



What happens when safeguarding concerns are raised about your child in hospital?

Information for parents from the Safeguarding Children Team

This information leaflet will help explain what happens when a safeguarding concern has been raised about your child and what procedures we will follow.

We understand that this can be a very difficult time for you and your family and would like to support your family in whatever way we can. Please let us know about any concerns or questions you or your child may have.

What is safeguarding?

As professionals who work with children and young people, we have a responsibility to protect children in our care from harm. If there is a concern that a child or young person is at risk of neglect or abuse, we must take steps to ensure their safety. This is known as safeguarding.

Working in partnership to safeguard your child

Children and families are best supported and protected when everybody works together. For this reason, doctors and nurses in the hospital want to work in partnership with you.

Similarly, it may be beneficial to work with other agencies to best safeguard your child. This may include discussing your case with others involved in your child's care, such as your GP, health visitor, or school or nursery. This helps us build up a more complete picture of your child. If we feel it would be helpful to do this, we will discuss this with you and your child (if they are old enough) and ask for your consent. We will not share information with parties if we do not think this would be of benefit to your child.

We will often need to tell Children's Social Care when following this process, as they have a duty to investigate concerns. We will discuss this with you and your child and ask for your consent.

What if I do not give my consent?

We will always consider the reasons why you have refused consent and try our best to come to an agreement with you. However, your child is our number one priority and as such, if we feel there is a risk of harm to your child, we may proceed to share information if this is in the best interests of your child.

What is a child protection medical examination?

A senior doctor may need to complete a **child protection medical examination** while your child is in hospital. This is a full examination of your child, looking for any signs of harm but also checking their general health and development. The doctor will ask about the events leading up to your child's admission to hospital and will also ask questions about your child's medical history and any medical conditions they may have. If you have your red book with you, this will be very helpful.

The doctor will also do a full physical examination of your child. This will involve looking at and noting any signs of harm and also examining them generally, including listening to their chest, feeling their tummy, and looking in their mouth and ears.

The doctor who examines your child will be very experienced. They will do their best to put you and your child at ease and make the experience as positive as possible. If you have any comments or concerns during the process, you should feel free to raise them with the doctors or nurses caring for your child.

What tests / investigations might my child have?

After examining your child, the doctor may think some more tests would be helpful to help us get a better understanding of what is causing the safeguarding concern. The doctor will explain these investigations to you and ask for your consent. If your child is old enough we will ask for their consent as well. These investigations might include the following.

- **Blood tests**

Blood tests might be arranged, particularly to check if your child is prone to bleeding or bruising. The doctor may also ask whether there is anyone with bleeding or clotting problems in your family. These tests may take a little time to come back because they may need to be sent away to different hospitals.

- **Urine tests**

It may be necessary to take a sample of your child's urine. This can be done easily, even with young children, and your nurse can help you with this. Like blood tests, some urine tests need to be sent away and may take a little while to come back.

- **Photographs**

Sometimes we may need to take photographs of your child, especially if there are visible injuries. This is a more accurate way of keeping a record of what has happened. These will be taken by specialised medical photographers. The images will be stored very carefully in your child's notes and will only be shared when this is of benefit to your child, and preferably only with your consent and knowledge.

- **X- rays**

If your child has a bony injury, it will of course be necessary to x- ray that part of the body, so that we can treat the injury properly. However, sometimes in young children it can be difficult to tell whether

bones are broken, as they may not show any signs on examination. Therefore, in younger children it can be useful to perform an investigation called a skeletal survey.

X-rays are a type of radiation. Small amounts of natural radiation are present all the time in soil, food, and air. The radiographers completing the skeletal survey will use the minimum amount of radiation possible, equivalent to a few months of background radiation. Any risks to your child from this are extremely low and the benefits of having the skeletal survey outweigh these risks.

If your child is struggling to stay still, the doctors may give them some medicine to relax them. The risks of this medicine are extremely low and will be explained to you by the doctors.

- **CT scans**

A CT scan is a detailed x-ray of the skull and brain. This is sometimes necessary, especially with young children, to look for signs of brain injury.

- **Examination of the eyes**

The retina at the back of the eyes is connected to the brain and can give us valuable information about whether there has been an injury to the brain. This can be very useful in young children, as it can be difficult to be certain whether or not they have had a head injury.

This examination involves a specialist eye doctor using a torch to look in the back of your child's eyes. The eye doctor will need to use drops to dilate the pupil (the black part of your eye) and may need to use a small instrument to keep your child's eyelids open. In most cases, you can stay with your child throughout their examination. The eye doctor will write a report of their findings.

What happens next?

Once the medical examinations and any investigations are complete, it is usually not in your child's best interests to stay in hospital any longer. Children's Social Care will use the information available to decide where is the best place for your child to be discharged to. This may be home with you, to another family member, or to foster care.

If your child has had a skeletal survey, they will need to come back to hospital in 10 days for some repeat x-rays. You will be given an appointment time for this before you leave hospital.

When all the investigation results have come back, a full report will be written by the doctor in charge of your child's care. This will document the findings from the history, examination, and investigations. This report will be stored securely in your child's medical records.

The report will be shared with Children's Social Care. They will use the report to help them decide the best way of keeping your child safe.

Who should I speak to if I have more questions?

If you have questions about your child's care in hospital or their health, please talk to the nurse looking after them. The nurse will be able to contact the consultant paediatrician who will be able to meet with you and answer any questions you may have.

If you have questions about the child protection process, it may be helpful to contact the social worker assigned to your child's case.

If you are unhappy with any aspect of your child's medical care, contact the Patient Advice Liaison Service on 01227 78 31 45 or you can send an email (ekh-tr.pals@nhs.net).

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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