Keeping children safe is everyone's responsibility

Brent LSCB
Guidance on Paediatric Assessment

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1. Paediatric Assessment

The paediatric assessment is available to provide a specialist assessment for Children's Social Care professionals or police officers to advise and support the child protection process. It is not available as a general assessment.

1.1. A paediatric assessment, including where necessary a medical examination, can provide valuable information to advise the Child Protection process. The medical examination sensitively performed with an understanding of the child's fears, anxieties and needs can be a positive, reassuring and empowering experience for the child.

1.2. However, it is essential to understand:

- **that the medical contribution does not always require a physical examination;**
- **both the value and the limitations of the physical examination;**
- **that the examination will not always be possible even when indicated.**

1.3. The Social Worker or Police Officer making the referral should contact the paediatric service to discuss:

- **The need for an assessment;**
- **The timing of the assessment;**
- **The form of assessment;**
- **The most appropriate doctor to undertake the assessment;**
- **The appropriate venue for the assessment.**

See Section 11, Useful Contact Details for guidance regarding referral.

2. The Need For and Timing of a Paediatric Assessment

2.1. The request for paediatric input to a Child Protection investigation should be an <u>early consideration</u> as it may provide information regarding the child and their family with a professional interpretation of the collated evidence. Discussion with the paediatric team will define the need for a more comprehensive paediatric assessment, which may include a medical examination.

2.2. The timing of a paediatric assessment should be carefully considered as there may be valid reasons to delay examination:

- **to allow the child time to build up trust in those working with them;**
- **to allow the doctor time to collect and collate relevant health information;**
- **to ensure that the examination is carried out in suitable surroundings by the most appropriate doctor with an adequate time period to allow comprehensive assessment;**
- **to arrange, where necessary, Interpreters for children/carers with hearing impairment or communication difficulties, e.g. learning disability, where English is not their first language.**

2.3. The need for urgent physical examination in Child Protection cases is relatively uncommon. However, it is essential when:

- **the child has or may have injuries requiring immediate medical attention (e.g., bleeding, head injury, abdominal injury etc);**
- **there are visible injuries to document that may disappear;**
- **there may be material of a forensic nature available for collection (e.g. where sexual abuse is alleged to have occurred within the previous 3 or 7 days , depending on the age of the child. (Remember that these children need urgent involvement of the police and referral to the Sexual Assault Referral Centre (HAVEN) service.)**
- **there are issues involving the child or parent/carer which make urgent examination essential.**

2.4. All other cases requiring investigation can be deferred to arranged appointments with a less immediate timescale.

2.5. The form of Paediatric Assessment, the venue and the appropriate Doctor. These will be dictated by:

- **the need for urgent medical attention;**
- **the nature of the abuse;**
- **the timing of the abuse.**

2.6. Where there is a need for urgent medical attention this should over-ride all other considerations.

3. Neglect

3.1. Neglect is a long-term developmental issue rather than a crisis. It can be recognised as a complex inter-relationship of recurring themes, rather than a single factor, and occurs over a period of time.

3.2. Its effect upon the child can be identified by the presence of delayed development, behavioural problems, poor standards of physical care, recurring health problems and/or failure to thrive. It may also be indicated by the context in which physical injury and sexual and emotional abuse occur.

3.3. The parent/carer may be unable to provide adequate parenting. The cause of their inability to parent may be rooted in their own history of poor parenting and neglect, and/or learning disability, mental ill health and/or substance misuse.

3.4. **The carers may also be unable to comply with the Child Protection Plan through general lack of ability or an inability to put the needs of their child first.**

3.5. **Other factors, which contribute to neglect, relate to stress and violence within the family, lack of supervision, inappropriate carers or failure to provide the child with boundaries that ensure their safety and protection.**

3.6. **Issues of poverty, isolation and deprivation contribute to the impoverishment of the child's physical and emotional environment. Poverty can wrongly be viewed as a means of 'normalizing' the inadequate care of neglected children. Good care is provided to many children who live in poverty and those who do not live in poverty can be grossly neglected.**

3.7. **Research (Child Abuse Review Services 1998) has highlighted "the prolonged nature and severity of neglect warrants stronger protection strategies".**

