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A NEW SOCIAL CAPITAL SCALE: GEOGRAPHIC STABILITY COMPARED TO MOTHERS´ PERSONAL SUPPORT AND DEPRESSIVE SYMPTOMS

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Objective: To examine the geographic distribution of mothers´ self-reported personal social support and depressive symptoms as well as their perception of their communities´ social capital.

Design/methods: Birth mothers whose children were patients at practices within the Southwestern Ohio Ambulatory Research Network (SOAR-Net) and a developmental clinic completed a survey that included the Maternal Social Support Index (MSSI), the Center for Epidemiologic Studies Depression Scale (CES-D) and the Social Capital Scale (SCS). Data were collected between 2006 and 2009. English-speaking mothers who lived in one of the seven study zipcodes (ZC) with at least 22 mothers were included in this analysis (included zipcodes{IZ}, N=195, excluded zipcodes{EZ}, N=415). Inferential statistics included chi square, t-test and one-way anova.

Results: Mothers from IZ were more likely to be from SOAR-Net practices (94.4% vs 80.7%, p=0.001), single (42.7% vs 29.4%, p=0.001) and have a child with public health insurance (69.5% vs 51.0%, p=0.001) compared to mothers from EZ. Children´s mean age (MA)was identical for both subgroups (MA=6.3). None of the study variables (e.g., SCS, MSSI, CES-D) means were significantly different between the two subgroups (IZ and EZ). Though mean CES-D scores ranged from 9.4+/-6.4 to 15.0+/-12.1 across the seven IZ, they did not reach statistical significance (p=0.148). Mean MSSI scores ranged from 27.5+/-4.9 to 21.5+/-6.7, p=0.025. Mean SCS scores had a notably narrow range 73.7+/-9.7 to 70.7+/-9.7, p=0.950).

Conclusions: Mothers´ personal social support and depressive symptoms varied geographically across seven ZC more than a new measure of social capital developed for families raising disabled children.

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AUDIT OF CHILD PROTECTION REFERRALS IN A TERTIARY CENTRE IN THE UNITED KINGDOM

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Background and aims: Following the tragic death of an 8 year old girl called Victoria Climbie in 2000 due to child abuse, the British Government ordered a public inquiry to be chaired by Lord Laming into the circumstances surrounding her contact with each of the agencies and "the gross failure of the system to protect her". The report was published in January 2003. This report had 108 recommendations. Recommendations 64-90 were healthcare related. We aimed to measure compliance with the Laming recommendations in a tertiary hospital in the United Kingdom (UK) and to compare the results with a previous similar audit.

Methods: Retrospective study of case notes.All child protection referrals to social services over a period of 4 months were reviewed and 17 relevant case notes were selected for final analysis.Out of the 27 health care related recommendations, 81-90 were not within our clinical remit. 79 and 80 were considered not auditable from the case notes. The remaining 15 recommendations were audited.

Results: See Image 1

No.	Recommendation	Previous compliance (%)	Current compliance (%)
64	Documentation of suspicion of deliberate harm	30	100
65	History directly from child	91	75
66	All concerns fully addressed, accounted for and documented	94	88
67	Record of discussions regarding difference of opinion	60	Not applicable*
68	Comprehensive and contemporaneous record of concerns	94	82
69	Record of discussions	97	94
70	Discharge authorised by senior medical staff	82	81
71	Clear follow up arrangements	65	75
72	Clear communication with general practitioner	41	94
73	Enquiry into previous medical history	97	76
74	Full physical examination within 24 hours of concerns raised	97	76
75	Consent for investigations obtained by senior medical staff	Not audited	76
76	Consultant responsible identified	91	100
77	Written statement provided to social services	35	100
78	Working from a single set of notes	Not audited	0

*No difference of opinion

[Image 1]

Conclusions:

- The adherence to Lord Laming recommendations is generally good in all areas.
- There have been improvements, especially in communication with general practitioners and social services.
- A few aspects of documentation, history taking and physical examination were unsatisfactory and have deteriorated as compared to the previous audit.
- This audit illustrates the need for ongoing training for all health professionals in child protection procedures

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CHANGES IN MOTHER-CHILD INTERACTIONS IN VERY PRETERM AND FULLTERM DYADS FROM PRESCHOOL TO MIDDLE CHILDHOOD

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Methods: Changes in dyadic mother-child interactions were investigated in a geographically defined prospective whole-population sample of very preterm and/or very low birth weight children (VLBW/VP; *n* = 265) and compared to a matched sample of fullterm controls (*n* = 276).

Results: At both 6 and 8 years, VLBW/VP children were less persistent and socially engaging and their mothers behaved less sensitive and more controlling. Differences in maternal behavior between groups disappeared once adjusted for child IQ. The patterns of change over two years in child overall activity, maternal sensitivity and verbal control, as well as harmony of interactions were similar in both groups. However, significant improvements in task persistence and social interaction were found for VLBW/VP children only. Structural equation modeling confirmed that bidirectional influences shaped mother and child behavior development and, specifically, that VLBW/VP child characteristics predicted maternal behavior over time.

Conclusions: Mothers of very preterm children are *not* less sensitive or controlling but their behavior is attuned to the level of cognitive functioning of their children with the aim to facilitate attention regulation and task persistence.

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LEUKODYSTROPHY & ITS EFFECTS ON REHABILITATION OF CHILDREN WITH COCHLEAR IMPLANT: A PRELIMINARY CASE STUDY

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Leukodystrophy is genetic, abnormal growth of white matter of nervous system, creating hindrance in the transmission of electrical nerve signals. The features associated may range from changes in cognition, speech disturbances, SN hg deficits, intellectual decline & behavioral changes.

5 out of 8 children implanted at the, with CI 24M NUCLEUS implant with straight electrode array had Leukodystrophy in MRI findings. The anatomy of cochlea & cochlear turns being normal aided us in getting acceptance in favor of implantation from the pediatric neurologist. The purpose of presenting this case report is to solve the mystery, that the problems in speech development (post therapy), is the result of leukodystrophic changes in the brain or it is due to the problem in auditory processing (as a result of leukodystrophic changes in brain) or both of them are linked. These children had varied levels of difficulty in listening & speech & language acquisition post implantation. Moreover they are striving hard to perform better on integrated speech & listening scale.

Furthermore, it can also be hypothesized that leukodystrophies may interfere with our expectations after implantation & may be indicative of APD.

In fact, it really remains to be seen if such children should be implanted or what best can be done in such cases. If such kind of problems persist, then will it be better to put the child on total communication rather then fitting him with CI, & causing more psycho-social stress for the family, the child himself & also for the therapist??