SAFE GUARDING CHILDREN

By
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PROTECTING CHILDREN IS EVERYBODY'S BUSINESS

CASE HISTORY

7/12 male Sat morning

Admitted following head injury

Being looked after by mum's partner

Placed on sofa sitting on 2 cushions

Mother's partner left the room

Child fell off sofa onto make-up case on floor

Picked up by mum's partner

'like a rag doll, eyes rolling'

Taken to local casualty – 9.30am

Sent on to referral hospital

BACKGROUND AND PMH

Preterm – 33/40 – brief stay in SCBU

Mum 19yr old – healthy

9 days previously – admitted with vomiting, drowsiness, staring spells

No signs of infection

Cause of episode uncertain

Examination

- Alert, conscious, fractious
- Facial bruising – left side of face
- Fundoscopy - retinal haemorrhages seen

Investigations

Skull Xray – no fracture

MRI scan requested…..

Blood Investigations

Hb 8.7

MCV 68

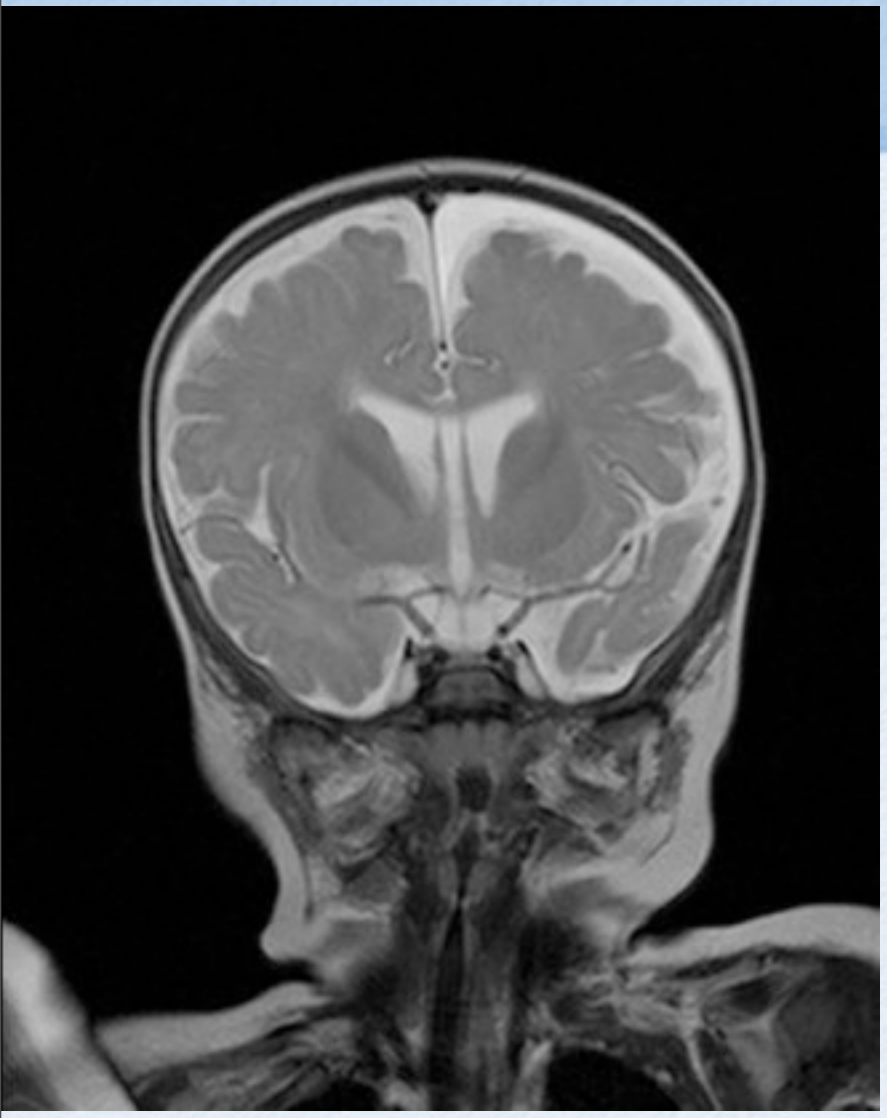
PLT 624

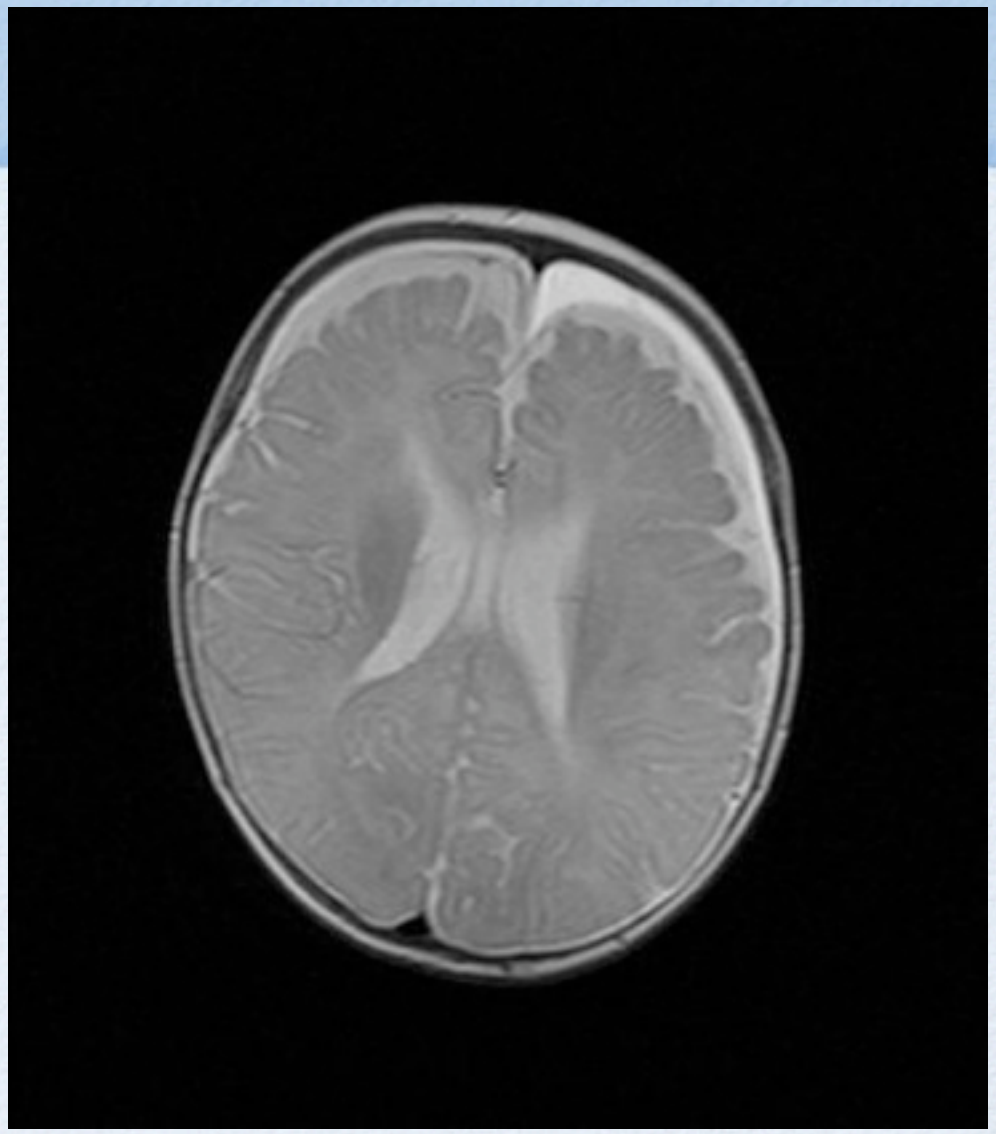
Clotting Screen N

WCC 9.6

Monday

- Skeletal Survey: No bony injuries
