

**5.1.29 HSCP MULTI AGENCY POLICY  
RESPONSE TO SUSPICIOUS MARKS, BRUISES AND/OR  
INJURIES  
Children/Young People over Six Months Old  
For all Frontline Professionals**

<b>Date of this document</b>	October 2025
<b>Governance</b>	Ratified in HSCP Practice, Policy & Procedure Group 13 March 2025
<b>Previous Amendments</b>	NA
<b>Authors</b>	<ul style="list-style-type: none"> <li>• Dr Olive Hayes, Designated Doctor for Safeguarding Children, HWEICB</li> <li>• Caroline Ash, Head of Assessment, CS, HCC</li> <li>• Garth Taljaard, Service Manager, 0-25 Services, CS, HCC</li> <li>• Jennifer Weeks, Team Manager, East Herts Assessment Team, CS, HCC</li> <li>• Rachael Benson, Designated Safeguarding Nurse Children &amp; All Ages HWEICB</li> <li>• Jay Ferner, Hertfordshire Constabulary</li> <li>• Asha Dabee, Head of Public Health Nursing, Children's Universal Services (0-19)</li> <li>• Armeta Nabahi, Hertfordshire Community Trust</li> </ul>
<b>Date for review</b>	October 2027

**For all infants with suspicious or possible inflicted bruises/marks under six months please refer to the HSCP Bruising policy for infants under 6 months Procedures -**

## **Contents**

1. Aim.....	3
2. Introduction .....	3
3. Target Audience.....	4
4. Equality and Diversity factors .....	4
5. Presentation and Assessment.....	4
6. Risk factors .....	6
7. Emergency Medical Conditions or Injury .....	6
8. Video and recording .....	7
9. Children’s Services Response .....	8
10. Police Response .....	8
11. Referral for Child Protection Medical (CP Medical) .....	9
12. Child Protection Medical by an Appropriate Paediatrician .....	9
13. Cross border children .....	9
14. Involving parents and carers .....	10
15. Escalation process .....	10
Appendices .....	<b>Error! Bookmark not defined.</b>

## 1. Aim

The aim of this Policy is to provide frontline professionals with a knowledge base and clear directions for the assessment, management and referral of infants, children and young people over the age of 6 months who present with suspicious or possible inflicted bruises/marks/injuries.

***\*Please note that if a child is in immediate danger or experiencing life-threatening symptoms, call emergency services immediately and seek urgent medical treatment for the child. For more detailed guidance please refer to Section 8.\****

## 2. Introduction

[Working Together to Safeguard Children 2023](#) emphasises that, strong multi-agency and multi-disciplinary working is vital to identifying and responding to the needs of children and families. It also emphasises the collective responsibility of all agencies and practitioners involved in safeguarding and protecting children when responding to concerns of suspected physical abuse in children.

Bruising is the most common presenting feature of physical abuse in children. Children also sustain bruising during normal physical activities and play. The number of accidental or non-inflicted bruises/marks increase with the child's age and mobility. [NICE guidance](#) and The Child Protection Evidence systematic review on bruising states that bruising in any child who is not independently mobile (not yet crawling, cruising or walking, including those with disabilities) should prompt suspicion of maltreatment as these infants are the least likely to sustain accidental bruises. For this reason, there is a separate process for infants under 6 months old and the procedure for [Management of Suspicious Bruises/Marks in Infants Under 6 Months Old](#) should be followed.

For children over 6 months old, where some bruising is to be expected, there needs to be consideration as to whether or not this could be accidental or non-accidental/inflicted in nature. A bruise should never be considered in isolation but should be assessed in the context of known medical and social history, the child/young person's development, explanation given, and injury seen.

- The voice of the child is crucial and a direct account should be sought from any child/young person with sufficient ability to give an account, including the use of interpreters or communication aids if required.
- Accidental pattern bruising is commonly found over the bony prominences, especially knees and shins. Bruising to forehead, nose and back of head are also common in younger children starting to walk.
- Abusive/inflicted bruises often occur on soft parts of the body such as the ear, neck, cheeks, abdomen, back or buttocks. Bruising may carry the imprint of the implement used or of the hand. Clusters of bruising are more common in cases of physical abuse. As a result of defending themselves the child may have bruising on the forearm, upper arm or back of legs (defensive bruising).
- Genital bruising or grip marks to buttocks or upper thighs could indicate sexual abuse and involvement of the local Sexual Assault Referral Centre (SARC) in the multiagency decision making process would be indicated. Also consider marks/bruising indicative of forcible restraint; this may include bruising to the face and/or upper arms and/or upper back. A referral to Children's Services must be completed at the time of seeing the child/young person and have the child/young person's explanation for the bruise/mark. Delays in referral may result in the injury healing prior to any clinical assessment. Professionals must refer via the **Online Referral Portal**

A multi-agency meeting (Strategy Discussion) must be held to consider any other information on the child/young person, siblings, family and any known risks. This meeting then involves professionals jointly

deciding whether further assessment, investigation or action is needed to support the family or protect the child/young person and their siblings. The Strategy Discussion should include a Paediatrician in all cases of bruising as a Child Protection Medical examination is likely to be needed.

Where there is agreement in the Strategy Meeting that the child/young person requires examination by an appropriately trained Paediatrician (Child Protection Medical), the nature and presentation of the bruise will be assessed, as well as any associated injuries, and appraisal of the circumstances of the presentation, including the developmental stage of the child/young person, whether there is any evidence of a medical condition that could have caused or contributed to the bruising, or a plausible explanation of the bruising.

### 3. Target Audience

The UK Government states that 'Safeguarding and promoting the welfare of children is everyone's responsibility. 'Children' includes everyone under the age of 18. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.'

It is important that the referral to Children's Services is made at the time of seeing the child, to avoid delay.

### 4. Equality and Diversity factors

Consideration should be given to cultural needs of children/young people and their families and carers, however cultural practices/harmful familial practices that are abusive are never an acceptable reason for child maltreatment.

