



*Working Together
to Safeguard Children*



Bedfordshire Local Safeguarding Children Board

Luton & South Mid Beds Procedure & protocol for Child protection Medical Assessment

Date agreed by Beds LSCB: 16/10/07

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PROCEDURE & PROTOCOL FOR CHILD PROTECTION MEDICAL ASSESSMENT

**For Luton & South Mid-Beds (For Bedford & North Mid-Beds see Bedford PCT – Bedford Hospital Procedure)
Providers – Luton Teaching PCT & Luton & Dunstable Hospital NHS Trust**

February 2007 (amended August 2007 after discussion at Bedfordshire LSCB Operational Board meeting) for review August 2008.

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The Edwin Lobo CDC, 633 Dunstable Road, Luton LU4 8QR
Tel: 01582 700300 Email: Prakash.Srivastava@blpt.nhs.uk

1. Introduction

When children are referred to social care or the police for concern about abuse or neglect then in some cases they need specialist medical opinion from forensic point of view to help them plan their action and which can also be used for evidential purpose in court should such action become necessary. This service is denoted here as Child Protection Medical Assessment.

This can also be requested by health professionals in cases giving rise to child protection concerns on the basis of medical presentation alone (e.g. a bruise), but not enough to enable them to refer to investigating agencies.

2. Geographical Area Covered

Luton team consists of a team of Community Paediatricians based at The Edwin Lobo Child Health & Development Centre (**ELC**) and Paediatricians based at The Luton & Dunstable Hospital (**L&D**) with somewhat different but complimentary role. They cover children within Luton and South Mid-Beds (Dunstable, Houghton Regis and Leighton Buzzard). It does not cover Bedford and North Mid Beds areas for which refer to Bedford PCT & Bedford Hospital Procedure.

3. Nature of Child Protection Medical Assessment

Medical assessment is based on history, examination and observations in order to formulate an opinion from forensic perspective on presenting alleged type of abuse or neglect. In addition attempt is also made to assess other forms of abuse (or neglect) too which may co-exist. However, before proceeding for examination for sexual abuse if not initially asked for, agreement of accompanying police officer or social worker is sought and additional consent from the parent/carer if present and the child if applicable will also be sought.

This assessment applies to all forms of abuse (physical, sexual, emotional & neglect).

4. Other forms of Medical in Social care context

One needs to be clear about medical examinations, opinions or assessments that are requested in other social care contexts, which will not necessarily be a substitute for CP medical assessment but can be confused with it. These are –

- 4.1. Looked After Medical – It may recognise but not necessarily provide specialist medical/forensic evidence of abuse or neglect. It depends on the skill of the assessing doctor. Where it is a specific requirement, please ask before assuming.
- 4.2. Adoption Medical - Same as above.
- 4.3. Paediatric Assessments – These are often conducted on semi-planned basis in cases of chronic neglect where there are complicating medical issues involved like an illness etc. It may not necessarily cover examination for sexual abuse. If this too is an area of concern then it needs to be specifically raised at the time of referral.
- 4.4. Initial description of medical signs (e.g. bruise) described by the GP at the time of referral to the Child Social Care or Police does not constitute specialist medical opinion.

5. Referral Procedure

5.1 Sources of Referrals

Referrals are accepted mainly from childcare social workers, police and some times from health professionals (GPs, HV, SN, Hospital Doctors etc).

5.2 USUAL WORKING HOURS (Monday to Friday, 09.00 -17.00 except bank holidays):

All referrals should be made to –

The Edwin Lobo Child Health & Development Centre (ELC),
633 Dunstable Road, LUTON LU4 8QR.

Tel: **01582 700300**.

Fax: **01582 700299**.

5.2.1 **Referral mode** – Referral by phone is accepted. Receptionist will take few necessary details over the phone and either will come back to the referrer or will give the appointment time when first called. Any directly relevant document may be faxed maintaining security or could be brought to be shared at the time of examination

5.2.2 Presentation for appointment –

Referred by Social Worker / Police – We would expect either a social worker or police who knows about the case to accompany the child for appointment and who could tell us about the case and the status of consent by parent/carer if they are not present and can authorise examination.

Referral by health professionals – Parents/carers should be told (unless discussed otherwise with examining paediatrician) about the nature of examination and the referrer should ensure that the child has attended. If not then it is referrer's responsibility to inform investigating agencies (social care or police).

5.2.3 Consent–

A written consent will be sought from parent and the child if applicable. However, if the parent did not accompany, then the accompanying police officer or social worker would need to state that parent/s are in agreement or if not then they need to authorise examination.

In case of examination for sexual abuse, additional consent for use of colposcope will need to be obtained or authorised.

5.2.4 Examining Team –

Team of Community Paediatricians operate from The ELC who undertake a variety of paediatric work. Part of their work involves undertaking this assessment one afternoon a week on rota basis. Children sometime can be seen during the morning if feasible (discuss).

