

Child protection and safeguarding

Information for parents, carers and guardians



The medical management of children about whom there are concerns about actual or suspected abuse or neglect

“The investigation and management of a case of possible deliberate harm to a child must be approached in the same systematic and rigorous manner as would be appropriate to the investigation and management of any other potentially fatal disease.”

Recommendation 83 Lord Laming, the Victoria Climbié Inquiry, 2003

Who is this information for?

Your child, or the child you are caring for, has been admitted to Southampton Children's Hospital for medical care. Concerns have been raised during your child's assessment that may indicate he or she has suffered child abuse. The doctors and nurses will have informed you about these concerns but if you are unaware of them please ask our staff for more information.

Introduction

We have written this leaflet to provide information about the roles of social workers and health professionals in situations where hospital staff are concerned that a child may have been harmed. It provides more details about the medical management of those children.

The responsibility of the medical and nursing staff at Southampton Children's Hospital is to ensure that all children in their care are safe and have not been a victim of child abuse or neglect. It is the duty of our staff to consider the possibility of child abuse, as well as child neglect, and work with both children's services and the police to ensure children's safety.

In many cases where concerns regarding possible child abuse have been raised, it is not 100% clear whether or not a child has been a victim of child abuse. There is also no single medical investigation that can identify, absolutely, that a child has been the victim of abuse. Therefore, doctors and nurses looking after those children need to maintain an open mind about what has prompted their concern for them. They need to consider medical, non-medical and possibly abusive causes for the child's presentation.

It is important that child protection investigations occur promptly and concurrently with any other investigation

or treatment that the child may require. The health and welfare of the child does take precedence over any other issue.

History

Most medical diagnoses are made by taking a careful and detailed history from the patient. This is also true for cases of possible child abuse. It is often the case that every new doctor or nurse involved in the care of a patient will want to take their own history. Although this may seem like duplication, it is good practice in all areas of medicine, including in cases of possible child abuse.

Talking to children

At Southampton Children's Hospital, we encourage our medical and nursing staff to talk and listen to children. Children have a right to have their voices and opinions heard.

"When the deliberate harm of a child is identified as a possibility, the examining doctor should consider whether taking a history directly from the child is in that child's best interests."

Recommendation 65 Lord Laming, the Victoria Climbié Inquiry, 2003

Parents and carers of children should, if possible, be informed that medical staff will be talking to the child on their own.

Examination

The examination of a child should be systematic and thorough. All findings should be recorded. If a child displays marks on their skin that may have been caused by trauma, accidental or otherwise, a body map should accompany the child's notes documenting those marks. Again, all new medical and nursing staff who take over the care of a child may choose to examine the child themselves, both to determine their findings and confirm the findings of previous examinations.

All examinations should be sensitive and undertaken with respect for the child's privacy and dignity. The examination of the genital and anal region is a routine part of a medical examination, and should be carried out, particularly if there are symptoms relating to this region of the body. For children who are pubertal, or beginning to go through puberty, it may be appropriate to limit the number of health professionals who examine the genital or anal region. We have a chaperone policy which explains when it is appropriate for a child to have a chaperone and identifies individuals who can undertake this role.

Photography

All visible signs of possible physical abuse should be photographed for medical record. This serves as a better record than drawings or other accounts in the hospital notes. The photographs will be taken by professional medical photographers and/or consultant paediatricians (doctors who specialise in child health). They will store the photographs on a secure system. The photographs cannot be altered or enhanced without the computer system recording that they have been modified.

The consent of a parent or carer is required for medical photographs to be taken. There is a consent form that needs to be signed and one copy of this sheet should be kept by the signatory. It is standard practice in this hospital to ask for consent with respect to photography for medical notes and teaching purposes. Photographs used for teaching will only be used by hospital staff and will not be placed on emails or websites. All photographs for teaching will be made anonymous and any distinctive facial features will be obscured. No photograph will be used for teaching purposes without the consent of a parent or carer.

In exceptional cases, photographs of the child may be obtained without the consent of a parent or carer if this is in the best interests of the child. This will be documented in the medical notes by the child's doctors and the parents or carers will be informed that photographs have been taken when it is appropriate to do so.

Blood tests

Unexplained or unusual bruises may be symptomatic of bleeding disorders such as haemophilia and leukaemia. All children with a bruise about whom there are concerns of physical child abuse should therefore have a blood test, to ensure that they do not have a bleeding disorder. The standard blood tests in a clotting screen may not identify all bleeding disorders but they will exclude the vast majority of conditions associated with significant bruising. If the child's doctors have any doubts they will discuss the case with specialist paediatric haematologists and further investigations may be carried out.

Blood tests may be required for other aspects of the medical management of children, as for any other patient. Blood tests may be taken for some children with fractures or if there are other medical concerns.

Imaging

Parents, carers and guardians will be given an information leaflet called 'Imaging in child protection and safeguarding'. The leaflet explains what happens in a skeletal survey, a CT scan of the head and an MRI.

Eye examination

All children displaying evidence of eye trauma or having a CT scan of the head will have their eyes examined by an ophthalmologist (specialist eye doctor). The child will be given eye drops 20 to 60 minutes prior to examination. These drops may sting a little for a short period of time. The effect of the drops is to dilate the pupils making it easier to examine the back of the eyes. The ophthalmologist may take photographs of the back of the eyes as part of the examination and will discuss the findings with the paediatric doctors.

Conclusion

Recognition of child abuse and neglect is a vital part of caring for children. The staff at Southampton Children's Hospital are committed to this role. We recognise the potential stress this might cause for parents and carers but need to be mindful that, in these cases, the welfare of children is our primary consideration. Child abuse and neglect need to be managed with the same professional manner as any other medical problem or disease.

Child protection and safeguarding

Southampton Children's Hospital
Tremona Road
Southampton
Hampshire
SO16 6YD

Web: www.uhs.nhs.uk/childhealth

For more information about
Southampton Children's Hospital, please see:
www.uhs.nhs.uk/childrenshospital

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone **023 8120 4688** for help.