Professionals should always be aware of and sensitive to any difficulties in communicating this policy to parents/carers and children/young people. This may be due to learning difficulty/disability, language barriers, disability, or a poor understanding of legislation in the UK.

### 5. Presentation and Assessment

When considering the mechanism of any mark/bruise it is important to remember that bruises appear on the skin when tiny blood vessels (called capillaries) break or burst underneath and leak blood into the soft tissue under the skin causing discolouration. These can look blueish or purple but can look darker on some skin colours and will change colour at different rates from one individual to another. For this reason, bruises cannot be aged.

The professional who identifies the suspicious bruise or mark should initially undertake an assessment. This assessment must firstly take into account if the mark is suspicious or if it is a normal birth mark using the Assessment Tool (**Appendix 2c**). This completed assessment tool document should be attached to the referral made to Children's Services along with a completed Body Map (**Appendix 3**) via the [Online Referral Portal](#).

Following receipt of this referral, Children's Services should review the information on the referral, contact the referrer by phone where clarity is required and convene a Strategy Discussion Meeting which should always include a senior Paediatrician (or appropriate delegated Professional) and where consideration for referral of the child/young person and siblings for a Child Protection Medical should be made. Please ensure that you are contactable within working hours.

The Child Protection Medical must be undertaken by a specialist safeguarding Paediatrician, therefore referrals for a medical opinion for children and young people who fall under the remit of this Policy should **not** be made to a GP or any other primary care/walk-in provider unless immediate medical attention is required, where they should be immediately referred to and seen in an Accident and Emergency Department (See section 7).

#### **Birthmarks/Blue Spots**

- **Does the mark blanch on pressure?** If the mark blanches on pressure, this is not a bruise but could be a birth mark.
- **How long has the mark been there for?** If mark present since birth or early life and persists – this is probably a birth mark. Ask parents/carers to take a picture and review in 2-3 days and/or ask a colleague to review with you as well.
- **Does family have a history of birth marks?** Blue/grey spots are rare in children of white European background, but very common in children of African, Middle Eastern, Mediterranean or Asian background. It is likely they are inherited.

Blue spots are a type of birthmark that are present at birth or appear soon afterwards, either single or multiple in number. They are flat, blue grey in colour and can vary from a very dark blue to a lighter grey. The colour is usually the same over the whole birthmark, with no lighter or darker areas as is sometimes seen in brown birthmarks. Blue spots are not painful to touch and are irregular in shape with poorly distinguished edges. They can vary in size, but most are a few centimetres across. They can appear anywhere on the body but are most common at the base of the spine, the buttocks or on the lower back but occasionally they are present on the back of the shoulder.

## 6. Voice of the Child

In a multi-agency approach, it's essential to ensure that the "voice of the child" is heard. This involves actively listening to and valuing the child's perspective, creating a safe environment for them to express themselves, and promoting effective collaboration among agencies.

Professionals should follow established service protocols for escalating concerns to address any risks promptly. They must also ensure they have received appropriate training within their respective professional services. Engaging in open discussions and escalating issues internally is crucial to meeting the child/young person's needs effectively.

Open communication, thorough documentation, and regular support interventions are vital to keeping the child's voice central to decision-making processes.

Professionals gaining a child/young person's firsthand account of how they may have incurred a bruise, or injury should be suitably trained to do so. When a child/young person presents with concerning bruises and/or injuries it is important to gain and record as accurate an account of how an injury occurred and include who has given that account. While in many situations it will be a parent or carer who first accounts for a child/young person's bruise or injury, every effort should be made to speak directly to the child/young person and appropriately gain their account of how they incurred any bruises and/or injuries, taking care to note and record any non-verbal cues.

Wherever possible you should use body maps as a tool to support exploration of the injury with the child/young person and explore the circumstances surrounding the injury being sustained; for example, the location of the incident, who was present, when and how the injury occurred. In gaining a child/young person's first-hand account of how they may have incurred a bruise or injury it is important that they are allowed to share that account without excessive prompting and leading. Allow the child/young person to explain their account using their own words and language. Do not offer suggestions or try to fill in blanks.

When capturing the voice of the child, ensure that the environment is somewhere that the child/young person feels safe and comfortable. It is advisable to avoid the location of the alleged abuse as this could cause distress to the child/young person and potentially place them at further risk of harm.

When professionals are assessing marks, bruises and injuries it is also important to engage with the child/young person independent of the parent or carer to enable them to freely explain the cause. Consideration needs to be given to the child/young person's individual needs, including any Special Educational Needs and Disabilities. Research clearly evidences that disabled children are especially vulnerable to physical abuse. When supporting a disabled child to share an account of how they incurred

bruising or an injury, consider how they communicate, especially if they are nonverbal, making use of their communication aids, and consider the support of a trusted adult who knows the child/young person well and is confident in communicating with them. In circumstance where the child/young person's first language is not English, make use of an interpreter. Both verbal and nonverbal communication should be recorded.

Professional curiosity should be applied, and care taken when exploring the potential that a child/young person could have been coached or influenced regarding any disclosure of suspected abuse. In doing so you should consider the child/young person's age, developmental needs, the language used and whether this broadly fits when considering the child/young person's usual use of language and whether this is developmentally appropriate within the context of their age and needs. Observations of the child/young person's behaviour in the presence of the alleged perpetrator should also be considered.

Ensure that adequate time is allowed to build a rapport with the child/young person to support them to share their account.

Areas to consider during these interactions:

- Appearance – does the child/young person's appearance give cause for concern? Consider physical appearance, weight, injuries, clothing, demeanour – facial expressions.
- Words – does the child/young person actively engage with you, ask open ended questions where possible, consider the type of language used – are they calm/angry/using inappropriate language – do they seem guarded/anxious – are they being open?
- Activities and behaviours – are they responding as expected, anxious/nervous/withdrawn/in need of attention/overly familiar.
- Relationships and dynamics – Interactions with the adults/siblings present – strangers, familiar adults.

