GWH Child Protection Medicals and CSA Pathways May 2024

Dr Claire Broomfield

Consultant Paediatrician

Named Dr for Safeguarding Children

Responsibilities Of Paediatricians

Every Paediatrician has a responsibility to safeguard children.

All Paediatricians have a responsibility to take appropriate action when they believe that a child is suffering or likely to suffer harm

Participate in multi-agency child protection processes including writing timely reports , contributing to strategy discussions and attending child protection conferences and court

Every Consultant should be competent to level 3 in safeguarding Children and Young People. (Intercollegiate document)

Bound by Statutory Guidance (children's Act 1989 and 2004) and Working Together 2018.

Concerns raised

Strategy discussion

Medical Assessment

Contribution to CIN/CPP

Follow up

Childrens and Maternity Safeguarding Team

Dr Sarah Dawkins
Designated Dr Safeguarding Children

Dr Claire Broomfield
Named Dr Safeguarding Children

Kate Clements
Deputy Associate Director for Safeguarding and Named Professional for Maternity Safeguarding

Jade Booy
Named Professional for Safeguarding Children

Joanne Scott
Safeguarding Support Midwife

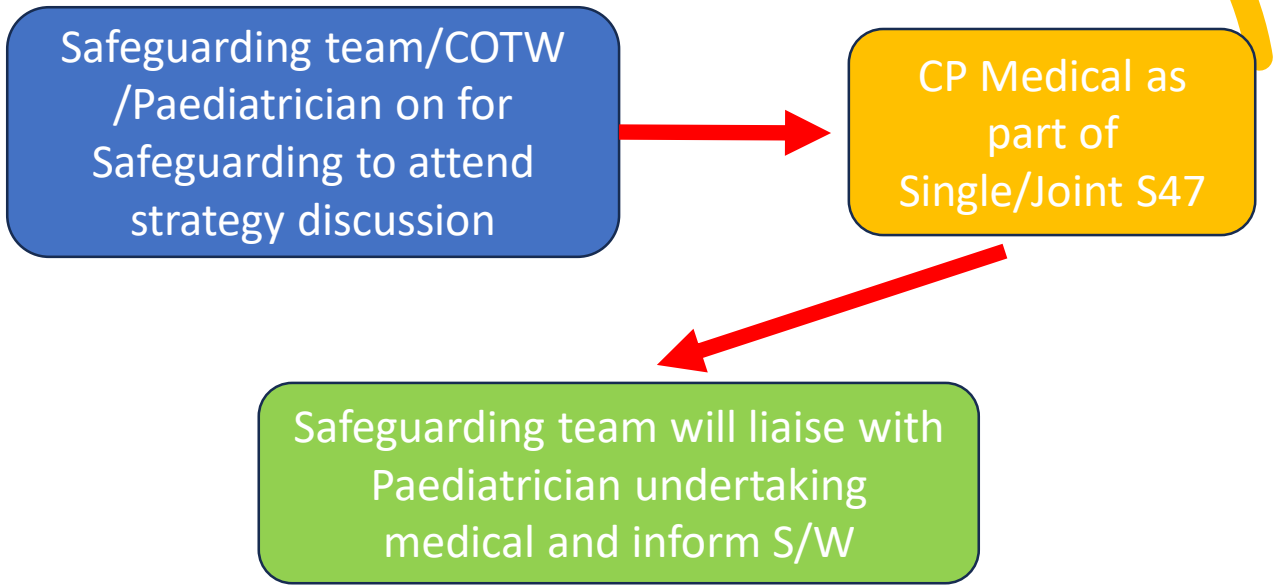
Sarah Coxon
Specialist Safeguarding Children Professional