- MRI scan performed





MRI

Diagnosis:

BILATERAL SUBDURAL HAEMORRHAGE

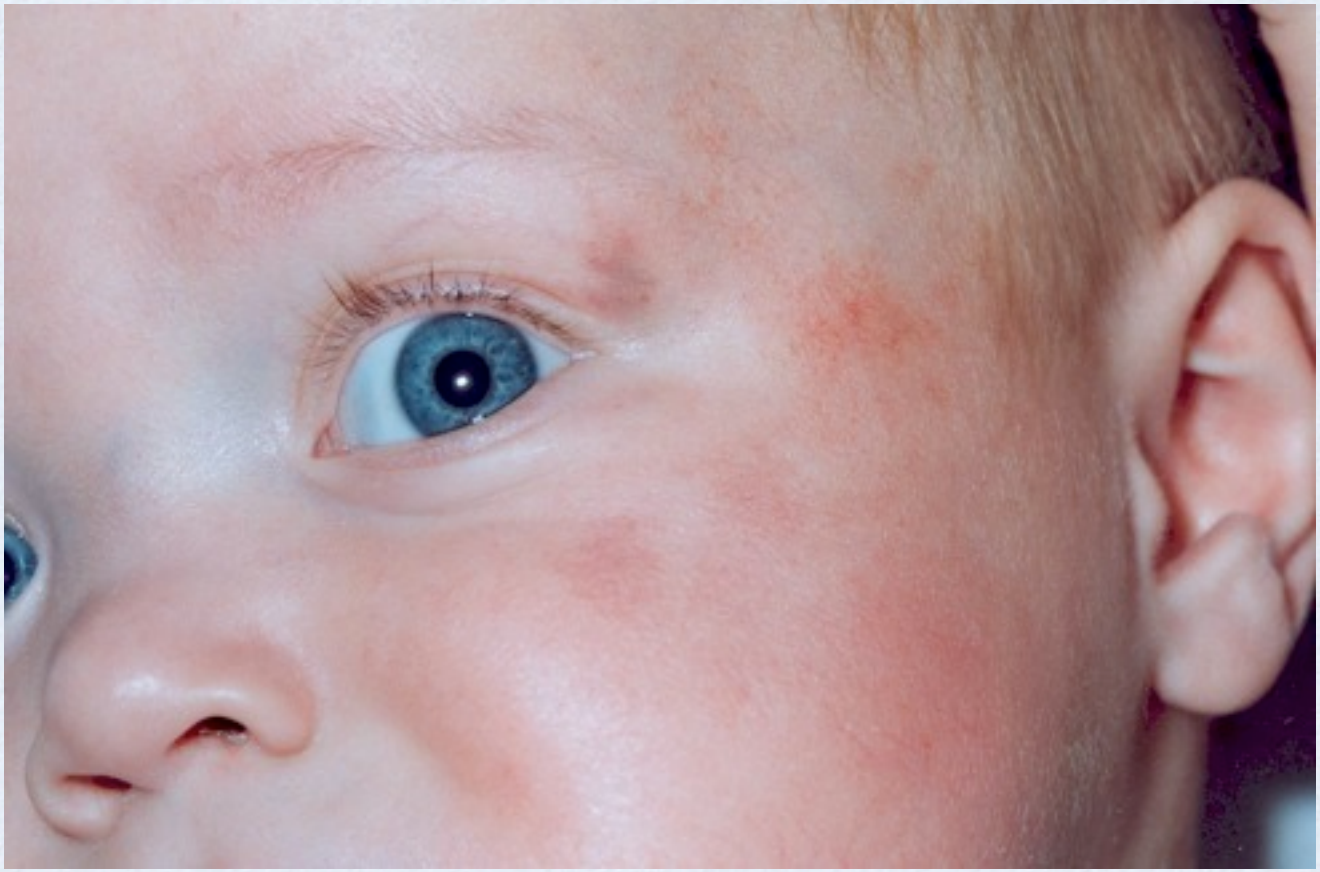
Monday Afternoon

Meeting with parents to give MRI results

Sensible parents, appropriately concerned, alarmed

Concerns raised about combination of findings

Hospital Photo's - Monday



ACTION TAKEN

- CP register checked
- On call SW contacted
- Careful notes, diagrams, photo's
- Child kept in safe place
- Expert opinions asked for
- STRATEGY MEETING
- CASE CONFERENCE

SUBSEQUENTLY

CHILD IN FOSTER CARE

OBJECTIVES OF SESSION 1

- An appreciation of why protecting children is ***everybody's business***
- To ensure all trust employees are aware of the Trust's commitment to promoting and safeguarding children
- To ensure all trust employees know how and when to access support and advice
- To ensure all trust employees are aware of child protection procedures

OBJECTIVES OF SESSION 2

- What to do if you have concerns or how to deal with disclosures
- Information sharing and child protection contacts
- Communicating concerns to parents

WHY?