Please see HSCP Chapter [Good Practice in Supporting the Voice of the Child](#)

## 7. Risk Factors

When making an assessment and referral, professionals should always review current and historical information held within their agency records regarding the child/young person, the siblings and any other adults in the family unit and share any relevant parental/adult/carer/sibling information with Children's Services. You should pay particular attention to any history of domestic abuse, poor parental mental health, poor perinatal mental health, parental learning difficulty/disability, parental drug or alcohol misuse, previous social care history, child disability, difficult adult/child relationships, known disordered attachments and injuries or bruises to any child/young person in the family. This list is not exhaustive and professionals should refer to their agency guidance for Information Sharing and the [National Information Sharing Advice for Safeguarding Practitioners](#).

See HSCP Policy [1.4-information-sharing-and-confidentiality-final-sept-24.docx](#)

Where there are no risk factors you should state that from review of your agency records there are 'no known risk factors' for the parents/ any adult carers, the siblings or the child/young person.

## 8. Emergency Medical Conditions or Injury

Any child/young person with significant bruising who seems lethargic or confused, not feeding, vomiting, unusually irritable, or having unusual movements need to be seen at hospital **without delay**. Children/young people with neck bruising and any report of strangulation should also be seen as a matter of urgency due to the risk of delayed swelling resulting in compromised breathing.

**It is the responsibility of the professional who first identifies the suspicious mark, injury or bruise to refer to Children's Service at the same time as referring to hospital. This referral must be made via the [Online Referral Portal](#). The referral to hospital must not be delayed by the referral to**

**Children's Services, and it is essential that the professional phones ahead to the hospital to advise regarding the concerns.**

If there is a medical emergency the child/young person may have to be taken by ambulance to the nearest available hospital. It is the referring professional's duty to ensure all information around concerns are shared and highlighted to the receiving hospital for them to make an assessment. The referring professional should also inform their safeguarding lead.

A list of telephone numbers for each hospital can be found in **Appendix 1** or *searchable on the internet*.

## **9. Video and recording**

Images will be taken with parental consent as part of the Child Protection Medical process. Practitioners should refer to their agency procedures in relation to taking photographs/images/video calling, however professionals should **not** take images or undertake video clinical assessment using any personal device. It is advised that professionals use a body map together with a written description of the injury.

Agencies must **not** ask other agencies to take images/photographs.

Parents and carers may share photo images and videos with professionals however these should be managed in line with agency procedures regarding storage and sharing.

## **10. Referral to Children's Services by Any Agency**

Where any new bruise/suspicious marks are seen on a child/young person, a new referral must be made in line with the requirements of this Policy and the HSCP Referrals Procedures, and irrespective of a previous referral or the child/young person already having a Social Worker.

Once the professional identifying the suspicious bruise or mark has undertaken an assessment using the Assessment tool in **Appendix 2a & 2b**, and this indicates a referral to Children's Services, the professional should undertake the following:

Ensure sufficient information is included in any referral to assist Children's Services in responding.

- Ensure all other relevant information about the child/young person, and any other children and adults associated with this child/young person, is collated from their agency records (see section 6). **Remember, a clear factual safeguarding referral results in pro-active responses from Children's Services and multi agency partners, and better outcomes for children.**
- Ensure all details are included on the referral with evidence that is factual and descriptive and includes an analysis of concerns.
- Ensure any other documents are available to Children's Services which includes a completed Assessment Tool and Body Map (**Appendix 2c and 3**)
- Ensure the main parent / carer is made aware of the referral (where it is safe to do so) however consent to make a referral is not required.
- Give the parent/carer this leaflet '[What's Going On - Bruising](#)'
- The parents/carers for the child are aware of your concerns and you have included their views/comments in the referral (when it is safe to do so).

Once a referral has been made, Children's Services Customer Service will progress to the relevant Team within 1-2 hours to enable discussion about next steps. Parents/carers should always be informed of the progress of this process and any parental/carer anxiety managed by effective conflict resolution skills.

In the rare occasion that there are any concerns around unwanted parental behaviours, a risk assessment of the situation should be undertaken. **Where there are immediate concerns for safety of the child, young person or professional the Police should be contacted on 999.**

## 11. Children's Services Response

If the child/young person already has a Social Worker, Children's Services should ensure that the named Social Worker or a duty Social Worker responds immediately to the referrer **within two hours**.

Children's Services should take any referral made under this Policy as requiring further multi agency investigation and should check local systems for any risk factors and consider whether a Strategy Discussion Meeting is required to include the consideration of a Child Protection Medical being undertaken by an appropriate Paediatrician.

The decision regarding whether a Child Protection Medical is undertaken or not should be made within a Strategy Discussion Meeting (see section 13), which should involve as a minimum Children's Social Care, Health (Paediatrician) and Police. If appropriate, the referrer should also be included if it is a professional referral (see HSCP [Strategy Discussions and Meetings](#)). It is critical that all professionals in attendance at the Strategy Discussion agree with the decision of whether to proceed with a Child Protection Medical. If a professional believes that a Child Protection Medical should take place but the Paediatrician disagrees the concerned professional must escalate this difference of opinion urgently. Details for health contacts for undertaking Strategy Discussions can be found in **Appendix 1**.

If the decision at the Strategy Discussion Meeting is that a Child Protection Medical is not required, the health representative should consider the medical needs of the child/young person and whether a medical assessment is still required. The child/young person should still be assessed, for general health, other signs of maltreatment, and to exclude other medical disorders. This should be done at the earliest opportunity by the most appropriate medical professional. The needs to siblings should be considered.

When any Strategy Discussion Meeting is held, the involved paediatrician who undertook the original examination **must** be present, or there **must** be a discussion with a paediatric consultant in advance of the meeting.

