1. **Paediatric Assessment**

1.1 Paediatric assessment (a medical examination) can provide valuable information to advise the multi-agency Child Protection process. The medical examination, sensitively performed with an understanding of the child’s fears, anxieties and developmental 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;
- That it is a holistic process and medical issues out with the child protection issues can be addressed.
1.3 The Social Worker or Police Officer making the referral should contact the paediatric service (see Section 16, Useful Contact Details for guidance re referral) 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.

Unless a child or young person is actively medically unwell it is not appropriate to bring the child to the Paediatric Emergency Department (PED) or advise parents/carers to take the child or young person there. Doing so, often means the child/young person has to wait a longer time than necessary.

### 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 early consideration as it may provide information regarding the child and their family with an expert 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 7 days);
- 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 usually 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. This is particularly so if there are concerns about growth; as it may be useful to get an early height and weight to contrast this with measurements taken after the child has been in care for some time.

3.9 Cases of suspected neglect are usually assessed by the community paediatricians at the Children's Central Clinic or the Niall Quinn Children's out-patient Department.

4. Physical Injury - Suspected or Overt With Significant Injury

4.1 Where there is suspected or overt physical abuse with injury (including bruising, etc) there is a need to assess the injuries promptly to provide, where possible, a substantive diagnosis and appropriate treatment, to document evidence and to ensure the protection of the child. Other injuries e.g. burn, scalds, possible fractures need to be addressed very promptly and the child brought straight to hospital.

4.2 Assessment may include blood tests and X-rays and treatment which 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. The Consultant Paediatrician at Sunderland Royal Hospital (SRH) should be contacted and will arrange clinical assessment by a member of the paediatric team, but the initial discussion should always be with the consultant.

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 7 days;
• An historical case is where the alleged assault/s occurred more than seven days earlier;
• See contact details;
• The aim of the assessment is a holistic assessment to address the child’s medical and physical needs including sexually transmitted infection screening, contraception needs (emergency contraception will be addressed in the acute medical assessment), referral for counselling and medical needs;
• The assessment should therefore first and foremost be considered “welfare medical”;
• DNA and physical forensic evidence is collected at acute assessments. Physical forensic evidence is collected at historical assessments.

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 there must be an urgent referral to Police PPU. They will arrange for assessment and examination by a paediatrician from the Regional Paediatric Forensic Network based at the Children and Young People's Clinic at the Great North Children's Hospital at the Royal Victoria Infirmary (RVI) in Newcastle (see below) and will organise a SOLO (sexual offence liaison (Police) officer to receive the forensic swab evidence.

5.3 Advice can be requested by ringing the RVI switchboard 0191 282 4753 during working hours (Monday to Friday 08.30 - 17.00) this directly accesses the Forensic Network Co-ordinator. Out of working hours (Monday to Friday 17.00 - 08.30, Bank Holidays and weekends) ring the switchboard on 0191 233 6161, and you will be put through to the Consultant on call for sexual abuse.

Historical Sexual Abuse

5.4 In cases of historical abuse the children will be seen in Sunderland at the Children's Centre Clinic or, occasionally, at the Niall Quinn Children's Outpatient Department.

5.5 Referrals should be made to the Children's Centre Clinic during working hours (08.00 - 17.00 hrs). Out of working hours, at weekends and bank holidays contact should be made with the Consultant Paediatrician on call for further advice.

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. The children will be seen in Sunderland at the Children's Centre Clinic or, occasionally, at the Niall Quinn Children's out-patient Department.

6.2 An assessment by the paediatric mental health service, Children and Young Peoples Service (CYPS) may also be required but this would usually occur after paediatric assessment. A referral can be made by Social Worker, Police or Paediatrician.

7. Assessment of Children who have Suffered more than One Form of Abuse

7.1 Children who are abused rarely suffer exclusively one form of abuse. The referrer needs to evaluate
the form of abuse requiring most urgent attention.

7.2 When the referrer is unsure they should contact the City Hospitals Sunderland Children’s Safeguarding Team on 0191 541 0555 to discuss the needs. (See contact sheet for guidance re referral)

8. Re-Examination

8.1 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.

8.2 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.

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

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

9. Consent and Medical Information

9.1 Consent for medical examination in general medical paediatric practice is often implied (i.e. the parent expects the child to be examined if they take them to the doctors with a cough).

9.2 Consent is equally valid given orally or in writing as long as it is 'informed' (that is the person/parent must be able to understand the nature of what he/she is consenting to and the possible consequences of agreeing or disagreeing). Their consent must be given ‘freely given without fear, threat or coercion’. Medical examination without appropriate consent may be held in law to be an assault.

9.3 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 but under the Fraser ruling, young people under 16 years can also give consent if the doctor feels that they are capable of doing so. Clearly there are exceptions, for example young people with severe learning disability.

9.4 The child or parent 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. In practice, physical examination is not possible without the cooperation of the child.

9.5 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.

9.6 Parents with parental responsibility or carer with the equivalent 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 in the very unusual situation where they can’t be present they need to be available on the telephone to give consent.

