



Child safeguarding in acute healthcare services

A cross-sectional audit at a single UK hospital reported that asking adults who presented with mental health problems, drug or alcohol misuse, or problems related to violent behaviour about children at home identified a considerable number of child safeguarding cases.

Overview: Public sector bodies in England have a legal responsibility to safeguard children by promoting their welfare and protecting them from harm ([Working together to safeguard children 2013](#)). Professionals who come into contact with children and families, such as doctors and teachers, are required to notify children's social care at their local authority if they are concerned that a child is being maltreated, that his or her health or development is being impaired, or that they are not receiving safe and effective care.



Efforts to safeguard children in healthcare settings have traditionally focused on identifying features of maltreatment in children. However, there is growing recognition of the need to consider how adults with physical and mental health problems may affect the wellbeing of their children.

Current advice: NICE guidance on [when to suspect child maltreatment](#) provides a summary of the physical and psychological symptoms associated with child maltreatment (alerting features) that may be observed when a child presents to healthcare professionals. It covers alerting features that may be observed in parent–child or carer–child interactions, and features of neglect resulting from poor parental provision and supervision. The guidance outlines 5 steps to follow if a healthcare professional encounters an alerting feature that prompts them to consider, suspect or exclude child maltreatment as a possible explanation.

Guidance from the General Medical Council on [protecting children and young people](#) recommends that doctors who treat adults should consider whether the patient poses a risk to children or young people. Doctors must be aware of the risk factors that have been linked to abuse and neglect, such as having parents with mental health or substance misuse issues, and look out for signs that a child or young person may be at risk.

The NICE Pathway on [when to suspect child maltreatment](#) brings together all related NICE guidance and associated products on the condition in a set of interactive topic-based diagrams.

New evidence: A cross-sectional audit by [Gonzalez-Izquierdo et al. \(2014\)](#) investigated the proportion of child safeguarding notifications prompted by a parent's presentation for acute healthcare.

The audit took place at a single acute hospital in London. Any department could notify children's social care about child safeguarding concerns on the basis of presentation of a child or presentation of a parent. To identify safeguarding issues as a result of parental behaviour, staff were trained to ask adults presenting with mental health problems, drug or alcohol misuse, or problems related to violent behaviour whether there were children living at home. Children's social care was notified if maltreatment was suspected, if the child had been exposed to violence, or if parents were incapacitated and unable to look after the child. Notification was also made if the child's own behaviour placed them at risk of harm. All notifications from any hospital department during two 6-month periods were categorised by whether the notification was initiated by presentation of the parent or of the child.

Overall, 681 children were notified to social services over the study period, at an average of 57 notifications a month. A total of 40% of notifications were initiated in response to a parent presenting to healthcare, compared with 60% for presentation of a child. Among the 270 notifications following adult presentation, 60% were from the emergency department and 37% were from maternity services (the remaining 3% were from outpatients or other departments). The majority (87%) of the 411 child presentations that led to social services being notified came from the emergency department. The remainder came from admissions (10%) and outpatients (3%).

The authors noted that the hospital studied has a long-established policy of asking adults who present with behaviour associated with abuse or neglect about children at risk at home. Their findings may not be generalisable to hospitals where there are lower levels of awareness among healthcare staff about dealing with adults over child safeguarding concerns and no policy of direct questioning. Other limitations of this study are that it took place at a single urban hospital and that no data was available on the outcome of notifications to child social services.

Commentary: "Healthcare professionals are in a key position to be able to identify vulnerability within families and act upon concerns when it is thought that an infant, child or young person may be in need of early help or at risk of harm. In order to do this successfully, it is essential that each individual service recognises its own responsibility in identifying concerns, sharing information and taking action where necessary.

"It is widely recognised that healthcare professionals such as GPs, health visitors and paediatric nurses have a key role in safeguarding children. Latest [guidance](#) from the Royal College of Paediatrics and Child Health (2014) emphasises that the responsibility to safeguard children and young people also lies with healthcare professionals who work primarily with adults. These individuals should consider whether presenting adults have dependent children and if these children may be at risk as a direct result of the parents' behaviour or poor health. However, to ensure that this does occur, it is vital that healthcare staff who work with adults are provided with the adequate support and education in order to empower and encourage collaborative assessments and subsequent reporting.

"What Gonzalez-Izquierdo et al. (2014) successfully highlight is the importance of a broad policy where adults presenting to acute services are asked about their caring responsibilities to promptly identify safeguarding concerns for children or young people living within that family structure. This is certainly an approach that should be considered within adult-focused services to encourage professionals to consider the needs of the family as a whole." – **Sheena Bynoe, Lecturer in Child Health, Florence Nightingale Faculty of Nursing & Midwifery, King's College London**

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About this article: This article appeared in the March 2015 issue of the [Eyes on Evidence newsletter](#). This free monthly newsletter from NICE Evidence Services outlines interesting new evidence and what it means for current practice. The articles do not constitute formal NICE guidance. The commentaries included are the opinions of contributors and do not necessarily reflect the views of NICE.

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