3.8. **Paediatric referral is not urgent but should take place at an early stage within the investigation and management as the assessment can then act as a baseline and a tool for monitoring progress.**

3.9. **Cases of suspected neglect are usually assessed by the community paediatricians. They require the full collation of health information and are suited to a non-urgent service.**

4. Physical Injury

4.1. **Where there is suspected or overt physical abuse with injury (including bruising, burns, scalds, possible fractures e.t.c.) there is a need to assess the injuries with reasonable speed to provide, where possible, a substantive diagnosis and appropriate treatment, to document evidence and to ensure the protection of the child.**

4.2. **Assessment may include blood tests and X-rays and treatment may require hospital admission. These cases are, therefore, most appropriately assessed urgently in a paediatric hospital setting where a 24 hour a day, 7 day a week service is provided.**

4.3. **A referral should be made for an urgent CP medical examination. The referral will be looked at by the Paediatric registrar and or consultant who will discuss and then arrange clinical assessment by a member of the paediatric team.**

5. Sexual Abuse – Disclosed or Suspected

5.1. The timing of the assessment will depend on:

- **The nature of the disclosure or suspicion (i.e. is the assault likely to have left physical injury or forensic evidence);**
- **The timing of the last known or suspected episode of abuse;**
- **An alleged acute assault is defined as one within the previous 3 to 7 days(depending on the age of the child), where it is possible that forensic evidence could still be found;**
- **An historical case is where the alleged assault/s occurred more than three to seven days earlier.**

ACUTE SEXUAL ASSAULT

5.2. In cases of alleged sexual assault / abuse where the last known or suspected episode is within the previous 7 days for post pubertal children and within 3 days for pre-pubertal children there must be an urgent referral to the Haven Sexual Assault Referral Centre SARC and involvement of the Police. They will arrange for assessment and examination by a paediatrician and a forensic trained examiner.

5.3. Advice can be requested by ringing the Haven - see list for contact numbers.

HISTORIC SEXUAL ASSAULT (for children who were under 18 at the time)

5.4. In cases of historical abuse the children will be seen in Community setting or at Northwick Park Hospital (NPH). See contact list for numbers to call. Advice can be sought from community duty paediatrician.

6. Emotional Abuse

6.1. An urgent paediatric assessment is rarely required but early involvement of a paediatrician is important to plan an assessment to define baseline data, especially where the child is to be accommodated.

6.2. Children who are abused rarely suffer exclusively one form of abuse. The referrer needs to evaluate the form of abuse requiring most urgent attention. When the referrer is unsure they should contact the service to discuss the needs. (See contact sheet for guidance re referral).

7. Re-examination

7.1. The number of examinations must be kept to a minimum, hence the need to ensure that the child is seen by the appropriate doctor for assessment. Where more than one doctor needs to assess the child (e.g. where there are injuries requiring treatment and there is also a need for collection of forensic evidence) a joint examination should be arranged if possible.

7.2. There are occasions when a second examination is needed:

- **where there is a recent injury and the signs are not developed fully;**
- **where a second examination may help to clarify the timing of events (by assessing the healing process);**
- **where the suspicion of child abuse arises out of an examination for an unrelated matter carried out by a doctor not experienced in Child Protection;**
- **where the findings are unusual and/or contentious and the examining doctor feels it essential to share their uncertainty with an experienced colleague;**
- **when the Court's consent to carry out a second independent examination is given;**
- **when a second opinion is required- this should be in consultation with the named/Designated Paediatrician for Safeguarding Children.**

7.3. Further examination may be required for the management or treatment of injuries or for the investigation of sexually transmitted infections.

7.4. Where there is a need for a second Child Protection examination, ideally, it should be carried out by the same doctor.

8. Consent

8.1. Consent should be documented by the examiner.

8.2. Valid consent is 'informed': the person/ parent must understand the nature of what he/she is consenting to and the possible consequences. Their consent must be given 'freely without fear, threat or coercion'.

