Little Acorns Montessori

Ascot | Bracknell | Crowthorne

BRUISING PROTOCOL FOR IMMOBILE INFANTS

Child Protection and Safeguarding Policy

1. Document Control

Version	Date Adopted	Review Date	Author
1.0	June 2026	June 2027	Jonathan Duffy / Director

This policy must be reviewed annually, or immediately following any significant safeguarding incident, change in legislation, or updated guidance from the Bracknell Forest Multi-Agency Safeguarding Arrangements (MASA) or the DfE.

2. Policy Statement

Little Acorns Montessori is committed to the safety and welfare of every child in its care. We recognise that bruising in an immobile infant is a significant safeguarding indicator and must never be treated as routine or expected.

Pre-mobile infants — those who are not yet independently crawling, cruising, pulling to stand, or walking — are among the most vulnerable children in our care. Bruising is found in fewer than 1% of infants who are not independently mobile. Any bruise, mark, or skin discolouration on such a child must therefore be treated as a matter of serious concern and acted upon without delay.

STATUTORY DUTY: A bruise in a non-mobile infant that has not been independently witnessed as accidental MUST be referred to Children's Social Care immediately. This is a non-negotiable statutory safeguarding duty.

This policy gives effect to Little Acorns Montessori's overarching Safeguarding and Child Protection Policy and is consistent with local multi-agency protocols for Bracknell Forest. All staff are required to read, understand, and act in accordance with this protocol.

The Nursery Manager must ensure that safer recruitment procedures — including obtaining references before employment — are in place and documented within the nursery's overarching Safeguarding and Child Protection Policy, in accordance with EYFS 2025, Section 3.

This protocol should be read alongside the following Little Acorns Montessori policies: the overarching Safeguarding and Child Protection Policy; the Baby Room Policy; and the Staff Training and Employment Policy (which contains safer recruitment procedures, training records, and supervision requirements). In the event of any conflict between this protocol and another policy, the more protective position must always be taken and the DSL consulted immediately.

3. Statutory and Regulatory Framework

This policy is issued to fulfil the nursery's obligations under the following legislation and guidance. Staff must be familiar with the relevant requirements.

3.1 Primary Legislation

- Children Act 1989 — Sections 17 and 47 place a duty on local authorities to investigate where a child is suffering, or is likely to suffer, significant harm. This protocol supports the nursery's role in triggering that duty.
- Children Act 2004 — Section 11 places a duty on all agencies and individuals to safeguard and promote the welfare of children.
- Childcare Act 2006 — Sections 39(1)(a) and 39(1)(b) give legal force to the EYFS learning, development, and safeguarding and welfare requirements.
- Children and Social Work Act 2017 — Strengthens multi-agency safeguarding arrangements and introduces the Child Safeguarding Practice Review Panel.

3.2 Statutory Guidance

- DfE (2025) Statutory Framework for the Early Years Foundation Stage (EYFS) — effective 1 September 2025. Section 3 (Safeguarding and Welfare Requirements) is the primary regulatory framework for this policy. Providers must take all necessary steps to keep children safe and well, ensure staff can identify signs of abuse and neglect at the earliest opportunity, and respond in a timely and appropriate way. Staff training must enable identification of unexplained bruising, marks, or signs of possible abuse or neglect (EYFS 2025, Section 3).
- *Working Together to Safeguard Children (2026)* — Statutory guidance on multi-agency working to help, protect and promote the welfare of children, published 18 March 2026. This 2026 edition supersedes the 2023 edition and is the current primary framework underpinning all referral and multi-agency response procedures in this policy.

3.3 National Best-Practice Guidance

- Child Safeguarding Practice Review Panel (2022) — 'Bruising in non-mobile infants' Panel Briefing (September 2022). Identified that a large proportion of serious incident notifications concern young infants, with 37% of notifications in 2020 relating to children under one year old. This protocol directly implements its recommendations.
- NICE (2017, updated) — 'When to suspect child maltreatment in under 18s' (CG89). Provides clinical guidance on the physical features associated with non-accidental injury.
- *Bracknell Forest Multi-Agency Safeguarding Arrangements (MASA) Procedures (revised December 2024, updated 2025/26)* — Local multi-agency procedures, published by Bracknell Forest Council, Thames Valley Police, and Frimley Health Integrated Care Board. This policy aligns with those arrangements. The Bracknell Forest MASA procedures are published at berks-bracknell.trixonline.co.uk and are updated twice yearly. The DSL must ensure familiarity with the current version.

