

Child Protection Examinations GL618

Approval

Approval Group	Job Title, Chair of Committee	Date
Paediatric Policy and Procedure	Chair, Paediatric Policy and Procedure	March 2015

Change History

Version	Date	Author, job title	Reason
4	04/03/2015	Georgia Jackson Consultant Community Paediatrician	Review

Author:	Georgia Jackson	Date:	February 2015
Job Title:	Consultant Community Paediatrician	Review Date:	February 2017
Policy Lead:	Urgent Care Group Director	Version:	Version 4
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Other relevant corporate or procedural documents:

This document must be read in conjunction with:

Chaperone for Child Protection Medical Examinations GL738

Child Protection Companion, Royal College of Paediatrics and Child Health, 2013

Berkshire Local Safeguarding Children Boards Child Protection Procedures: Multi-Professional Bruising Protocol for Immobile Infants:

http://berks.proceduresonline.com/pdfs/pr_bru_ch_ass_ref.pdf

http://berks.proceduresonline.com/chapters/pr_bruis_imm_infants.html

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1.0 Purpose

Children’s Social Care may refer children for paediatric assessment where there are concerns about safeguarding, including non-accidental injury and neglect. Individual cases have different levels of urgency. This document is intended to clarify referral procedures to paediatrics for Child Protection medical assessments and outline the service provided.

2.0 Scope

This document specifically relates to direct referrals to paediatrics from Children’s Services regarding children about whom there are child protection concerns.

Where there are specific concerns about bruising in a child who is not independently mobile, referrals should be made according to the specific protocol Berkshire “Bruising in Children who are Not Independently Mobile”. This excludes children with complex needs and/or disability who are not independently mobile, who should be referred for paediatric assessment according to this policy GL618.

This guideline does not relate to children where there are concerns about possible sexual abuse; these cases should be referred to the Thames Valley Sexual Assault Referral Centre (0845 519 7368).

3.0 Roles and Responsibilities

The Named Doctor for Child Protection in the Trust has operational responsibility for Child Protection procedures in the Trust and is able to offer advice on individual cases where necessary.

Administrative staff members at Dingley Specialist Children’s Centre are responsible for holding the Child Protection mobile phone during the specified hours (see below), documenting details about the referral on the referral proforma, and liaising with the Consultant Community Paediatrician at Dingley Specialist Children’s Centre who is on-call for Child Protection on that day, and/or the Community Paediatric Registrar on-call for that day. Administrative staff members are responsible for booking the appointment on EPR (Electronic Patient Record), requesting the notes for all children who have been referred, arranging a chaperone, contacting medical photography where appropriate, and ongoing contact with Social Workers to confirm appointment times.

Out of hours, where there is a significant level of concern, Children’s Social Care may need to discuss with the Consultant Paediatrician on-call.

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4.0 Definitions

For the purposes of this document, Children’s Services refers to Children’s Social Care and Social Workers.

A child is defined as a young person under the age of 16, for the purposes of this policy. For young people aged 16 years or over, but under the age of 18, they are considered children in the eyes of the law. In the case of children over the age of 16 years, see below specific procedures.

5.0 Procedures to be followed

A child with acute injury or illness should be referred directly to the hospital. This should be done by telephoning the Royal Berkshire Hospital switchboard on 0118 322 5111 and asking for the Consultant Paediatrician On-call.

Appointments – Dingley Specialist Children’s Centre

- Referrals should be telephoned to the designated Child Protection Mobile Phone **07899 915718**. This phone will be manned and switched on from Monday to Friday 9am to 5pm.
- ***Other telephone numbers should not be used as we are unable to guarantee that they are answered or messages checked within the time-frames necessary.***
- Appointments are available from 9am to 4pm. The last appointment available is 4pm.
- If a referral is received after 3pm, the details should still be taken and an appointment made for the following day as appropriate.
- Details should be filled in to the referral form proforma found on the shared drive here: G:\Child Protection\ADMIN - CHILD PROTECTION\Forms\Child Protection Phone Call.template AUGUST 2013, by the secretary receiving the referral.
- The following details will be entered into the excel spreadsheet “Database of Child Protection Medicals” located on G:\Child Protection:
 - a. Name
 - b. Date of birth
 - c. Hospital number
 - d. Date of referral
 - e. Consultant responsible
 - f. Doctor carrying out the medical assessment
- An appointment will also be offered for siblings under the age of 5 years on the same day as the index case. In some cases, after discussion with Children’s Services, it may be appropriate to postpone siblings’ assessments until the following day.
- Assessments will not be routinely offered for siblings aged 5 years and over.

