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Future dilemmas for paediatricians in protecting children

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Paediatricians have been in the forefront of the child protection movement since the first papers by Kempe and his colleagues. This role has involved research, practice and child advocacy. The responsibility and position of paediatricians in child protection in the United Kingdom is now under threat following a number of high profile cases over the past 3 years. On the one hand paediatricians are criticised for ignoring signs of child abuse, and on the other of being too zealous in the pursuit of child protection. This is particularly the issue in the cases of unexplained infant death and fabricated illness. The courts, media and politicians are calling for a review of all cases in which children were removed from their parents in cases of cot death and fabricated/fictitious illness.

Paediatricians face a hostile media and a lack of understanding by politicians. This has an effect on the ability to deliver services and ultimately to protect children. The immediate effect has been the decrease in the numbers of health professionals who want to be involved in child protection.

This paper will examine some of the issues raised in these high profile cases as a background to a discussion on the future role of the health professional in child protection. The need for understanding reasons for the reaction to the child abuse backlash will be central to developing an effective response.

While a philosophical approach will be adopted, the need for clear procedures and enhanced training founded on a solid research foundation will be discussed.

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Safe from Harm in Hospital?

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This presentation aims to develop strategies for both keeping children and young people safe in hospital, and promoting their wellbeing in the context of concerns about risk of harm.

There is an assumption that hospitals are safe places for sick children, for their child visitors and for staff and families.

The Children's Hospital at Westmead has been working at ways of keeping children safe in the hospital.

The examples of danger that we have been addressing include:

Danger to an injured child from alleged physical abuse offenders. Other risk of physical harm may be related to parental mental health or substance use issues.

Danger from verbal abuse - The hospital is a stressful environment for parents and children. Sometimes children in hospital are witnesses to verbal and physical domestic violence.

Danger from staff and other parents or children - Children who are sick can be very needy and staff, older children and parents of other patients can find this behaviour irritating and respond abusively towards the child by hitting or yelling.

Danger of sexual abuse - The media has concentrated on sexual abuse harm in institutions and this harm is also a risk to be considered in hospitals.

Danger of emotional and psychological neglect. Concerns about institutionalization of children who are hospitalized and unsupported.

Danger - of the risk of interference with medical treatment, of parents obtaining unnecessary treatment, of neglect of a child's medical needs or of failure by staff to deliver or provide treatment to a child.

NSW Health have a "Zero Tolerance for Violence" provides an underpinning policy for staff in responding to some of the above concerns. The MSBP protocols in some hospitals seek to address the dangers in this issue.

This presentation will discuss the work in progress at Children's Hospital at Westmead, in developing the strategies used to equip the staff and hospital policies used to identify and manage these issues of risk.

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Mixing Methadone and Motherhood

Michelle Welf, Phoebe House, Australia

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Phoebe House is a six month residential service in Sydney.

Our clients are methadone mothers and their children. We are the only service of this kind in Australasia, despite N.S.W. having approximately 7,000 women on methadone.

The presenting child protection issues are as a result of the parent's drug use and the associated life style. One aim of our service is to provide our mothers with parenting skills that will improve the outcome for their children. These children are identified as at high risk of abuse and neglect currently and also at high risk of later developing substance abuse issues of their own. The other focus of the program is to assist the women to address their illicit drug use and to stabilize on their methadone. A natural outcome of this is improved health, both emotional and physical.

We will present conference participants with the work we do - the common themes we encounter, the interventions that are working well and the areas where we have been less successful.

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New Directions in Child Welfare: Multisystemic Therapy with Physically Abused Youth and Their Families

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Purpose:

Historically, the child trauma field has approached treatment through individually-focused child or adult psychotherapy. The degree to which these interventions carry empirical support varies greatly. A more comprehensive understanding of current research indicates that the field is moving in new directions-- beyond individually-focused models. Existing research on child physical abuse shows that multiple factors within the child's ecology relate to the occurrence of the abuse and the mental health impact. This workshop provides a background from the scientific literature to demonstrate the multiple factors within a youth's ecology that relate to experiencing maltreatment. Then a model is described that targets the factors noted in the research via treatment of the entire ecology. Current work with the MST model being conducted via a National Institute on Mental Health-funded clinical trial is described and illustrated.

Method:

The scientific study on which this workshop is based involves 86 physically abused adolescents aged 10-17 and their families. All referrals are made by the local County Child Protective Services Agency. Families are randomly assigned to either Multisystemic Therapy or Parent Group (Systematic Training for Effective Parenting for Teens) plus clinic-based services. Families are