

Safeguarding

Under 2's – Non/pre-mobile babies

It is crucial when working with younger children, that practitioners have a sound understanding of the signs and indicators of abuse that are age and stage specific. This might be an area for professional development for those new to working with this age/stage, or those looking to refresh their safeguarding knowledge and understanding.

What do we mean when say “non/pre-mobile baby”?

- The LLR procedures online references a non/pre-mobile baby as an infant “who is not yet rolling, crawling, bottom shuffling, pulling to stand, cruising or walking independently. **This includes all babies under the age of six months and most infants aged 0-1 years.**”

Why do local authority safeguarding procedures refer to this term?

- It is important to note that the younger the child, the greater the risk the bruising, mark or injury is non-accidental and the greater potential risk. Being able to recognise signs and indicators swiftly, and being confident of the action to take, is integral to the role of a practitioner working with this age/stage.

The Leicester, Leicestershire and Rutland Safeguarding Children Boards online procedures has a wealth of information referring to the signs to be aware of, the action to take, the services to support you and the procedures for recording and reporting identified concerns:

[Bruising, Marks, or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children \(proceduresonline.com\)](http://proceduresonline.com)

Things to consider:

- Bruising in babies who are not yet mobile is rare. It is very unusual for a baby to get a bruise during everyday activities such as nappy changes, bathing or feeding.
- Bruising can be related to a health condition which has not been previously identified but could just as easily be due to a deliberate injury, and therefore it is important that the situation is fully assessed.
- Do your safeguarding policies and procedures include what to do should a bruise or skin mark be identified on a non/pre-mobile baby? If not, explore this as a next step.

TASK 1

Review brief scenarios below and talk with a partner about what action would be required:

- New member of staff Karim has observed a skin mark on Baby C's ear. In line with procedures, she raised this concern with her DSL. The DSL shared that this is a recognised mark, disclosed by parent as a birth mark. She confirmed that this was documented at the time of initial identification and that the mark has remained consistent.
 - What more information might you need?
 - What policies or procedures would you need to refer to?
 - Is there any further action required? If so, explore what next steps would be needed.
 - Is everyone in agreement or does clarity need to be established about the consistent implementation of your policies and procedures?

Experienced practitioner Laura has identified a bruise on Baby X's chest. After consulting the DSL, it was felt appropriate to contact the parent to explore the concern. After speaking with the parent, Laura was not satisfied that what Mum shared, sufficiently explained the bruising observed.

- What more information might you need?
- What policies and procedures would you need to refer to?
- Is any further action required? If so, explore what next steps would be needed.
- Is everyone in agreement or does clarity need to be established about the consistent implementation of your policies and procedures?

TASK 2

It is important that as professionals, you are equipped with the knowledge to be able to manage concerns around identified bruises and skin marks in non/pre-mobile babies with confidence and consistency.

We have acknowledged that bruising in non/pre-mobile babies could be a sign of deliberate harm being the cause, but also that it could be related to a birth trauma/injury, or an underlying health condition. Below is a list of potential conditions that relate to bruising:

- Von Willebrand Disease
- Mongolian Blue spot
- Haemophilia
- Leukaemia
- Vitamin K Deficiency

Whilst this is not an exhaustive list, ask practitioners to explore the signs and symptoms of the above, to support them in using their professional judgement when tackling concerns, contributing to record keeping, reviewing policies etc.

TASK 3

- Is your existing policy and procedures for recording existing injuries robust? When was it last reviewed?
- Do procedures for recording injuries include information regarding how it may differ for immobile babies?
- Are babies and children's birth marks recorded at registration? Why is this important?
- Are staff that work with babies and immobile infants confident it speaking with parents about any concerns relating to bruising/skin marks?

“Numerous serious case reviews, held following death or serious injury to a child in connection with abuse or neglect, have identified situations where a child's death may have been preventable had practitioners appreciated the significance of what appeared to be minor bruising in a pre-mobile infant.”

“Frontline professionals need to take into account the increasing evidence base and learning from both local and national case reviews, that such bruising, marks, or injury are unusual and may be an indicator of child abuse regardless of whether there is an explanation about how the bruising, marks, or injury occurred.”

Useful links

[Bruising in non mobile babies](#)

[7 minute briefing - Grace 1 month old](#)

[Bruising on Babies WEB - YouTube](#) (please be mindful that the end of this video refers to another LA's referral process and not that of Leicester City.)