Suffolk Safeguarding Children Board

JOINT PROTOCOL FOR CHILD PROTECTION

PAEDIATRIC ASSESSMENT AND FORENSIC MEDICAL EXAMINATION

Paediatricians and Forensic Medical Examiners should use this Guidance in conjunction with the RCPCH Child Protection Companion and the 'Purple Book'

1. Scope of the Protocol

- To outline the service available to children and young people to ensure that when a child or young person is alleged or suspected to have suffered significant harm the child will be medically assessed by a doctor with the appropriate skills and expertise.

- To provide clarity for staff regarding their responsibilities towards children and young people.

- *This protocol does NOT apply to the James Paget University Hospitals NHS Foundation Trust, for which a separate protocol at present exists.*

2. Guiding Principles

Children who have or may have been physically or sexually abused or neglected may require medical assessment, advice and treatment. Results from an Edinburgh study (ADC May 2010) support the valuable role of the paediatric assessment in identifying unmet health problems in this vulnerable group of children, indicating that it may be necessary for both clinical and forensic purposes, resulting in the greater likelihood of protection of the child.

- The physical and psychological welfare of the child or young person is paramount.

- Each child should be seen in an appropriate setting for their age and by trained and experienced doctors. Every effort will be made to involve Specialist Paediatric Registrars in these assessments under the supervision of a Consultant Paediatrician.

- Infants and children who have been acutely or seriously injured should always be seen in a hospital paediatric unit and the consultant paediatrician on call should be contacted. This includes small children with potential head injuries/fractures and non-mobile infants according to the LSCB protocol attached, Appendix 1.

- Children with more minor injuries such as bruising, older children, and those possibly neglected, unless acutely unwell, should be assessed by a Community Paediatrician at a time and place appropriate to the age of the child and the availability of the paediatrician such as a suitably staffed Child Development Centre, Paediatric Assessment Unit, or Sexual Assault Referral Centre (SARC) paediatric facility. It may be necessary for photographs to be taken prior to the paediatric assessment to preserve a record of the injuries at presentation, particularly if the decision is taken not to examine the child or young person at the end of the day.

- All efforts should be made to avoid the potential for further trauma to the child by reducing the necessity for repeat examinations.

- In cases of sexual abuse in a child under 13, best practice dictates that joint examinations should take place where clinically and forensically relevant. One person should take responsibility for the case and this will normally be a Consultant Paediatrician. The second person may be a trained professional to assist with colposcopy, or be a Forensic Examiner taking forensic samples, or be an experienced crisis worker, or be present for training purposes.

- It is essential that someone else (a non-family member) is present in the examination room as well as the lead paediatrician. The person with parental responsibility should also be present unless it is inappropriate for them to be, (e.g. an older child requests that they are not or where they may be a significant witness or alleged perpetrator).

3. Guidelines for Paediatricians

Paediatricians expect and welcome discussion with all relevant agencies (General Practitioner, Health Visitor, Police and Social Worker) about any child or young person where child protection is an issue. This may take the form of a Strategy Discussion or a formal Strategy Meeting with Police and Children & Young People's Services.

Paediatricians will ensure a prompt response to referrals where a child is a suspected victim of physical or sexual abuse. Full details of the concerns should be made available to the examiner by the referrer, if possible in writing; alternatively it is helpful if the referrer (usually Health Visitor, Social Worker or Police Officer) accompanies the child/family to the appointment.

4. A comprehensive Paediatric Assessment of the child using the Suffolk Paediatric Proforma will include:

- A full paediatric history, including carers' and referrers' history of the event

- A verbal child should be given the opportunity to talk to the examiner without the parent/carer present if this is appropriate

- A description of the standard of care

- A comment on emotional state and presentation

- Brief evaluation of any development problems or existing medical conditions, and a systems examination

- A detailed description of injuries, including, if indicated, a diagram or body chart
- Photographs which may be taken by the Hospital Medical Illustration department or by the examiner using an approved digital camera, or may be arranged at another time by the Police, following the chain of evidence guidelines

- **An opinion as to the examiner's view of the nature of the injuries, and how they might have been caused.**

- Paediatric plan, including treatment and ongoing referral if indicated

- A verbal report should be given to the originator of the referral as soon as is practicable, followed by a written report which should be peer reviewed before sending off to Children & Young People's Services, police (where involved), the General Practitioner, and other members of the Community Health Team. Copies should be put in hospital and community records.

- Clinicians should be clear that this written report may form the basis of evidence in both Care Proceedings and for Criminal Court trial.

There will be occasions when the mechanism of injury is unclear, and the Paediatrician is unable to commit as to how the injury was caused, in this case this will be clearly stated in the opinion, and a second opinion may be sought from another experienced Paediatrician, such as the Named Doctor for Safeguarding for the Trust, or the Designated Doctor, NHS Suffolk. An external expert can be commissioned, as decided by Children & Young People's Services or the police. This can be arranged by the referrer, or indeed requested by the examining Paediatrician.