Sinead Macleod
Children's and Maternity Safeguarding Administrator

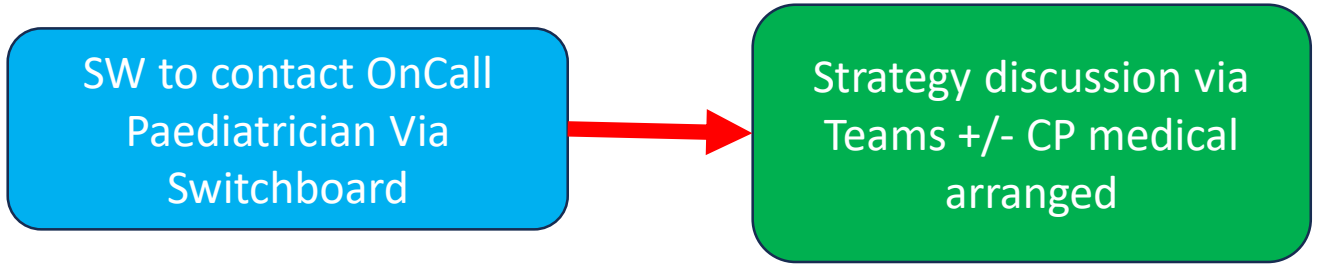
Katie Horgan
Children's and Maternity Safeguarding Administrator