- Mandatory training for all.
- Child Protection is everyone's business
- Jig saw puzzle with information held by different individuals or agencies [Multi-agency]
- Early identification of families in need to prevent a crisis situation

Professional and Personal Code of Conduct – *Nursing & Midwifery council*

- **Respect for all individuals**
- **Place the safety and well being of children first**
- **Awareness of relative powerlessness of children**
- **Commit to prevent exploitation and abuse of children**
- **Awareness of CP policy and your responsibilities within it**

CONFIDENTIALITY POLICY

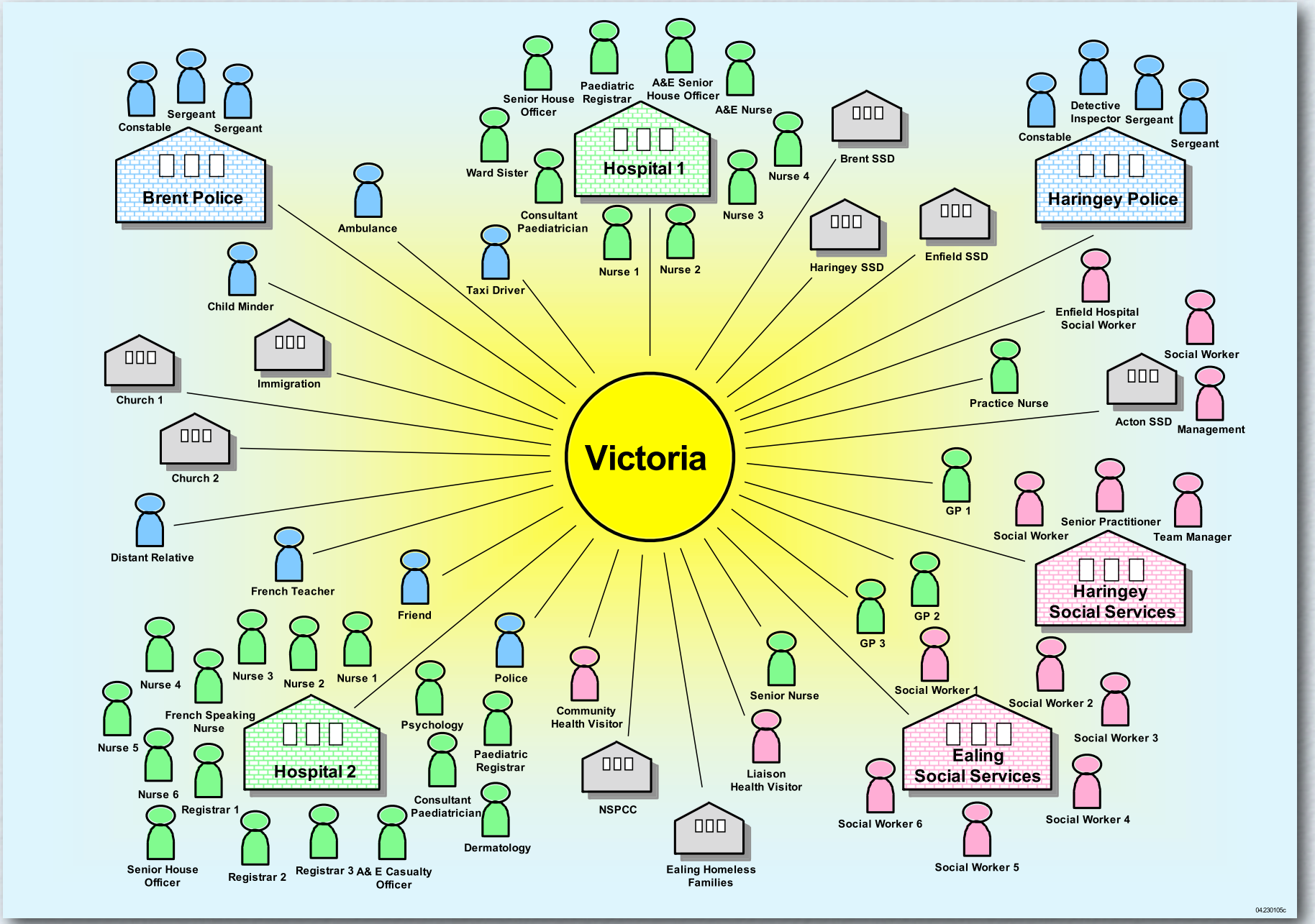
- Everyone has a duty to consider when disclosure of information is appropriate and if unsure to seek advice
- Circumstances when disclosure may be made despite the absence of consent:

required by Court Order

in the public interest

Victoria Climbe

- Arrived the England 25th April 1999
- Had contact with several professionals concerns raised but no information sharing.
- Died on 25th February 2000 of hypothermia and multi-organ failure
- 128 Injuries no part of her body was spared


Victoria
Brent Police
Constable
Sergeant
Sergeant
Ambulance
Child Minder
Immigration
Church 1
Church 2
Distant Relative
French Teacher
Friend
Hospital 1
Senior House Officer
Paediatric Registrar
A&E Senior House Officer
A&E Nurse
Ward Sister
Consultant Paediatrician
Nurse 1
Nurse 2
Nurse 3
Nurse 4
Taxi Driver
Brent SSD
Haringey SSD
Enfield SSD
Haringey Police
Constable
Detective Inspector
Sergeant
Sergeant
Enfield Hospital Social Worker
Social Worker
Practice Nurse
Acton SSD
Management
GP 1
GP 2
GP 3
Social Worker
Senior Practitioner
Team Manager
Haringey Social Services
Social Worker 1
Social Worker 2
Social Worker 3
Social Worker 4
Social Worker 5
Social Worker 6
Ealing Social Services
Senior Nurse
Liaison Health Visitor
Community Health Visitor
NSPCC
Police
Psychology
Paediatric Registrar
Consultant Paediatrician
Dermatology
Ealing Homeless Families
Hospital 2
Nurse 4
Nurse 3
Nurse 2
Nurse 1
French Speaking Nurse
Nurse 5
Nurse 6
Registrar 1
Senior House Officer
Registrar 2
Registrar 3
A& E Casualty Officer
04230105c

27 Healthcare Recommendations 1 (Laming)

- Concerns re deliberate harm – *must be fully addressed, accounted for and documented*
- *Comprehensive, contemporaneous notes*
- *Record of all discussions in case notes*
- *No discharge from hospital without Paediatric consultant permission*

Laming Recommendations 2

- No discharge without documented plan for future care
- No discharge without identified GP
- WHEN ADMITTED – enquiries about previous admissions (including other hospitals
- Full examination within 24 hrs of admission – except if it compromises child's physical or mental care

Laming Recommendations 3

- Identifiable consultant for every child admitted
- Written report to SS
- Single set of records
- All discussions documented
- Revalidation for all doctors with responsibility for children

