

Improving practice in safeguarding at the interface between hospital services and children's social care: a mixed-methods case study

Susan White,^{1*} David Wastell,² Suzanne Smith,³
Christopher Hall,⁴ Emilie Whitaker,¹ Geoff Debelle,^{1,5}
Russell Mannion¹ and Justin Waring²

¹School of Social Policy, University of Birmingham, Birmingham, UK

²Nottingham University Business School, University of Nottingham, Nottingham, UK

³Trust Headquarters, North Manchester General Hospital, Pennine Acute Hospitals Trust, Manchester, UK

⁴School of Medicine, Pharmacy and Health, University of Durham, Stockton-on-Tees, UK

⁵Birmingham Children's Hospital, Birmingham, UK

*Corresponding author

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Plain English summary

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Plain English summary

Reflecting on the high-profile cases of children who have come to harm at the hands of their parents or carers, it is striking that many had involvement with paediatric services or emergency departments, or had been inpatients and outpatients within district general hospitals. Children with disabilities and developmental disorders or mental health needs and children experiencing neglect are also at increased risk of abuse and much more likely to be known to secondary health care. Hospital contacts can provide opportunities to assess and act while the children are in a safe place. Yet systems are not working consistently to that effect. Diagnosis and treatment in children's health care can be particularly difficult, with both medical and social factors often involved. Doctors and nurses are dependent on parents and carers for the history of and explanation for symptoms or injuries. Children are also much more likely than adults to injure themselves accidentally, which makes decision-making about the causes of their injuries particularly challenging. New training and systems have been established as a result of learning from child deaths; these have produced improvements in accurate diagnosis, but mistakes continue to be made because of the complexity of the task. It is also important that attempts to remedy the causes of mistakes in the system do not lead to errors of another sort producing an increase in the numbers of people falsely accused of harming their child, a situation which can leave parents feeling devastated and angry. This research seeks to better understand the processes involved in correctly identifying children at risk when they or their families present at hospitals. It examines in detail the way information is used and how it flows between different organisations. It evaluates methods to support safe decision-making using simple and sustainable tools, designed by clinicians themselves, with help from families who have experienced the system.

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