

Children's Social Care will check whether you have received services from them in the past and may ask for information from your GP, health visitor or School nurse. They may contact the Police to assist them with information gathering. If necessary they may make arrangements to speak to you and may want to visit you at home.

A referral to Children's Social Care is not an accusation of wrongdoing, but a way of looking for causes of bruising and/or injury in your child. They will discuss their findings with the consultant paediatrician who examined your child to decide together whether any further action needs to be taken. If it is not possible to explain the cause of your child's bruise and/or injury or if it is thought that someone may have harmed your child it may be necessary for visiting to be restricted and/or care to be supervised. This will always be explained to you. Please do not hesitate to ask questions.

All this is very upsetting. I feel as though I am being accused of hurting my child.

Why do I have to be put through this?

Whilst we appreciate this can be very upsetting and make you feel anxious, the only way of picking up the very occasional serious cause for bruising is to investigate every case where it occurs. You can be reassured that you will be treated with courtesy and sensitivity and your explanations will be listened to and discussed with you.

You will also be kept fully informed at all times so that you know exactly what is going on and why. You can ask questions at any time and will be given the opportunity to discuss your concerns fully at every stage.

All professionals working with children are expected as part of their professional duties to make enquiries to ensure that children are kept

safe from harm. Where bruising is non-accidental immediate steps can be taken to protect the child from further harm.

My child is disabled and bruising is one of the consequences of their limited mobility. What will happen to my child?

There is very strong research evidence that disabled children, particularly those with additional communication and learning difficulties are more likely to suffer abuse from their carers than their non-disabled peers, therefore this always has to be explored. We know that bruising and/or injury in disabled children especially those with additional communication difficulties is more difficult to assess. The same referral process will be followed as for immobile children or in ambulant children where bruising is a concern. If the bruising and/or injury is consistent with any explanation provided by you or the child then, and in the context of their disability, a written record will be kept using a body map and advice will be given if that is considered appropriate.

Parents to be advised of the ICON programme which offers advice around crying babies which is completely normal and Cambridgeshire Community Services whose Health Visitors support the health and wellbeing of the whole family through the Healthy Child Programme. From antenatal visits until the child goes to school, they work to ensure that the child has the best start possible in life.

If you have any further concerns or worries please talk to the person giving you this leaflet who can direct you to the best person to answer your queries.

Bruising or Injury to immobile babies and children

Information for parents and carers

This leaflet has been provided to explain the action that Bedfordshire Hospitals NHS Foundation Trust staff must take if they identify a bruise or injury in an immobile baby or children.

Everyone working with children must follow the bruising procedure, pathway and protocol when they find a bruise or injury to an immobile baby or child. Sometimes, even when children are moving around by themselves, there can be concern about how a bruise or injury occurred.

Is bruising common in immobile babies and children?

No. Bruising and injuries in babies and children who are not pulling to stand, cruising or walking independently are unusual. It is very unusual for an immobile baby or child to get an injury during everyday activities such as nappy changes, bathing or feeding. Bruising and injuries can be related to a health condition which has not been previously identified such as a birth injury or a blood disease. Very occasionally bruising may be due to deliberate injury.

A bruise or injury has been noticed on your child. Accidents do occur. You may feel that you are able to explain the reason for your child having a bruise or injury. However your child will still need to be carefully assessed by a consultant paediatrician (specialist children's doctor) to be able to determine the possible cause of the bruise or injury and to identify any possible medical condition your child may have. In all these situations a referral should always be made to Children's Social Care.

What will the consultant paediatrician do?

The consultant paediatrician will do a full examination which includes undressing your child. They will ask for your consent as the parent or carer to perform examinations or other tests. Once the examination has been completed the consultant paediatrician will discuss the outcome of their assessment with you.

Further investigations may be required such as taking blood from your child, skeletal survey, X-rays, a CT or MRI scan to ensure there are no underlying health conditions or injuries.

Skeletal Survey

A skeletal survey takes place over two visits about two weeks apart. It is an x-ray examination of the whole body and will involve about 30 separate images. It takes approximately 2 hours to perform. You and your child will be supported throughout the process. Your child will need to keep still for each image taken. You may be able to help with this. You may want to bring your child's favourite toy or comforter. Sometimes your child will be sedated. This will be discussed with you. You will need to wear a special protective apron whilst holding your child to prevent your exposure to x-rays. If you are or could be pregnant you must tell the radiographer. You will not be allowed to hold your child in this case. The results will be discussed with you by the doctor looking after your child.

Sometimes recent injuries are not visible initially so a further second series of images will need to be taken 11-14 days after the first series. You should ensure that your child returns for the second appointment.

CT and MRI scans

A CT scan of the brain and skull is the most commonly performed scan and is relatively quick although your child will need to lie very still. If you are pregnant, you will not be allowed to stay with your child. In some cases, a CT scan of the chest or an MRI scan of the brain and spine may be needed.

An MRI study can take up to an hour and is noisy and sometimes sedation is used to keep your child still. The results of these tests will be discussed with you by the doctor looking after your child.

What are the risks of radiation?

We are all exposed to background radiation every day of our lives. This is made up of cosmic rays, radon; from some foods and the ground. Every x-ray also gives us a small additional dose of radiation. Skeletal survey x-rays are equivalent to a few months of normal background radiation and a CT scan of the head is equivalent to about 12-18 months of background radiation.

MRI and ultrasound do not use x-rays. Radiation exposure can increase the risk of cancer but published research has shown that the additional cancer risk of your child undergoing a CT head scan is very, very small. Despite this we take the utmost care to keep our x-ray doses as low as possible. Your child will not be exposed to any more radiation than needed to gain good quality imaging.

If you wish to hold or comfort your child during the x-ray or CT scan, then you will need to wear a protective lead coat. If you do comfort or care for your child during the x-ray, the estimated additional dose of radiation you may receive is equivalent of 3 weeks of normal background radiation. For a head CT, this is equivalent to 1 week of normal background radiation.

What happens now?

Although rare, bruising is occasionally caused by deliberate injury. It is important that, where this occurs, it is picked up as soon as possible in order to protect the child and support the family. Even when bruising is due to falls and knocks the family may benefit from advice on accident prevention, home safety and occasionally the help of children's social care or early help teams, for example.