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Out of Hours Child Protection Medicals

Where there is a level of concern about a child’s immediate health or wellbeing, a paediatric assessment can be arranged out of hours following an interagency assessment of urgency and risk.

This should be determined through telephone strategy discussion or face to face strategy meeting with the Consultant Paediatrician On-Call.

In this case, Children’s Services should telephone 0118 322 5111 (Royal Berkshire Hospital Switchboard) and ask for the Consultant Paediatrician on-call.

Out of hours child protection medical assessments will only be carried out for the index case. Only in exceptional circumstances will any child other than the index case be examined out of hours.

If siblings under the age of 5 years require a paediatric assessment, the Consultant Paediatrician on-call (or nominated deputy) should contact the Consultant Community Paediatrician on-call for Child Protection the following (working day) morning to arrange an assessment. This can be done through the Child Protection Mobile phone as above.

Out of hours child protection medical assessments will be audited.

Consent

A Social Worker with knowledge of significant information about the child and family and any allegation must accompany the child to the paediatric assessment.

Written consent for the paediatric assessment must be obtained from a person with parental responsibility: this is either the mother or father (if named on the birth certificate or married to the mother at the time of the child’s birth), or legal guardian. If the child is subject to a Court Order e.g. Care Order, and parental responsibility is shared with the Local Authority, then the appropriate Manager in Children’s Services is able to give consent.

Ideally a parent or carer with parental responsibility should accompany the child to the medical assessment in order to provide this. However, if this is not possible then written consent from a parent or carer with parental responsibility can be obtained by the Social Worker on the consent form designed for the purpose, and brought with them to the assessment.

A Section 47 enquiry is not sufficient for a paediatric assessment to be carried out without explicit consent from a person with parental responsibility. In exceptional circumstances verbal consent may be obtained if this is via direct communication over the telephone

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between the person with parental responsibility and the examining doctor. Verbal consent by proxy via a Social Worker is not an acceptable alternative.

If there are immediate concerns that a child needs emergency medical treatment or care e.g. significant injury, and parents are not contactable or able to give consent, then only under these circumstances may a paediatric assessment be carried out without consent.

Consent of the young person

- A child of any age who has sufficient understanding to make a fully informed decision can consent to a child protection examination / investigation/photography (Gillick Competence/Fraser Guidelines)(Wheeler 2006, NSPCC 2015).
- The assessment to determine competence in a child/young person less than 16 years must be made by the doctor carrying out the examination/ investigation/photography, with advice from others as required.
- A young person aged 16 or 17 years has a right to make a fully informed decision and consent to an examination/ investigation/photography unless grounds exist for doubting her/his capacity.
- A child or young person who is of sufficient age and understanding and or the person with parental responsibility may refuse some or all of the examination / investigation/photography though a court can potentially override refusal.
- When written consent is required the Consultant Paediatrician or Paediatric Specialist Registrar should complete the consent form with the person holding parental responsibility for the child/young person.

The Assessment

Assessments during office hours will take place at Dingley Specialist Children’s Centre and an appropriate chaperone will be arranged (see Chaperone Policy).

All telephone discussions prior and subsequent to the assessment must be documented in the clinical notes.

The proforma available on the shared drive G:\Child Protection\CHILD PROTECTION ASSESSMENT PROFORMA will be populated by administrative staff with the following fields:

- Child’s name
- Date of birth
- Date of assessment.

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Where possible, the child’s address and telephone number should also be populated, before the proforma is printed off for use.

This proforma should be used to document history, examination findings and medical opinion. Line drawings should be used to document all injuries seen, and where possible Medical Photography should be asked to photograph any injuries. Documentation should be in line with RCPCH Guidelines in the Child Protection Companion 2013.

Children aged 16 – 17 years

If a referral is received for a child over 16 years (see definition above), the Consultant Community Paediatrician on-call for Child Protection should speak directly to the social worker making the referral. The purpose and aims of the paediatric assessment and the precise question that is being asked must be established before arranging the assessment if indicated and appropriate.

This is most likely to be required if there is uncertainty or debate as to the cause of an injury.