Referral Pathways

- Mon- Fri In hours (09:00-16:30



- OOH (16:30 onwards) &Weekend



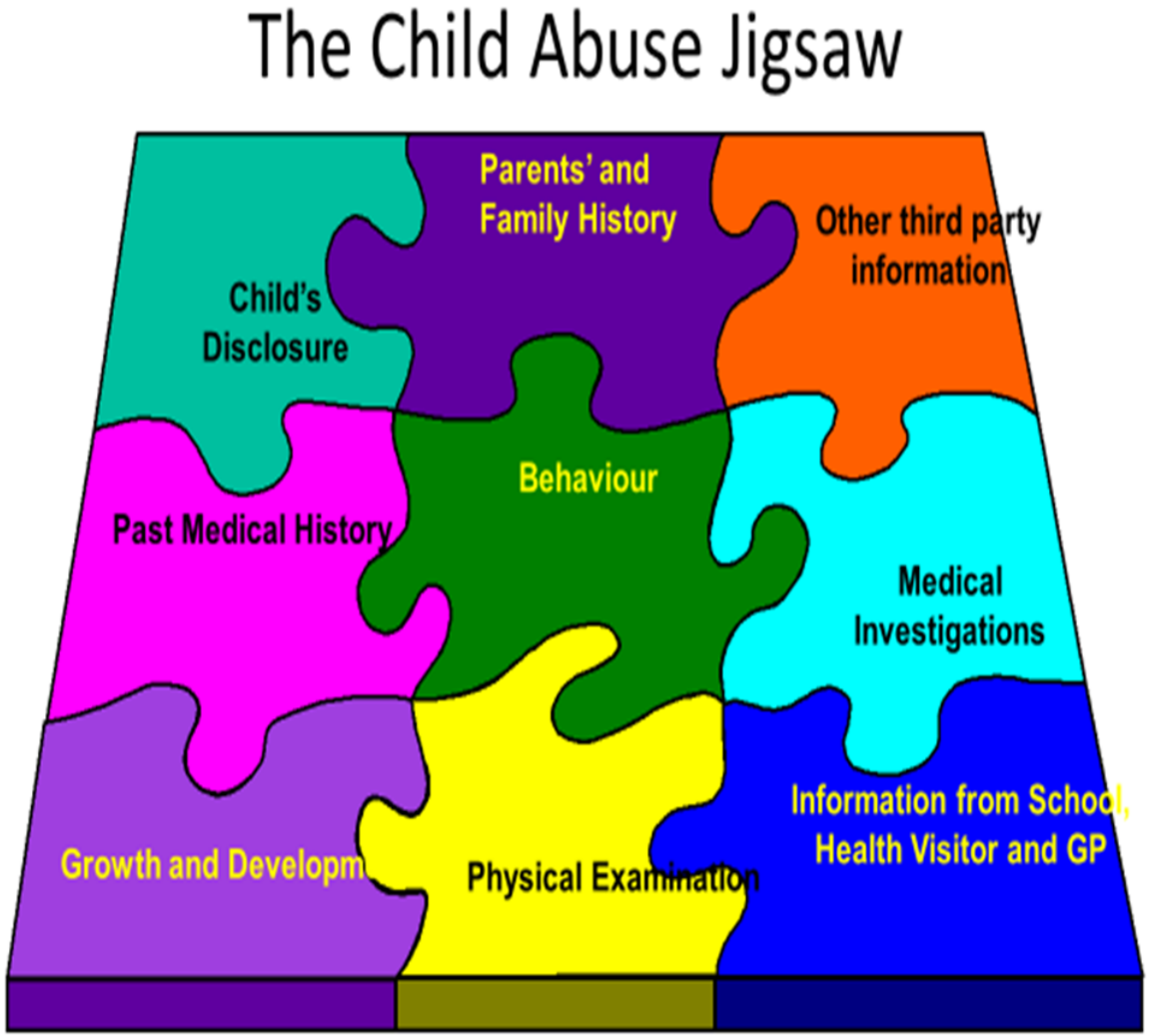
Considerations CP medical

Why is CP medical needed?

When is best time to see child?

Who will see child?

Medical Assessment



Medical Assessment

- Competent Doctor/Nurse
- Consent
- Chaperones
- Assessment of the child
- Communication with Child and family
- Communication with the multi-agency team
- Documentation
- Professional differences

Involving the young person

- “A failure to engage children and young people effectively will have short and longer- term impact on the quality of the assessment and intervention, and on the self efficacy and self esteem” *(Leeson, 2007)*

- 'Do I understand what this child's life is like, what do they do each day? What do they feel about their lives, how would they want things to change?'

Timescales

Within 24 hrs

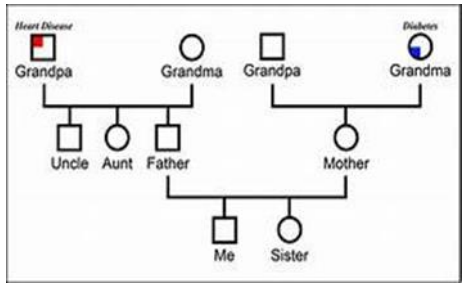
- ✓ Age
- ✓ Time incident
- ✓ Type abuse
- ✓ Forensics
- ✓ Severity/immediate care
- ✓ Safety child & sibling
- ✓ Availability of senior Dr
- ✓ Multi-agency processes

Acute:
Forensic window

Historic CSA
10-14 days

Neglect

CP Medicals



Birth History

- Pregnancy & birth
- Past Medical History
  - ✓ Health needs - WNB
  - ✓ Medications/Immunisations

