevant medical practitioner as to plausibility.

- Does either parent have a mental health problem?
- Are drugs/alcohol a factor?
- Are there other members of family that would need to be considered i.e. grandparents, close family friends
- Any animals/pets?

These are not exhaustive factors so **professional curiosity and challenge should feature throughout the assessments to explore and understand what is happening within a family, rather than making assumptions or accepting information at face value.**

6. Children with disabilities

Consideration should be given to older children who are not independently mobile by reason of a disability. Professionals can, sometimes, have difficulty identifying safeguarding concerns in children with disabilities; therefore, professionals need to be aware of the increased vulnerability of this group of children so that they receive the appropriate level of protection and support. Disability can make a child more vulnerable to abuse because:

- they may have additional communication needs
- they may not understand that what is happening to them is abuse
- they may be isolated from others
- they may be dependent on adults for all care
- their disability might be used as an explanation for an injury.

It is important to remember that children with disabilities may not be independently mobile. Visit CSCP guidance on safeguarding children with disabilities for more information: [Safeguarding Children with Disabilities - Camden Safeguarding Children Partnership — CSCP](#)

7. Referral to Camden's Children and Family Contact Service

If the child appears seriously ill or injured seek immediate assessment and treatment in an Emergency Department (ED).

When there are concerns in relation to bruising in non-mobile babies, a referral to [Camden's Children and Family Contact Service](#) must be made as soon as possible. The presence of any bruising in pre-mobile babies of any size, in any site, should initiate a detailed examination and inquiry into its explanation, origin, characteristics and history.

[Camden's Children and Family Contact Service](#) will take referrals with this criteria as requiring further multi-agency investigation. CSSW will initiate Section 47 enquiries if needed and will involve all appropriate agencies such as police as per protocol through a **Strategy Meeting**. If there are concerns regarding the immediate safety of the child, siblings, adults within the family or that of the professionals involved, the police should be contacted urgently.

Parents/carers should be informed of a professionals' responsibility to inform statutory services of the identified concerns about their child, the need for social care input and possible referral on to a paediatrician and the safeguarding process as appropriate.

Children and family contact service contact details:

Tel: 020 7974 3317 (9am to 5pm)
Out of Hours Tel: 020 7974 4444
Email: LBCMASHadmin@camden.gov.uk
Secure Email: LBCMASHadmin@camden.gov.uk.cjism.net

An individual practitioner must not be afraid to challenge the opinion of a colleague if they believe in their own judgement that a child might be at risk of harm, especially a very young child who will be particularly vulnerable. Please refer to the [CSCP Escalation Policy](#) for further details.

8. Convening a Child Protection Medical Examination (CPME)

Where CSSW has identified suspicious bruising, a referral will be made to complete a CP medical for detailed examination. See <https://ascpractice.camden.gov.uk/children-practice-hub/> (Appendix 1) for further information and guidance about referring a case for a Child Protection Medical Examination.

If a parent or [carer](#) is uncooperative or refuses to take the child for further assessment, this **must** be reported to Children's [Social Care](#). If possible, the child should be kept under supervision until steps can be taken to secure their safety;

- A full physical assessment/ CPME should be completed by a community or hospital paediatrician and appropriate referral for further assessment made if necessary.
- If uncertainty exists regarding the definitive diagnosis of an injury, a second medical opinion should be sought.
- Practitioners should document accurately and clearly describe, on a body map and in the child's medical record the size, shape, colour and position of the mark/s.
- Any explanation for the injury or comments by the parent/carer should be documented accurately and verbatim in the child's record.



9. A strategy meeting should be used to:

- Share information
- Agree the conduct and timing of any criminal investigation
- Decide whether an assessment under s47 should be initiated or continued
- Consider the assessment and the action points
- Plan how the s47 enquiry should be undertaken, including the need for medical treatment, who will carry out what actions, by when and for what purpose
- Agree what action is required immediately to safeguard and promote the welfare of the child, and / or provide interim services and support
- If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child
- Determine what information from the strategy meeting will be shared with the family
- Determine if legal action is required



Please view the CSCP briefing: [Convening a Strategy Meeting 2022](#) for further details.

Appendix 1 - Paediatric safeguarding assessments in Camden

Arranging a paediatric safeguarding assessment in Camden:

A CPME (child protection medical examination) can be requested with a paediatrician in cases of suspected child maltreatment. Community-based CPMEs take place between 9am-5pm on Mondays to Fridays at a variety of clinical sites across Camden and Islington. Referrals for a CPME are made via telephone call to the safeguarding children admin team at Crowndale Health Centre, telephone 0203 317 2412. All referrals must be followed up by completion of a standard written referral proforma. Referrals will not be accepted without completion of both the written referral form AND a telephone call to log the referral.

Paediatric safeguarding advice - Monday to Friday 9am – 5pm:

Telephone: 0203 317 2412

There is a team of community paediatricians on-call for urgent CPMEs (child protection medical examinations) Monday to Friday 9am to 5pm. The doctor responding initially to urgent paediatric safeguarding queries is an ST1 to ST8 paediatric doctor in training with support from a supervising consultant paediatrician. To discuss arranging a CPME or seek advice on a paediatric issue relating to safeguarding please call 0203 317 2412. This number is manned by an administrator who will take down some basic details and ask the on-call Dr to call the social worker or other referring professional back. A different team of doctors covers this service each day hence all referrals must pass through the central administration point.

Paediatric safeguarding advice out of hours - Mon – Fri 5pm-9am, Weekends – all day

University College Hospital: **0203 456 7890**

Royal Free Hospital: **0207 794 0500**

This is best obtained by contacting the switchboard of the nearest hospital to the child and requesting to speak to the on call paediatric doctor.

Named Professionals for Safeguarding Children and Young People in Camden:

For complex cases where specialist advice is needed or advice cannot be obtained using the numbers above, the following named professionals around the borough may be useful sources of information:

- **Royal Free Hospital:** Dr Susie Gabbie (susie.gabbie@nhs.net), Helen Swarbrick (helenswarbrick@nhs.net), Melissa Squibb (melissa.squibb@nhs.net).
Telephone 0207 794 0500 ext.65419/ 07970 542219
- **University College Hospital:** Dr Hannah Jacob (Hannahjacob@nhs.net) 07773 665 949, Farrah Quintyne, (farrah.quintyne@nhs.net) Lead for Children and Young people's Safeguarding (Named Professional) 07534 956 963
- **Central North West London - Camden:** Crystal Larteef, Named Nurse for Camden Children and Young People, c.larteef@nhs.net **Telephone** 0203 317 4427/ 07714073146
- **Great Ormond Street Hospital:** Michelle Nightingale, Assistant Chief Nurse Safeguarding, Michelle.Nightingale@gosh.nhs.uk **Telephone** 020 7405 9200 Ext: 5126 / 0792 533 9572
- **Designated professionals:**
Claire Taylor – Designated Doctor, NCL ICB – Camden Directorate clairetaylor5@nhs.net
Christine Jenkinson – Designated Nurse, NCL ICB – Camden Directorate, christine.jenkinson1@nhs.net , **Tel** 07796275297

Tel: 020 7974 8752
Email: CSCP@camden.gov.uk
Website: www.cscp.org.uk



Camden Safeguarding Children Partnership