Reports

Feedback should be given to Social Workers verbally following the assessment, but a report should be dictated or typed as soon as possible; if dictated the report should be marked as urgent. A report should be available ideally within 24 hours, but within 48 hours at the latest.

Reports should be copied in all cases to Children’s Services and GP, and where appropriate (depending on the age of the child and who is involved) to the Health Visitor, School Nurse, or Police Child Abuse Investigation Unit.

If police subsequently make a request for a report or a witness statement, this should be directed to the clinician involved, with a copy of the request to go to Legal Services.

6.0 Consultation Undertaken

Consultant Community Paediatricians, Named Doctor for Child Protection, Named Nurse for Child Protection, Senior Nurse for Children and Safeguarding have been consulted, through direct discussion and email conversation.

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7.0 Dissemination/Circulation/Archiving

A copy of this policy will be disseminated to Children’s Services in all three unitary local authorities within the West of Berkshire: Reading, Wokingham and West Berkshire, in particular highlighting the contact telephone number that should be used to make child protection referrals.

It will also be shared with all administrative staff at Dingley Specialist Children’s Centre and key features highlighted.

The policy will be saved on the Policy Hub under Paediatric Policies. The Head of Child Protection Governance will be responsible for archiving old versions of this document.

8.0 Training

Training required to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust’s Learning and Development Policy. This information can be accessed via the Learning and Development pages on the Trust intranet.

9.0 Monitoring of Compliance

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual or dept. responsible for the monitoring	Frequency of the monitoring activity	Group/committee which will receive the findings/ monitoring report	Committee/ individual responsible for ensuring that the actions are completed
Number of assessments carried out	Data collection from database	Community Paediatrics	Every 3 months	Dingley Clinical Governance	Dingley Clinical Governance
Quality of documentation and speed of reports sent out	Audit	Community Paediatrics	2 years	Dingley Clinical Governance	Dingley Clinical Governance

The Trust reserves the right to amend its monitoring requirements in order to meet the changing needs of the organisation.

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10.0 Supporting Documentation and References

- Chaperone for Child Protection Medical Examinations GL738
- Child Protection Companion, Royal College of Paediatrics and Child Health
- Child Protection Assessment Proforma, G:\Child Protection
- Child Protection referral form template, G:\Child Protection\ADMIN - CHILD PROTECTION\FORMS\Child Protection Phone Call.template AUGUST 2013

References

NSPCC (2015) <http://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines> accessed 18/3/15

Wheeler. R. (2006) Gillick or Fraser? A plea for consistency over competence in children. BMJ 332 p807

11.0 Equality Impact Assessment

	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	Y	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

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Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?

This policy applies to children under the age of 18 years. Children aged 16 – 17 years will be offered a paediatric assessment only where there is a specific question to be answered. Siblings of the index case will only be offered an assessment if they are under 5 years old or of there are specific concerns.

Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?

No

Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?

No

Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?

No

Based on the information set out above I have decided that a full equality impact assessment is not necessary.

