

# SAFEGUARDING

## Learners Guide

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### PRE READING

The Child Protection Companion. Last published December 2017.  
Available on RCPCH website and Paediatric Care Online

**RCPCH: Child Protection Evidence** (evidence based resources for  
clinicians to help inform child protection procedures)

**Child Protection Processes: PaediatricFOAMed**

**DFTB: Skeletal Survey in NAI**

**St Emlyns: Child Protection**

[www.aliem.com/pem-pearls-child-abuse-case-1/](http://www.aliem.com/pem-pearls-child-abuse-case-1/)

## CASE 1 (15 MINS)

6-month-old child (Lisa) on a child protection plan presents to ED with coryzal symptoms and fever of 37.8 degrees. On examination it is felt that Lisa has a viral illness however after exposing her she is noted to have multiple bruises on their back of differing colors and sizes.

Lisa had been left with her grandmother and grandfather over the weekend as her mother had spent the weekend with her new partner.

### **What is your next course of action?**

On examination you notice that Lisa is mildly coryzal. You note that the clothes Lisa is wearing seem inadequate. It's a cold day and Lisa has arrived solely in a baby grow. There is no respiratory distress and the child is cardiovascularly stable. Lisa is alert and active with normal power and tone and a level anterior fontanelle.

On exposing Lisa you notice multiple bruises. There are some bruises on her back, with further bruises behind Lisa's ears (they are round and look like fingertip marks). These bruises concern you. You also notice the nappy is sodden and does not look like it has been changed in a while. The car seat Lisa has arrived in is really dirty with crumbs in it.

You think about the toddler you have just seen prior to reviewing Lisa who was a 3 year old boy that had fallen over with a minor head injury but you had noted multiple bruises on his shin and you now question if you should have been worried by these bruises

### **Why are the bruises on this child's back concerning? What bruising patterns are more concerning in children presenting to the ED?**

Now you have examined Lisa and are happy that the fever is only being caused by a coryzal illness. You prescribe some paracetamol and go on to take a more extensive history from her mother.

## What questions do you need to incorporate into a paediatric history when you are concerned about safeguarding issues?

Lisa's mother had noticed some bruising after picking up Lisa from her grandparents yesterday. She was worried about it but did not come immediately to hospital. Lisa's mother is unsure if her parents may have done this to Lisa. She wants Lisa to be OK but is worried that Lisa will be taken from her.

### CASE 2 (15 MINS)

Mo is a 3 month old boy. He has presented to the ED due to family concerns that he is not moving his left leg. Parents are concerned that it looks a bit swollen.

Mo is normally fit and well. He was born at term by NVD. He lives with his Mother, Father and extended family.

On examination: Mo has normal observations. He has a normal respiratory, cardiovascular, abdominal and neurological examination. On further examination you notice that Mo is reluctant to move his left leg - there looks to be some swelling over the femur. He cries when you examine it.

You ask more questions- establishing that Mo's Dad has been away for the last few days at work and Mo has predominantly been with his Mum. Mo has a social worker who was allocated as mum had disclosed depression and had not wanted to continue with the pregnancy but due to pressure from the extended family had continued with the pregnancy.

Mo is not yet mobile or rolling. There is no history to suggest how this might have happened. You can't find any other evidence of injury on examination. You do notice on examination that Mo's pram has old food in it, his clothes appear dirty. When you are examining him you notice that his nappy is very full and he has some evidence of nappy rash.

## What can some of the more subtle signs be that can alert you to child protection issues?

You decide to give Mo some analgesia and request some X Rays.

Xray of the left femur shows a mid shaft spiral fracture of the left femur.

### **How do you move forward now?**

After you have made the referral to Social Care they are able to tell you that Mo's known social worker is actually on duty. Mo's mother has been very low in mood and the social worker had been having regular contact as they had been concerned she was not coping. The social worker and a member of the police are en route to the hospital to talk to Mo's parents. There are no other children at home. You inform then Mo is being admitted to the Trauma and Orthopaedic (T and O) ward- under joint care with General Paediatrics team- who are preparing to perform a full child protection medical examination and further investigations.

