Warwickshire Safeguarding Children Partnership - 7 Minute Briefing

Non-Accidental Injuries (NAI) in Pre Mobile Babies & Non-Independently Mobile Children

01 Introduction

This briefing draws on learning from local and national reviews involving confirmed or suspected non-accidental injury to children, with a particular focus on pre-mobile babies and non-independently mobile children. National evidence consistently shows that the younger the child, the greater the likelihood that bruising, marks, or injuries may be non-accidental, and the greater the potential risk of significant harm. Practitioners should ensure that the child's welfare remains central to all assessment, decision making and safeguarding activity.

02 Children at increased risk of non-accidental injury

- **Pre-mobile babies:** Babies not yet rolling, crawling, standing, or walking independently, including all babies under six months.
- **Non-independently mobile children:** Children whose mobility is limited by disability and who may remain at increased risk of abuse, regardless of their level of mobility.

Practitioners should consider each child's developmental stage, disability, communication needs and individual circumstances when undertaking assessments.

03 Potential indicators of non-accidental injury

- Parent or carer delay in seeking medical advice.
- Bruise, mark or injury found incidentally during another contact or appointment.
- Unlikely or developmentally incompatible explanation for an injury, including those allegedly caused by a sibling.
- Bruising to protected areas (torso, ears, neck, cheeks).
- Patterned or clustered marks could indicate pinches or crescents indicate bites.

04 Potential indicators of non-accidental injury (continued...)

- Explanation is inconsistent with the child's development stage or explanation is inconsistent over time or confused.
- Repeated episodes of presenting with bruises, marks or injuries.

Practitioners must maintain professional curiosity where explanations are unclear, inconsistent, or do not fit the child's developmental stage and seek advice if required.

05 The role of practitioners

Safeguarding is a shared responsibility. Practitioners should work collaboratively, share information appropriately, and build a full understanding of the child's circumstances. Explanations for injuries should **not** override professional judgement. Where concerns remain, practitioners should follow safeguarding procedures, seek advice where needed, and discuss concerns with Children's Social Care to agree next steps.

06 Key practice messages

- If they don't cruise, they shouldn't bruise.
- A bruise may be the first sign of significant harm.
- Does the explanation fit the child's development?
- Bruising to ears, neck, torso or soft tissues is concerning.
- Consider sibling-inflicted injuries carefully.
- See the whole child: identity, communication needs, history and lived experience.
- Be professionally curious and avoid assumptions.
- Injuries should not be considered in isolation. A chronology should be used to identify patterns /themes.
- Where one child may require a Child Protection medical, consider whether siblings also require medical assessment.
- Share, record and seek safeguarding advice if unsure.

07 Further information

- WM CP procedures: Bruising in babies & children
- WM CP procedures: Information sharing
- Contacting Warwickshire's Family Connect (Children's Social Care)
- Preventing infant head trauma with ICON
- NSPCC: Bruises, fractures, burns, scalds and bites
- WSCP 7-minute briefing: Hidden men
- NSPCC: The voice of the infant



Published: October 2026