Local Guidelines

- Pennine Acute Child Protection Policy
- Local Safe Guarding Boards

What to do if you have concerns that a child is being abused

Concern about child's welfare -discuss

- **Concerns persist**
- Refer to SS – report within 48 hrs
- SS acknowledge receipt of referral and decide on action within 1 day
- Initial assessment
- Concerns about child's safety
- No longer concerns
- No further CP concerns-may still need to act to ensure services provided

DISCLOSURE BY CHILD – DO NOT

- Allow shock, distaste to show
- Probe for more info than offered
- Speculate or make assumptions
- Make negative comments about alleged abuser
- Make promises you can't keep
- Agree to keep info secret

How to respond if a child makes a disclosure

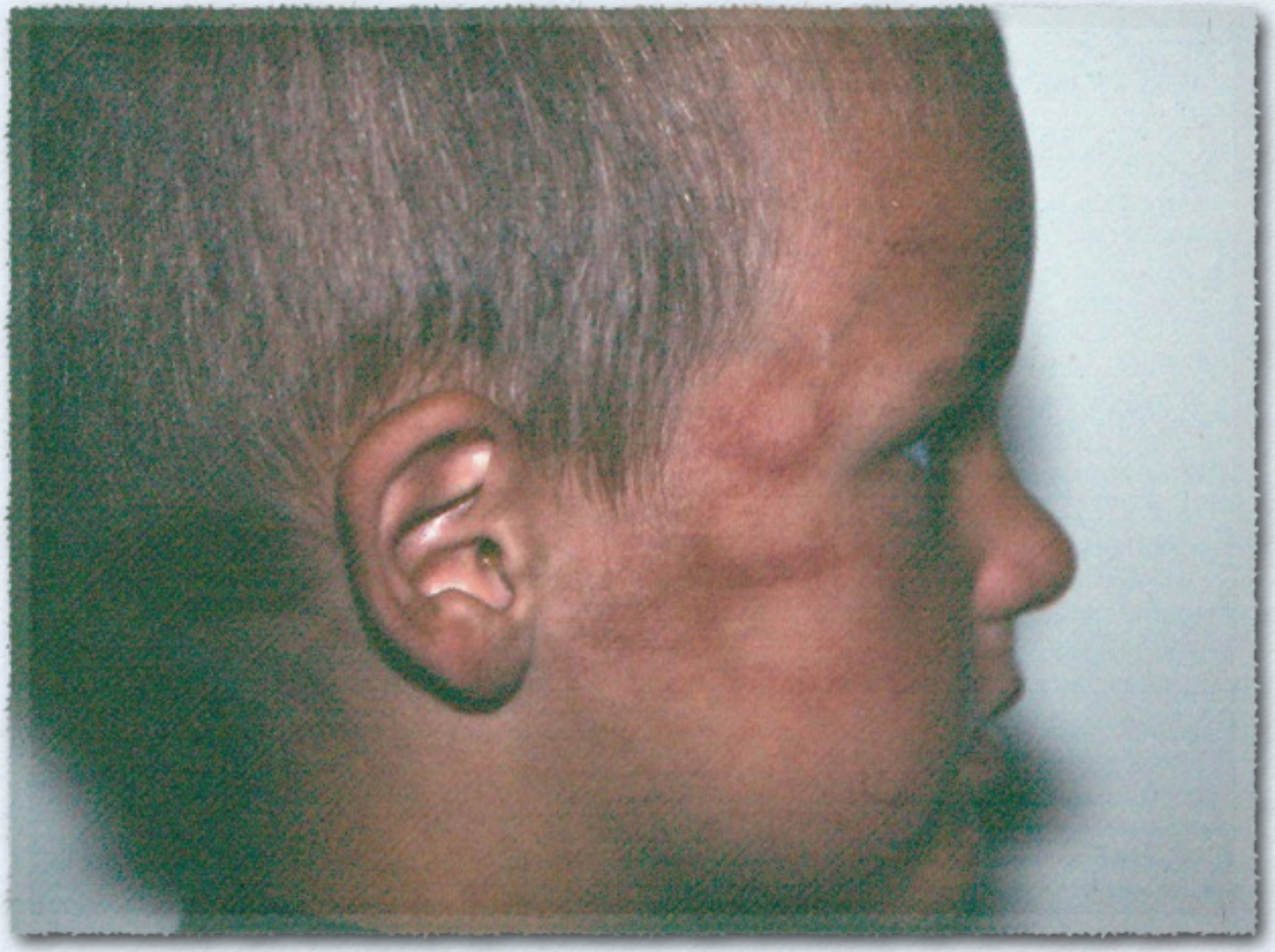
- This has taken a great deal of courage for the child
- Remain calm,accessible and receptive
- Listening carefully without interrupting
- Repeat back what you heard the child say,make a note and who was present at the time
- Be aware of your own non verbal messages
- Make it clear that you are taking them seriously
- Reassure them that they should not feel guilty ,and that you are sorry this happened to them

