Buckinghamshire BSCB Safeguarding Children Board

Learning from Serious Case Reviews

Health Sector inc. Paediatrics and Accident & Emergency

Summary of risk factors and learning for improved practice for the Health Sector

Professionals in the health sector including Paediatric and Accident & Emergency (A&E) teams have a vital role to play in spotting and responding to some of the most severe forms of child abuse and neglect. Medical staff need to be able to recognise signs of child abuse and neglect, and need to be clear about what action they should take if they are worried.

Reasons case reviews were commissioned

This briefing is based on case reviews published since 2013 which have highlighted lessons for paediatrics and A&E teams in hospitals to improve safeguarding practice.

In these case reviews, children died or suffered serious harm in a number of different ways:

- ⇒ Non-accidental injuries (NAI)
- ⇒ Child sexual exploitation (CSE)
- ⇒ Physical and emotional neglect

Key Issues for Paediatrics and Accident & Emergency in Case Reviews

The case reviews highlighted examples of good practice. They praised examples of effective inter-agency working and appropriate escalation of concerns to Children's Services. They also highlighted professionals' awareness of cultural sensitivities when treating children and families from different ethnic backgrounds.

However, the case review also highlighted a number of issues for learning:

Dealing with each incident in isolation

Dealing with incidents in isolation is particularly true in A&E, where there is a high turnover of patients; medical teams may only focus on the immediate issue.
Considering previous hospital admissions as well as the child and family's history and background can help professionals distinguish non-accidental injuries (NAI) from other medical conditions. It can also be vital in spotting patterns which indicate child neglect.

Following up on missed appointments

Missed medical appointments may indicate that parents and carers are struggling to provide adequate care to their child. It is particularly important that health professionals follow up missed appointments for vulnerable children who are the subject of child protection plans.
These case reviews flagged the issue of health professionals not having common policies or systems of patient recording. Without this shared view, it is impossible to identify patterns of missed appointments, inconsistencies and risk.

Effective working with colleagues and other agencies

Health professionals can have doubts about the approach of Children's Services, but they do not always challenge them due to the assumption that 'social workers know best'.
Within medical teams there can also be poor communication and escalation of concerns.
Some reviews uncovered evidence of doctors over-estimating how well they had briefed doctors coming on duty.
In some hospitals, only senior consultants can inform police of a child's death in suspicious circumstances. Out-of-hours, this can lead to considerable delays in initiating investigations.

Focusing exclusively on the child's physical health needs

Sometimes health professionals focus primarily on children's physical health needs, whilst ignoring the impact of emotional stress on some medical conditions.

This is particularly true if the child is living with domestic abuse, or a parent's drug or alcohol dependency.

Being heavily influenced by assertive parents

Sometimes parents invent or exaggerate their children's symptoms; their views should never replace a thorough examination of the child. If one parent has very strong opinions, there is also a risk that professionals are not listening to the child and other family members. Their views are critical in providing a holistic picture.

Assessing risks to children when treating parents / carers and siblings

Parents and carers can present in A&E with mental health difficulties, self-inflicted injuries or drug and/or alcohol-related problems. It is very difficult for A&E staff to make an on-the-spot assessment of risks to children if they are not present, if they have limited contact with other professionals dealing with the family and if there are no records available.

When treating a child who may have sustained non-accidental injuries, medical teams do not always make enquiries about other children at home who may also need protection.

Considering child protection issues when treating teenagers

Not considering child protection and safeguarding issues when treating teenagers under the age of 18 was flagged as an issue, particularly in A&E.

There was specific evidence of a lack of understanding of child sexual exploitation.

Access to medical resources

A lack of key medical diagnostic services can lead to failure to quickly identify and respond to significant injuries suffered by the child. There can also be delays in taking photographs of injuries which can hamper child protection investigations.

Learning for Improved Practice

Being aware of, and responding to, safeguarding concerns

- ⇒ Establish a system for flagging children subject to child protection plans to A&E staff.
- ⇒ Develop documentation which prompts an assessment of the social history and background of the child and their family. Train staff in how to ask these questions.
- ⇒ Make sure that GP lists are available to medical staff.
- ⇒ Professionals should document they have read and understood the nature of safeguarding concerns about the child they are treating.
- ⇒ Record discussions which take place during a medical supervision meeting where safeguarding concerns are identified.
- ⇒ If there are safeguarding concerns about the child receiving treatment, consider any risks to their siblings.

