



PATIENT SAFETY TOOL BOX TALKS ©

SAFE CARE & SUPPORT

CHILDREN FIRST NATIONAL GUIDANCE FOR THE PROTECTION & WELFARE OF CHILDREN

v1.0



KEY CONSIDERATIONS FOR HOSPITAL STAFF

Principles for Best Practice in Responding to Child Protection and Welfare Concerns include:

- Welfare of children is paramount
- Children have a right to be heard
- Parents/carers have a right to respect
- Balance struck between protecting children and respecting needs/rights of Parents and Families. Where there is conflict, the Child's welfare must come first.
- Early intervention and family support is paramount
- Separating children from parents should always be a last resort
- When working with adults, consider impact of adult's behaviour on child and act in the child's best interest

Definitions: (*Children First, 2.1*)



Neglect: An *omission*, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, medical care.

Emotional Abuse: Emotional abuse is normally to be found in the *relationship* between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.

Physical Abuse: Is that which results in actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust.

Sexual Abuse: When a child is used by another person for his or her gratification or sexual arousal or for that of others.

Welfare Concerns: A problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's welfare or development, which warrants assessment and support.



Points to Remember

1. The severity of a sign does not necessarily equate with the severity of the abuse.
2. Neglect is as potentially fatal as physical abuse.
3. Experiencing recurring low-level abuse may cause serious and long-term harm.
4. Child abuse is not restricted to any socioeconomic group, gender or culture.
5. Challenging behaviour by a child or young person should not render them liable to abuse.
5. Exposure to domestic violence is detrimental to children's physical, emotional and psychological well-being.
6. It is sometimes difficult to distinguish between indicators of child abuse and other adversities suffered by children and families
7. Neglectful families may be difficult to engage
8. Families where neglect and abuse are prevalent may go to considerable lengths to deceive professionals.



Other key considerations

Retrospective Disclosures by Adults: Establish whether there is any current risk to any child who may be in contact with alleged abuser. If any risk is deemed to exist to a child who may be in contact with an alleged abuser, the counsellor /health professional should report the allegation to the HSE Children and Family Services without delay.

Confidentiality and the sharing of information: The effective protection of a child often depends on the willingness of the staff in statutory and voluntary organisations involved with children to share and exchange relevant information. It is therefore critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information. Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between different professional staff with a responsibility for ensuring the protection and welfare of children. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection. (Please also refer to the Criminal Justice (*Withholding of Information on Offences against Children and Vulnerable Persons*) Act 2012).

What does “Children First” say about the Role and Responsibilities of Hospitals?

1. Hospital staff are in a pivotal position to identify cases where reasonable grounds for concern exist regarding the protection and welfare of children and to participate in the assessment of those concerns.
2. Concerns by hospital staff should be reported to line management. Hospital management should act in a protective and preventive manner by referring any concerns to the appropriate agencies in respect of children and families who are in need of support services.
3. All front-line staff, particularly in emergency departments, must be alert to indicators of actual or potential child abuse or neglect. Standardised record systems should be adopted by hospitals in order to highlight repeated visits by children presenting with injuries. (*Staff member (s) needs to be aware of past presentations whilst assessing the current case*). Concerns noted by any staff member should be reported to line management. A multidisciplinary approach is essential. Medical and social histories should be obtained and accurately recorded, covering the following areas: (i) circumstances of the child's presentation to hospital, (ii) details of injuries or other signs of neglect, (iii) explanations offered by parents/carers and/or child, (iv) general demeanour of parents/carers and/or child, (v) family history, (vi) whereabouts and safety of other siblings or children in the same situation, (vii) whether or not the child should be admitted in order to guarantee safety.
4. It is essential that an open and honest approach is taken with parents/carers, who must be given full information about the concerns that exist, the need for any further medical or social assessments, and the intention of the hospital staff to report the concern to the HSE Children and Family Services.
5. The child must be kept appropriately informed of developments and should be allowed an opportunity to offer his or her view, taking into account level of maturity and stage of development

Medical examinations: The cooperation of parents/carers should be sought for any examinations and assessment considered necessary. If cooperation is not forthcoming, the possibility of legal action should be considered and conveyed to parents/carers (*see Chapter 5, Paragraph 5.18.3*).

Fatal child abuse: Where a child has died as a result of suspected or confirmed child abuse, the following actions must be taken by hospital authorities: (i) An Garda Síochána and the HSE Children and Family Services must be notified immediately; (ii) the Coroner must be notified; (iii) the protection of other children in the family must be urgently considered; (iv) the bereavement needs of the family must be addressed with sensitivity.

Where can I get more Information?

Children First, National Guidance for the Protection & Welfare of Children 2011; *Our Duty to Care*, DoHC 2002; HSE Child Protection and Welfare Practice Handbook, 2011; Standard Reporting form; FAQ sheets and Information on Advice, Guidance and Support are all available to access at www.hse.ie/go/childrenfirst