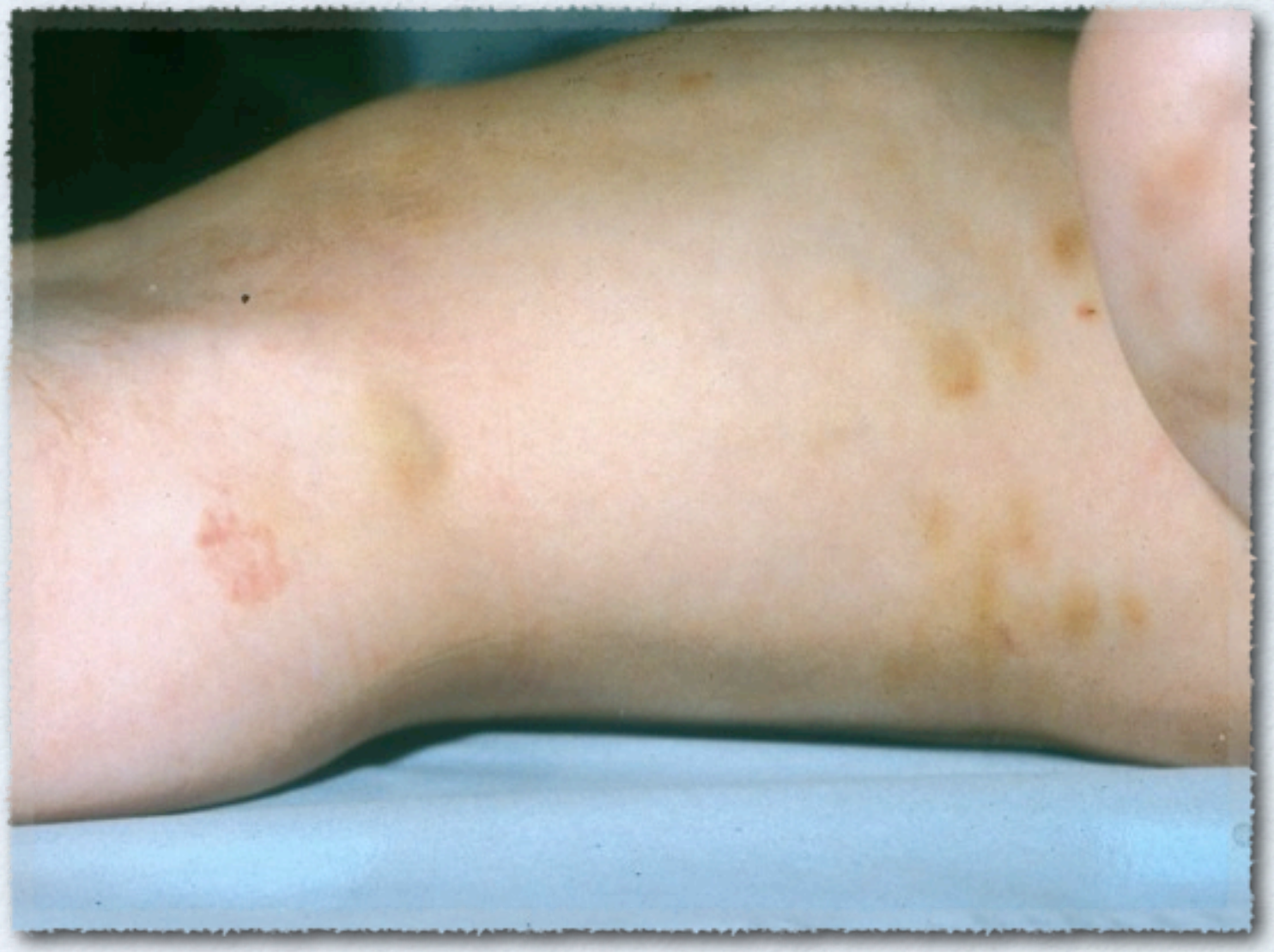
POINTERS

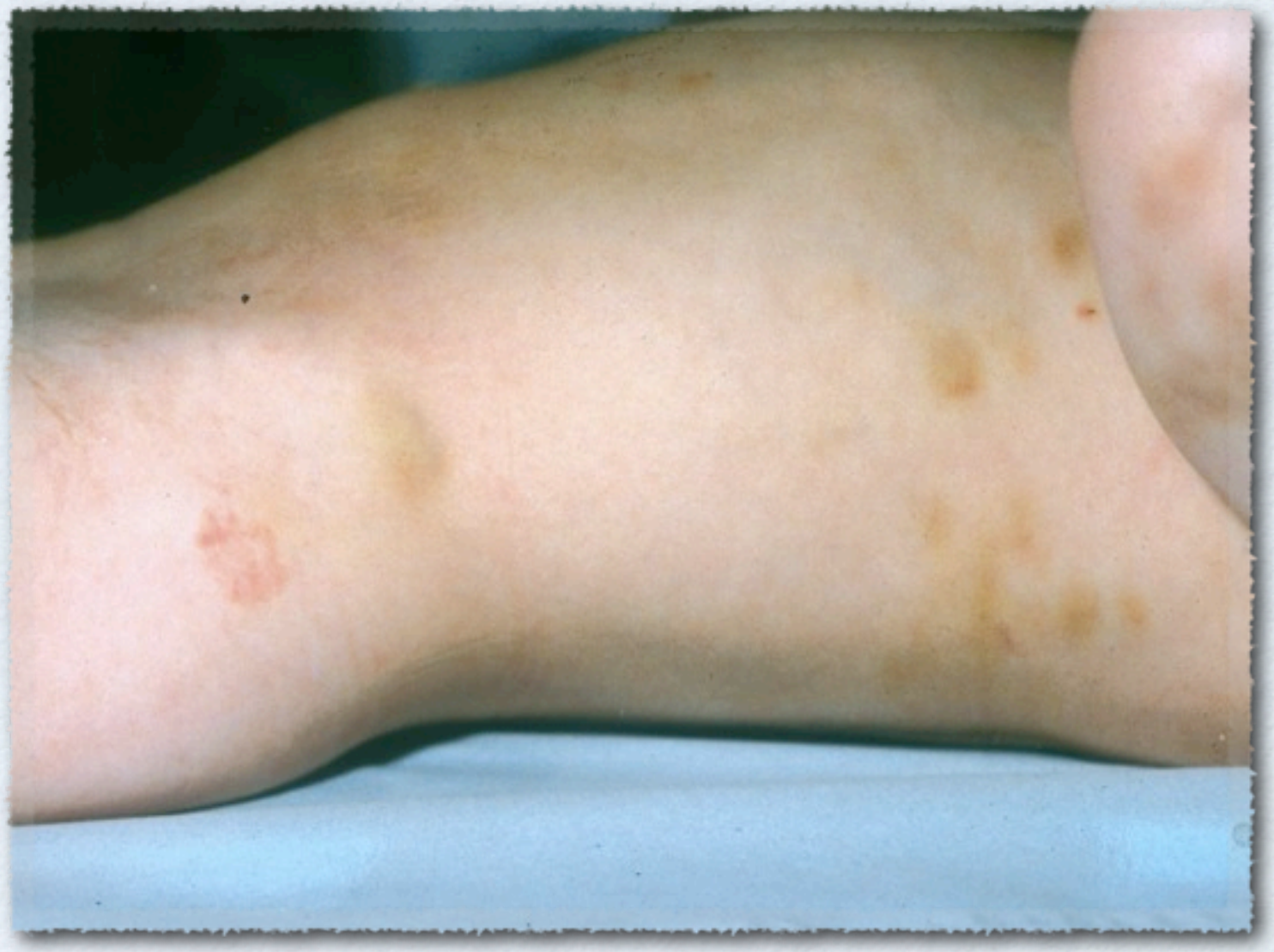
- The history is not in keeping with the developmental age and clinical findings
- Inconsistent history.
- Incidental finding.
- Delay in seeking medical assistance
- Clinical findings