8.3. Medical examination without appropriate consent may be held in law to be an assault.

8.4. The Children Act is clear that children, depending on their age and ability to understand should be asked for their consent to examination. By the age of 16 years, children are regarded by law as capable of giving consent (Family Law Reform Act S8) but young people under 16 years can also give consent if the doctor feels that they have capacity to do so (Gillick case 1986). There are exceptions, for example young people with severe learning disability.

8.5. The child has the right to determine who is present at the examination and the right, at any stage to withdraw their consent from part or all of the examination. Physical examination is not possible without the cooperation of the child.

8.6. When obtaining consent the doctor needs to be informed of the following:

- **Who has the right to consent to the examination?**
- **Who has parental responsibility and what are their views?**
- **What are the views of the child?**
- **Is the child subject to a Court order?**
- **What are the directions of the Court, if any, in relation to the examination**

8.7. Parents must be involved fully in the procedure of obtaining consent unless there are specific reasons for this not to occur. Under such circumstances either someone with parental responsibility must attend the assessment to give informed consent or an appropriate consent signed by someone with parental responsibility with a written explanation of the decision not to involve the parents must be provided. Where consent cannot be provided examination cannot take place without the guidance of the Court unless there is an urgent medical need.

8.8. When children are too young to decide for themselves, a parent or person, who has a parental responsibility, has the power to consent on their behalf. Good practice assumes the presence of a parent/carer at any interview/examination and exceptions to this practice are uncommon. However, this does not mean that parents may pressurise the child or insist on being present during interview or examination.

EXAMINATION WITHOUT CONSENT

8.9. To examine a child without legal consent would normally be considered to be an assault for which the doctor can be prosecuted. Doctors can examine children without consent in emergency situations, where delay would be detrimental to the health and well-being of the child. This is in accordance with the common law doctrine of necessity.

8.10. Children are rarely aware of their rights. Abused children are used to adults imposing their will upon them.

8.11. In ensuring the child's needs are paramount, professionals and carers must ensure that children know and are enabled to practice their rights, including the right to refuse to be examined.

9. Doctors Involved in the CP Investigation

THE GP/FAMILY DOCTOR

9.1. The GP will have access to information regarding the child and any members of the family registered with their practice. (NB this is not to imply that they can share that information without permission unless necessary to protect the child). The family practitioner may examine children in cases of suspected physical abuse but would normally refer such cases on to the hospital paediatrician to exclude organic disease and provide a more skilled examination and opinion. The GP contributes invaluable information in cases of neglect, emotional abuse and sexual abuse. They would not however, examine a child where sexual abuse has or is thought to have occurred; such examinations must be carried out by a paediatrician and another doctor (such as a Forensic Medical Examiner) who has expertise in this area.

HOSPITAL PAEDIATRICIANS

9.2. The hospital paediatricians are based at NPH and provide a 24 hour a day, 7 day a week acute paediatric service.

9.3. Child Protection cases most appropriately assessed within the hospital setting are, as previously noted, those needing urgent medical assessment and treatment of their injuries, those requiring medical investigations to exclude organic illness and those where there is a need to refute or confirm the non-accidental nature of the injuries or presenting complaint in acute cases.

9.4. Other forms of abuse may be assessed in the hospital setting as children may be seen in the Accident and Emergency Department, the Children's Out-Patient or the Paediatric Wards where abuse or neglect were not initially suspected.

COMMUNITY PAEDIATRICIANS

9.5. The community paediatricians, specialising in the care of vulnerable children, provide comprehensive paediatric assessment of children suffering neglect, emotional abuse and chronic sexual abuse and chronic physical abuse. The children are seen in a range of settings including the Children's Centre Clinic at Wembley Centre for Health and Care or at NPH where there is a Child Protection examination room.

9.6. Health care is provided to ensure that any possible medical complications of the abuse are managed in a timely fashion. The service also ensures appropriate handover of care to the child or young person's home paediatric and specialist services.

SEXUAL ASSAULT REFERRAL CENTRES

9.7. Paediatricians and forensic examiners provide forensic assessment and clinical management of children up to 18 years of age who have, or are suspected to have, been sexually assaulted within the previous 7 days. They need to be accompanied by a police officer who collects and secures the forensic samples from the assessment.

