

7

## Resources &amp; Services

- Read [The Greater Manchester Bruising Protocol for Immobile Babies and Children](#) & ensure this is embedded within your practice your organisation.
- Would you know what to do if a parent(s) refuse to take their child for a child protection medical?
- What would you do out of hours? Who would you contact? See: [I'm worried about a Child](#)

As a team, outline the steps you will all take to improve practice in line with the recommendations.

6

## What to do?

- The first professional to learn of or observe the bruising must refer to MASH.
- A bruise or injury **must** be assessed in the context of medical and social history, developmental stage and explanation given. Assessments will be led by Children's Social Care and a lead medical professional.
- Parents or carers should be included in the decision-making process, unless this would jeopardise information gathering or if it would pose a further risk to the child.
- Records must be signed, timed, dated, accurate & comprehensive.

5

## Why is this important?

- All staff need to have a sound knowledge of, and follow, the Greater Manchester Bruising Protocol for Immobile Babies and Children. This must be embedded within practice as protocols are not effective if they aren't adhered to by all.
- Critically evaluate information you receive and maintain an open mind.
- The child protection medical protocol needs to be kept up to date and circulated across all agencies to provide greater clarity for professionals following the pathway. This allows professionals to challenge any deviations from the process.

## Bury Safeguarding Partnership

7 Minute Briefing: C23  
Harrison

[Bury Safeguarding Partnership](#)

4

## Key Learning

Other safeguarding concerns were subsequently identified, and a Rapid Review was conducted. The panel identified that the decision making within the MASH, in respect of the bruising, was a single agency decision, subsequently delaying a strategy discussion which took place 3 days later, after the weekend. There were elements of multi-agency working around the bruise which, initially did not work well. Policy wasn't followed, records were incomplete and there was a delay in establishing that the bruise was a cause for concern. A section 47 child protection medical eventually took place and the bruising was established due to medical intervention.

1

## Background

A Rapid Review in Bury has found that the safeguarding risk of bruising in immobile babies is not always understood and the process is not always followed when bruising is noted.

- Bruising is the commonest presenting feature of physical abuse in children.
- The younger the child the greater the risk that bruising is non-accidental.
- Infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises/ marks or other injuries without a clear explanation.
- Any bruising in an immobile baby should raise child protection concerns / suspicion of maltreatment and an immediate referral to Children's Social Care Services should be made to arrange for an urgent paediatric opinion

2

## Key Learning

A Health Visitor, completed a visit to a 10-day old baby, & noted a bruise to the hand. Mother was unable to explain how it occurred. The baby did have a bruise on the other hand, but this was caused by a cannula whilst in hospital. The Health Visitor, followed the Greater Manchester bruising in non-mobile baby policy and referred the baby to MASH. MASH were reluctant to accept the referral without further exploration by the Health Visitor who then contacted other agencies but still no explanation was established. There was a lack of recording within the MASH, despite detailed conversations on the day from the Health Visitor. A strategy meeting took place 3 days later when subsequent safeguarding concerns were identified unrelated to the bruising.

3

## Key Learning

- Delays in initial assessment as policy was not followed—the child was not seen for a child protection medical some 48hrs after the incident was reported to children's social care.
- Lack of professional knowledge over the pathway for bruising in immobile babies and around the understanding of the potential significance of bruising on non-mobile babies.
- Not following the policy around bruising and non-mobile babies to inform decision making made the S47 medical confusing.
- The decision making within the MASH, in respect of the bruising was a single agency decision and not a multi-agency one, by a single professional.