



CLINICAL PRACTICE

# Safeguarding children in osteopathic practice part 2: Managing concerns about children



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Social worker;  
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**Abstract** Osteopaths working with children are likely to encounter child abuse and neglect. In this second of two parts we discuss how to manage safeguarding concerns that may arise in osteopathic practice. We review whether to involve GPs and social services to make informal enquiries and the use of anonymised “what if” conversations. We encourage osteopaths to check family backgrounds and be active in excluding risk. We also discuss practical ethical and legal aspects of consent and confidentiality that can often arise in safeguarding cases. Osteopaths with concerns should feel confident in contacting social workers for a second opinion and for many cases it is not necessary to identify the patient. When details of the patient are communicated, ideally this should be done with the parent's permission to help families in need. In cases where a child may be at risk it may be more appropriate to discuss with a social worker without a parent's or patient's consent. It is the best interests of the child that should guide the osteopath in his management of suspicions of abuse or neglect.

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### Implications for practice

- Osteopaths will encounter children who they suspect may be abused or neglected.
- Osteopaths should be aware of their responsibilities to families and children and understand when and how to seek advice on safeguarding.

## Abuse and neglect

Abuse can be defined as the “maltreatment of a child... either directly by inflicting harm, or indirectly, by failing to act to prevent harm.”<sup>1</sup> Child abuse and neglect are common, with a recent survey showing that around a quarter of young adults were abused at some point during their childhood.<sup>2</sup> Almost a third of all children are bullied and 16% of children experience serious maltreatment by parents.<sup>2</sup> Statistically almost every osteopath will have encountered children and families with safeguarding issues, whether they realise it or not. Abuse occurs in all types of families, in all classes and levels of education.<sup>1,3,4</sup> Rates of child abuse are similar across developed countries and estimates of incidence of abuse worldwide range as high as 17–31%.<sup>5,6</sup> This prevalence is comparable with paediatric back pain, childhood migraine and Osgood–Schlatters disease.<sup>7–9</sup> There is little reason to believe that patients who consult osteopaths are less likely to be at risk of abuse than the general population.

With such a high prevalence of abuse it is likely that any osteopath treating children on a regular basis will encounter children who are being abused or neglected. The osteopath therefore has a responsibility to identify these patients and communicate concerns. Osteopaths have a professional, ethical and moral duty to protect their patients from abuse.<sup>10–12</sup> Whilst it could be suggested that an osteopath is less likely to see a neglected child (certainly if the child’s healthcare is neglected), there are a number of reasons why osteopathic patients may be at greater risk than the general paediatric population.

Children with chronic conditions, younger children, crying babies, children requiring additional care, children of parents with psychiatric illnesses and those with learning difficulties are at increased risk of abuse and neglect.<sup>13,14</sup> These children (or their parents) commonly seek osteopathic care.<sup>15,16</sup> Many parents seek osteopathic treatment for their children because of a musculoskeletal problem, injury or pain.<sup>17</sup> These

problems may have resulted from abuse. Some families may use osteopaths as a way to avoid detection, appear concerned or be seen to take action. “Disguised compliance” describes these instances where superficial co-operation can be used to conceal abuse.<sup>18</sup> It is possible that the osteopath who treats a “clumsy child” is unwittingly enabling a parent to avoid a GP or accident and emergency visit and avoid the possible reporting of an injury.

Identifying children at risk is not simple but all osteopaths should be able to identify children with suspicious signs or symptoms and patients who may be at risk of abuse or neglect. However, it is important to note that osteopaths are not responsible for confirming abuse or physically protecting the child, this requires investigation by a team of social workers and specialist paediatricians.<sup>19</sup> The role of the osteopath in child protection is to identify children who may be at risk and to pass on any concerns. Osteopaths should be aware of the natural tendency of clinicians to downplay suspicions and over-identify with parents.<sup>20</sup> In the case of Victoria Climbié, the school, GP, hospital and social workers all had their own concerns about the child but did not adequately share this information with each other.<sup>21,22</sup> The consequent Laming Inquiry placed emphasis on the importance of sharing information. Communicating concerns is probably the most valuable role of the osteopath in safeguarding children.

## Sharing information

It is essential that osteopaths are able to seek advice and discuss children who may be at risk of abuse. The level of suspicion needed to justify action presents problems for all healthcare professionals, but there is no defined level of injury or behaviour, and any objective “threshold” is likely to be inappropriate.<sup>23,24</sup> This is a particularly difficult decision for primary care professionals especially those in private practice like osteopaths, chiropractors, and dentists who lack the networks and management of the National Health Service.<sup>25</sup> A recent study of dentists found that even with safeguarding training few dental professionals had experience of making referrals and worryingly there was a wide gap in practice between recognising safeguarding issues and responding effectively.<sup>26</sup> The study concluded that dentists had missed a number of opportunities to save children from continuing abuse.

The National Institute for Health and Care Excellence (NICE) Guidelines on safeguarding

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