## 12. Out of Hours

If the matter arises out of hours, **the Children's Services Safeguarding Out of Hours Service (SOOHS) should be notified by calling 0300 123 4043 AND submitting the online referral form**. The referrer should make themselves available to the service to gather further information and consider next steps. The above process will follow. If a Strategy Discussion Meeting is required, the SOOHS team will contact the Police and the Out of Hours Paediatric Services for the discussion to occur (see out of hours services in Appendix 4).

## 13. Police Response

The Police on receipt of a referral made under this Policy will conduct a review to consider the need for any immediate safeguarding measures to be implemented to safeguarding the children/young people involved.

The Police (Joint Child Protection Investigation Team) will take any referral made under this Policy as requiring further multi-agency investigation.

The Police will notify partner organisations of the referral (if not already aware) and the requirement for a Strategy Discussion as defined in Working Together (2023).

The Police will in preparation for the strategy discussion collate all available information to share with partner organisations under the statutory framework or existing information sharing agreements.

The Police will actively participate in strategy discussions and undertake such actions to ensure the safety of all identified children/young people and, if deemed appropriate, secure and preserve evidence in accordance with legislation and best practice.

The Police will actively respond and mobilise support to any call from a professional requiring urgent Police attention due to concerns for the safety of any adult or child/young person.

#### **14. Referral for Child Protection Medical (CP Medical)**

The decision to undertake a Child Protection Medical should be the result of a Strategy Discussion which should be convened as soon as practicably possible. Consideration should be given to whether all children/young people in the household should have a Child Protection Medical.

Where there is an immediate concern that the injury requires urgent hospital treatment the Strategy Discussion should be convened once the immediate medical needs of the child have been managed in the appropriate emergency setting. (See Procedure for [Unscheduled Medical](#))

The attending Paediatrician should take relevant notes which would assist in the consideration for the Child Protection Medical (see HSCP [Strategy Discussions and Meetings](#)). This decision should be reached jointly between Children's Services, Police and Health at the Strategy Meeting. If there is disagreement about whether a Child Protection Medical is needed, this should be urgently escalated. If the outcome of the Strategy Discussion Meeting is for the child/young person and /or siblings to be referred for a Child Protection Medical, a discussion must take place to agree a time, date and venue for the Child Protection Medical which needs to be arranged within no later than 24 hours (Royal College of Paediatrics and Child Health Standard). When deciding on the timing of the medical all consideration should be given to how a child or young person will be kept safe until a CP medical can be held. A discussion must take place around which partner agency will feedback the decision to the parent/carer and, if necessary, assist the family in getting to the Child Protection Medical. The Social Worker should attend the medical with the child/young person and parent/carer.

Where a referral for a Child Protection Medical is delayed for any reason, and when a bruising/mark is no longer visible, the health representative at the Strategy Discussion Meeting should identify an appropriate medical professional to examine the child/young person to assess, as a minimum, general health, signs of other injuries or maltreatment and to exclude any medical cause.

This leaflet can be shared with parents / carers to explain the process of [Child Protection Medicals](#).

#### **15. Child Protection Medical by an Appropriate Paediatrician**

A strategy discussion should always precede the arrangement for this Child Protection Medical. This Child Protection Medical is always undertaken by an appropriate Paediatrician who is a specialist in Safeguarding Children and only takes place in specialist units in Hertfordshire.

Following the Child Protection Medical the Paediatrician who examined the child/young person must immediately share a completed feedback summary form detailing the outcome of the medical to the assigned Social Worker on completion of the medical. The information will be utilised as part of the assessment process. This does not replace the more detailed Child Protection Medical report which will follow within 10 working days. The form must be stored within the child/young person's records and in line with agency procedures.

#### **16. Cross border children**

Children/young people who are ordinarily resident outside Hertfordshire would come under the remit of this Policy and the fundamental principle of responding to suspicious marks and bruises remains and is a requirement of all professionals coming into contact with any child/young person. Therefore, the same referral arrangements to Hertfordshire Children's Services should be followed. Initial enquiries and investigations will be conducted by Hertfordshire Children's Services, Police and Health partners along with liaison with the Local Authority in which the child is resident.

See [4.7.1-children-and-families-moving-across-local-authority-boundaries-final-sept-24.docx](#)

## 17. Involving parents and carers

Parents can find this process very distressing, and an explanation of the referral process **should always** be carried out sensitively and in a private place, if possible, to avoid further distress.

Parents/carers should always be given the parent leaflet 'What is going on'. The leaflet can also be accessed [here](#) and practitioners should always offer to go through the leaflet at the time consent to the Child Protection Medical is gained.

It is important that professionals pay particular attention to explaining to parents/ carers, in a frank and honest way, why additional concern, questioning and examination is required and what will happen next. The decision to refer to Children's Services must be explained along with the potential requirement for a Child Protection medical.

If parents/ carers refuse to co-operate or refuse to take their child, or be available for further assessment, this should be reported immediately to Children's Services and to the Police if there are immediate concerns for the child/young person or staff safety. In these instances, if possible, the child/young person should be kept under supervision until steps can be taken to secure their safety. Professionals should also consider their own safety at this time.

## 18. Escalation process

If you are concerned about the lack of response to a safeguarding concern, or of there is professional dispute across agencies you **must** discuss it with your safeguarding lead and escalate, as appropriate, in line with HSCP Procedure [4.5.2 Resolution of Professional Differences including Escalations... \(trixonline.co.uk\)](#)

When there are professional differences in responding to a serious safeguarding concern, it is crucial to maintain constructive dialogue, prioritising professional curiosity and challenge. Embracing professional challenge leads to more robust and well-rounded decision-making.

While the contributions of highly qualified and experienced professionals with specialist knowledge are invaluable in addressing safeguarding concerns, it is essential to remain aware of our capacity to make mistakes, regardless of experience and ability. Making room for critical feedback and thinking helps minimise errors and improves our responses to safeguarding issues.

