

## **Safeguarding Children** **With Lianne Murphy and Nicci Vella**

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Part-time judge

Barrister

Joint-Head of her chambers

Practices public law

Specialises in non-accidental injury

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Highly-respected independent social worker

Author of a well-regarded manual on dealing with Domestic Violence

Domestic Abuse is Never Acceptable

Overview of Safeguarding Children and Domestic Violence

Safeguarding: Not just about doing something but also not failing to take appropriate action.

In many people's minds is restricted to physical violence, to beating, hitting, kicking and that kind of physical abuse

Also encompasses emotional violence, verbal violence, making somebody feel small, insignificant, worthless, exercising control

4 Major Categories: Physical, emotional, sexual and neglect.

Generally thought to be between partners in a relationship

Children are quite often caught up even if the domestic violence is adult to adult

Maybe caught up in violence or the actual victim.

Not generally thought to exist between a parent and a child or between siblings but this could well be the case.

However, must go beyond 'selfishness' of children

Current Trend? Upward trend in violence?

There's probably a greater confidence that victims of domestic violence might have in disclosing the violence that's going on

Doesn't necessarily correlate to an upward trend but more is discovered.

There are now a number of different avenues available to victims of domestic violence:

Classic GP referral

Social Worker

Agencies; such as Women's Aid

Various Helplines and children's charities which can help.

Police are no longer tolerant in victims, in that, allegations are followed despite the victim maybe claiming that they don't want it to go any further.

Average of 32 previous incidents of domestic abuse before the victim comes forward.

Even then, may not be reported in its entirety.

They might feel that they somehow deserve that treatment

Others believe that nobody's going to believe them even if they do speak out

Some do not realise that the way they are being treated is wrong.

There are many stereotypical associations with child abuse, in reality, it is classless.

Including professionals usually in a position of trust; police officers etc.

## Signs

Some signs are very obvious.

Physical abuse- broken bones or fractures, bruises,

Possibility of sub-periosteal new bone formation or calcification in the bones.

With babies/toddlers: inexperience, rough handling? Not the practitioner's role to decide but to notice.

Sexual abuse- sexualised behaviour towards practitioner

Trying to sit on the practitioner's lap.

'Touchy-feely'

Emotional abuse- acting too wearily or watchful

'Conversely, the child could be 'bouncing all around the consultation room

Two extremes

Interaction between abused and abuser?

Look for something that doesn't feel comfortable.

Children are all different and relationships can simply be different to what you yourself would envisage.

No single checklist: could be clingy or frightened

Be careful to record anything out of the ordinary.\*

## What you can do as a practitioner?

RE: A child- ask about walking, balance, issues on either side etc.

All legitimate questions but could give you indications.

Factors can lead to logical answers/concerns:

Immobile baby with bruises- concerning

Busy toddler with bruises- **could** just be normal.

Ensure that you take an account from the child

Interruptions from parents would act as a marker of concern

Position yourself so you can see everyone in the room.

In particular, e.g. re: bruising

Parents can be guilty of speaking for their child- legitimate to ask to hear from the child first, though.

If they do not answer:

Could be a sign that you need to build up trust with the child before they answer.

Could be a marker of something untoward.

Never the practitioner's role to 'diagnose' a situation:

Gathering information and making an informed decision about the next step

\*Notes should be written like a story; not like the bullet points and abbreviations normally used.

Contemporaneous notes are very persuasive in the courtroom.

The more information the better- it may be that your notes aren't recalled for 6, 12 months+

Such evidence is compelling and very persuasive in court.

E.g. If you reported something, action may not be taken at that point but it may be recalled if another, similar incident is recorded on the line.

Even record off the cuff remarks.

Small comments may begin to paint a picture even if tell-tale signs of abuse are not there.  
Remember, you may not always be the person treating.  
Associates may pick up notes.  
(Although notes don't tend to change clinics, if the client were to change clinic and you were suspicious of their motives for doing so- questions about what they didn't enjoy about their experience may catch them out/reveal irregularities)

If concerned about any situation, you can get a chaperone.

Another set of eyes- looking for visual clues whilst you take notes.  
Somebody who may be able to defuse an aggressive situation.

### Practitioners in court?

If the practitioner has information, they may be called upon to make notes available to the court.