TYPES

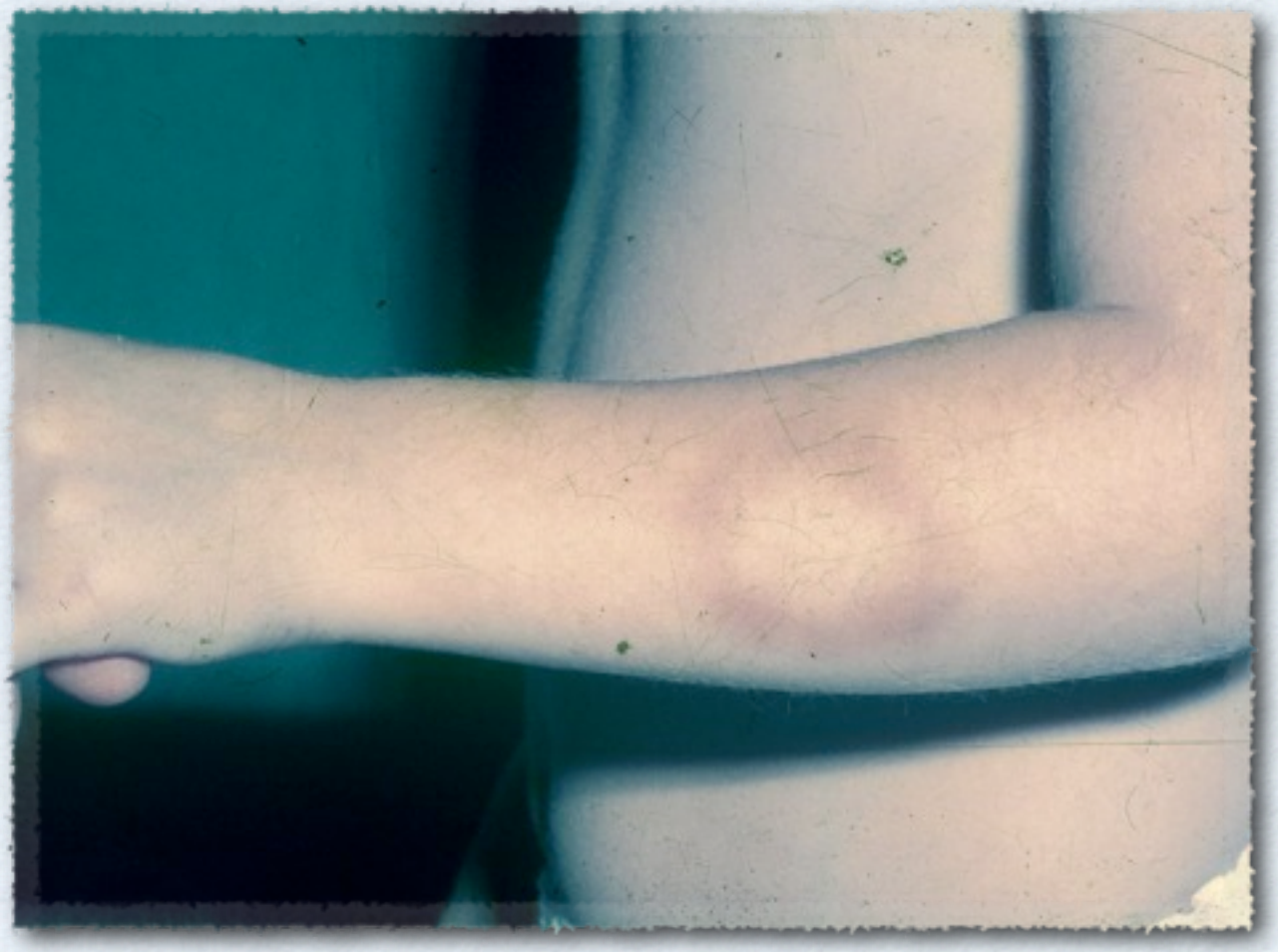
- Physical Abuse
- Neglect
- Emotional
- Sexual Abuse
- Factitious or Fabricated illness