By considering diverse viewpoints and critically analysing situations, professionals can make more informed and effective decisions in the best interests of the child. All members of the professional network, regardless of experience and background, should feel empowered to question decisions, actions, and assumptions, ensuring that all aspects of a child's situation are thoroughly considered.

## REFERENCES AND APPENDICES

HM Government (2018) Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers

[DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers](#)

Royal College of Paediatrics and Child Health (2019) Child Protection Evidence. Systematic review on Bruising. RCPCH

Working Together to Safeguard Children 2023 A guide to multi-agency working to help, protect and promote the welfare of children: [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](#)

Maguire S (2010). **Which injuries may indicate child abuse?** *Arch Dis Child Educ Pract* Ed 2010; 95: 170-77 <http://www.ncbi.nlm.nih.gov/pubmed/20926622>

National Institute for Health and Clinical Excellence. (July 2009 Last Modified 2017) *When to suspect child maltreatment*. NICE clinical guideline 89. London <https://www.nice.org.uk/guidance/cg89/chapter/1-Guidance>

The Child Protection Evidence systematic review on bruising

RCPCH Child Protection Companion (Live documented – updated in real time , password protected) <https://childprotection.rcpch.ac.uk/child-protection-companion/>

RCPCH Child Protection Medical Delivery Standards 2020  
<https://childprotection.rcpch.ac.uk/resources/service-delivery-standards/>

## APPENDICES

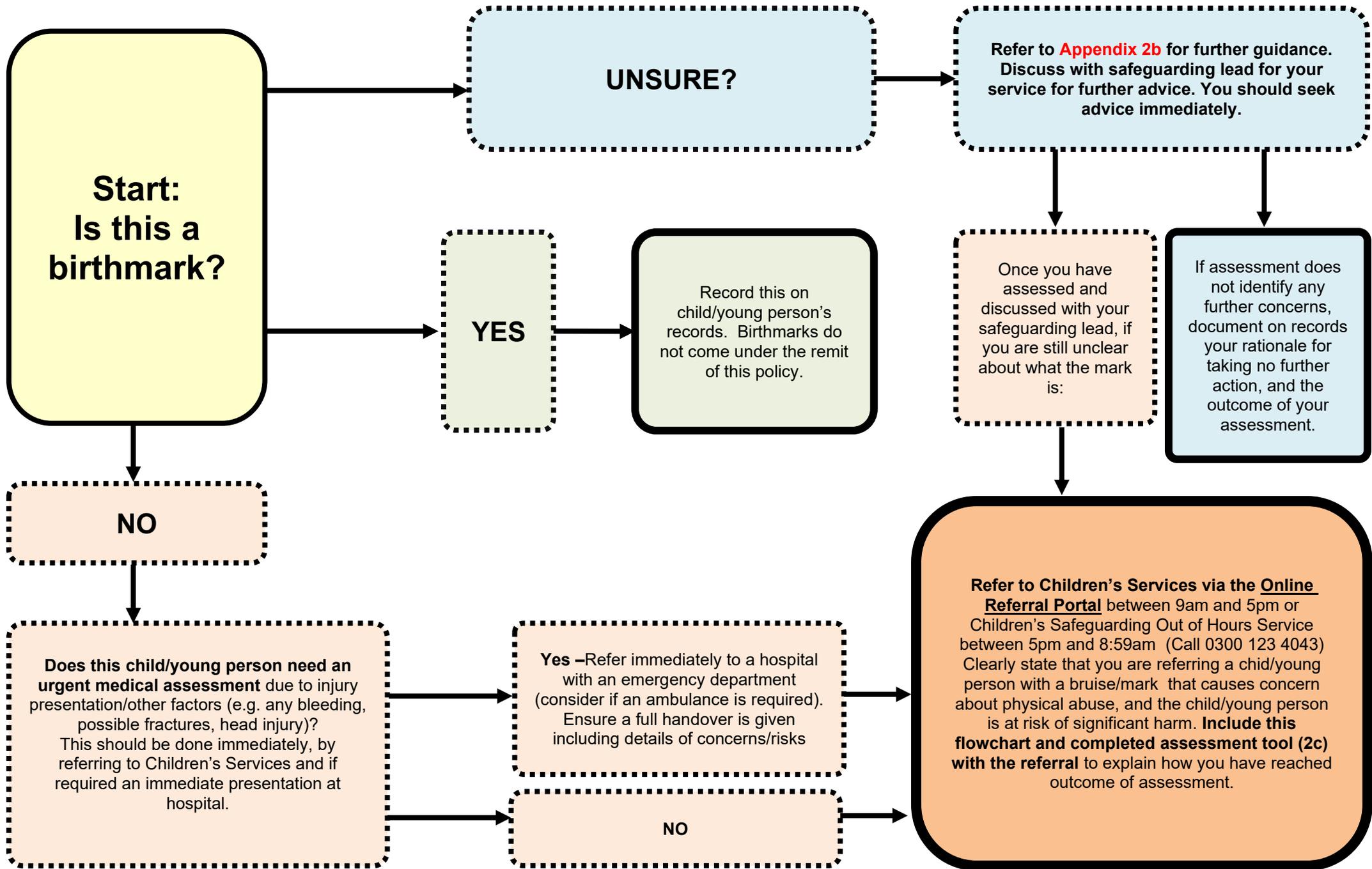
### Appendix 1 Hertfordshire Emergency Department Contacts

**REFER TO THE EMERGENCY DEPARTMENT IF YOU HAVE AN IMMEDIATE MEDICAL CONCERN.**

- CALL **999** IF AN EMERGENCY AND AMBULANCE REQUIRED
- If it is not a life-threatening emergency and you ask the parents / carers to take their child to the hospital because there is an immediate medical concern, ensure you phone ahead to the agreed nearest children's emergency department (see below) to ensure they are aware what the reason is for attendance and also request feedback should the child/young person not attend

