

Bruising in non-mobile infants

Panel Briefing 1

September 2022

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This briefing from the Child Safeguarding Practice Review Panel is part of an ongoing series of publications to share information arising from work undertaken by the Panel with safeguarding partners and those working in child protection.

This paper explores the current guidance on the management of bruising in non-mobile infants in the light of published evidence and variations in practice.

The aim of this briefing is to support safeguarding partners in reviewing their current policies on bruising in non-mobile infants and to make recommendations on how the evidence base and national guidelines can be further developed.

Background

The Child Safeguarding Practice Review Panel (the Panel) reviews cases where children have died or been seriously harmed, and abuse or neglect is known or suspected. A large proportion of the serious incidents notified to the Panel are about young infants. For example, 37% of serious incident notifications in 2020 were about children less than a year old.

In the rapid reviews and local child safeguarding practice reviews (LCSPRs) submitted to the Panel, there are often cases where young infants have previously presented with apparently minor injuries – with visible minor bruising – and a failure to follow established guidance, or inconsistencies within such guidance, have been highlighted as potential contributory factors to a subsequent serious incident or, ultimately, the child's death.

The Panel is aware of variations in the way research evidence on bruising in non-mobile infants has been interpreted, and in how this research evidence has been translated into local policy and guidance. In October 2021, the Panel hosted a roundtable with key stakeholders to explore the evidence around bruising in non-mobile infants and how this is being interpreted and used in practice. This work was focused on the way the guidelines on responding to bruising in non-mobile infants are being interpreted; it did not set out to review the content of those guidelines, or to look at any wider aspects of the signs and symptoms of physical abuse, including patterns of bruising or other injuries, bruising in children from Black and minority ethnic backgrounds, or injuries in disabled children.

The evidence base

The most comprehensive summary of the current evidence is contained within the Child Protection Evidence Systematic Review on Bruising (Royal College of Paediatrics and Child Health, 2020)¹ (RCPCH). This is based on an original systematic review completed in 2005 and regularly updated. It incorporates scientific literature on abusive and non-abusive bruising in children. The systematic review concludes that:

'Bruising was the most common injury in children who have been abused. It is also a common injury in non-abused children, the exception to this being pre-mobile infants where accidental bruising is rare (0-1.3%). The number of bruises a child sustains through normal activity increases as they get older and their level of independent mobility increases.'

A review of the studies included in this systematic review suggest that accidental bruising is uncommon in pre-mobile infants, particularly in those who are younger, unable to roll and unable to crawl. However, accidental bruising in pre-mobile infants is not unknown, with the numbers found to have a bruise on a single observation ranging from 0.6-5.3% in those who were not yet rolling or crawling. Accidental bruising is more common in more mobile children, in one study being found in up to 17.3% of those who were crawling but not yet cruising, and 17.8% in those who were crawling and cruising but not yet walking.

Current guidance

Most safeguarding partnerships and NHS trusts have protocols for the assessment and management of bruising in non-mobile infants/children. These are typically based on the National Institute for Health and Care Excellence (NICE) clinical guideline 89 – when to suspect child maltreatment (National Institute for Health and Care Excellence, 2009)². This was originally published in July 2009 and last updated in October 2017. It contains evidence-informed guidance on when to suspect/consider child maltreatment. It is guidance intended for all health practitioners.

1 www.rcpch.ac.uk/resources/child-protection-evidence-bruising

2 www.nice.org.uk/guidance/cg89

Specifically in relation to bruises, the NICE guidance recommends that health professionals:

‘Suspect child maltreatment if there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a causative coagulation disorder) and if the explanation for the bruising is unsuitable... [including] bruising in a child who is not independently mobile.’ In such situations a healthcare professional ‘should refer the child... to children’s social care, following local multi-agency arrangements’.

A recent review of the literature and of local guidance identified a wide variation in the way this guidance was being interpreted, ranging from recommendations for review by a paediatrician, through to a formal child protection investigation (Bilson, 2018)³. There were variations in how non-mobile or pre-mobile was defined, in how the research evidence was interpreted, and in the actions to be taken by professionals from health and other agencies.

3 www.doi.org/10.1111/cfs.12463

Recommendations

While the limitations of the research are acknowledged, the current evidence base is robust enough to support the conclusion that accidental bruising is uncommon in a baby who is not independently mobile, particularly in those who are younger, unable to roll and unable to crawl. On the basis of this, we are broadly supportive of the current NICE guidance and offer some suggestions for how this guidance could be built on and incorporated into effective local practice.

1. We recommend that the guidance is extended to all professionals, including in children's social care, early years settings and the police.
2. We recommend that the guidance is clarified to define clearly what is meant by a child not being independently mobile. This should specifically recognise a child who is unable to move independently through crawling, cruising or bottom shuffling. Particular attention should be given to the risks in those children who are unable to roll over.
3. We recommend that in all cases of bruising in children who are not independently mobile there is:
 - a review by a health professional who has the appropriate expertise to assess the nature and presentation of the bruise, any associated injuries, and to appraise the circumstances of the presentation including the developmental stage of the child, whether there is any evidence of a medical condition that could have caused or contributed to the bruising, or a plausible explanation for the bruising;
 - a multi-agency discussion to consider any other information on the child and family and any known risks, and to jointly decide whether any further assessment, investigation or action is needed to support the family or protect the child. This multi-agency discussion should always include the health professional who reviewed the child.
4. We do not support blanket policies that require section 47 enquiries or other interventions without an initial appraisal of the circumstances of the presentation.
5. We recommend that all safeguarding partners review their current policies on bruising in non-mobile infants to check for consistency with the evidence base and national guidelines.

6. In the longer term, we recommend that DHSC works with NICE and the RCPCH to review the evidence and how that has informed the current NICE guidance, to consider ways to strengthen the evidence base, and to consider whether the current guidance could be updated to present a more consistent and clearer message, avoiding the dangers of over-intervention while retaining a critical stance.