- ⇒ Use peer review to ensure medical staff are responding appropriately to safeguarding concerns.
- ⇒ All staff should be prepared to act promptly if there are child protection concerns and not delay by deferring to senior / named colleagues, particularly out-of-hours.
- ⇒ Be aware of safeguarding responsibilities for 16 and 17 year olds.

Learning for Improved Practice - continued

Identifying non-accidental injuries (NAI)

⇒ Be aware of the significance of bruising on non-mobile babies and the importance of referring such cases to children's social care with full and accurate information.

⇒ Be aware of correct procedures in the event of a GP (or other) referral of suspected non-life threatening NAI.

⇒ Take clinical photos as near to the time of injury as possible to record the greatest detail - include the photos in all formal child protection reports.

⇒ Make all necessary diagnostic tools available to children whenever required, including out-of-hours.

⇒ It is not always good practice to have separate paediatric and child protection examinations - it can be distressing for an older child to be examined more than is necessary.

Challenge other agencies about child protection concerns.

⇒ Train medical staff in how to recognise when it is necessary to challenge other agencies about child protection concerns.

⇒ Ensure there are policies and procedures for challenging other agencies and that everyone is aware of what these are.

Discharging children and following up missed appointments

⇒ Liaise with health, police and social care about arrangements for discharge and after-care of vulnerable children. Involve parents in these discussions.

⇒ Consider the impact of a discharge made late in the evening on a very young child.

⇒ Assess and interpret parental avoidance and always follow up missed appointments if the child is subject to a child protection plan.

Responding to the death of a child

⇒ If there is a suspicion a child has died in unlawful circumstances, contact children's social care and take action to immediately safeguard any remaining siblings.

⇒ A thorough examination of the body by a senior doctor must take place with the examination findings recorded on a body chart (including any post mortem changes).

⇒ Always take a detailed history of the circumstances leading up to the death from parents when police officers are present.

Information source: NSPCC Preventing Abuse - Paediatrics and A&E

Published May 2015. Accessed by BSCB on 29th June 2016

Learning specific to Buckinghamshire from local Serious Case Reviews

Two Serious Case Reviews relating to babies have been published that show how medical staff were 'taken in' by parental explanation or that other medical conditions distracted from the original reason for being seen

LOCAL SERIOUS CASE REVIEWS

Baby M - injured after being given the night feed; whilst holding Baby M, father tripped over his trousers and fell onto Baby M, resulting in marks on Baby M's face, a torn frenulum and a fractured skull.
It was noted that Baby M already had a bruise under the right eye, long and dirty fingernails and a range of other marks and bruises.
A week later, Baby M is taken to hospital by ambulance and is reported as shaky, jittery and cool to the touch. Parents had waited 5 hours before calling an ambulance.
A full skeletal survey was carried out and it transpired Baby M had multiple rib fractures, both new and healing.

The lack of skeletal survey during the first admission meant that the scale of injuries was not fully realised and a conclusion of non-accidental injury was reached.
If the survey had been carried out, it is unlikely that Baby M would have returned home after the first incident.
It should be considered whether a full skeletal survey should be carried out on any children under the age of one year presenting with a fractured skull.

Medical staff treated the presenting issue but overlooked the older bruises and long dirty fingernails as indicators of potential abuse.
Staff need to be aware that generally babies who are not mobile don't bruise.

Baby Q - Mum is concerned about Baby Q's LEFT leg and takes her to the clinic, where she is seen to be pale and underweight. She is sent to hospital.
Whilst at the children's ward, it is discovered that Baby Q has a heart murmur. She is given a treatment plan to help her gain weight and follow up appointments to see a consultant regarding the heart murmur.

Less than a month later, Baby Q is taken to clinic due to mum's concern about Baby Q's RIGHT leg. X-rays reveal numerous unexplained injuries. An ambulance is called to take her to hospital. Baby Q had healing fractures to all four limbs and some ribs.

The health visitor demonstrated good practice in ensuring Baby Q was seen by hospital staff as the parents often did not turn up for appointments.

The poor weight gain and heart murmur clearly took priority in treating Baby Q, but resulted in the initial concern not being given the level of consideration it should have.

When a child is repeatedly not taken to medical appointments there should be a higher level of concern amongst practitioners.

Buckinghamshire Policies and Procedures

Where discrepancies cannot be resolved either internally or between partner agencies, professionals can refer to the BSCB Escalation, Challenge and Conflict Resolution Procedure.

Where there are concerns regarding bruising in non-mobile babies, professionals can refer to the NHS Buckinghamshire document Management of Bruises, Bites and Suspicious Marks on Children.