

# Paediatric Pearls

by Dr Julia Thomson, Paediatrician

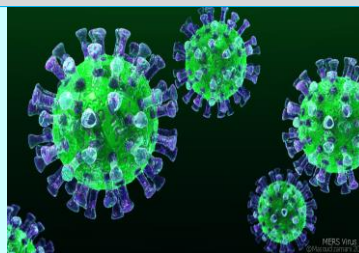
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Monthly paediatric update newsletter for all health professionals working with children – put together by Dr Julia Thomson, Paediatric Consultant at Homerton University Hospital, London, UK. Housed at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk) where comments and requests are welcome!

**WELCOME to the 2nd edition of Paediatric Pearls dedicated entirely to safeguarding. Builds on the 1st [edition](#)!**

Guest edited by: Nicci Wotton – Consultant Nurse Safeguarding Imperial College Healthcare NHS Trust

Do send us topic requests at <http://www.paediatricpearls.co.uk/contact-paediatric-pearls/> or @PaedsPearls.



## What are the safeguarding issues still being raised by Covid-19 and the new normal?

In addition to the first [edition](#), safeguarding risks are rising but also still hidden. Potentially primary & junior school children maybe attending school from June but many are still unseen.

Childline has had the ear of children at this time and have shared what it is they are saying here: <https://learning.nspcc.org.uk/research-resources/2020/childline-briefing-coronavirus>

This BMJ editorial expands further on the wider collateral damage to children due to social distancing <https://bmjpaedsopen.bmj.com/content/bmjpo/4/1/e000701.full.pdf>

### The question remains - what else can we do further to the first [edition](#)?

1. Make contact with vulnerable families and those that you have low level concerns about via secure video calls. As GP Practices work through lists of sheltered patients, elderly patients etc. do not delay on check-in calls with vulnerable children and families.
2. Use closed as well as open questions when talking to young people as they may not be able to speak freely. See **BE CURIOUS** below.
3. Understand your local offers of support in regard to foodbanks and volunteers who can collect food and call to homes at these times. If you have a sense all may not be right, ask these organisations to feedback on what they found or arrange a face to face appointment in the practice or through windows at home – we are all finding innovative ways of working and inhalers have been demonstrated through windows, saturation probes have been put through letterboxes – think outside the box!
4. Don't shoulder concerns alone. Talk to other professionals about families.

Guides about virtual [consultations can be sourced here](#) (NB: 5 separate hyperlinks)

When consulting, look beyond the person you are looking at to assess any signs of domestic abuse eg. broken doors. **BE CURIOUS** – ask:

1. Who else is at home?
2. Who do they normally care for?
3. Is everything okay at home?
4. Is everything really okay at home?
5. Do you feel safe at home at the moment?
6. Do you feel safe online?

Give people information about local support groups and national helplines?

We shared with you some **resources to direct young people to** in our 1<sup>st</sup> newsletter but there are new offerings coming weekly. Here are some more:

- ❖ The government's advice on supporting children and young people's mental health and wellbeing during the coronavirus is available [here](#).
- ❖ Calm Zone provided by Childline allows children to try breathing exercises, activities, games and videos to help let go of stress. <https://www.childline.org.uk/toolbox/calm-zone/>
- ❖ Young Minds' tips and advice for your child's mental health during the coronavirus pandemic <https://youngminds.org.uk/find-help/for-parents/supporting-your-child-during-the-coronavirus-pandemic/>
- ❖ Breathing exercise: [https://www.youtube.com/watch?v=5\\_N98E5-7j](https://www.youtube.com/watch?v=5_N98E5-7j)

The latest published Serious Case reviews from the NSPCC library are here – [have a look at this month](#) featuring a number of issues including self-harm, child criminal exploitation, domestic abuse and **home education**.



New [training](#) from YP with mental health issues – what they want from us. This new training opportunity, co-developed by young people, hospital and CAMHS staff, can help all practitioners feel more skilled in dealing with children with mental health issues. It tells us what they want from us!

Upskilling in this area means more young people will be safe on discharge from hospital, more likely to attend follow ups and more likely to attend again if needed!

What a turbulent time to be a new parent. See **new baby at home support** for HCP & parents at <https://iconcpe.org/>.



Podcast recommendations about contextual safeguarding learning which can be logged for CPD/Reflections available from: <https://www.bbc.co.uk/programmes/p086gh4q/episodes/downloads> and [Contextual Safeguarding Network](#)

**Neglect of medical needs** by Dr Tammy Rothenberg Consultant Paediatrician, Homerton Hospital

◆ Neglect of medical needs can contribute to risk of harm or actual harm, particularly in children with long-term conditions, such as asthma, diabetes or epilepsy.

◆ Neglect of medical needs includes **not seeking medical care, not attending or [being brought to](#) appointments, refusing treatment or not adhering to treatment plans.**

◆ The first task is to **EXPLORE** why this may be the case; there are many reasons for the above that are not medical neglect and can be addressed through sensitive addressing of concerns and practical measures eg. appointments that accommodate parental work etc. When this does not work, ask:

- Is this child at risk of harm?
- Does this meet the definition of medical neglect?
- Who can help me? **Escalate your concerns to your safeguarding team.**

### Defining medical neglect:

A child is harmed or is at risk of harm because of lack of health care

The recommended health care offers significant net benefit to the child

The anticipated benefit of the treatment is significantly greater than its morbidity, so that reasonable caregivers would choose treatment over non-treatment

It can be demonstrated that access to health care is available and not used

The care giver understands the medical advice given

• Dubowitz H 2002

### Management of neglect of medical needs:

Lead clinician- one person to coordinate

Make a timeline

Explore factors around \* child \* family and \* health care services

Discuss with named doctor for child protection

Clarify level of harm or potential harm

Formulate a management plan with the family

Consider involvement of social care

Document

### Be the child's advocate and hear their voice

References:

<https://bettercarenetwork.org/sites/default/files/attachments/Neglect%20and%20Serious%20Case%20Reviews.pdf>

Brandon, M., Bailey, S., Belderson, P., & Larsson, B. (2013).

[Dubowitz H Neglect of children's health care](#) (2002):269-292