

BEST Safeguarding Session

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Q 1 – Safeguarding / Child Protection is the remit of specialists

- True
- False

Safeguarding – Everyone’s Business

- “Safeguarding is a term which is broader than ‘child protection’ and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone’s responsibility.” (gov.uk)
- GMC clear on obligations
- “Getting the basics right” – Lord Laming
- Lots of relevant guidance, training and support

Q2 - Which part of the Children's Act 1989 provides statutory guidance for Child Protection cases?

- Section 17
- Article 50
- Number 42
- Section 47
- Article 28
- Area 51

Statutory framework

- Children's Act 1989 and subsequent updates
- Working Together to Safeguard Children – 1999, 2006, 2010, 2013, 2015, 2018
- Appendices
- Responsibilities of Agencies, Children's Safeguarding Boards, Case conferences, Serious Case reviews, Child Death procedures, FII, etc

Q3 - What percentage of non-mobile infants have bruises?

- About 50%
- Less than 1%
- 10-25%
- 1-5%
- 25-50%

Q4 - The following are common accidental sites for bruising in toddlers:

- Shins, forehead, elbows, ears
- Shins, elbows, ears, knees
- Forehead, abdomen, knees, elbow
- Shins, forehead, elbows, knees
- Ears, abdomen, shins, elbows
- Knees, ears, elbows, shins



Q5 - Write down what you can tell about a bruise from its colour

- Cannot tell how old it is
- Evidence base

Q6 - Which of the following is NOT true about Mongolian Blue Spots?

- They can occur on the arms
- They usually fade by later childhood
- They can be seen in about 5% of Caucasian children
- They were named by a German in Japan
- They are really called 'acquired dermal melanocytoses'
- They are typically slate-grey with wavy borders and an irregular shape

Bruising Protocol / procedures / guidelines

- BEST website – your BEST bet!
- <http://best.barnsleyccg.nhs.uk/>

Bruising Protocol / procedures / guidelines

- BEST website – your BEST bet!
- Evidence base
 - Core Info
 - Paediatric Care Online (via RCPCH)

Tips on How to Broach Concerns with Carers

- Be open and honest from the outset
- State facts calmly, do not make accusations
- Offer opportunity for further history (and document carefully)
- There are procedures you are **obliged** to follow and apply equally in all cases - these are for the protection of children

Q7 - What does WNB mean?

- Was not brought
- Preferable term to DNA – wider perspective, prompts analysis and evaluation of options
- Local procedures (primary care and secondary care)

Q8 - The principles of Confidentiality / Data Protection do not apply in Child Protection Cases

- True
- False

Information Governance in Safeguarding

- Sharing information is essential to ensure children can be safeguarded effectively
- However, information shared should be:
 - Necessary, proportionate, relevant, adequate, accurate, timely and secure
 - Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (Manchester Safeguarding Board)

Q9 - The 'toxic triad' is:

- Barnsley CCG, BHNFT, NHS England
- The Daily Mail, The Daily Express, The Sun
- **Mental health, substance misuse, domestic violence**
- Jerusalem Artichokes, Baked Beans, Picked Onions
- Theresa May, Boris Johnson, Jeremy Hunt

Neglect

- Important – covered in next session
- Definition and thresholds a challenge for paediatricians as much as anyone
- Graded care profile tool

Q10 - SARC stands for:

- Sexual Advice and Recommendation Centre
- Sexual Assault Referral Centre
- Sexual Advice Referral Centre
- Sexual Assault Research Centre

Sexual Abuse – Acute and Historic

- All cases now seen in Sheffield – police PPU and children’s social care have clear (joint) pathways
- Forensic and medical times for acute cases – SARC always willing to discuss
- Immediate issues: consideration of HIV, Hepatitis B, pregnancy
- SARC will initiate treatment but may write to primary care eg for ongoing Hep B immunisation / contraception
- Referral to Barnsley GUM, BSARC (CHISVA)
- Local FU – BHNFT Safeguarding Team review / quality assure

Q11 - FII stands for:

- Factitious or Induced Illness
- Fabricated or Inflicted Illness
- Factitious or Inflicted Illness
- Fabricated or Induced Illness

FII

- FII exists but uncommon
- Spectrum from normal anxiety to abuse
- Challenge of distinguishing from 'genuine' illness; ? may never know
- Timescale
- Discussions between professionals may take place without consent or knowledge of carers
- Guidelines do exist, but never straightforward or easy to manage



Q12 - The lead agency in dealing with Female Genital Mutilation (FGM) is:

- The Home Office
- The Local Authority
- The Police
- Health
- There isn't one

FGM

- Local Authority are lead agency in safeguarding
- Duty to report to the police

Q13 - What percentage of child deaths are 'suspicious'?

- 20%
- 10%
- 15%
- 2-5%
- 40%

Child Death

- 2017 English data from CDOPs
 - 2931 in year to March 2017
 - 47 (1.6%) deliberately inflicted injury, abuse or neglect
 - 101 (4.2%) suicide or deliberate self-inflicted harm
- Role of police
- Role of health professionals
 - Information gathering and sharing
 - Bereavement support
- 2018 updates due
 - Public Health / National picture

Q14 - When will Barnsley FC be back in the Premiership?

- Next year
- Never
- The year after next
- In 10 years
- Trick question – they are already in it

Any questions?

- Named Doctor, CCG
- Named Nurse, CCG