Party such as the local authority, solicitor, parent or carer is directed to make notes available.

### Legal Process

#### Care Proceedings:

Cases of Neglect usually conclude within a 26-week guideline.

Sexual, emotional and particularly violent cases can last longer as medical experts etc. are consulted.

Often, practitioners' information would not be relied upon, but serve as assistance.

#### Making a referral:

First port of call may be to contact governing body.

Most disciplines are supposed to have a child safeguarding expert.

It's possible to speak anonymously to local authority for advice.

Would have any previous history already logged.

Don't necessarily have to make a referral but may be asked to after hearing your information.

Eventually, it is probable that you'll need to explain that you're giving the authority information as an osteopath etc.

Speak to GP, other practitioners at your practice or the Practice Manager

Local Authority: the MASH team

Local county councils have safeguarding pages on their websites

Contains a number to call if concerned about a child.

If anxious, begin with 'what if' questions regarding your concerns.

You may be strongly encouraged to give details if social worker is concerned

They would know about any familial history etc.

#### 1<sup>st</sup> Stage- Initial Assessment

The local authority will go out and speak to the family

#### Child In Need Plan

If already under scheme, would be receiving more family and educational support.

#### Child Protection

Next stage involves a solicitor, formal setting becomes apparent.

### Could a Social Worker contact a practitioner even without them reporting something untoward?

May happen at the beginning of intervention.

Would all be carried out with consent of parent and child.

Social Workers should never call to 'gather evidence' and in that position, it is adequate to protect the confidentiality of your patient

Safeguarding overrules duty to maintain confidentiality in 99.9% of cases.

### **Confidentiality**

Important to consider proportion- how urgent it is to report a case etc.

Recording deliberations in your notes helps summarise your reasons for reporting.

If you seek any advice from the authority: record names, dates and times of who you speak to.

### Treating a child who is in care- Who should be present?

In residential care, it would be up to the child.

During a legal process, custody of the child is shared between parents and the local authority.

A foster carer does not have parental responsibility for the child.

Local authority agent as in a social worker would have authority.

However, parents do not lose their responsibility either and should be invited to medical appointments.

Make sure to record in your notes who is present and to ask that the correct people are present.

Then, your responsibility has been fulfilled.

Important to remember that step-parents don't have parental responsibility.

Adding the question 'Do you have parental responsibility?' could be important for insurance purposes.

### Domestic Abuse

If reported by a patient, the practitioner has a duty to report it to the authorities.

Sometimes, people feel like they need approval from a professional to do something.

Abusers normally cement in their victim that 'nobody will believe them' etc.

Being financially disempowered by the abuser can keep them in the 'cycle of abuse' also.

Safeguarding duty for patient, but also for any children that are present during violence.

Domestic Violence now legally a form of harm for a child.

If the patient is worried about this, try to discuss their concerns about reporting it.

Best action is to try and encourage person to disclose information themselves.

However, never assume that they will on their own accord.

With consent of the patient, it is possible to invite the authorities into next session.

### How to judge other practitioners you may take on, especially in larger practices?

Hard to judge in domestic or professional setting.

Gut instinct is, again, a good place to start.

Inappropriate off the cuff remarks in practice.

There may be a pattern of patients switching practitioner after a few appointments.

Although difficult to notice, customer feedback forms to any of these cases may give an indication of something untoward.

Such a perpetrator would be very skilled at manipulating a situation to create an opportunity for themselves.

Difficult to catch-out.

Inconsistencies in speech, an uncomfortable feeling during conversation.

Important to remember that there's many benign reasons for feeling uncomfortable but in concerning situations you can put the pieces together across a number of conversations/actions etc.

CRB checks now called DBS.

Despite having been checked, it never means that someone wouldn't have the capacity to be abusive.

The DBS check is a requirement upon registering as an osteopath but does not need to be renewed thereafter.

Unless employer at a practice wanted to double-check.

Perhaps, as a principle you could make it a policy requirement for associates.

More information for those who perhaps come into contact with a number of cases

International Journal of Osteopathic Medicine: A series spanning from 2014-2015 looked at child protection.

Nicci Vella's book Domestic Abuse is Never Acceptable is another useful reference.

# FIRST DRAFT