The safety of all children is paramount and the foundation of all aspects in paediatrics. This domain requires the trainee to consider safeguarding as an essential element of all aspects of paediatric healthcare practice, whether with children and young people, parents and carers, other care professionals or colleagues.

"Doctors need to know that sometimes children's hearts are broken and we are not always happy"

Looked After Child - RCPCH &Us
These resources relate to the curriculum domain 9 - Safeguarding. They were developed with and by trainees, supervisors and children and young people.

**What do children and young people say?**

We asked what they think keeps them safe. Here's some of what they had to say...

- Adults that we know and trust to speak with about things that are going on in our lives
- Safe places to go in our local area which helps us to see friends, do things together and not be out on the street
- Not being judged by services or staff – just because we have a social worker or need a bit of help doesn’t make us a bad person

You can [download our flyer with more CYP voices below](#).

**Overview and teaching resource**

Our presentation explains the safeguarding in more detail, and can be used as an overview or for a teaching session. You can [download the PowerPoint presentation below](#).

**How paediatricians use this domain in their everyday practice - videos**

Dr Alison Steele, RCPCH Officer for Child Protection and Named Doctor for Safeguarding Children at Great Ormond Street Hospital (GOSH), talks about how safeguarding is an integral part of paediatric management and links to a wider range of paediatric skills and domains. She also explains how to develop and expand your safeguarding skills and evidence base.

Dr Siwan Lloyd and Dr Elin Powell, ST4 trainees in Wales deanery, have some useful tips for meeting the learning outcomes of the safeguarding domain at all levels and also for improving skills throughout your training.

**Case study 1**

Being up front with families... can help foster good relationships with them.

Case: Patient presenting to acute paediatrics with incidental finding of obesity

Setting: General paediatric on-call
How did the opportunity arise?

You are the paediatric ST4 working the night shift at a busy district general hospital. Your FY2 (foundation year) colleague has just seen a six week old with difficulty breathing. During the examination she notices a bruise on the cheek and asks your advice on further management.

What happened?

As the senior clinician on duty you need to recognise that this finding may well represent non-accidental injury, especially in a non-mobile infant. You need to speak to the parents yourself to ask about the bruise, examine the child fully and document your findings on body maps.

You need to liaise with children’s social care, the safeguarding named nurse and doctor and admit the child for further investigation and speak to the family about the plan. You should also phone and speak to the consultant on call so they are aware of this child and can offer advice on any other immediate management.

How did this support your development?

This situation is not uncommon in paediatrics and can often feel daunting. Being up front with families about the management plan and the reasons further investigations are required can help foster good relationships with them.

This is a situation that demands a multi-professional approach as the observations of all staff looking after this child will be very important. It is also important to make the time to discuss the case with your FY2 and given them a chance to debrief as this may be the first time they have been in this situation.

Any practical tips?

Utilise your hospital’s safeguarding team (named nurse and doctor for child safeguarding) who have vast experience in these kinds of situations and will be able to offer you advice and support.

Make sure you document your findings clearly during or immediately after your consultation, including using body maps. You may have to write a statement, and it is much easier with detailed contemporaneous notes.

Case study 2

The safety and wellbeing of the child must be your main concern.

Case: Patient under court order

Setting: Neonatal on-call
How did the opportunity arise?

You are the paediatric ST6 working the night shift on the neonatal unit at a busy district general hospital. A baby on the unit is due to be taken in to foster care the following day following a court order. The child’s birth mother manages to get into the unit and starts shouting at the nurses that she wants to see her baby and take him home.

What happened?

As the senior clinician on duty you need to recognise that this represents a serious safeguarding issue. The immediate concern is the safety of the child and your colleagues, and you should phone the hospital security team. In the meantime, you should talk to the mother, ideally away from the cot space.

This is clearly a very stressful situation for her and it is important to try and understand what she is thinking. Once she has calmed down, it may be that she is able to spend some time with the baby but this will depend on visiting rights and must be done in conjunction with your senior nursing colleagues. When appropriate, you should let the consultant on call and social services know, too.

How did this support your development?

Parents get angry, especially in a situation like this. The safety and wellbeing of the child must be your main concern. Efforts to understand where this mother is coming from are likely to result in her calming down, at least a bit. You need to exercise your professional judgement, in conjunction with nursing colleagues, about whether the mother can spend some time with her baby. Clear written documentation is essential so that teams on duty after you have an idea of what has happened.

Any practical tips?

It is really helpful to have an overview of the visiting arrangements for all babies on the unit when you take handover. The nursing staff will usually have documentation too but in situations like this it is useful to know who is allowed to visit the baby and when.

Neonatal units all have some kind of quiet room and difficult conversations are almost always best had in one of these. This is a very emotive situation for the mother, and it may be easier and more appropriate for other families to speak to her there.

Additional resources

As child health professionals, child protection plays a role in everything we do. It is about protecting individual children identified as suffering, or likely to suffer, significant harm as a result of abuse or neglect. Safeguarding is a broader issue, and covers how we ensure children grow up in a safe environment. Take a look at our full list of resources, news and courses.

The Child Protection Standing Committee oversees our child protection work at the RCPCH.
There are differences in the way child protection is managed in Scotland compared to the rest of the UK, and we have a Child Protection Sub-Committee in Scotland.

The 4th edition Intercollegiate Document (ICD) Safeguarding children and young people: roles and competencies for healthcare staff was updated in January 2019. Over time the ICD has evolved and has become more complex. We are therefore publishing a guide to help you fully understand the competencies; this will complement the full ICD and correlate with RCPCH Progress. Look out for it later this month.

Our Child Protection Companion is hosted on Paediatric Care Online is our online textbook on all aspects of safeguarding children, from best practice guidance to standard setting for assessment. Regularly updated, this is essential reading for all doctors and healthcare professionals working in paediatrics and child health in the community who see children at the point of care. Chapters include:

- the medical assessment and admission to hospital
- recognition of physical abuse
- child sexual abuse
- Neglect and emotional abuse
- vulnerable groups of children
- infant and child deaths
- court proceedings: giving evidence

Child Protection Evidence provides evidence-based systematic reviews to help inform clinical practice and child protection procedures, and support professional and expert opinion in the legal system. Reviews include:

- neglect (dental, early years, school-aged and teenage)
- bites, burns and bruises
- fractures
- retinal injuries
- visceral injuries.

We provide a series of safeguarding learning resources, and face-to-face courses in statement and report writing.

**Stay in the loop with child protection updates**

You can log in to select ‘child protection’ as an interest. You can choose to show customised homepage to see the latest news and events in child protection. You will also receive periodic updates on child protection - make sure you're opted in to the contact preference, 'College updates / professional updates'.

Special thanks and acknowledgement to Hannah Jacob, Chair of the RCPCH Trainees Committee and to all those who contributed in providing the content for this safeguarding domain.

Downloads

- RCPCH Progress domain on safeguarding - CYP voices (PDF) 225.77 KB
- Domains slide pack - safeguarding.pptx 153.61 KB