5.2.5 Waiting time –

At the ELC there is a team of community paediatrician on call on all working days and cases are seen on the same day except when it is logistically impossible – too many children or child could not be brought the same day. We try and fit in cases for the afternoon. For these reasons it will be helpful if at least we get an indication of a possible referral as early as possible in the day so that we schedule rest of our work around it.

5.2.6 Outline of examination procedure –

We recognise that it is often a very stressful time for children and their carer/s and therefore, we collectively try to make the whole experience as stress free as possible. All our medical and non-medical staff are trained and handle their aspect of the work sensitively. We explain to the carer and the child what the examination part involves in order to allay their anxiety about examination as far as possible.

We talk to the social worker or the police first to know the context and to understand the particular sensitive points to plan the rest of the assessment. The assessment starts with history taking which take the longest and involves parent/carer if present. We always talk to the child without being interrogative. This is to give them opportunity to express their own views and feelings. If there is an incident then knowing it, helps decide what to focus on during the examination. We refrain from asking leading questions especially if the child has already been interviewed. If in spite of our best effort, a child refuses or protests, then the examination would not proceed.

Assessment part consists of interpretation of available historical data, observation on child and child-carer/parent interaction, an estimation of development (in younger children) and examination.

For sexual abuse examination an instrument called Colposcope is used in line with standard set by the Royal College of Paediatrics & Child Health. This is basically a microscope mounted on a stand and also attached to a recording device and a light source to give better illumination. The part being examined is viewed through it without coming in direct contact with it.

Findings and provisional opinion are conveyed at the conclusion of examination orally followed by a written report within the usually within two days. In some cases where findings are not clear, a second opinion may need to be obtained before forming a firm opinion. That would be matter of few days. If we have to seek external opinion then it could take longer but would vary with the nature of the case.

5.2.7 **Follow up examination or referrals –**

Arrangement for follow up examination or referral to other services should be discussed and arrangements agreed with accompanying social worker or police as such children may be cared for at different location after initial examination.

5.3 **OUT OF HOURS, BANK HOLIDAYS & WEEKENDS**

5.3.1 **Referrals**

Referrals can be made to the Paediatric Team at the L & D Hospital by contacting Tel: 0845 127 0 127 and asking to bleep the Paediatric Registrar on BLEEP No: 733. All referrals will be discussed with the on-call Consultant Paediatrician. The referrer will be advised where to present with the child if appropriate. Please see appendix 1 for referral pathway.

5.3.2 **Range of services** available at Luton and Dunstable Hospital out-of-hours:

5.3.2.1 Assessment and treatment when a child needs urgent medical attention for injuries suspected to have occurred non-accidentally;

5.3.2.2 Specialist medical opinion is needed at the time to safeguard the Child.

5.3.2.3 Assessment of the Child is required because there is a risk that injuries may fade away during the next available ELC working day causing loss of evidence. The Child does not need medical attention or treatment but injuries are suspected to have occurred non-accidentally.

5.3.2.4 Any medical urgency like starvation or non-accidental head injury etc.

5.3.2.5 Suspected acute sexual abuse where there is need for urgent medical attention or treatment for acute ano-genital or perineal injury and not for specialist forensic examination. It is important that these children are examined under the best possible circumstances. This may require the presence of two experienced Paediatricians, one of whom is forensically trained, ideally one from the Community Paediatric team. The aim is to avoid repeated examinations for the child wherever possible.

The Police Child Abuse Investigation Unit should organise a joint medical examination involving a Police Forensic Medical Examiner (FME) and a Community Paediatrician within a permissible time frame (usually within 72 hours). If it is unlikely or not possible to arrange a medical examination within this timeframe, Police may continue their investigation with the help of the FME, as there will be a need to preserve forensic evidence for further analysis (i.e. clothing, underwear, nail scrapings, pubic hair). The Child Abuse Investigation Unit will be able to provide information and instructions on

retaining forensic evidence. A Community Paediatrician second opinion can be arranged during normal working hours (Para 6 & 5.2).

The L&D Paediatricians do not have the appropriate experience or training to facilitate the high quality assessment required to provide an “expert opinion” for court proceedings. However, discussion may take place with the on-call Paediatrician to facilitate the decision as to what action is in the best interest of the Child. *An Acute Sexual Abuse care pathway is currently being developed.*

5.4 **Consent – Same as 5.24.**

6. Medical Examination following Acute Sexual Assault

- 6.1 Where such a case was brought to the notice of investigating agencies during usual working hour, medical examination can be organised through The Edwin Lobo Centre. Where there is need for obtaining forensic sample, Police could get their forensic medical examiner and organise a joint examination with a Community Paediatrician through The Edwin Lobo Centre (Para 2).
- 6.2 If it happened out of hours but next ELC Service is available within the time frame for obtaining forensic samples (usually 72 hours), a joint examination as in 6.1 can be arranged. **Please see 5.325.** Discuss with the Community Paediatrician on call for that day. Please check with the ELC reception.
- 6.3 If timing does not allow for a joint examination then investigation should continue with the help of Forensic Medical Examiner. A second medical opinion by a Community Paediatrician can be arranged as usual should the need arise.
- 6.4 If a case of sexual abuse of a child has come to notice out of hours but there is no clear incident, normal working hours procedure (Para 2) should be followed.
- 6.5 If the child was admitted to the hospital for management of the injuries, for medical opinion above procedures apply (6.1 – 6.4).