4. Definitions

For the purposes of this policy, an **immobile infant** is any child in the nursery's care who is not yet independently mobile. This means a child who is not yet independently crawling, bottom-shuffling, pulling to stand, cruising furniture, or walking without assistance.

This definition includes:

- All infants aged under six months, regardless of their apparent developmental stage.
- Any older infant or child whose mobility is restricted by disability, illness, or developmental delay.
- A child who rolls but cannot yet initiate self-propelled forward movement.

NOTE: A child who can roll is still considered immobile for the purposes of this protocol. Children become mobile over a period of time. Staff must apply professional curiosity and err on the side of caution.

Definition of bruising for the purposes of this protocol: A bruise is caused by the leakage of blood into surrounding soft tissue, producing a temporary, non-blanching discolouration of skin, however faint or small, with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown, purple, or red. This definition includes petechiae — red or purple non-blanching spots, less than two millimetres in diameter and often in clusters — which must be treated with the same level of concern as any other bruising.

5. Why This Protocol Exists: The Evidence Base

Staff must understand the following evidence base in order to apply this protocol with appropriate professional confidence:

- Bruising is found in fewer than 1% of pre-mobile infants. Any bruise in this age group is therefore statistically abnormal and must be treated as such.
- Studies indicate that severe child abuse is six times more common in babies aged under one year than in children aged one to four, and approximately 120 times more likely than in the five-to-thirteen age group.
- Of babies under one year who have been abused, research has found that approximately 30% previously presented with concerns to health professionals. Early identification and prompt action are therefore critical.
- Bruising is the most common presenting feature of physical abuse in children. The pattern, number, and distribution of bruising in non-abused children differs markedly from that found in abused children.
- Children with disabilities or mobility impairments are at heightened risk. Staff must not explain away bruising in a child with a disability without careful multi-agency consideration. In line with Working Together to Safeguard Children 2026, staff must also apply anti-racist and anti-discriminatory practice in all safeguarding decisions. Cultural background, ethnicity, or family circumstance must never be used as a reason to explain away or delay action on bruising in an immobile infant. Professional curiosity must be applied equally to all children.
- Working Together to Safeguard Children 2026 places explicit and strengthened emphasis on the specific vulnerabilities of babies and requires all practitioners to maintain a child-centred approach that actively considers infants' needs and non-verbal communication. This protocol directly gives effect to those requirements within our setting.

6. Procedure: What Staff Must Do

IN ALL CASES: Do not investigate. Do not interrogate the parent or carer. Do not delay. Contact the DSL immediately.

Step 1 — Observe and Report Immediately

1. Any member of staff or volunteer who observes a bruise, mark, discolouration, or suspected bruise on an immobile infant must report it immediately to the Designated Safeguarding Lead (DSL) or, in their absence, the Deputy DSL.
2. Do not wait until the end of the session, the end of the day, or until you have spoken to a colleague.
3. Do not touch, press, or otherwise examine the area. Do not attempt to determine whether it is a bruise.
4. Note the exact time and location of your observation. You will be required to record this shortly.

Step 2 — The DSL's Immediate Actions

5. The DSL must assess whether the child requires immediate medical treatment. If the child appears unwell or is in pain, emergency services (999) must be called before any referral.
6. The DSL must contact the Bracknell Forest MASH. For Bracknell Forest: use the Children's Social Care duty line. The DSL must also inform the Police if this has not already been done through Children's Social Care.
7. The DSL must not delay the referral in order to seek a parental explanation. An explanation from a parent or carer, even if plausible, does not remove the duty to refer. The referral must be made first.
8. Outside of MASH office hours (before 8:30am, after 5pm, or on bank holidays), the DSL must contact the Bracknell Forest Emergency Duty Team on 01344 351999. A bruise on a non-mobile infant must never be held over until the next working day. If there is any immediate risk to the child, emergency services (999) must be called without delay.