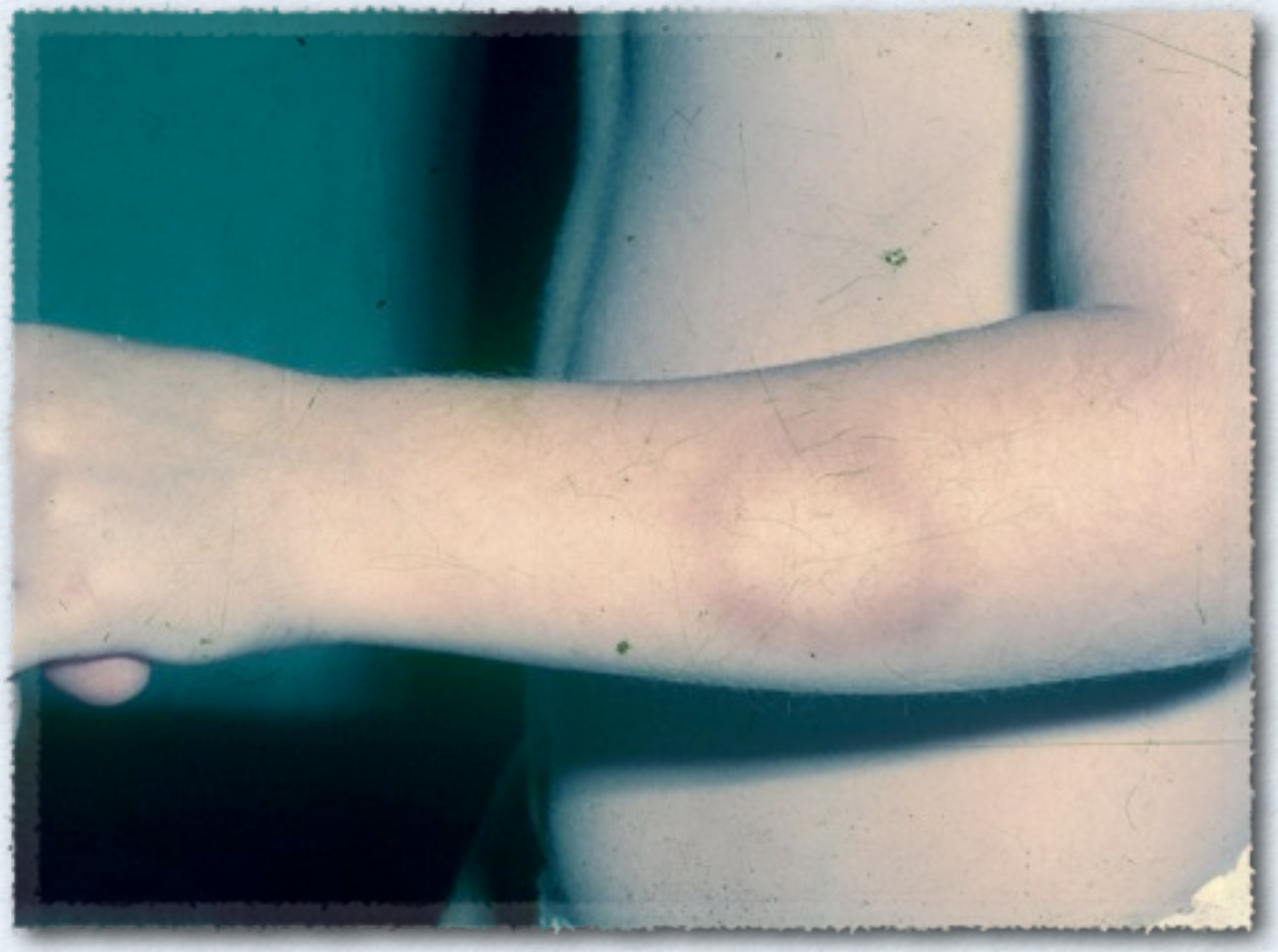






MULTIPLE BRUISES OF DIFFERENT AGES





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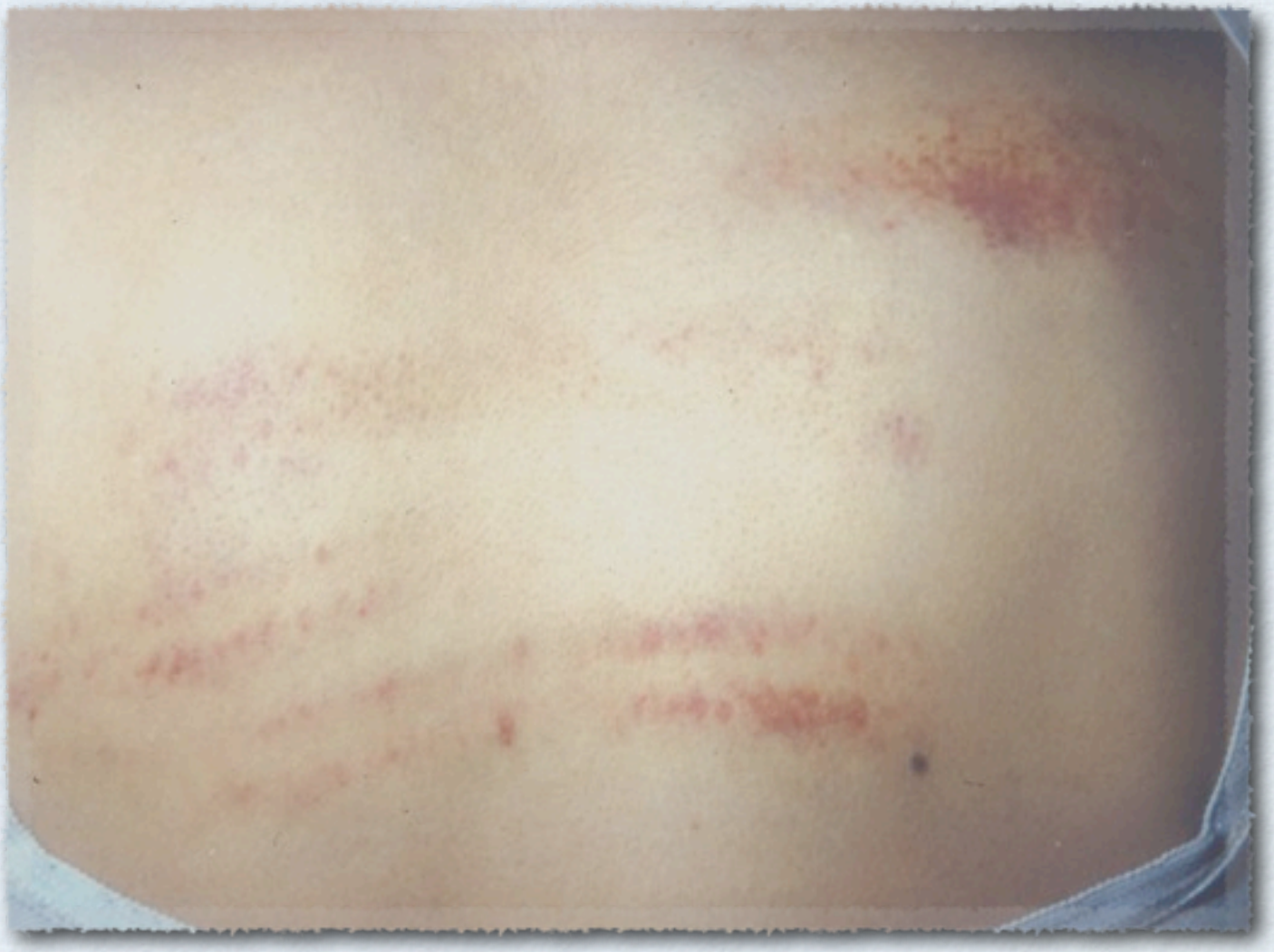
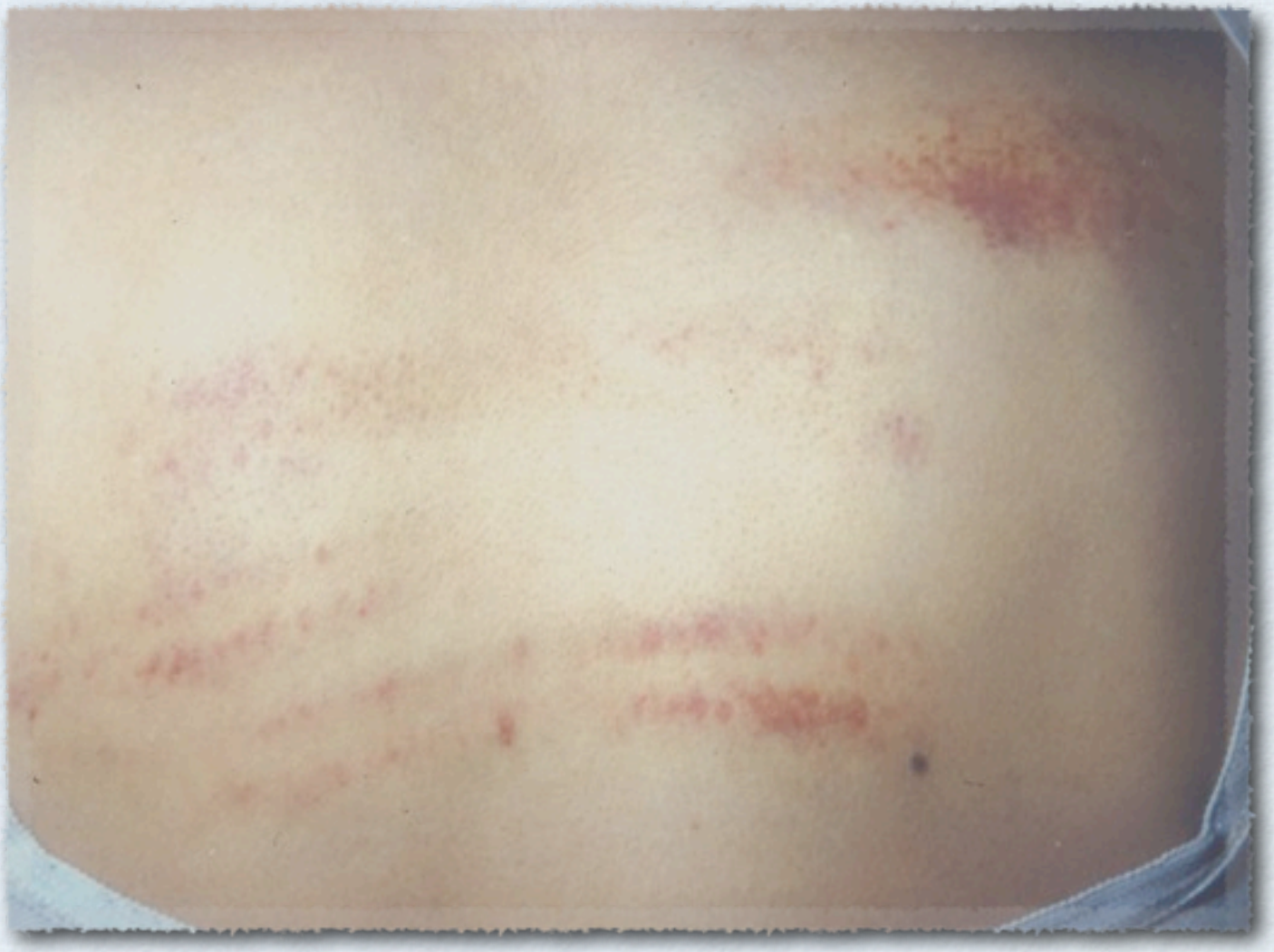
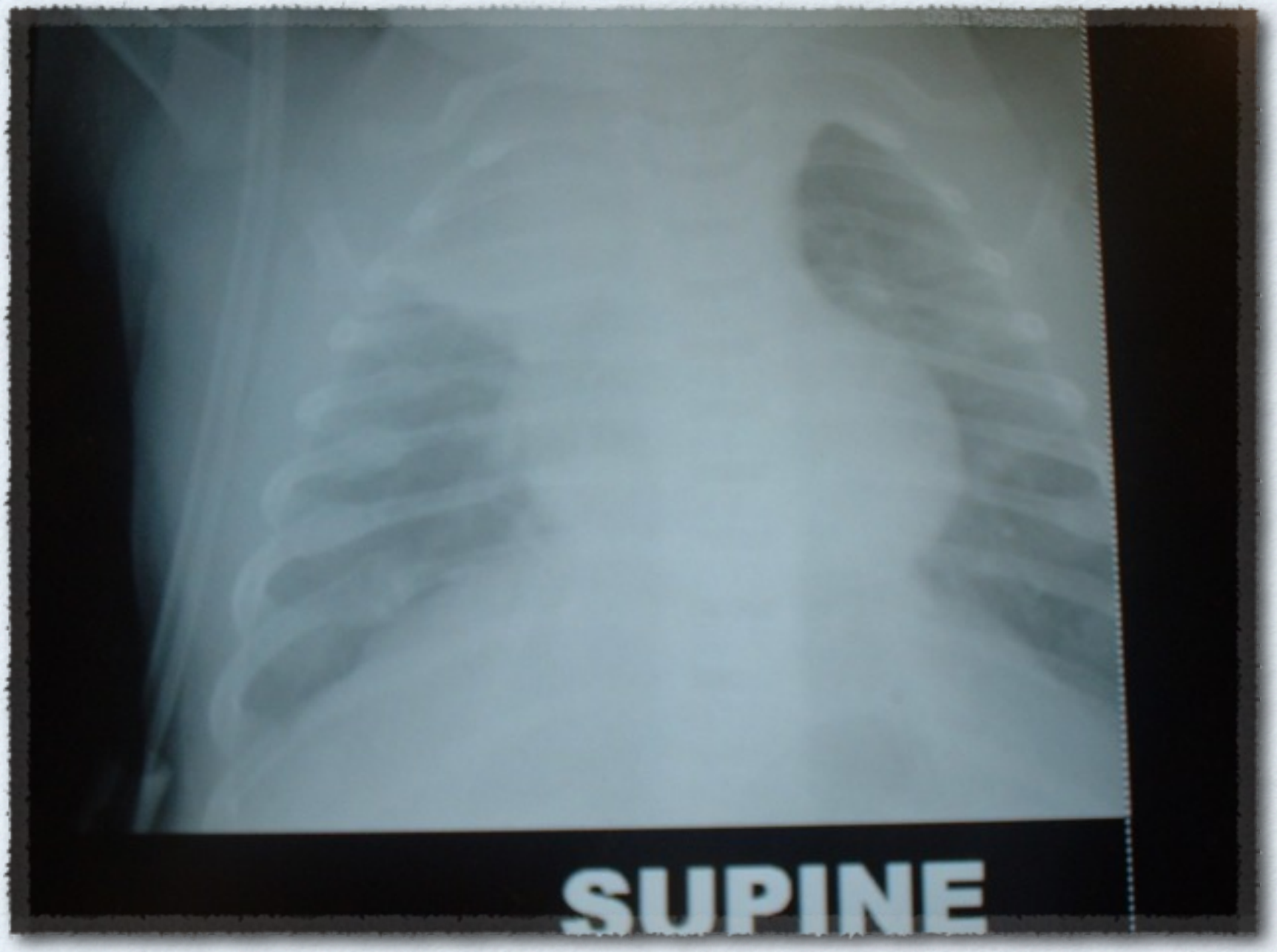




BEATING - STICK

DIFFERENTIAL DIAGNOSIS

- ITP
- Petechiae (cough, vomit)
- Purpura – sepsis
- Neuroblastoma
- Mongolian blue spots
- Dermatitis Artefacta


SUPINE

RIB FRACTURES

- Mechanism–squeezing–adult hands around chest
- Strong association with shaking – brain injury
- DDx – MVA, rickets, osteoporosis, surgery, OI
- Easier to see when healing – repeat Xray if unsure

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THANK YOU