Family & social history

- Domestic violence
- Mental Health/Substance misuse
- Learning difficulties

School/Development

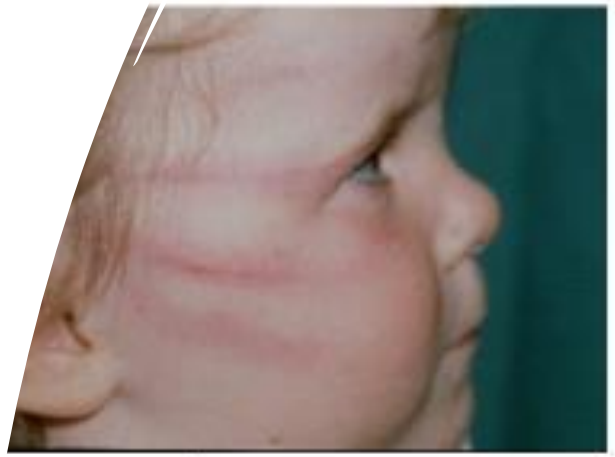
- Milestones
- Attendance
- Behaviour

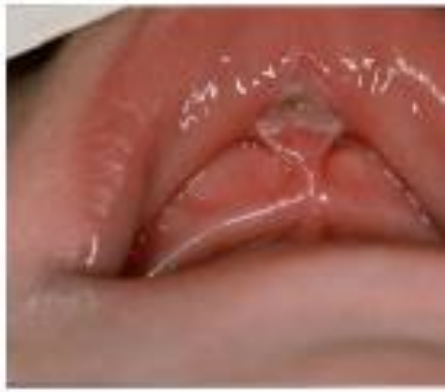
Adolescent

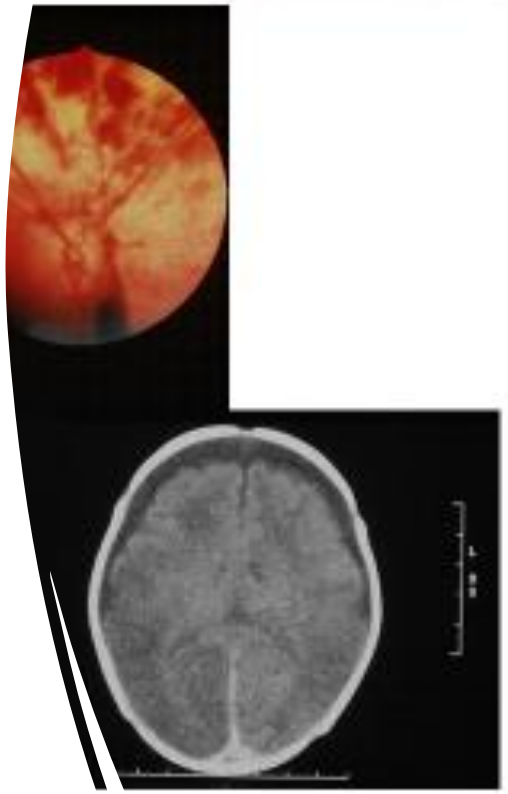
- Screening tools
- CSE & Peer risks
- Sexual history

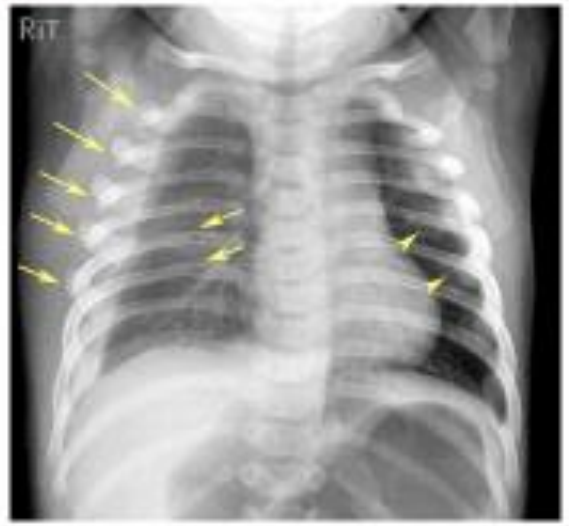
Examination

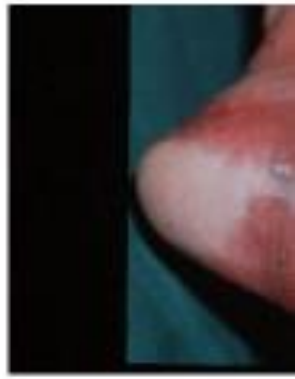
- Demeanour of child/Interactions
- Physical state of child (clothing, headlice, dentition)
- Growth parameters – plotting centiles
- Puberty
- Top-to-Toe examination
- Documentation/Body map descriptions
- CSA – genital & anal examination







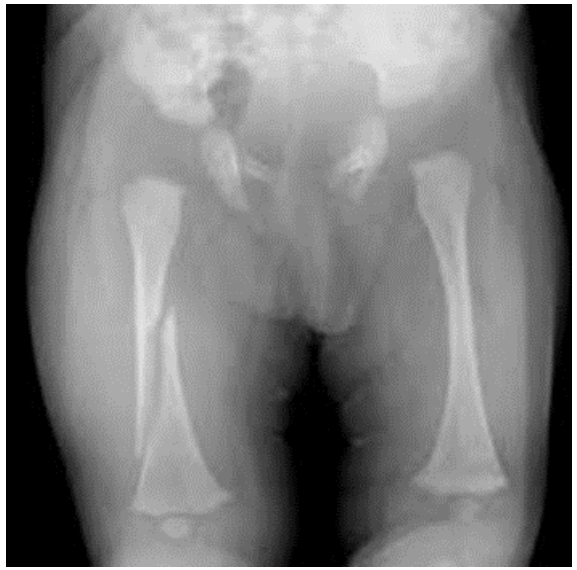




Investigations

-Radiology

	CORE SCANS
<1yr	Skeletal survey* CT head
1-2 yr	Skeletal Survey * Consider CT head – suspicion of HI/neurological signs
>2yr	Case-by-case discussion between Consultant Paediatrician & Radiologist