Step 3 — Seeking an Explanation from the Parent or Carer

9. It is safe to do so, the DSL or a senior member of staff should seek an explanation from the parent/carer. This should be done calmly and without accusation.
10. Record the exact words used by the parent or carer. Do not paraphrase.
11. If it does not appear safe to inform the parent or carer — for example, where doing so may place the child at greater risk — seek guidance from Children's Social Care before doing so.
12. The explanation given (or the absence of one) must be recorded immediately and passed to the DSL.

Step 4 — Medical Attention

13. If the child requires medical attention, the DSL must ensure that the child receives medical care the same day.
14. The DSL must ensure that medical professionals (e.g., the child's GP, the community paediatrician, or the hospital on-call paediatric team) are informed of the concern.
15. Children's Social Care will co-ordinate the arrangement of a child protection medical assessment. This must not be delayed.

Step 5 — Multi-Agency Response

16. All telephone referrals to Children's Social Care must be confirmed in writing within 48 hours.
17. A multi-professional strategy discussion or strategy meeting will be convened by Children's Social Care. The DSL must engage with this process and share all relevant information.

18. Children's Social Care will lead the assessment and will determine, with a Community or Hospital Paediatrician, whether the bruising is consistent with an accidental explanation.
19. The DSL must follow the Berkshire Bruising Protocol and the Bracknell Forest MASA procedures throughout.
20. Under Working Together to Safeguard Children 2026, Little Acorns Montessori is recognised as a key safeguarding partner, not merely a referrer. The DSL must actively contribute to strategy discussions and child protection planning, share high-quality observational records, and advocate for the child throughout the multi-agency process. The nursery's role does not end at referral.

Step 6 — Informing Parents and Carers

21. Parents and carers must be informed that a referral has been made, unless doing so would compromise the safety of the child or the integrity of a Police investigation. Seek guidance from Children's Social Care if uncertain.
22. The nursery must not share the referral details with any unauthorised third party.

Note (WT 2026): Under Working Together to Safeguard Children 2026, the terminology of "Family Help" is now used to describe the combined offer of targeted early help and Section 17 support. DSLs should be aware that local multi-agency responses may reflect this language. The referral and strategy discussion process described in this protocol remains unchanged.

Step 7 — Following Local Authority Guidance

23. The nursery will follow all instructions from Children's Social Care and the Police throughout the investigation.
24. If Children's Social Care decides not to investigate, the DSL must record this decision, the rationale given, and, if appropriate, consider whether to escalate the concern using the Bracknell Forest MASA escalation procedure.

7. Recording and Information Management

7.1 What Must Be Recorded

The following must be documented as soon as possible and always on the same day as the observation:

- The name, date of birth, and key worker of the infant concerned.
- The date, time, and location of the observation.
- A precise, factual description of the bruise or mark: its size (estimated), colour, location on the body, and any other features.
- The name of the staff member who first observed the mark.
- Any explanation given by the parent or carer, recorded verbatim.
- The exact time and method of the referral to Children's Social Care and/or the Police.
- The name of the Children's Social Care duty worker spoken to and any advice or instructions given.
- Any subsequent actions taken, including who was informed and when.
- A body map must be completed as part of the same-day record for any bruising concern involving an immobile infant. The body map must show the location of the mark, its approximate size, and its colour or appearance. Body map is included on Famly. The completed body map forms part of the child's confidential safeguarding record and must be shared with Children's Social Care / MASH as part of the written referral confirmation.

7.2 How Records Are Stored

- All safeguarding records relating to immobile infant bruising incidents are to be stored securely in the child's confidential safeguarding file, held separately from the main registration file.
- Physical records must be kept in a locked filing cabinet accessible only to the Manager, DSL, and Deputy DSL.
- Digital records must be password-protected and stored on the nursery's secure system in compliance with the UK GDPR and Data Protection Act 2018.
- Records must be retained in line with guidance from the Information Commissioner's Office (ICO) and local authority requirements. Safeguarding records relating to child protection concerns should generally be retained until the child's 25th birthday, or for 75 years if the concern relates to a Looked After Child.
- Records must be available on request to Ofsted, Children's Social Care, the Police, or other authorised agencies.