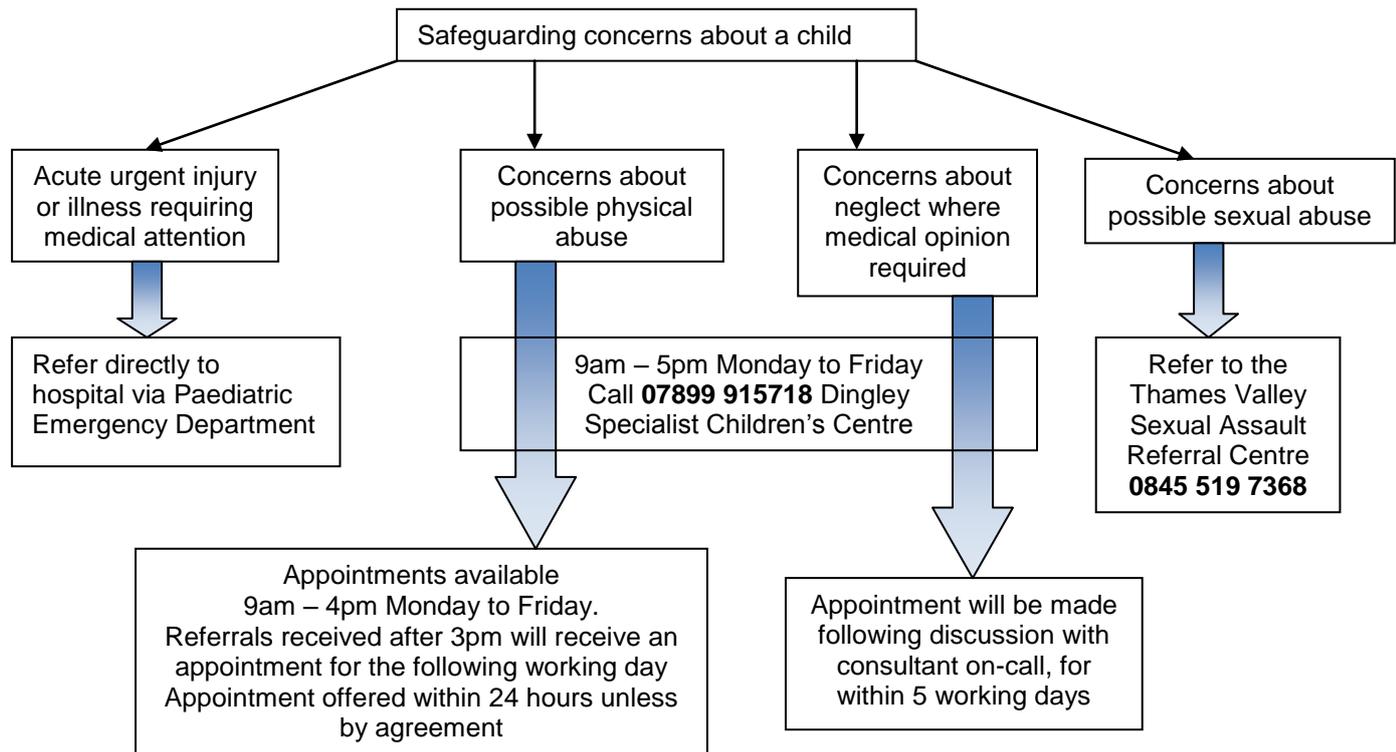
Name, Job title and signature: Dr Georgia Jackson, Consultant Community Paediatrician

Department: Community Paediatrics

Date: 4th February 2015

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Appendix 1 Overview of Process for Referral for Child Protection Examinations



Out of hours Child Protection Medicals

Where there is a significant level of concern a medical can be arranged 24/7 following an interagency assessment of urgency and risk.

Determine urgency/risk through telephone strategy discussion or face to face strategy meeting with the Consultant Paediatrician.

To contact the Consultant Paediatrician a Social Worker should telephone 0118 322 5111 and ask for the Consultant Paediatrician on call.

Out of hours child protection medicals will only be for the index case. Only in exceptional cases will any child other than the index case be examined out of hours.

For siblings please request a child protection medical examination at Dingley Specialist Children's Centre for the next working day, using the telephone number above.

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A Social Worker with knowledge of significant information about the child, family and any allegation **must accompany the child.**

A parent/carer with **parental responsibility** should accompany the child where possible to consent to the examination **OR** the Social Worker should obtain written consent from a parent/carer with parental responsibility on the consent form designed for the purpose and bring it to the examination.

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**Appendix 2
Contact Details for Doctors and Chaperones**

Child Protection Rota : Doctors' Contact No's		
Doctor	Office	Mobile
Dr Sarah Hughes	0118 322 5358	07917 041069
Dr Georgia Jackson	0118 931 5887 (ext: 2287)	07783 272466
Dr Hazel Needham	0118 931 5875 (ext: 2275)	Pager: 07623 752463
Dr Niraj Vashisht	0118 931 5879 (ext: 2279)	07990 665752
Dr Andrea Lomp	0118 931 5892 (ext. 2292)	07715 886102

Registrars – based at Community Paediatrics		
Change every 6 months	Dingley Dr's Office: 0118 322 5326	To be confirmed at the post

CP Chaperone Procedure: call in this order in absence of Dingley Nursery Nurse		
1.	Sarah Maidment Paediatric Sister	➤ 0118 322 7686 ➤ bleep: 321
2.	Sue Timperley Matron for Paediatrics	➤ 0118 322 7480 ➤ pager: 40273

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		➤ bleep: 371
3.	Jo Horsburgh CP Nurse	➤ 0118 322 8046 ➤ mobile: 07795 266350

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