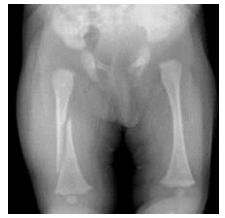
- Repeat Skeletal surveyD11-14

– whole/part (27%inc rib#)

- Scintigraphy bone scan
- MRI
- Others – trauma panel as indicated

Investigations - Bloods

BONES



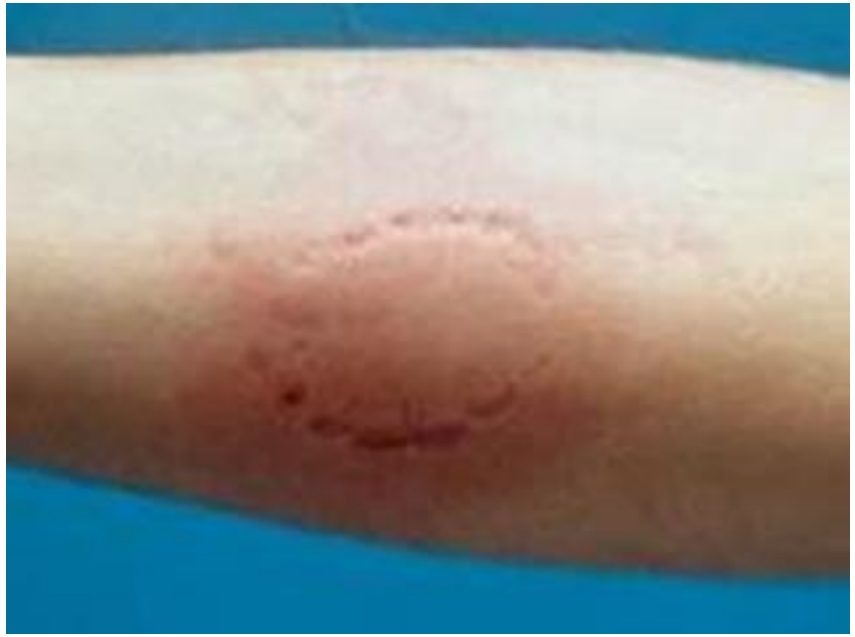
- Ca2+, PO4-
- Alkaline Phosphatase
- Vitamin D +/- PTH
- Consider further tests eg genetics

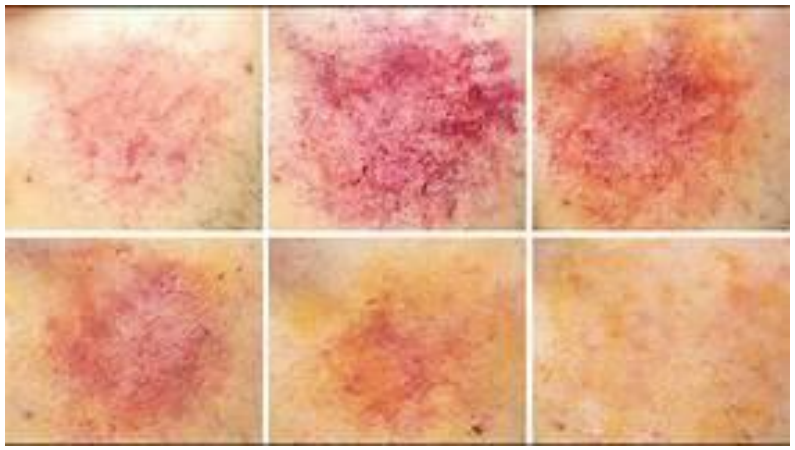
BRUISING

- FBC
- Clotting + fibrinogen
- +/- VWB/Factor assay
- LFTs
- Further tests as indicated

