

## Paediatric Assessments

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### When a Paediatric Assessment is Necessary

Where the child appears in urgent need of medical attention, e.g. suspected fracture, bleeding, loss of consciousness, s/he should be taken to the nearest A&E department.

For babies and young children who are of pre-school age - physical injuries, or bruising of a suspicious nature should always be referred to the **Queen Elizabeth Hospital** for medical assessment by the Consultant paediatrician. Consultation with the Designated/Named Doctors for Child Protection will take place if required.

In other circumstances Strategy Discussion / Meetings must consider, in consultation with the paediatrician (if not part of the discussion or meeting), the need for and timing of a paediatric assessment. Consideration must also be given as to whether there are any other children in the household who may also require a paediatric assessment.

paediatric assessments should always be considered necessary where there has been a disclosure or there is a suspicion of any form of abuse to a child.

Additional considerations are the need to:

- Secure forensic evidence;
- Obtain medical documentation;
- Provide treatment follow up and review for the child (in relation to any injury or infection, new symptoms, both physical and psychological).

Consideration should be given to siblings of an injured / abused child/children having a paediatric assessment even though there are no obvious signs of injury/abuse.

In cases of severe neglect, physical injury or acute (recent) penetrative sexual abuse, the assessment should be undertaken on the day of the referral, where compatible with the welfare of the child.

Only suitably qualified health specialists may physically examine the child for the purposes of a paediatric assessment. Other staff should note any visible marks or injuries on a body map and document details in their recording.

### Purpose of Paediatric Assessment

The purpose of a paediatric assessment is:

- To diagnose any injury or harm to the child and to initiate treatment as required;
- To document the findings;
- To provide a medical report on the findings, including an opinion as to the probable cause of any injury or other harm reported;

- To assess the overall health and development of the child;
- To provide reassurance for the child and parent;
- To arrange for follow up and review of the child as required, noting new symptoms including psychological effects.

## Consent for Paediatric Assessment/Medical Treatment

The following may give consent to a paediatric assessment:

- A young person of 16 and over;
- A child of under 16 where a doctor considers he or she is of sufficient age and understanding to give informed consent and is “**Fraser Competent**”;
- Any person with **Parental Responsibility**;
- The local authority when the child is the subject of a **Care Order** (although the parent/carer should be informed);
- The local authority when the child is **Accommodated and** the parent/carers have abandoned the child or are physically or mentally unable to give such authority;
- The High Court when the child is a Ward of Court;
- A Court as part of a direction attached to an Emergency Protection Order, an Interim Care Order or a Child Assessment Order.

Where the child is the subject of ongoing Court proceedings, legal advice should be obtained about obtaining the Court's permission to the paediatric assessment.

It is generally good practice to seek wherever possible the permission of a parent for children under 16 prior to any paediatric assessment and/or other medical treatment even if the child is judged to be of sufficient understanding to give consent in their own right. If this is not considered possible or appropriate, then the reasons should be clearly recorded.

When a child is **Looked After** and a parent/carer has given general consent authorising medical treatment for the child, legal advice must be taken about whether this provides consent for a paediatric assessment for child protection purposes (the parent/carer still has full parental responsibility for the child). Where the local authority shares Parental Responsibility for the child, the local authority must also consent to the paediatric assessment.

A child who is of sufficient understanding may refuse some or all of the paediatric assessment, although refusal can potentially be overridden by a court.

In emergency situations where the child needs urgent medical treatment and there is insufficient time to obtain parental consent:

- The medical practitioner may decide to proceed without consent; and/or

- The medical practitioner may regard the child to be of an age and level of understanding to give her/his own consent and be Fraser Competent.

In these circumstances, parents must be informed as soon as possible and a full record must be made at the time.

In non-emergency situations, when parental permission is not obtained, the social worker and manager must seek legal advice

For additional guidance to doctors, see the **GMC Guidance for Doctors Working with 0 to 18 Year Olds**.

## **Arranging the Paediatric Assessment**

Paediatric assessments must take into account the need for both specialist paediatric expertise and forensic requirements in relation to the gathering of evidence.

Only approved Consultant paediatricians, Police Surgeons or other suitably qualified specialists may undertake paediatric assessments carried out as part of a Section 47 Enquiry.

There should be only one paediatric examination of the child.

Where child sexual abuse is suspected, usually two doctors with complimentary skills will conduct a joint paediatric assessment. A single doctor may carry out the assessment where he or she has the necessary knowledge, skills and experience for the particular case. For further guidance, see Guidance on paediatric Forensic Examinations in relation to possible child sexual abuse, September 2004, issued by the Royal College of paediatrics and Child Health and the Association of Forensic Physicians (which can be found at the **Royal College of Paediatrics and Child Health Website**).

Consideration should be given to the gender of the examining doctor in consultation with the child and the parents.

