



4LSCB Referral Protocol (3B Protocol) Bruising in Children who are Not Independently Mobile

Further Guidance for Health & Social Care Professionals

A number of practitioners have expressed concern over the interpretation of the 3B protocol, particularly with regard to assessing the significance of skin marks. In order to avoid over-referral and unnecessary distress to children and carers, practitioners are asked to take account of the following guidance.

The protocol should be read in its entirety.

The protocol applies only to children who are not independently mobile ¹.

The protocol applies only to bruising and what is suspected to be bruising ².

Other marks, abrasions or presentations in children not independently mobile always require an explanation, and action should be based on professional judgement and usual safeguarding practice.

Practitioners will need to exercise professional judgement in deciding *whether an observed mark is bruising or is suspicious of bruising*. Where they judge a mark to be bruising, or to be suspicious of bruising, they should refer under the protocol.

In making that judgement, consultation with a colleague, with designated, named or lead safeguarding professionals, or with a medical practitioner, will be of assistance.

Assessment of the child in terms of medical and social history, developmental stage and explanation given, and a full clinical examination, commensurate with the practitioner's skill and experience, should precede and inform a decision to refer.

Where a referral is made under the protocol, Children's Services should, as a minimum:

- Take & record full details of the case
- Check whether the child is known to social services
- Contact the paediatrician to whom the child is referred
- Decide, with the paediatrician, whether further action is needed
- Record the decision and notify the referrer, Health Visitor & GP.

Where a referral is made under the protocol, the paediatrician should, as a minimum:

- Take and record full details of the case
- See and examine the child
- Contact the Children's Services department to whom the child is referred
- Decide, with Children's Services, whether further action is needed
- Record the decision and notify the referrer, Health Visitor & GP.

Where a referral is considered but not made, the reason must be documented in detail with the names of the professionals taking this decision.

Practitioners are reminded that the aim of the protocol is the protection of children from harm. Bruising in children who are not mobile is suspicious of maltreatment ³.