Safeguarding in the COVID-19 pandemic: a UK tertiary children’s hospital experience

INTRODUCTION
There is emerging evidence of increase in injuries to children associated with abuse or neglect during the lockdown in response to the COVID-19 pandemic.1 We report an increase in the numbers of children under 16 years, during the COVID-19 lockdown period, with safeguarding concerns, and who were admitted under neurosurgery for head/spinal injuries following falls from height.

METHODS
Retrospective analysis of referrals from our hospital to CSC under all categories increased by 31%, in comparison to 2018 and 2019. A 69% increase in the number of referrals for suspected physical abuse was also noted with strategy meetings convened in 44% (table 1).

The overall number of admissions for neurosurgical trauma was similar from 2018 to 2020. Notably, the number of children requiring paediatric intensive care unit admission, as a measure of severity of neurological injury, increased in 2020 by 120% (from 6 and 4 to 11, p=0.0001) Referrals of children with neurosurgical trauma to CSC increased in 2020 by 140% (7 and 8 to 18, p=0.0001). During the study period, we observed an increasing number of children falling from a building of at least one floor high. Analysis of this cohort from 20 March 2020 (first day of school closure) to 19 July showed that eight children were admitted for tertiary neurological care, representing a threefold increase compared with the same period in 2018 and 2019 (2 and 2 to 8, p=0.0001). Of this cohort, 38% (3/8) were under 2 years, of which two proceeded to craniotomy. The threshold for referral to CSCs and neurosurgery remained unchanged during the study period, although this cannot be supported by our data because an objective assessment of the appropriateness of referral does not exist.

DISCUSSION
Our data demonstrate a significant increase in CSC referrals and severity of neurosurgical trauma. Overcrowding, economic pressures and lack of the protective role of school with disrupted social support networks are contributors of increased risks to children during natural disasters.2 It is vital that special considerations be given to additional risk factors associated with COVID-19, as vulnerable children have become less visible, given the altered ways of working of agencies and school closures. The increase in fall from windows during lockdown, predominantly in younger children, underlines COVID-19-related increased childcare burden on parents/carers, leading to supervisory neglect.3 Multiagency partnership working, effective information sharing and raising awareness are required to reduce the preventable mortality and morbidity from injuries, including falls from height, and to ensure that children are adequately safeguarded.4

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