**You wonder if Mo's Mum and Dad will agree to all of this and what will happen if they don't?**

## **ADVANCED DISCUSSION**

### **ADVANCED CASE 1**

You have just seen Eric, a 7 year old boy who, with his siblings, have an allocated social worker. He presented with a two day history of fever and not drinking. On examination you believe he has findings consistent with bacterial tonsillitis. You want to discharge him on oral antibiotics. During your clerking Mum mentions that they have a Social worker who mum gives you the name and number of. They have a Social worker who mum gives you the name and number of.

Mum has attended during schooltime with all of the children- you notice three of them should be in school. You need to inform the Social worker about the attendance to ED.

**How does a child come to be placed on a 'Child in need' or 'Child Protection plan'?**

You want to inform Social Care about the fact that Eric attended the ED and that his siblings were not in school- it is nearly midnight and you wonder how you can do this - as you are due to be on two weeks of annual leave after today?

**How can you do this?**

## ADVANCED CASE 2

Liah is an 8 year old girl who you had seen on your previous shift in ED- she had presented with multiple bruises. You were concerned at the time that she had ITP. You had seen her and sent bloods off before you left - however you handed her over to a colleague as her bloods were not back when you left.

You find out when you are back on shift that her results were normal. Liah was admitted under the General Paediatrics team. She is undergoing investigations for suspected Non accidental injury.

### What are the investigations that should be performed in a child with suspected Non accidental injury?

You hear from the Medical Team that Liah's parents initially refused these investigations along with an examination of Liah specifically to look for injuries (Child Protection Medical examination).

### How do you speak to parents who get upset or confrontational?

### What happens if consent is not gained?

### What is the process for a Child Protection Medical Examination? What tools can you use to help you document correctly?

Liah disclosed during the child protection examination that she had for the last few months been hit by her older brother. Social care are now involved and with support and her brother no longer being allowed to visit Liah was eventually discharged home with her mother and father.

## Quiz Questions (10 mins)

### Question 1.

Blood tests have been performed for Zain a 4 month old child who you have seen in ED He has unexplained bruising- your consultant asks you to request further investigations before the child goes to the ward- what are they?

**A**  
No further investigations required if bloods are normal

**B**  
Ophthalmology review, Xray or areas that are bruised, CT head

**C**  
Skeletal survey, ophthalmology review, CT/ MRI head

## Question 2.

**What does a 'Section 47' mean?**

**A**

This refers to children who have a Police protection order in place- police have the right to remove them to a place of safety for 72 hours- parents still have consent

**B**

Local authority should coordinate an investigation where a child has been subject to or at risk of harm. The aim of the meeting is to decide if any action is required to safeguard the child.

**C**

Child is under a child protection plan and should therefore be raised to the Local Authority Children's care social team

## Question 3.

**You are asked by your consultant to organize some photographs of a child who has presented with bruising- it is a Sunday and medical illustration is not open- what should you do?**

**A**

With consent from parent use the consultant's phone

**B**

Get the parent to take photos on their phone and then get them to send them to your secure work account

**C**

Try to get the designated camera from another area in the hospital (A&E) if this is not available then do not take the photos and organize for them to be done as soon as medical illustration is available.

## Take home tips

- 1 Always be clear when presenting your findings and your opinion.
- 2 Remember to seek senior (and peer) support. But think about challenging if you feel the Senior does not share the same opinion.
- 3 Child protection cases can be complex – don't lose focus on the child at the center of it all.
- 4 Always ask for Senior help if you are unsure or the opinion of the named Safeguarding lead at your hospital or Local Children's Protection Services social team

## REFERENCES

NICE Guideline: NG 76 Child Abuse and Neglect Published October 2017.

NICE Guideline: NG 89 Child maltreatment: when to suspect maltreatment in under 18's. Published 22nd July 2009. Last updated 09th October 2017.

<https://www.nice.org.uk/guidance/cg89>

[www.paediatricfoam.com/2018/02/child-protection-documentation-where-do-we-even-start/](http://www.paediatricfoam.com/2018/02/child-protection-documentation-where-do-we-even-start/)

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Maguire S. Which injuries may indicate child abuse? Archives of disease in childhood - Education & practice edition, 6 December 2010, Vol.95(6), p.170

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<http://www.londonpaediatrics.co.uk/resources>

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