Safe Guarding Ethics and law

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The legal framework

- Children should remain within their own families wherever possible
- Children in danger should be kept safe
- Children should be informed about what is happening to them and their wishes and feelings taken into account considering their age and understanding.
- Parents continue to have parental responsibility even if their children are not living with them.

Parental responsibility

- is the right, duty, responsibility, and authority which in law a parent has in relation to their child .
- **The birth mother** has parental responsibility from birth.
- **Birth father** has parental responsibility jointly with the mother only **if they marry,** at any time before or after conception.
- Parental responsibility may be shared by a number of people and may be acquired by:

- Other adults such as **unmarried father, grandfather, or step-parents**→ by a **court order**

- **Local authority**:→by making a care order

- **Adoptive parents**:→adoption confers parental responsibility

- **Birth father**: →by a formal agreement with the mother or by putting his name as the father on the birth certificate.

- Foster parents do not have parental responsibility.

- **Only those with parental responsibility can give consent for medical procedures such as immunisation**.

Non-accidental injury

- non-accidental injury: physical, emotional, sexual, neglect and fabricated and induced illness
- principles of child advocacy i.e. that all decisions are to be made in the best interest of the child and issues relating to consent and confidentiality

History points suggestive of NAI

- Vague, unwitnessed, inconsistent, history between parents or carers
- History inconsistent with injury.
- History of inappropriate child response such as ‘did not cry’ or ‘felt no pain’
- Unusual behaviour by parent: delay in seeking medical advice, lack of concern.
- Unexplained injury noted by others, e.g. at school or day nursery
- Not accompanied by parent without good reason
- Child fearful and wary of adults
- Multiple injuries of different ages.

Examination points suggestive of NAI

- **Bruises**

- Bruising on babies: ‘those who don’t cruise rarely bruise’

- Bruising in a child who is not independently mobile

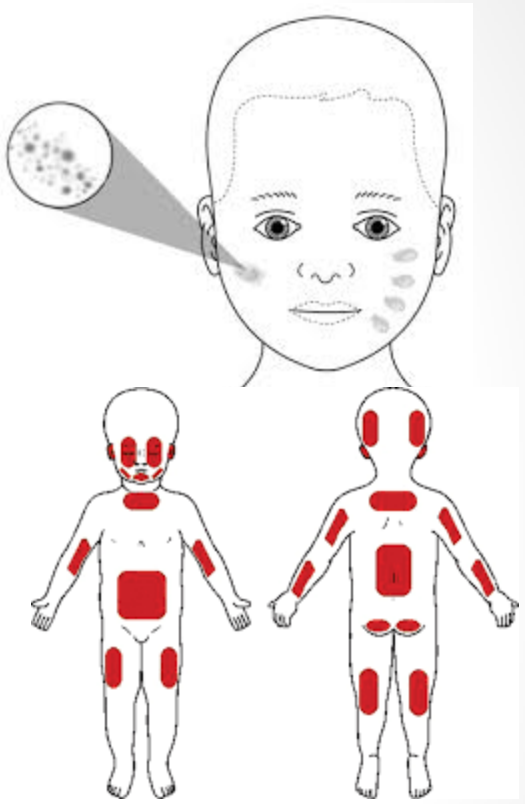
- Bruises away from bony prominences

- Bruises to face, back abdomen, arms, ears, buttocks, or hands

- Multiple bruises in clusters

- Multiple bruises of uniform shape

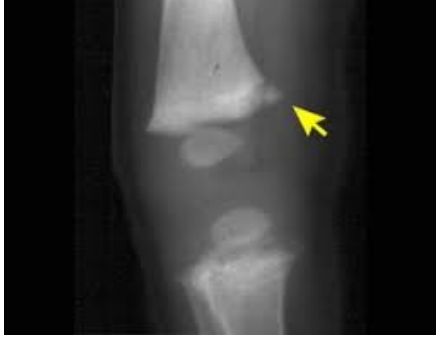
- Bruises carrying imprints of implement or ligature or hand:

