

Safeguarding stations vary widely and could range from a parent asking about support available, to a child who is being abused. It is important to assess each situation individually. You should consider the biopsychosocial issues involved in the scenario, as well as public health, education and ethical issues. All healthcare professionals have a duty to protect patients at risk of abuse, harm or neglect (including self-neglect), and it is important to assess risk in every scenario.

## Issues to consider

<b>Bio</b>	<ul style="list-style-type: none"><li>• Disability</li><li>• Medical problems</li></ul>
<b>Psycho</b>	<ul style="list-style-type: none"><li>• Mental health issues</li><li>• Learning difficulties</li></ul>
<b>Social</b>	<ul style="list-style-type: none"><li>• Housing</li><li>• Finances</li><li>• Childcare</li><li>• Drug/alcohol use</li><li>• Abuse</li></ul>
<b>Public health</b>	<ul style="list-style-type: none"><li>• Vaccination</li><li>• Screening</li><li>• Immigration status: “no recourse to public funds” if subject to immigration control</li></ul>
<b>Education</b>	<ul style="list-style-type: none"><li>• Schooling</li><li>• Special educational needs</li></ul>
<b>Ethics</b>	<ul style="list-style-type: none"><li>• Capacity</li><li>• Confidentiality</li><li>• Beneficence and nonmaleficence</li></ul>

## Sources of help available for parents and children

- General
    - Health visitors: registered nurses/midwives who have additional training in community public health nursing. They provide support for families and children up to 5 years.
    - Social services: can organise help and support for families and children up to 18 years.
    - Children’s centres (e.g. Sure Start): may provide parenting classes, parenting advice, support groups, activities and childcare for children, and early education
    - Family nurse partnership: specialist nurse home visits from early pregnancy until 2 years. Provide support, health education and help to build positive relationships.
  - Medical
    - GP
    - Paediatrician
    - Child and adolescent mental health services (CAMHS)
    - Free prescriptions, dentist and optician
    - Third sector charities (many for specific medical conditions)
    - Sexual health clinics
  - Education
    - Special Educational Needs Coordinator (SENCO): a school teacher who coordinates provisions for children with special educational needs or disabilities
  - Social
    - Childcare: free childcare is available to some parents. The UK government website ([www.gov.uk/help-with-childcare-costs](http://www.gov.uk/help-with-childcare-costs)) and children’s centres can advise on who is eligible.
    - Local drug and alcohol services
    - Disabled Children’s Social Care Service: assesses the needs of disabled children and may provide respite care, home modifications, support for personal care needs, community access, and provisions to develop independence
    - Child contact centres for broken families: keeps children in touch with parents if there are communication or trust barriers
    - Helplines
- NB: the ‘Common Assessment Framework’ is a shared assessment and planning document for use across all children’s services.*
- Financial and employment
    - UK government website ([www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits)): advice on benefits available and benefit calculators
    - Citizens Advice Bureau: advice on financial issues, benefits, debt, housing, and employment
    - Foodbanks

## Recognising a child with non-accidental injuries

- **Suggestive factors:** injury incompatible with story; inconsistent stories from child/parents/carers; delay in seeking help; abnormal interaction from child; abnormal affect of parent
- **General indicators:** multiple bruises, black eyes, torn frenulum, bite marks, injuries on non-mobile children
- **Common non-accidental injuries**
  - **Bruises:** on soft tissues, e.g. face, ears, eyes, neck, inner arms, abdomen, groin, buttocks
  - **Fractures:** multiple, ribs, humeral, metaphyseal, spiral
  - **Burns:** hands, buttocks, feet (especially if consistent depth, clear upper limits and symmetrical)

*NB: remember there may be other explanations, e.g. ITP/leukaemia can cause abnormal bruising, and osteogenesis imperfecta can cause multiple fractures.*

## Raising safeguarding concerns

The correct approach to raising safeguarding concerns depends on whether the patient is a child or an adult. If they are an adult, it is also depends upon whether they are vulnerable and if they have capacity to make decisions related to the safeguarding issue.

### Children and vulnerable adults without capacity

- Vulnerable adult = an adult who is/may be unable to care for or protect themselves against harm or exploitation  
*NB: a vulnerable adult may or may not have capacity; however, if an adult lacks capacity, this will usually make them vulnerable.*
- If the risk is posed to a child (<18 years) or a vulnerable adult without capacity, you must break confidentiality (even if they object) and inform social services
- All children at risk must be referred regardless of whether they have capacity or not

### Adults with capacity

- If the person at risk is an adult with capacity, you must explain to them the risks as you perceive them, and what help is available. You must encourage them to accept help from you and/or allow you to refer them on.
- However, if they have capacity and do not give consent, you cannot disclose their situation to anyone else or make a referral

### Who to refer to

- **Children and vulnerable adults**
  - Social services (they will involve other relevant parties)
- **Adults who are not vulnerable**
  - Police
  - Local domestic abuse service
  - Counselling/support services
  - Social services must be informed *if* children or vulnerable adults are involved/at risk

### Sources of help and advice

- Your seniors
- Safeguarding leads in your hospital/region
  - For adults
  - For vulnerable adults
  - For children (a paediatrician)
- Social services or local domestic abuse service

## Explaining safeguarding concerns to a child's parents

- You should tell the parents you are making a referral to social services
- If you feel an urgent social services assessment is required or the child is at immediate risk, then an emergency protection order can be sought
- Do not accuse the parents – explain that all children with these types of injuries have to be referred for assessment
- Explain why it is important – ‘Some injuries like this are not accidental and it is very difficult for us to tell which, so we have to refer all cases.’
- Explain what it will involve
- Emphasise the rules are there to ensure all children are safe and protected
- Remember you may be met with anger (*see notes on dealing with strong emotions pError! Bookmark not defined.*)