Referrals for paediatric assessments should be made by the social worker, or a member of the Child Abuse Investigation Unit, are made to the local service, usually the Queen Elizabeth Hospital Children's Unit or Great North Children's Hospital. The Consultant paediatrician should be informed of the child's imminent arrival and the circumstances of the case. The police will arrange attendance of a Police surgeon if required. The extent of any questioning of the child by the doctor will depend on the type of abuse and the age and understanding of the child. The paediatrician may arrange to examine the child him/herself, or arrange for the child to be seen by a member of the paediatric team in the hospital or community.

In planning the paediatric assessment, the social worker, the manager responsible, the Police CAVA Officer and relevant doctor(s) must consider whether it might be necessary to take photographic evidence, for example, for use in care or criminal proceedings or where a second opinion may be necessary. Where such arrangements are necessary, the child and parents must be informed and prepared and careful consideration given to the impact on the child.

Acute sexual assault of a child or young person (less than 7 days from the offence) should be referred by the police to the paediatric Forensic Network, based at the RVI (during working hours 0191 282 4753, out of hours via the RVI switchboard 0191 233 6161) for medical assessment and the child or young person accompanied to

that assessment by the appropriate police officer and a supportive adult (usually parent). Chronic sexual abuse cases (where the offence has occurred more than 7 days previously) should be referred to a Consultant paediatrician with experience in these assessments.

In cases of severe neglect, physical injury or penetrative sexual abuse, the assessment should be undertaken on the day of referral, where compatible with the welfare of the child.

The need for a specialist assessment by a Child Psychiatrist or Psychologist should be considered.

If the child refuses to be examined or becomes distressed during the examination, consideration must be given to arranging a further examination.

A social worker requesting a forensic medical examination of a child should make arrangements to attend the appointment with the child.

## **The Medical Examination**

The examining Doctor(s) should have information available from the child's previous attendances, wherever possible.

Attention should be paid to differential diagnoses, including non-accidental injury and fabricated or induced illness.

If a paediatrician considers physical abuse to be the likely cause of injuries in a child under the age of 2 years, a skeletal survey should be undertaken. A skeletal survey should also be considered of older children where a paediatrician considers physical abuse to be the likely cause of injuries and a skeletal survey is clinically indicated.

A skeletal survey needs to be considered for a child with a physical injury under the following circumstances:

- Presentation with a fracture which suggests abuse;
- Previous history of recent skeletal injury;
- Child dying in suspicious or unusual circumstances.

A repeat skeletal survey is indicated where an abnormality has been identified or thought likely to be present, but the implications of repeated exposure to radiation need to be considered. Consideration also should be given to obtaining photographic records, where applicable.

All medical examinations should follow the Trust Guidelines on Radiology in Child Abuse.

A social worker requesting a forensic medical examination of a child should make arrangements to attend the appointment with the child.

## **Recording of Paediatric Assessment**

The examining Doctor(s) should supply a report to the Social Worker, GP and where requested the Child Abuse Investigation Unit. The timing of a letter to parents should be determined in consultation with Children's Social Care and Child Abuse Investigation Unit within five working days. Consideration must be given to the language used and its anticipated audience.

The report should include:

- Date, time and place of examination;
- Those present;
- Who gave consent and how (child/parent, written, phone or in person);
- A verbatim record of the carer's and child's accounts of injuries and concerns noting any discrepancies or changes of story;
- Documentary findings in both words and diagrams;
- Site, size, shape and where possible age of any marks or injuries;
- Other findings relevant to the child e.g. squint, learning problems, speech problems etc;
- Confirmation of the child's developmental progress (especially important in cases of neglect);
- Time examination ended;
- Medical opinion of the likely cause of injury or harm.

All reports and diagrams should be signed and dated by the doctor undertaking the examination.

If criminal or family proceedings are instituted, the doctor's written report may be filed and served as well as the doctor's statement of evidence. The doctor's attendance at subsequent Court hearings may also be required.

Where there has been a joint paediatric assessment, the doctors involved should agree which of them will provide the report. If they disagree in their clinical findings and interpretations, they should both provide full reports and usually a further independent medical opinion should be obtained. For further guidance, see Guidance on paediatric Forensic Examinations in relation to possible child sexual abuse, September 2004, issued by the Royal College of paediatrics and Child Health and the Association of Forensic Physicians.

### **Refusal by Child to Accept a Medical Assessment**

If there is a situation where a child/young person's life may be in danger because of his or her refusal to accept medical assessment and/or treatment, application can be made by Children's Social Care to the Court for an order to obtain medical assessment and/or treatment.

Any staff faced with this situation should contact **Children's Social Care Referral and Assessment Team** as a matter of urgency. The Team Manager will liaise with legal services to determine if this is an appropriate course of action to safeguard the child's welfare.