7. Medical Examination when Sexual Abuse is suspected in a child presenting with possible sexually transmitted infection. There is a separate protocol for this.

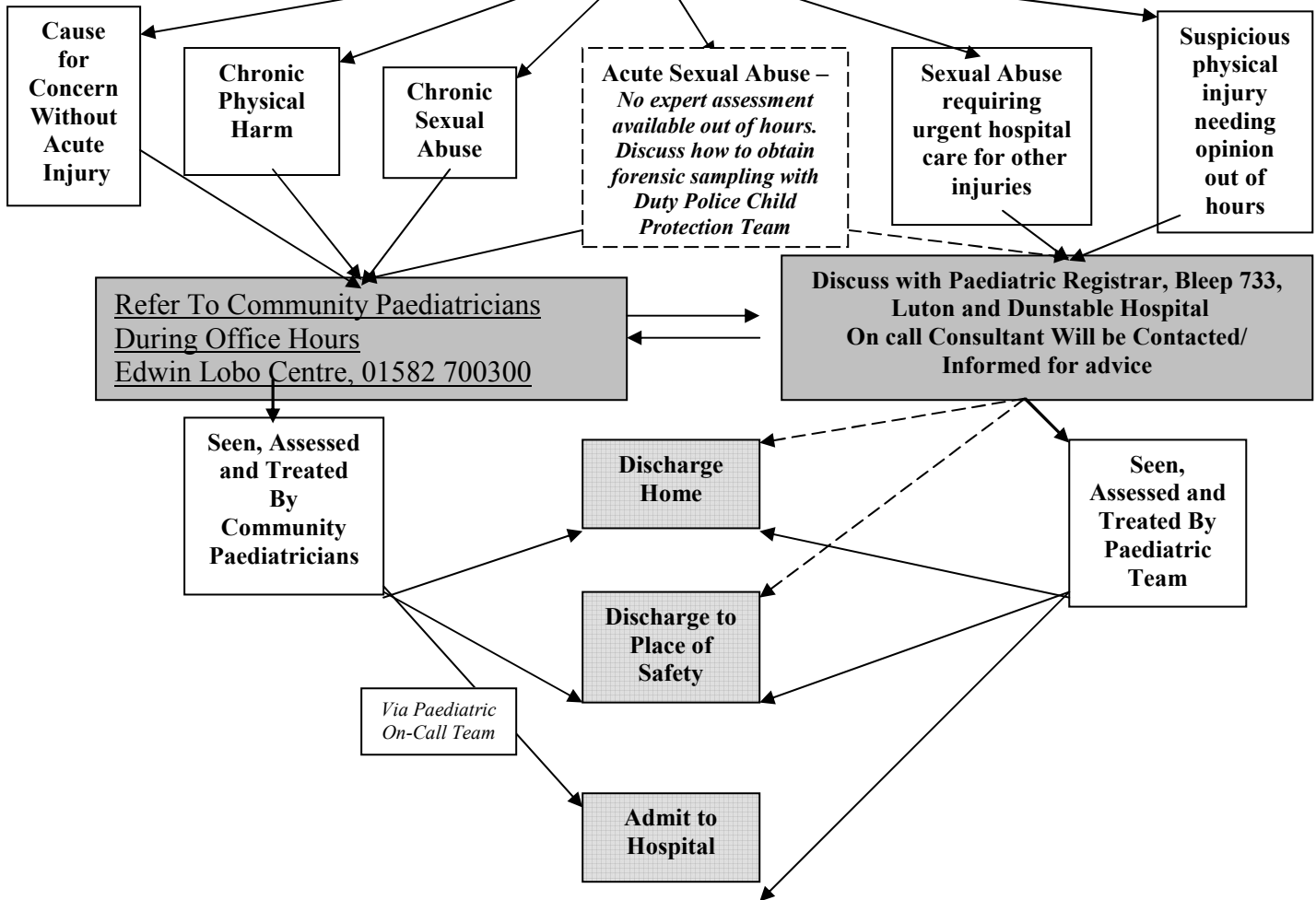
Appendix 1: Multi-Agency Pathway for Safeguarding Children - Referrals for Medical Assessment

In Office Hours: Mon – Fri 9am –5pm

Multi-agency Referral For Medical Assessment
Via Safeguarding Childrens' Social Services Team

Please Contact Community Paediatricians for advice,
Edwin Lobo Centre. 01582 700300

Out of Hours
5pm- 9am Mon –Fri or 5pm Fri – 9am Mon and Bank Holidays
Multi-agency Referral for Medical Assessment
(will depend on concern)



Dashed lines represent procedures that are acceptable but currently under review.

V.Gandhi/Aug2007/LDH