OTHER

- CSA – swabs, serology for BBV; forensic
- Faltering Growth – underlying medical causes sought…catch up growth Neglect
- Endocrine – may see abnormal cortisol IGF1 with psychosocial deprivation





What we Can and Can’t do

- We cannot estimate the age of a bruise from its colour
- It may be possible to identify the perpetrator of a bite from dental characteristics and salivary DNA (forensic dentist)
- The majority of abused children with fractures are <18 months, most accidental fractures occur> 5years
- Bruising and fractures Must be consistent with the child’s developmental age (non-mobile children don’t bruise)
- Most abusive fractures are occult eg. Rib, metaphyseal or vertebral fractures

GWH Child Sexual Abuse Pathways

The CSA Team at GWH
-Paediatricians who can undertake non-recent medicals

Dr Claire Broomfield

Named Dr Safeguarding Children

Consultant General Paediatrician

Dr Sarah Dawkins

Designated Dr Safeguarding Children

Consultant Community Paediatrician

Dr Lucy Grain

Consultant General Paediatrician

Safeguarding email.. SARC inbox

- Tuesdays – 1-2 slots available for non-recent CSA and any joint sexual health reviews up to 3:30pm.

Sexual Health Team at GWH

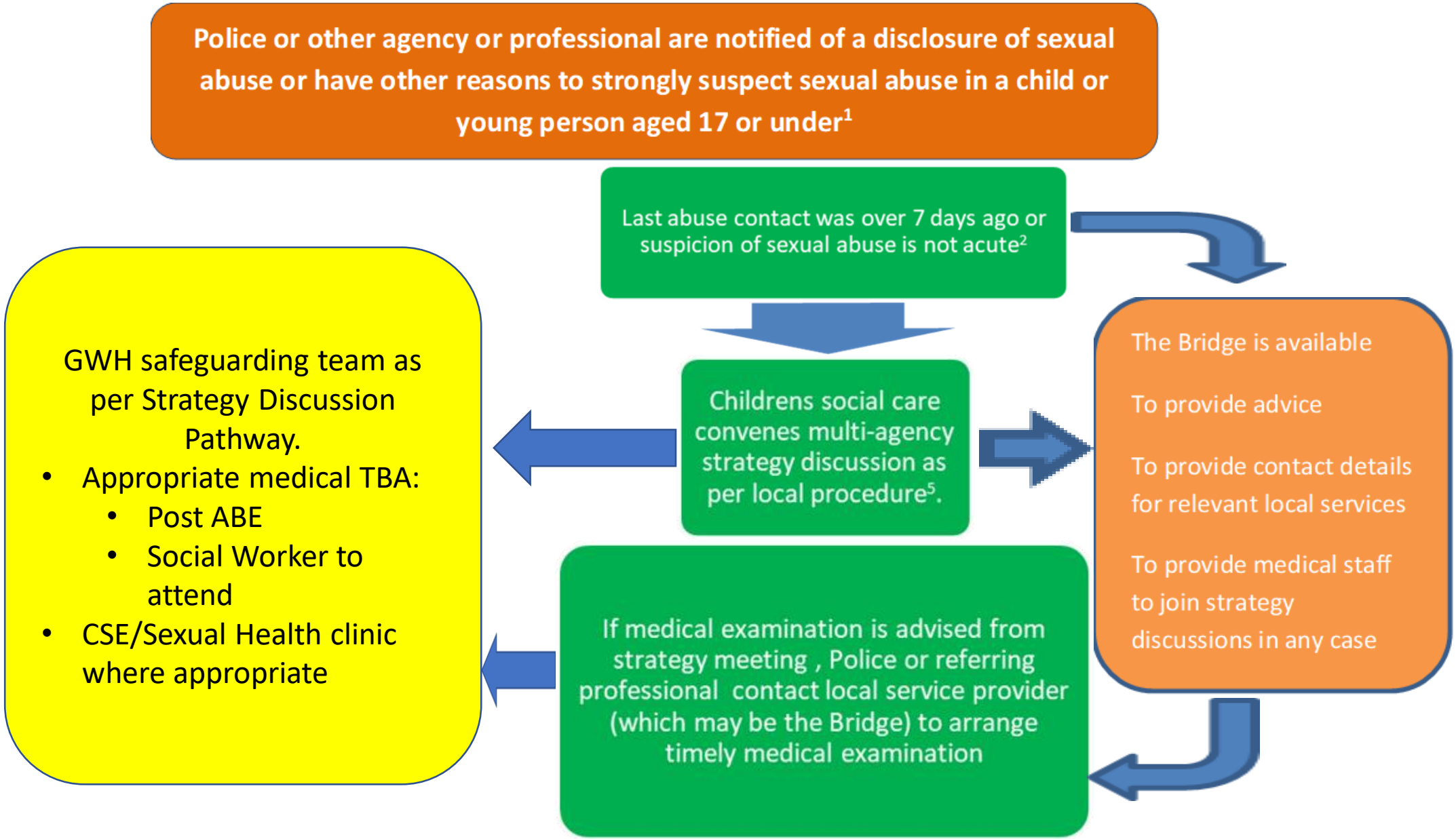
Dr Jess Daniel
Consultant Sexual Health & HIV

