

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 children's social care (CSC) from 1 April to 30 June 2020 was compared with data from the same period in 2018 and 2019. Children admitted with neurosurgical trauma, including falls out of buildings during school closure, were analysed. Referral to CSC and multiagency strategy meetings were used as an indicator of verifiable safeguarding concerns, justified by established organisational processes for convening strategy meetings after individualised case review, when there is risk of significant harm.

RESULTS

During the study period, 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 neurosurgical injury, increased in 2020 by 120% (from 6 and 4 to 11, $p=0.0119$) 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 neurosurgical care, representing a threefold increase compared with the same period in 2018 and 2019 (2 and 2 to 8, $p=0.0001$). Of

Table 1 Overall referrals to CSC, suspected physical abuse and eventual multiagency strategy meetings

Year	CSC referrals (total n)	Referrals for suspected physical abuse	Multiagency strategy meetings for suspected physical abuse
2020	273	107	47/107 (44%) $p=0.0025$
2019	215	51	17/51 (33%)
2018	203	76	15/76 (20%)

CSC, children's social care.

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

Kavitha Masilamani ,¹ William B Lo,² Ashish Basnet,² Jane Powell,³ Desiderio Rodrigues,² William Tremlett ,⁴ Deepthi Jyothish,⁵ Geoff Debelle ¹

¹General Paediatrics, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK

²Neurosurgery, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK

³Safeguarding Team, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK

⁴Paediatric Intensive Care Unit, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK

⁵Birmingham Children's Hospital, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK

Correspondence to Dr Kavitha Masilamani, General Paediatrics, Birmingham Women's and Children's NHS Foundation Trust, Birmingham B4 6NH, UK; kavitha.masilamani@nhs.net

Twitter William Tremlett @docwt

Acknowledgements We acknowledge the support of the Birmingham Women and Children's Hospital

NHS Foundation Trust staff and patients, including Drs Seby Sebastian, Tina Newton, Habib Ali, Ms Caroline O'Callaghan, Professor Julie Taylor, Dr Fiona Reynolds, Professor Moiemien, Drs Ian Wacogne and Jeremy Kirk, General Paediatric, Neurosurgery and Safeguarding teams.

Contributors Conceptualisation, study design and writing the first draft: KM, WBL, DR, WT, GD and DJ. Acquisition of data: JP, WBL, AB and DR. Analysis of data: WBL, KM, WT, JP, DJ and GD. Review and approval of the final manuscript for submission: KM, WBL, DJ, GD, DR and WT.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

© Author(s) (or their employer(s)) 2021. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Masilamani K, Lo WB, Basnet A, et al. *Arch Dis Child* 2021;**106**:e24.

Accepted 24 December 2020
Published Online First 6 January 2021

Arch Dis Child 2021;**106**:e24.
doi:10.1136/archdischild-2020-320354

ORCID iDs

Kavitha Masilamani <http://orcid.org/0000-0001-8982-568X>

William Tremlett <http://orcid.org/0000-0003-2916-3973>

Geoff Debelle <http://orcid.org/0000-0002-0450-3129>

REFERENCES

- Sidpra J, Abomeli D, Hameed B, et al. Rise in the incidence of abusive head trauma during the COVID-19 pandemic. *Arch Dis Child* 2021;**106**:e14.
- Crawley E, Loades M, Feder G, et al. Wider collateral damage to children in the UK because of the social distancing measures designed to reduce the impact of COVID-19 in adults. *BMJ Paediatr Open* 2020;**4**:e000701.
- Grivna M, Al-Marzouqi HM, Al-Ali MR, et al. Pediatric falls from windows and balconies: incidents and risk factors as reported by newspapers in the United Arab Emirates. *World J Emerg Surg* 2017;**12**.
- Thompson RA. Social support and child protection: lessons learned and learning. *Child Abuse Negl* 2015;**41**:19–29.