9.7 Consent must be sought by the medical assessor who can provide the information about the process to ensure that it is truly informed consent. Where consent cannot be provided examination cannot take place without the guidance of the Court unless there is an urgent medical need.

9.8 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. However, this does not mean that they may pressurise the child or insist on being present during interview or examination although, good practice assumes the presence of a parent/carer at any interview/examination and exceptions to this practice are uncommon.

9.9 Someone who knows the child/young person’s medical history and daily care needs also needs to attend the assessment. This is usually a parent.

10. Examination without Consent

10.1 To examine a child without legal consent would normally be considered to be an assault for which the doctor can be prosecuted.

10.2 Doctors can examine children without consent in emergency situations, where delay would be detrimental to the health and wellbeing of the child. This is in accordance with the common law doctrine of necessity.

11. Right of Refusal

11.1 Children and young people are rarely aware of their rights. Abused children and young people are used to adults imposing their will upon them.

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

12. Doctors involved in the Child Protection Investigation

The GP/Family Doctor

12.1 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 see Information Sharing Procedure). The GP may examine children in cases of suspected physical abuse because of immediate medical need but would always refer such cases to Children’s Social Care who will arrange a paediatric assessment. In some situations the GP may wish to discuss the child’s presentation with the on call paediatrician and
arrange for the child to be seen by the hospital paediatrician to exclude organic disease and provide an expert examination and opinion.

12.2 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 who has expertise in this area.

**Hospital Paediatricians**

12.3 The hospital paediatricians are based at Sunderland Royal Hospital and provide a 24 hour a day, 7 days a week acute paediatric service.

12.4 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.

12.5 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.

**13. Community Paediatricians**

13.1 The community paediatricians, specialising in the care of vulnerable children, provide comprehensive paediatric assessment of children suffering neglect, emotional abuse and sexual abuse including those requiring forensic examination of cases of historic sexual abuse. The children are seen in a range of settings including the Children's Centre Clinic, which has a dedicated Child Protection examination room.

**14. The Paediatric Regional Forensic Network**

14.1 Forensic Paediatricians and specialist nurses provide forensic assessment and clinical management of children up to 16 years of age who have, or are suspected to have, been sexually assaulted within the previous 7 days. Young people who are vulnerable or are looked after may be seen on the PFN after discussion with the service.

14.2 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.

14.3 The service is delivered at the Children and Young People's Clinic at the Great North Children's Hospital, RVI, Newcastle upon Tyne. The service is accessed via Police PPU who, where necessary, organise the presence of a trained Police officer to manage the forensic sample collection.

14.4 Where the young person is over 16 years of age Police PPU will organise examination by the Northumbria Police Forensic Examiner scheme. The latter provides forensic examination of acute sexual assault victims over 16 years old from the two REACH (Rape examination, advice, counselling and help) centres. (The Ellis Fraser Centre based in Sunderland and the Rhona Cross Centre in Newcastle upon Tyne.

**15. Guidance to Referrer**

15.1 It is important to ensure that essential information is available either through the referral form or verbally from the accompanying Social Worker. 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.

15.2 It is IMPORTANT that the following information is available:

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. To arrange the attendance of the relevant adults who will accompany the child. This would usually include the name of the Social Worker and parent. But it may be a grandparent, foster carer, teacher or other significant person in that child or young person’s life. See above for consent guidance;
8. Any specific needs of the child/parents/carers (i.e. need for Interpreters – foreign languages or signing for the deaf, environmental adjustments for disability etc);
9. If the parents/carers are not attending assessment clarification of the circumstances must be included i.e.:
   - The parents are aware of the assessment but are not in agreement;
   - 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. The reasonableness of this decision could be discussed in a multi-agency meeting/discussion with legal opinion sought. This may occur where the child/young person is at direct risk of significant harm from those with Parental Responsibility;
   - 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.

15.3 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 Sunderland Royal Hospital where the staff will have to prioritise the care of ill children.

15.4 It is essential that the appointment is attended. If there are any problems the referrer must contact the named consultant via the hospital switchboard to advise them of any significant delay.
16. Useful Contact Details

- **Paediatric Assessment Contacts**

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse and Acute Neglect</td>
<td>Contact on call Paediatric Consultant on 0191 565 6256</td>
</tr>
<tr>
<td>Useful contacts for advice in City Hospital Sunderland</td>
<td>CHSFT Safeguarding Children’s Team 0191 541 055</td>
</tr>
<tr>
<td></td>
<td>Designated Dr for Dr’s for Safeguarding 0191 55012 or 078233277770</td>
</tr>
<tr>
<td></td>
<td>Named Dr’s for Safeguarding via hospital switch board.</td>
</tr>
<tr>
<td></td>
<td>CHSFT LAC Health Team 0191 5699129</td>
</tr>
<tr>
<td>For Alleged Acute Sexual Assaults of young people over 16 years - assessed at REACH Centre: Ellis Fraser Centre (Sunderland) 0191-5653725 Rhona Cross Centre (Newcastle) 0191- 2121551</td>
<td>Tel: Northumbria Police 101 who will organise investigation and assessment</td>
</tr>
</tbody>
</table>

End