Watford General Hospital (WGH)	01923 217564
Lister Hospital	01438 284333
Princess Alexandra Hospital (PAH)	01279 444455
North Middlesex Hospital	0208 8872000
Barnet General Hospital	0845 111 4000
Addenbrookes Hospital	01223 245151
Stoke Mandeville Hospital	01296 315000

**Appendix 2a: Flowchart - Assessment of Suspicious Marks/Bruising/Injuries** *Flowchart available for printing in Document Library*



## Appendix 2b Assessment of Suspicious Marks/Bruising/Injuries

- **Does the mark blanch on pressure?** If the mark blanches on pressure, this is not a bruise but could be a birth mark.
- **How long has the mark been there for?** If mark present since birth or early life and persists – this is probably a birth mark. Ask parents/carers to take a picture and review in 2-3 days and/or ask a colleague to review with you as well.
- **Does family have a history of birth marks?** Blue/grey spots are rare in children of white European background, but very common in children of African, Middle Eastern, Mediterranean or Asian background. It is likely they are inherited.

Note if there are any other visible marks or bruises. In babies (if appropriate to role) could examine all over to look for hidden marks.

Blue/Grey Spot (Dermal Melanocytoma)	Bruise
Blue spots are a type of birthmark that are present at birth or appear soon afterwards, either single or multiple in number. They are flat, blue-grey in colour and can vary from a very dark blue to a lighter grey. The colour is usually the same over the whole birthmark, with no lighter or darker areas as is sometimes seen in brown birthmarks	Does not blanch on pressure
Is not painful to touch	Can be painful to touch
Present from birth or early life and persists – can take years to fade	Bruises change colour and shape over a period of days
An irregular shape, with poorly distinguished edges	In most incidences of inflicted “precursor” bruise, parents/carers usually concede the mark is a bruise, but the explanation suggests unreasonable force.
Blue/Grey spots can vary in size, but most are a few centimetres across. They can appear <u>anywhere</u> on the body but are most common at the base of the spine, the buttocks or on the lower back. Occasionally they are present on the back of the shoulder.	Bruises can be any shape or size but may take the shape of an implement or force. There may be one or many bruises on any different part of the body.

### Action from assessment

- If you are considering this is a birthmark, seek further advice from your safeguarding lead. Ask the family to take a picture if able to (See section 8).
- Review the child/young person and mark in 2-3 days’ time – if no change, this is likely to be a birth mark. If change is seen or the mark has disappeared – discuss with safeguarding advisor in service. Consider if a referral is needed to Children’s Services for further assessment of concern.
- If, following assessment and discussion with your safeguarding advisor, you remain unclear if this is a bruise or a birthmark, then you must refer to Children’s Services as per flow chart. **NOW COMPLETE APPENDIX 2c**

**Appendix 2c Assessment of Suspicious Marks/Bruising/Injuries**

Attach this document to your referral to Children's Services and save in your agency records for the infant. This Assessment Form is in the Document Library.

<b>Date of referral:</b>		<b>Child/Young person's Name and Dob</b>	
<b>Referrers Name</b>		<b>Referrers Agency and contact</b>	
<b>Referral URL (If known)</b>			

<b>Detailed description of mark / bruise / injury (also attach Body Map appendix 3)</b>	
<b>Detailed description of your assessment of this mark/bruise/injury</b>	Following assessment does this need referral to Children's Services? <b>Yes / No</b> -
<b>Explain clearly the reason for your decision above</b>	



## Appendix 4: Hertfordshire Health Contacts

This document details the following:

### 1. Health contacts for Urgent Strategy meetings

- A. Paediatrics
- B. Paediatrics out of hours (for urgent medical concerns)
- C. SARC – 24 hours
- D. Mental Health
- E. Mental Health out of hours (CCAT and inpatient teams)
- F. Maternity
- G. Maternity out of hours (For urgent medical concerns)
- H. Community Health (Health Visiting/School Health Nursing/ Looked After Children and Care Leaver Health Team)

### 2. Health Contacts for Scheduled Strategy Meetings

- A. Hertfordshire Community NHS Trust (Community Services)
- B. East and North Herts NHS Trust (Acute and some Community Services)
- C. West Herts Hospitals NHS Trust (Acute Services)
- D. Hertfordshire Partnership University Foundation Trust (mental health and wellbeing)
- E. Central London Community Health (Sexual Health)
- F. Mountain Health Care Ltd (Sexual Abuse Referral centre)
- G. Spectrum -Care Grow Live (Drug and alcohol Services)

### 3. Contacts for organising Child Protection Medicals (Physical Abuse and Neglect)

### 4. Contacts for organising Sexual Abuse Medicals

#### 1. Health contacts for Urgent Strategy meetings (For scheduled Strategy Meetings see below)

##### A. Paediatrics (on call Monday to Friday 9-5)

If the Child has already had an unscheduled medical assessment, please contact the Paediatrician who undertook the medical in the first instance.

- East and North Herts Trust (Children living in East and North Herts):
  - Consultant Community Paediatrician 'On-call rota': **07919396676** N.B The Paediatrician who is 'on call' for that day may already be involved with a CP medical. In this situation a safeguarding nurse specialist may contribute to the strategy meeting.
- Hertfordshire Community NHS Trust (Children living in West Herts):
  - Peace Children Centre operates as a central administrative hub for the following centres: Peace Children Centre, St Albans Children Centre, and Marlowes Health and Wellbeing Centre. To contact the 'on call' paediatricians from one of the centres below, please call **01293 470680** and press option 2.