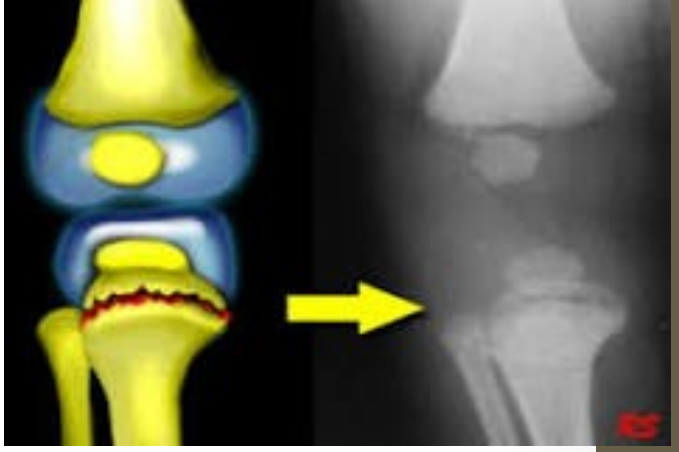


Buttock bruises → punishment related
on inner thigh or genital area →sexual abuse.

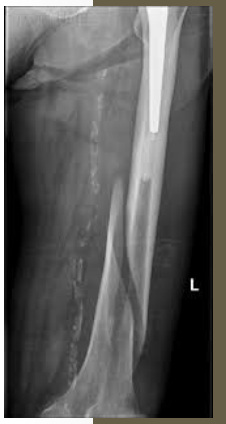
FBC and coagulation screen → excessive bruising .

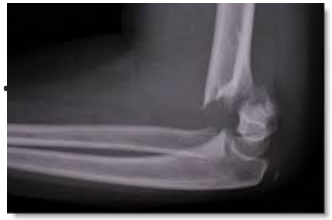
Fractures





- - Any fracture in the **1st yea**r with no clear history.
- - **Rib fractures**: single or multiple are highly indicative of abuse from squeezing, shaking or direct blows.
- - **Metaphyseal fractures**: fragment of bone separated from distal long bone, **'bucket-handle**' on radiograph. Caused by gripping, twisting, or shaking injury.
- **Spiral fracture of long bone in a child <15 months**: highly suggestive of abuse in immobile children. Caused by a twisting force.
- A **fractured femur in a child not yet walking** is suspicious.
- **Supracondylar fractures of humerus**
- **Multiple fractures** of different stages of healing.
- **Periosteal new bone formation**: damage to the periosteum by gripping or twisting raises it from the shaft and new bone appears 7–10 days later.





Fractures with minimal force can occur in osteogenesis imperfecta, rickets, osteomyelitis, and malignancy.

Thermal injuries

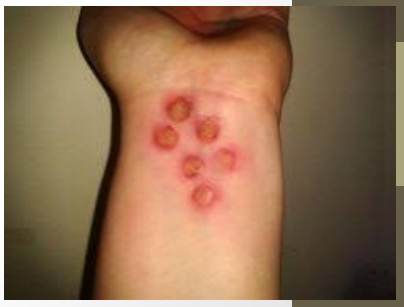
- Thermal injuries encompass scalds from hot liquids, contact burns from hot objects such as an iron, burns from flames, and chemical or electrical burns. Most burns are accidental.
- Accidental scalds are usually asymmetrical, irregular, and involve upper trunk, face or arms
- Scalds

Immersion scalds usually affect limbs in a ‘glove’ or ‘stocking’ distribution and tend to be of uniform depth with a clear demarcation line

- Contact burns

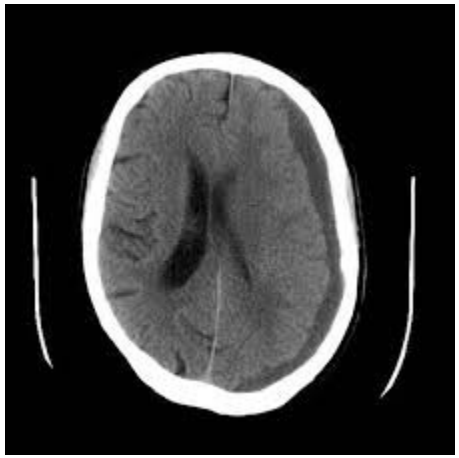
Burns to unusual areas such as back, shoulders or buttocks ,lips, or genitalia. Burns often multiple.

