



Bruising/injuries in Children who are Not Independently Mobile (NIM) **Guidance (Reviewed Feb 2023)**

This guidance provides professionals with a knowledge base and strategy for the assessment, management and referral of children who are **Not Independently Mobile** (NIM) who present with BRUISING or otherwise UNEXPLAINED MARKS/lesions.

This guidance applies to professionals. For example; health professionals, police officers, probation officers, mental health workers, substance misuse workers, social workers, early year's workers, disability and learning needs professionals. This guidance should be considered in conjunction with the Pan Sussex Procedures online; <http://sussexchildprotection.procedures.org.uk>

Bruising is the commonest presenting feature of physical abuse in children. Recent CSPRS and previous serious case reviews and individual child protection cases both nationally and locally have indicated that professionals have sometimes underestimated or ignored the highly predictive value, for child abuse, of the presence of bruising in children who are **Not Independently Mobile** (those not yet crawling, cruising or walking independently). As a result, there have been a number of cases where bruised and injured (including subconjunctival haemorrhages) children have suffered significant abuse that might have been prevented if action had been taken at an earlier stage.

Children under one year of age are particularly vulnerable and most at risk of homicide and disability as a result of child maltreatment.

There may also be other concerning injuries that are unexplained such as burns, sub-conjunctival haemorrhages/other eye injuries, frenulum and oral injuries.

NICE guideline **When to Suspect Child Maltreatment** (Clinical Guideline 89, 2009) states that bruising in any child **Not Independently Mobile** should prompt suspicion of maltreatment.

There is a substantial research base on the significance of bruising in children. [Bruising: systematic review – RCPCH Child Protection Portal](#))

A bruise should not be interpreted in isolation and must always be assessed in the context of medical and social history including repeat presentations with similar concerns, developmental stage and appropriate explanation given. A full clinical examination and relevant investigations must be undertaken, following local and national guidance.

It is recognised that a small percentage of bruising in children Not Independently Mobile will have an innocent explanation (including medical causes). Nevertheless because of the difficulty in excluding non-accidental injury, Professionals should refer to the MASH/

FDDF/SPOA where an outcome for a Strategy Meeting is likely indicated. A Strategy Discussion will be held with representation from Children's Social Care, Police and a Paediatrician to inform further enquiry and action.

Verbal referrals must be followed up in writing within 24 hours.

Referrals are made via Children's Social Care (CSC)

West Sussex: WSchildrenservcies@westsussex.gov.uk / Monday to Friday between 9am-5pm: 01403 229900

Brighton & Hove: FrontDoorForFamilies@brighton-hove.gov.uk / 01273 290400

East Sussex: 0-19.SPOA@eastsussex.gov.uk / Mon-Thurs 8.30am-5pm and Fri 8.30am-4.30pm 01323 464222

Out of hours

West Sussex: At all other times, including nights, weekends and bank holidays, contact the 'out of hours' emergency team: 03302226664

Brighton & Hove: 01273 335905 or 335906

East Sussex: 01273 335905/6

Verbal referrals must be followed up in writing within 24 hours.

A body map can be completed to annotate site, size, colour characteristics pattern and number of bruises and or unexplained marks (see appendix 2).

In particular, professionals should explain (to parents/carers) at an early stage why in cases of bruising in **Not Independently Mobile** children, additional concern, questioning and examination are required. The decision to refer to Children's Social Care should be explained to parents or carers frankly and honestly. It is important to note that the explanation/discussion with the parents should only occur if this does not increase the risk to the child; in accordance with safeguarding children procedures and Working Together to Safeguard Children.

See appendix 1 for explanatory leaflet which may be provided: -

'My Non-Independently Mobile Child has a Bruise/unexplained skin mark and/or eye injury'

Following referral professionals should follow the Pan Sussex Procedures;
<http://sussexchildprotection.procedures.org.uk>

Multi Agency Bruising/injuries in Children who are Not Independently Mobile (NIM)

Guidance (Includes Disabled older children who are Not Independently Mobile)