10. Guidance to Referrer

10.1. All paediatric assessments are arranged according to pathway whether the referral is urgent or planned. All children referred will have been referred to Brent Family front Door.

10.2. No child will be seen for assessment without a completed referral form being sent, faxed (or hand delivered in extreme emergencies) to advise the assessing paediatrician of essential information.

10.3. On receipt of the referral the assessing paediatrician will contact the referrer for any further clarification and to organise the time and venue of the proposed assessment.

10.4. It is important to ensure that essential information is available through the referral form. Some information may not be readily available, particularly when the referral is urgent. This information should be forwarded as soon as it becomes available, a search for the information should not delay an urgent referral. Under these circumstances an incomplete referral form will not delay the timing of the assessment.

10.5. It is IMPORTANT that the following information is available and ABSOLUTELY ESSENTIAL that points 7-10 are provided:

- **1. The child's full name (including previous and 'known as' names);**
- **2. The child's date of birth;**
- **3. The child's birth family address and present address if different;**
- **4. The name of the child's parents and present carers if not the parents;**
- **5. The name and address of the GP;**
- **6. If available, the child's NHS Number;**
- **7. Consideration as to who will be providing consent ;**
- **8. A list of those expected to attend the assessment;**
- **9. Any specific needs of the child/parents/carers (i.e. need for Interpreters, need with respect to disability etc)**
- **10. A direct telephone contact number for the referrer to ensure that the consultant arranging the assessment can discuss the referral.**

10.6. If the parents/carers are not attending assessment clarification of the circumstances must be included i.e:

- **The parents do not wish to be present for the examination but understand the need for assessment and have signed the consent form or;**
- **The parents are unable to be present for the examination, as explained above but understand the need for assessment and have signed the consent form or;**
- **The parents are aware of the assessment but are not in agreement or;**
  (NOTE - Where parents do not consent, someone can consent, such as the Local Authority if they share parental responsibility through a Care Order or there is a Court Order in place allowing for the medical examination.)
- **The parents are unaware of the assessment. In these circumstances the reason for the parents not being aware of the assessment must be provided.**
  (NOTE -a legal order is required through a Child Assessment Order or consent being given by Local Authority where they hold Parental Responsibility (e.g. Interim Care Order) and an agreed joint decision including the examining paediatrician has been made not to include the parents.)
- **If parent/s are not attending and appropriate arrangements have not been made to provide informed consent the paediatric assessment will not be able to proceed as this could be deemed an assault. The only exception to these requirements would be where the child was in urgent need of medical treatment.**

10.7. Please ensure that parents/carers are aware that the appointment may be of 2-3 hours duration, particularly where the child is being seen urgently at NPH where the staff will have to prioritise the care of ill children.

10.8. It is essential that the appointment is attended. If there are any problems the referrer must contact the named registrar or consultant via the hospital switchboard.

10.9 SIBLINGS:

If there are concerns about a child with siblings, the paediatric assessment for the index case is prioritised. The examination of siblings should be discussed and agreed at strategy meeting with input from a health professional, such as a paediatrician, as they may not require a specialist assessment but review by universal services in the first instance.

11. Useful Contact Details

Type of abuse	Day / Time	Contact Details
Acute Physical abuse	Monday to Friday 08:30 – 16:30	Contact Paediatrician on 0208 869 2999 If you cannot access this extension contact the NPH switchboard 0208 864 3232 and ask for Bleep 318 which is the bleep number for the Community Paediatric Registrar covering the Child Protection rota.
	Monday to Friday 16:30 - 08.30 Weekends and Bank Holidays	Tel: NPH switchboard (0208 864 3232) ask for the Paediatric Registrar on call. (who will liaise with the Consultant Paediatrician on call).
For non-acute Physical Assaults	Mon- Friday 9.00-16.00	Brent Community Paediatrics 0208 795 6395
Alleged sexual assault within past 7 days	All the time	Tel: Haven Paddington 0203 299 6781 or 6900
For non-acute Sexual Assaults	Mon- Friday 9.00-16.00	Brent Community Paediatrics 0208 795 6395

12. FLOWCHART