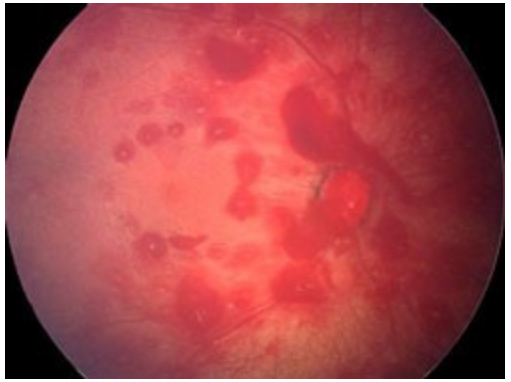
- Cigarette burns are circular with a central cratered lesion 1–2 cm in diameter.



Non-accidental head injury (NAHI)

- vigorous, repetitive shaking with or without impact, causes the triad of encephalopathy, subdural haemorrhage and retinal haemorrhage, hence the old term ‘shaken baby syndrome’





Neglect

- It is a persistent failure to meet a child's basic physical and psychological needs, resulting in serious impairment of health and development.
- Indicators of neglect vary with age:
- Physical: failure to thrive, frequent accidents, frequent hospital admissions, late presentation with physical symptoms, Poor dental hygiene
- Development: late attainment of milestones, failure to attend for immunisations, development checks, speech and language delay.

Fabricated or induced illness (FII)

Munchausen syndrome by proxy

- The parent or carer either fabricates or exaggerates the history or induces illness by direct means
- Inconsistent or unexplained symptoms and signs
- Mismatch between symptoms described and those observed by medical attendants
- Recurrent presentation for assessment and care
- Family history of unexplained illness or death
- Problems occurring only in presence of parent/carer
- Acute symptoms and signs ceasing when child is separated from parent/carer
- Treatment which does not produce expected effect.

Management of suspected child abuse

- Discuss with senior staff
- Full history : family history of bleeding diathesis, In accidental falls both the height of the fall and the impact surface such as grass or concrete are important. Short vertical falls of <1 m rarely cause serious injury.

Examination

- Height, weight, and head circumference: plot centiles
- State of cleanliness, clothing
- Developmental status
- Head to toe external examination including scalp, fontanelle,
- fundi, inside of mouth, behind ears, genitalia, anus, and soles
- of feet
- response to carer
- Injuries: document site, size, colour, stage of healing.
- Measure and draw on body charts dated and signed.
- search for untreated medical conditions.

Consent

- >/= 16 years → give their own consent, except learning disabled.
- <16 →give their own consent provided they understand the value and purpose of what is involved. This is called 'Fraser competence' after the judge in the Gillick case.

- **Discussion**:

- It is unnecessary →baby
  → good practice in a young child
- It is essential → older Fraser competent' child.
- A child can be examined without consent if in need of urgent treatment.

Additional consent is recommended for colposcopy, genital and anal examination, photographs, and investigations such as radiography, blood tests, and forensic samples.

Skeletal survey

all children <2 years in whom physical abuse is suspected.

Over 2 years if :

- A fracture suggesting abuse
- Unexplained neurological symptoms or signs
- Older children with severe soft-tissue injury

non-accidental head injury (NAHI) →cranial CT should be undertaken as soon as the child is stabilized. Repeated on day 3–5.

Confidentiality

- Personal information about children and families is subject to a legal duty of confidentiality and should not normally be disclosed without consent of the subject.
- However, personal information must be disclosed without consent if you believe that disclosure is in the child's best interests.
- Doctors should share information with other agencies on a'need to know' basis.
- Confidentiality must not stand in the way of child protection

- **Hospital admission** may be required for medical treatment, further investigation, or to ensure the child's immediate safety.
- **A referral to children's social care** should be made within 24 h.
- **Strategy discussion** (involving social services, police, health, and other agencies) →within 24 h
- **Child protection conference** →if child is judged to be at continuing risk of significant harm.
- **Child protection plan** is then developed

Orders to protect children

- **Emergency protection order**: granted by a court if a child is likely to suffer significant harm if not removed or the local authority does not have access to the child. Lasts for 8 days.
- **Protection order**: used in extreme emergency, e.g. if parents are threatening to take an injured child from the ward. It can be taken out by the police for 72 h.
- **Wardship**: can be used when urgent medical treatment is needed and parental consent is withheld.
- **Care order**: the responsibility for the child is taken over by the local authority who will work in partnership with the parents but prioritize the welfare of the child.
- **Supervision order**: gives social services power and duty to visit the family and impose conditions on parenting.