5. Consent and Sharing Information

Careful consideration should be given to examining a verbal child in the presence of an alleged perpetrator, even if that person is the main carer. It is important to take the history from the parent if possible, and then consider whether it is appropriate to examine with a Social Worker alone.

Consent should be obtained, preferably in writing, from the person with Parental Responsibility for the child. If this is refused Children & Young People's Services may consider taking an order such as a Emergency Protection Order or the police may take the child into Police Protection. In the case of an acute severe injury, where the responsible person is not available or refuses consent, the child should be examined and treated as clearly this is in their best interests.

It is the duty of the Paediatrician carrying out the examination to discuss their findings with the family and, in particular, the main carer of the child, so that the content of the report to be submitted will be expected by the person or people with parental responsibility. Under certain circumstances a strategy discussion/meeting may take place as the Police may request that full information is not shared with the parent/carer until they are present or until after an interview, in the event of the parent/carer being an alleged perpetrator.

The wishes and views of an older child or young person should always be taken into account, and an assessment made for 'Fraser Competency', as below.

'Fraser Guidelines' – *Gillick v Wisbech Area Health Authority [1985]: Fraser Ruling*

A young person under 16 years of age can be considered competent to consent to medical treatment if their **age** and **understanding** are sufficient to enable them to understand what is involved. The Fraser guidelines define competence as an ability to understand information about a proposed treatment or examination. There is no easy test of competence for young people and the ability to understand may not necessarily be the same as actual understanding. If in doubt about the capacity of a child to consent, consult the lead Paediatrician or another experienced colleague.

In all cases where children under 16 years of age are examined, it is good practice to obtain consent to the examination from an adult with parental responsibility for that young person. Where a child/young person of sufficient understanding gives consent to a forensic examination and an adult with parental responsibility refuses consent, doctors are advised to consult with a senior colleague before proceeding. Where the child/young person refuses consent, an examination should not be undertaken.

6. Confidentiality (See GMC Guidance 0 - 18 yrs issued to all doctors in October 2008)

All staff are expected to maintain the confidentiality of patient/client information and all professional regulatory bodies have their own code of conduct in relation to this. However, where there are concerns about the safety or wellbeing of a child/young person, there are three ways in which the disclosure of confidential information can be justified:

- With the consent of the parent/carer and/or child/young person.
- Without consent when the disclosure is required by law or by order of the Court.
- Without consent when disclosure is considered necessary in order to safeguard and protect a child/young person. This includes occasions where abuse or neglect is suspected and it is either not possible to gain consent for information to be disclosed or consent is actively withheld.

Whatever the circumstances, the primary duty and responsibility of the professional is to act in the child/young person's best interests. Only information that is relevant to the concern about the child/young person should be disclosed to other professionals who have a duty of care towards the child/young person. Information should only ever be shared on a 'need to know' basis.

7. Attendance at Child Protection Conferences

Consultant Paediatricians, Paediatricians in training, and nursing colleagues will endeavour to attend the Child Protection Conference, but if they are unable to do so, it is essential that they submit a report detailing their involvement, findings and opinion with their view on registration of the child. Where a Paediatrician has had substantial involvement with a case, it is important that the conference is arranged around their availability, and where they are able to attend – i.e. at the Hospital in the case of an Acute Paediatrician.

8. Sexual Abuse Medical Assessment

It is important that these children are examined under the best possible circumstances, and this may require the presence of two Paediatricians, one of whom may be in training, a Paediatrician and a specialist nurse or trained SARC crisis worker, or a Paediatrician and a Forensic Examiner.

With all cases of potential sexual abuse there MUST be a strategy discussion between the police Senior Investigating Officer and the Forensic Medical Examiner before a Paediatrician is asked to examine the child. In general, unless the child is distressed, he/she should be interviewed before arrangements for medical assessment are made to establish the facts and for a decision on whether assessment is necessary. The majority of these examinations will be within working hours.

OVERVIEW OF PAEDIATRIC SERVICE TO THE SARC

NB. A CHAPERONE IS MANDATORY FOR ALL EXAMINATIONS WHICH **MUST** BE SOMEONE OTHER THAN A FAMILY MEMBER OF FRIEND. IT CAN BE ANOTHER COLLEAGUE OR A MEMBER OF THE SARC TEAM, OR POLICE OFFICER/SOCIAL WORKER PRESENT IN THE ROOM

Service Delivery where patient is *under 13 yrs*:

Always consider safeguarding issues and ensure Children & Young People's Services are informed and involved. A strategy discussion should be held involving the paediatrician and SARC staff.