Dr Sophie Forsyth
Consultant Sexual Health &HIV

-Joint sexual health assessments with CSA team
-Sexual Health Follow up from the BRIDGE 13yr+

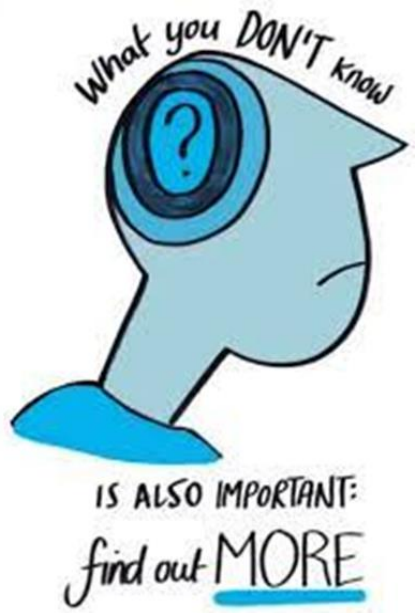
Gwh.sexualhealthadvisers@nhs.net

Referral Pathways – Non-recent

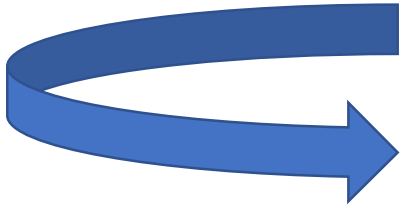


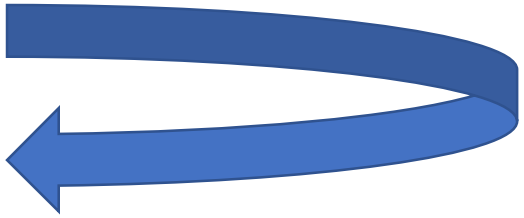
Discussions with Health

- Health MUST be included in discussions and not just CSC and Police which should be via strategy discussion. Including:
  - Harmful sexual behaviours /underage activity with associated concerns
  - Allegations of CSA or risks posed of potential CSA
  - Risk of CSE
- CSC/Police making decisions without discussion – even if telephone advice/call
- All need a strategy meeting before a CSA medical can take place
- Do NOT advise children to just attend Sexual Health /ED!
- Call safeguarding team any time to discuss if child needs seeing or not.
  - On-call Paediatric Consultant out of hours (16:30 onwards)



Myths about CSA Medicals





Non Recent CSA Medical Examinations

What does it add?

* Child's condition is medically assessed and treatment when needed

* Reassure the child as to their wellbeing

* To obtain an assessment about possible indications of abuse

* To ensure that any injuries or signs of neglect or abuse are noted for evidential purposes

* Holistic health assessment

Questions?


Tell Someone
Emotional Abuse
Listen
Support
Grooming
Child Protection
Report it
Protect
Sexual Abuse
Physical Abuse
Safe
Abuse
SAFEGUARDING
Young People
Policies
Help
Children
Everyone's Business
Safety
Training
FGM
Anti-Bullying
Working Together
Sexting