- Hertfordshire children already admitted to a Hertfordshire Hospital Health Trust:
  - Where a child has attended/been admitted to Watford General Hospital contact the Safeguarding Nurse - **07990 551647 / 07920 75741**
  - Where a child has attended/been admitted to Lister Hospital contact the safeguarding team by calling the on-call rota line on **07919396676**

**B. Paediatrics out of hours (including weekends and Bank Holidays) for urgent medical concerns only**

- EAST AND NORTH HERTS TRUST (Children living in East and North Herts).
  - Contact the on call Paediatric Registrar via Switchboard (01438314333).
- WEST HERTS HOSPITALS TRUST (Children living in West Herts)
  - Contact the 'on call' Paediatric Registrar via Children's Emergency (01923 217 564)

**C. SARC – 24 hours**

- Tel: 03302230099 (24 Hours)

**D. Mental Health**

- Hertfordshire Partnership Foundation Trust (HPFT) Monday to Friday 9-5  
hpft.safeguardingteam@nhs.net or 01727 804717

**E. Mental Health out of hours (CCAT and inpatient teams)**

- For child/young person currently receiving OR requiring care from CCAT/Forest House or Home treatment Team only Phone Single Point of Access (SPA): 0800 6444 101

**F. Maternity Monday to Friday 9-5**

- East and North Herts Trust 01438 286139
- West Herts Hospital Trust 01923 217501 (Administrator for Maternity Safeguarding Team)

**G. Maternity Out of Hours (For urgent medical concerns)**

- For newborn babies please see Paediatric out of hours above

**H. Community Health (Health Visiting/School Health Nursing/ Looked After Children and Care Leaver Health Team)**

- HEALTH VISITORS (HV) / SCHOOL HEALTH NURSES (SHN) (Hertfordshire Community NHS Trust) 9:00-17:00 Monday to Friday
  - **Child under 5 yrs.** - contact the duty Health Visitor who will make contact with child's HV where possible otherwise the Duty HV will participate. The Duty HV will be able to inform you if the child is receiving care from any other community health services in the Trust.
    - Duty - Health Visitor professional Lines (child under 5):
      - South Quadrant (Watford, Three Rivers and Hertsmere) - Tel: 01923 936040 Email: [watford.3riversandhertsmere@nhs.net](mailto:watford.3riversandhertsmere@nhs.net)

- West Quadrant (Dacorum & St Albans)- Tel: 01442 283404 Email: [dacorumandstalbans@nhs.net](mailto:dacorumandstalbans@nhs.net)
  - North Quadrant (Stevenage, North Herts & Royston) - Tel: 01462 427106 Email: [northhertsandstevenage@nhs.net](mailto:northhertsandstevenage@nhs.net)
  - East Quadrant (Broxbourne & Welwyn/Hatfield) – Tel 01992 940841 Email: [eastherts.broxbourneandwelhat@nhs.net](mailto:eastherts.broxbourneandwelhat@nhs.net)
- **Child over 5yrs** - contact School Nurse in the area that the child is on role in a School, or if not in school where the child lives. The Duty SHN will be able to inform you if the child is receiving care from any other community health services in the Trust.
- Duty School Nurse professional line (please select the area in which the child goes to school)
    - South Quadrant (Watford, Three Rivers and Hertsmere) - Tel: 01923 936041 Email: [hct.w3rh@nhs.net](mailto:hct.w3rh@nhs.net)
    - West Quadrant (Dacorum & St Albans)- Tel: 01442 283404 Email: [hct.stadac@nhs.net](mailto:hct.stadac@nhs.net)
    - North Quadrant (Stevenage, North Herts and Royston) –Tel: 01462 427106 Email: [hct.rsnh@nhs.net](mailto:hct.rsnh@nhs.net)
    - East Quadrant (Broxbourne, Welwyn & Hatfield, East Herts) – 01992 940841 Email: [hct.SHWBSWH@nhs.net](mailto:hct.SHWBSWH@nhs.net)
- **Looked After Children/Care Leaver Health Team** (Medical and Nursing) [herts.LACService@nhs.net](mailto:herts.LACService@nhs.net) Office number: 01438 843004

**2. Health Professional Contact details for arranging SCHEDULED (Planned) Strategy Meetings (will normally be arranged for at least 24 hours after request sent out) (For urgent Strategy Meetings see above)**

Organisation	Service	Email
Hertfordshire Community NHS Trust.	Community Paediatrics (for children living in West Herts)	<a href="mailto:Wh.compaeds@nhs.net">Wh.compaeds@nhs.net</a>
Hertfordshire Community NHS Trust	Community Health and Looked After Children/Care Leaver Health Team	See table below
East and North Herts Trust	Children 0-18	<a href="mailto:strategydiscussions.enh-tr@nhs.net">strategydiscussions.enh-tr@nhs.net</a>
East and North Herts Trust	Maternity (Unborn and up to 28 days)	<a href="mailto:strategydiscussions.enh-tr@nhs.net">strategydiscussions.enh-tr@nhs.net</a>
West Herts Hospital Trust	Children 0-18	<a href="mailto:Westherts.safeguarding@nhs.net">Westherts.safeguarding@nhs.net</a>
West Herts Hospital Trust	Maternity (unborn and up to 28 days)	<a href="mailto:westherts.maternity.safeguarding@nhs.net">westherts.maternity.safeguarding@nhs.net</a>
Central London Healthcare Trust	Sexual Health Services	<a href="mailto:clcht.hertshealthadvisers@nhs.net">clcht.hertshealthadvisers@nhs.net</a> Tel:0300 0085522

Mountain Health Care	Sexual Abuse Referral Centre (SARC)	03302230099 (24 Hours) <i>NB. SARC are not commissioned to examine children and young people in respect of FGM however if there are concerns about sexual abuse in addition to FGM, SARC would participate in a Strategy discussion.</i>
CGL Spectrum	Drug and alcohol	<a href="mailto:Herts@cgl.org.uk">Herts@cgl.org.uk</a>
Hertfordshire Partnership Foundation Trust	Mental Health (Community and In patient)	See table Below

**MENTAL HEALTH (Tier 3&4 CAMHS Teams)  
Hertfordshire Partnership Foundation Trust**

Single Point of Access (SPA): **0800 6444 101**- to check which team a child is under