8. Roles and Responsibilities

Role	Responsibility
Nursery Manager / Proprietor	Has overall responsibility for ensuring this policy is implemented, reviewed annually, and that all staff receive appropriate training. Must ensure DSL and Deputy DSL are always contactable.
Designated Safeguarding Lead (DSL)	Leads all safeguarding referrals, liaises with Children's Social Care and the Police, maintains secure records, and co-ordinates the multi-agency response to any bruising concern involving an immobile infant.
Deputy DSL	Acts with full authority in the absence of the DSL. Must be familiar with this protocol and competent to make referrals without delay.
All Practitioners and Volunteers	Must observe, report, and accurately record any bruising or suspicious mark on an immobile infant immediately. Must not investigate, interrogate parents/carers, or share information with unauthorised parties.
Parents and Carers	Will be informed of this policy on enrolment. They will be kept updated during any enquiry, unless doing so would place the child at greater risk of harm.

9. Training Requirements

The following training requirements apply to all personnel at Little Acorns Montessori:

- All staff must complete basic safeguarding training before commencing unsupervised work with children, and must refresh this training at least every two years (EYFS 2025, Section 3).
- The DSL must attend a training course consistent with the criteria set out in Annex C of the EYFS Statutory Framework (2025). Training must be renewed at least every two years. The Nursery Manager should additionally consider whether any staff — and in particular the DSL — require annual refresher training within that two-year period to reflect changes to safeguarding procedures or following any significant safeguarding incident, including any bruising concern involving an immobile infant.

- All staff working in the baby room or with infants under 12 months must be trained specifically in the recognition of bruising in pre-mobile infants.
- Training records must be maintained by the Nursery Manager and made available to Ofsted on request.
- The nursery should access training resources provided by the Bracknell Forest Safeguarding Board and the NSPCC.
- In accordance with EYFS 2025 requirements, training records must document not only completion of safeguarding training but also how staff are supported to apply that training in practice. The DSL is responsible for ongoing support, advice, and guidance to all practitioners, and must ensure that learning from any bruising concern involving an immobile infant is embedded into team practice through supervision and case reflection.

10. Key Contacts

The following contact details must be kept up to date. Staff must know how to access these contacts at all times.

Contact	Details	
Designated Officer / Nominated Individual	Jonathan Duffy	All Campuses
Designated Safeguarding Lead (DSL)	Elaine Eastham	Ascot Campus
Designated Safeguarding Lead (DSL)	Agata Payne	Bracknell Campus
Designated Safeguarding Lead (DSL)	Emma Gray	Crowthorne Campus
Deputy Designated Safeguarding Lead (DDSL)	Jessica McGrath/Katy Cooley	Ascot Campus
Deputy Designated Safeguarding Lead (DDSL)	Joanne Broughton	Bracknell Campus
Deputy Designated Safeguarding Lead (DDSL)	Martine Loveridge	Crowthorne Campus
Deputy Designated Safeguarding Lead (DDSL)	Kira King	Crowthorne Campus (in the absence of Emma and Martine)
Manager on Duty	As rostered	All Campuses
Bracknell Forest MASH	01344 352005 email mash@bracknell-forest.gov.uk.	Available Monday to Friday, 8:30am to 5pm. For emergencies outside of Monday to Friday 8:30am–5pm, contact the Emergency Duty Team on 01344 351999.
Thames Valley Police (non-emergency)	101	

Emergency services	999	
Ofsted (concerns about a registered provider)	0300 123 1231	

IMPORTANT: Telephone numbers for local authority duty teams should be checked and verified annually. Staff must not rely on memory. A laminated copy of this contact sheet must be displayed in every room used for infant care.

11. Policy Adoption

This policy has been adopted by Little Acorns Montessori and will be implemented with effect from the date shown in the Document Control table above.

Role	Name	Date
Owner/Director	Jonathan Duffy	June 2026