1. ANY TIME - Acute injury with symptoms such as pain or bleeding:

- To be admitted to acute paediatric unit in hospital whether in or out of working hours for assessment and treatment

- On-call acute Paediatrician to assess injury, arrange treatment and, if necessary, take swabs or call for assistance from G4S Forensic Medical Examiner via Suffolk Constabulary

2. In working hours (Monday – Friday 9/5) - Acute assault not requiring treatment:

- To be assessed by a paediatrician and if necessary, G4S Forensic Medical Examiner at the SARC, following a strategy discussion between the medical practitioners

3. Out of working hours (early evening or daytime weekends) - Acute assault (estimated under 10 cases per year)

- To be assessed by paediatric-trained G4S Forensic Medical Examiner at the SARC following strategy discussion, and if necessary advice from the relevant local paediatrician on call

- If not available this will be provided by Norfolk Community Health Care paediatricians and in the rare case that a young child needs to be seen out of hours, the child will be transferred to Norwich

4. Historic allegation of Child Sexual Abuse where patient is still in this age group:

- Following assessment by Children & Young People's Services and police colleagues (including ABE interview if appropriate), to be seen at the SARC in a planned clinic co-ordinated by the Paediatric Secretariat and SARC manager in discussion with the Police and Paediatrician as part of the strategy discussion.

Service Delivery where patient is aged *13-16 years*

Always consider safeguarding issues and ensure Children & young People's Services are informed and involved

1. ANY TIME - Acute injury with symptoms such as pain or bleeding:

- To be admitted to acute paediatric unit in hospital whether in or out of working hours for assessment and treatment following strategy discussion with Police/Paediatrician and G4S Forensic Medical Examiner.

- On call paediatrician to assess injury, arrange treatment, and contact Suffolk Constabulary for assistance from G4S

2. In working hours (Monday – Friday 9/5) - Acute assault not requiring treatment:

- To be seen at the SARC by G4S Forensic Medical Examiner, who may consult with or request assistance of a trained Child Sexual Abuse paediatrician, if immature or a learning-disabled child or young person

- Safeguarding issues should always be considered and referred by the Police/SARC team in these cases

3. Out of working hours (early evening or daytime weekends) - Acute assault presenting out of hours

It MAY be appropriate to delay the examination to the next day if victim presents during the night. This MUST be subject of a strategy discussion between police Senior Investigating Officer, G4S Forensic Medical Examiner and, where appropriate, relevant local paediatrician on call.

- To be seen at the SARC by the G4S Forensic Medical Examiner, who may consult with/request assistance of a trained Child Sexual Abuse paediatrician, if immature or a learning-disabled young person

- Safeguarding issues should always be considered and referred by the Police/SARC team in these cases

4. Historic allegation of Child Sexual Abuse where patient is still in this age group:

- Require assessment only where there has been no previous consensual sexual activity or young person is immature or has learning difficulties

- This should always be agreed in a strategy discussion and, usually, following an ABE interview

- Currently, experienced Forensic Medical Examiners in adolescent assessment are available for these cases.

- Any examination should be planned with all involved, and further advice is available from the paediatricians/CYPS if required

The following agencies have been consulted and provided colleagues whose expertise has contributed to and produced this Protocol. The agencies agree to abide by and implement the guidance and senior colleagues approve the use of the Protocol.

Suffolk Constabulary Public Protection Directorate

Suffolk County Council Safeguarding Children

NHS Suffolk Designated Doctor

G4S Medical Director

APPENDIX 1

INJURIES TO NON- MOBILE INFANTS
ADVICE FOR GENERAL PRACTITIONERS AND HEALTH VISITORS

OTHER HEALTH PROFESSIONALS PLEASE SEEK ADVICE FROM A NAMED NURSE SAFEGUARDING CHILDREN PRIOR TO CONTACTING A PAEDIATRICAN

ANY BRUISE OR UNEXPLAINED MARK ON A NON-MOBILE INFANT
DON'T DELAY IF YOU ARE CONCERNED

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Seek the advice of the on-call Consultant Paediatrician by telephone - this may be through the Specialist Registrar.
(Ideally if a Suffolk child, consult with a Paediatrician at the hospital the child was born at)

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Give Paediatrician full details of the unexplained mark and any relevant background, and agree subsequent action

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DISCUSS: Outcome/Action:

- No referral to Paediatrician, no referral to SCC Children and Young People's Services (CYPS)
- Refer for assessment, Paediatrician to make referral to SCC CYPS if necessary
- Immediate assessment by Paediatrician and referral to SCC CYPS by referrer (GP/ Health Professional)

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If Paediatric assessment is required this will normally take place on the day of referral unless otherwise agreed

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Inform those involved including the parents/carers whether or not a paediatric opinion is needed

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SCC CYPS will hold a strategy discussion with the Paediatrician and Police and agree further plans

IF YOU ARE EXTREMELY CONCERNED ABOUT THE CONDITION OF THE BABY, OR THERE ARE IMMEDIATE SAFETY ISSUES ALWAYS DIAL 999