

This forum



- NOT training. This is about networking & sharing.
- The quality of the sessions depend on you please have cameras and audio on and participate
- Thematic

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- Half termly
- Please look after yourselves
- Notes/Slides https://sendforum.lgfl.net





## Bruising and Injuries



- In terms of **location** on the body, which areas cause more concern?
- What else can you **observe** in terms of the bruise/injury, that helps you to determine level of concern?
- What else do you take into consideration when assessing bruising/injuries re: **context**?

Bruising and Injuries – Level of concern



#### Accidental Vs non-accidental areas of body

- The head is by far the commonest site of bruising in child abuse.
- Face, back, abdomen, arms, buttocks, genitalia, ears, neck, and
- Defence bruising = forearm, upper arm, back of the leg, hands or
- Clusters of bruises are a common feature in abused children. These are often on the upper arm, outside of the thigh, or on the body.
- Severe bruising to the scalp, with swelling around the eyes and no skull fracture

https://www.londonsafeguardingchildrenprocedures.co.uk/bruising.html https://childprotection.rcpch.ac.uk/child-protection-evidence/bruising-systematic-review/

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# Bruising and Injuries – Professional Curiosity



- Shape/size/type bruising/injury
- Colour
- Petechiae
- Patterns
- · Care plans and other expertise
- What do you know about the family?
  - Domestic abuse
  - · Substance use
  - · New adult in family/home
  - Sibling issues
  - Physical environment concerns e.g. lack of adaptations

- What is the child telling us?
- What do you know about the child?
  - Age
  - Developmental stage
  - · Level of physical mobility
  - · Skin tone
  - Behaviour
  - · Medication / Medical conditions
  - Moving and handling
  - Self injury
  - Pain threshold
- Is anything inconsistent?

# Additional notes form B/O rooms



## Challenges for schools:

- Less visibility of family situation due to transport pick up
- Possible optimism bias because of understanding and empathy of family situation
- Need to avoid making assumptions e.g. ringworm could be interpreted as a bite mark
- Children may go to respite or attend care service so may be tricky to know where a bruise/injury occured

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## Additional notes form B/O rooms



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#### Look for:

- Changes in behaviour
- Flinching (although some ch. do so anyway)
- Not usually physically active and suddenly getting bruises
- Equipment e.g. wheelchair/standing frame could be the cause
- Patterns fingerprints
- $\bullet$  Self injurious behaviours- bite mark, head banging, hitting limbs etc.
- Understanding Personal care requirements e.g. moving & handling
- Records of physical interventions

Bruising and Injuries – Reporting & Recording



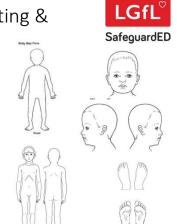
What does good practice look like with reporting and recording bruising and injuries in school?

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Bruising and Injuries – Reporting & Recording

- First Aid /Treatment
- Reporting to ....
- Body maps
- Photos
- Accurate descriptions
- Ask parents/carers for explanation



# Additional notes form B/O rooms



### Reporting and Recording:

- Reporting to DSLs promptly and clearly so no ambiguity and can respond quickly
- Using correct anatomical terminology and accurate descriptions of where bruising/injuries are
- · Robust recording of accidents as well as safeguarding concerns
- Half termly, taxi drivers and escorts get picture of DSL and direct contact number to ensure they follow correct recording procedure
- Looking at chronologies
- Asking DSLs from other schools where siblings attend if there are concerns
- Always ask staff to come to speak to us when logging a concern. so that we can ask clarifying questions

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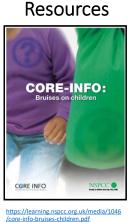
New Resource

bruising.lgfl.net

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**LGfL**<sup>♥</sup> SafeguardED



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- A MARSBOOK OF CLINICAL SIGNS IN BLACK AND BROWN SIGN MUXWENDE M, TAMONY P, TURKER M

PRESENTOR

https://www.blackandbrownskin.co.uk/

Child Protection
Evidence Systematic
review on Bruising

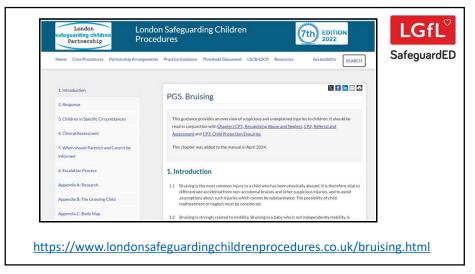
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