

Paediatric Pearls

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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 where comments and requests are welcome!

THE HUMAN RIGHTS ACT 1998 – SAFEGUARDING IS CORE BUSINESS to all the ARTICLES. The Act sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. It came into force in the UK in 2000. **Safeguarding is its core business, not an “add on”.**



- Do you know why Articles 1 and 13 do not feature in the version enacted in the UK? Remind yourself of the Human Rights articles that we have signed up to at <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>.
- The UN Convention on the Rights of the Child (UNCRC) is the most ratified human rights treaty worldwide: <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>.
- Watch a video on listening to and advocating for children: https://youtu.be/x14_2chx3IE.

... When you find new ways to hear, you hear new things...

Perplexing Presentations/Fabricated or Induced Illness guidance

has been published this month by the RCPCH. It provides best practice advice in the medical management of PP and FII cases to obtain better outcomes for children. It covers:

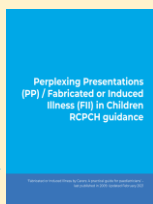
- Epidemiology and an outline of the current evidence base including findings from a survey of RCPCH members
- Updated terminology and definitions for PP, FII and Medically Unexplained Symptoms (MUS)
- Features of PP and FII including the relationships between parent, doctor and child, and alerting signs of possible FII
- Response to alerting signs
- Developing and implementing a Health and Education Rehabilitation Plan
- When to refer to children's social care
- Points for record keeping
- Signposting to training and providing supervision and support

Beware of iatrogenic harm in children with PP, FII and MUS:

“the practice of repeating previous, no longer relevant, or not independently substantiated problems/diagnoses in medical correspondence and documents, perpetuates an erroneous view of the child's state of health.”

“A doctor's unease, uncertainty or worry may lead to over-medicalisation of the child's reported symptoms which must be avoided wherever possible.”

Resource: <https://childprotection.rcpch.ac.uk/resources/perplexing-presentations-and-fii/>

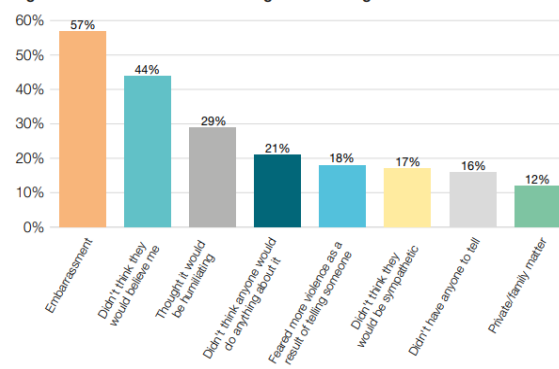


“7.5% of adults are estimated to have experienced sexual abuse before they were 16 – approximately 3.5% of men and 11.5% of women – according to the latest prevalence survey by the ONS.”

This year, the Government has set out its ambition to prevent, tackle and respond to all forms of child sexual abuse whether it is committed in person or online, in families or communities, here in the UK or overseas: [Tackling Child Sexual Abuse Strategy](#)

Tackling Child Sexual Abuse Strategy

Figure 6: Reasons for not disclosing abuse during childhood



NSPCC saw a threefold increase in Childline counselling sessions about child sexual abuse within the family between March and May 2020, from an average of 8 sessions/week before the restrictions were imposed to about 23 per week.

The strategy provides a robust framework to drive action across all agencies and sectors of society. It is based on the following three objectives:

- Objective 1:** tackling all forms of child sexual abuse and bringing offenders to justice
- Objective 2:** preventing offending and re-offending
- Objective 3:** protecting and safeguarding children and young people, and supporting all victims and survivors

SCHOOLS ARE BACK! But not everyone is happy...

Whilst many are excited, many children are not and there may be anxiety issues from them and their parents, more peer pressure to try drugs, alcohol and join gangs, being bullied and self-image issues.



CAMHS services are overwhelmed. Here are some recommended apps that children can access whilst waiting to hear back from your referrals to professional services:

Supporting vulnerable children and families during COVID-19

Practice Briefing
December 2020

IMPACT OF COVID-19

COVID-19 is well known to have presented a situational risk for vulnerable children and families. Although schools were open for vulnerable children, attendance was low. In this practice briefing, the review panel sets out recommendations from serious child safeguarding incidents reported between March and September 2020.

- Be aware of changes in family dynamics during lockdown – extended family members no longer functioning as a key protective factor, partners forced to move in together, disrupted routines and overcrowding.
- NAI significantly increased in babies under the age of 1. Video consultations are useful in some cases but all families with newborns must have at least one face to face visit from midwife and health visitor.
- Beware of online bullying, increasing self harm, eating disorders and sexual abuse in children and young people. In future lockdowns schools should remain open for all children.