



Suffolk Safeguarding Children Board

Supplementary Guidance for Non-Mobile Infants Flowchart

National serious case reviews and local individual child protection cases have indicated that staff have sometimes underestimated the significance of the presence of bruising or minor injuries in children who are not independently mobile. They have therefore not considered what appears to be a rather minor injury as an indicator or precursor to significant injuries or death of a child. **Early recognition and action in such cases is key to preventing further injuries.**

Terminology

- **Not Independently Mobile:** an infant who is not crawling, bottom shuffling, pulling to stand, cruising or walking independently. Includes all children under the age of six months and **any** children with a disability who are not able to move independently. Babies who can roll or sit independently are classed as **non-mobile** for the purposes of this document;
- **Bruising:** blood coming out of the blood vessels into the soft tissues, producing a temporary, non-blanching discoloration of skin however faint or small with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple. This includes petechiae, which are tiny red or purple non-blanching spots, less than two millimeters in diameter and often in clusters;
- **Minor injuries** may include (but are not confined to) torn frenulum; grazing; abrasions; minor cuts; blisters; injuries such as bruises, scratches, burns/scalds, eye injuries e.g. sub-conjunctival hemorrhages/corneal abrasions, bleeding from the nose or mouth, bumps to the head.

Any bruising, fractures, bleeding and other injuries such as burns should be taken as a matter of enquiry and potential abuse unless otherwise evidenced.

What Research Tells Us

- Bruising in an infant who has no independent mobility is very uncommon - Kemp (2015) has found that 2.2% of non-mobile babies will have bruises. It may be an indicator of a serious medical condition or physical abuse;
- Severe child abuse is 6 times more common in babies aged under 1 year than in older children. Infants under the age of one are more at risk of being killed at the hands of another person (usually a carer) than any other age group of child in England and Wales;
- Infant deaths from non-accidental injuries often have a history of minor injuries prior to hospital admission;

- Multi-agency information sharing allows for sensible, informed judgements regarding the child's safety to be made;
- Moreover, the pattern, number and distribution of accidental bruising in non-abused children is different to that in those who have been abused. Accidental bruises are more commonly found over bony prominences and on the front of the body but rarely on the back, buttocks, abdomen, upper limbs or soft-tissue areas such as cheeks, around the eyes, ears, palms or soles of the feet;
- Patterns of bruising suggestive of physical child abuse include:
 - Bruising or injuries in children who are not independently mobile;
 - Bruising or injuries in babies;
 - Bruises that are away from bony prominences;
 - Bruises to the face, back, abdomen, arms, buttocks, ears or hands;
 - Multiple or clustered bruising;
 - Imprinting and petechiae
 - Symmetrical bruising.
- A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. A full clinical examination and relevant investigations must be undertaken by a paediatrician.

While professional judgement and responsibility have to be exercised at all times, it errs on the side of safety to require that professionals refer to Children's Social Care all children with bruising or injuries who are not independently mobile.

Involving Parents/Carers

In most cases, parents should be enabled to participate fully in any enquiry and assessment process. Social workers should interview the parents/carers and determine the wider social and environmental factors that might impact on them and their child. The needs and safety of the child will be paramount when determining at what point parents or carers are given information.

Particular attention should be paid to communication with parents who may have difficulty understanding the explanation, for example parents whose first language is not English or parents with learning difficulties.

Where a professional has concerns about the nature and cause of an injury or bruise they should explain at an early stage why, in cases of bruising or minor injuries in not independently mobile children, additional concern, questioning and examination are required. Any decision to refer to Children's Social Care should be explained to the parents or carers frankly and honestly.