Team	Duty Phone Number	Duty Email Address
<b>CAMHS North</b>	01438 792 600	<a href="mailto:hpft.camhsnorthadmin@nhs.net">hpft.camhsnorthadmin@nhs.net</a> (admin team)
<b>CAMHS South</b>	<b>Borehamwood</b> 020 8731 3050 <b>Watford</b> 01923 470 610	<a href="mailto:hpft.adminborehamwood@nhs.net">hpft.adminborehamwood@nhs.net</a> <a href="mailto:hpft.watfordadmin@nhs.net">hpft.watfordadmin@nhs.net</a>
<b>CAMHS East</b>	<b>Rosanne House, WGC</b> 01707 364001 <b>Hoddesdon Health Centre</b> 01992 465042 <b>Oxford House, Bishop Stortford</b> 01279 698 920	<a href="mailto:hpft.camhseastadmin@nhs.net">hpft.camhseastadmin@nhs.net</a>
<b>CAMHS West</b>	<b>St Albans</b> 01727 804806/214 <b>Hemel Hempstead</b> 01442 275 669/ 670	Phone and ask for duty on call
<b>C-CATT</b>	01923 633400 (9-5 Monday – Friday) Out of hours via SPA (0800 6444 101)	<a href="mailto:HPFT.CCATT@nhs.net">HPFT.CCATT@nhs.net</a>
<b>CAMHS Targeted Team</b>	01923 633 577	<a href="mailto:hpft.camhstargetedteam@nhs.net">hpft.camhstargetedteam@nhs.net</a>
<b>CAMHS DBT</b>	01923 633 210	<a href="mailto:camhsdbtteam@nhs.net">camhsdbtteam@nhs.net</a>
<b>CAMHS Eating Disorders</b>	01923 633 396	<a href="mailto:hpftcamhs.eatingdisorders@nhs.net">hpftcamhs.eatingdisorders@nhs.net</a>
<b>Forest House Inpatient Unit</b>	01923 289 940	Phone and ask for Nurse in Charge
<b>Home Treatment Team</b>	01923 289 942	<a href="mailto:hpft.camhs-htt@nhs.net">hpft.camhs-htt@nhs.net</a>

**HERTFORDSHIRE COMMUNITY NHS TRUST  
HEALTH VISITORS (HV) / SCHOOL HEALTH NURSES (SHN)**

09:00-17:00 Monday to Friday

- **Child under 5 yrs** - contact the duty Health Visitor who will make contact with child's HV where possible otherwise the Duty HV will participate.
- **Child over 5yrs** - contact School Nurse in the area that the child is on role in School or if not in school the area in which the child

**Duty - Health Visitor professional lines (child under 5):**

- South Quadrant (Watford, Three Rivers and Hertsmere) - Tel: 01923 936041 Email: watford.3riversandhertsmere@nhs.net
- West Quadrant (Dacorum & St Albans)- Tel: 01442 283404 Email: dacorumandstalbans@nhs.net
- North Quadrant (Stevenage, North Herts & Royston) - Tel: 01462 427106 Email: northhertsandstevenage@nhs.net
- East Quadrant (Broxbourne & Welwyn/Hatfield) – Tel 01992 940841 Email: eastherts.broxbourneandwelhat@nhs.net

**The Duty HV will be able to inform you if the child is receiving care from any other community health services in the Trust**

**Duty School Health Nurse professional lines (please select the area in which the child goes to school):**

- South Quadrant (Watford, Three Rivers and Hertsmere) - Tel: 01923 936041  
Email: hct.W3RH@nhs.net
- West Quadrant (Dacorum & St Albans)- Tel: 01442 283404  
Email: hct.STADAC@nhs.net
- North Quadrant (Stevenage, North Herts and Royston) –Tel: 01462 427106  
Email: hct.rsnh@nhs.net
- East Quadrant (Broxbourne, Welwyn & Hatfield, East Herts) – 01992 940841  
Email: hct.SHWBSWH@nhs.net

**The Duty SHN will be able to inform you if the child is receiving care from any other community health services in the Trust**

**Looked After Children/Care Leaver Health Team (Medical and Nursing):**

- Email: [herts.LACService@nhs.net](mailto:herts.LACService@nhs.net)

### **3. Contact details for arranging Child Protection Medicals**

Police Or Social Worker to contact health professionals to book a child protection medical

**HERTFORDSHIRE COMMUNITY NHS TRUST** (Children who live in West Herts)

**Tel: 01923 470680**

- We operate a CP medical rota. In office hours Monday to Friday 9am -5pm – we accept calls between these times.
- Last call for CP medical by 14:00 if social care wants the child to be seen on the same day. Child must be in the centre by 15:00 with an adult with parental responsibility.
- If there are siblings (3 maximum) all can be seen if the children present by 13:00 at the centre or can only be seen the following day - times will be agreed with social worker

- The social worker should be in attendance with the child and also an adult with parental responsibility.
- Peace Children Centre operates as a central administrative hub for the following centres: Peace Children Centre, St Albans Children Centre, and Marlowes Health and Wellbeing Centre. To contact the 'on call' paediatricians from one of the centres below, please call **01293 470680** and press option 2.
- There is no out of hours service for CP Medicals.

**EAST AND NORTH HERTS HOSPITAL TRUST** (Children who live in East and North Herts)

**Tel: 07919396676** (in working hours)

- Consultant Community Paediatrician 'On-call rota'
- Monday to Friday 09:00 – 17:00.
- Out of hours for urgent medical concerns (including Saturday, Sunday and Bank Holidays) the paediatric team can be contacted via Switchboard (**01438 314333**). Please ask for Paediatric Registrar on call.

**4. Contact details for arranging Sexual Abuse medicals:**

**Mountain Healthcare Limited Sexual Abuse Referral Centre (SARC)**

**Tel: 03302230099** (24 hours)

- SARC are not commissioned to examine children and young people in respect of FGM however if there are concerns about sexual abuse in addition to FGM, SARC would participate in a Strategy discussion.

