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What to expect when we feel a child protection medical examination is needed

Safeguarding Children Team

Information for Patients

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Introduction

This leaflet explains the child protection medical process we follow. We do this to make sure that children in the hospital are kept safe and listened to about neglect or abuse (harm).

We know that this process can be worrying, upsetting and confusing. We will explain everything and listen to you and your child. We want to support your child, you and your family in any way we can. Please let us know if you are worried or have any questions about what is happening. The safeguarding children team can support you and the ward staff during your hospital stay.

What is safeguarding?

As we work with children, we must make sure that the children in our care are free from harm.

Safeguarding means:

- Protecting children from abuse.
- Preventing harm to children's health or development.
- Making sure children grow up safely and well cared for.

Why do we safeguard?

The Children Act 1989 and 2004 makes it a legal duty for all staff working in the National Health Service (NHS) to protect all children under 18 from the risk of significant harm. Our legal duties include safeguarding and promoting the welfare of all children and young people to make sure they grow up happy and healthy.

Staff in the University Hospital of Leicester NHS Trust (UHL) work hard to protect the children and young people they care for from harm, abuse or neglect.

Your child has come to hospital with something that cannot be explained, or someone is worried that they have been or are being harmed.

Our job is to help work out if there is a reason for the concern and if we can treat or make it better. We do this by asking you and other people whose job is to keep children safe for help, such as Social Care and the Police.

If there is a concern about your child's safety or welfare, we will follow our child protection policies and the procedures set by the Leicester, Leicester and Rutland Safeguarding Children Partnership (LLRSCP).

Consent

You will be asked if you have ‘parental responsibility’ (PR) for your child. You will then give consent for us to do any examinations or tests that are needed. We will also make sure you understand what is happening with each process and why we are doing it.

We may also ask your child for their consent if we feel they fully understand what is involved.

If you or your child refuses to consent for the child protection medical examination, we may talk about this with Children’s Social Care and/or the Police to make sure of their safety.

There are times when your consent is not legally needed, because the law needs us to share certain medical information if it is in the child’s best interest.

Working in partnership to safeguard your child

We know that it is upsetting to have concerns raised about a child’s safety and wellbeing. We always try to work with parents and carers to offer support. We ask that you work with us, and the other agencies involved, in the best interests of your child.

Child protection medical examination

This is an assessment of your child. It looks for any signs of harm. It also checks your child’s general health and development. The doctor will ask about what has been happening in your child’s daily life which led to you coming to hospital and the examination taking place. They will also ask questions about your child’s medical history and any medical conditions they may have.

The doctor will also do a full physical examination of your child (top to toe). This will involve looking at and noting any signs of harm and examining your child generally, such as listening to their chest, feeling their tummy, and looking in their mouth and ears.

The doctor who examines your child has a lot of experience. They will do their best to put you and your child at ease and make the examination as positive as possible. If you have any comments or concerns during the process, you should feel free to raise them with the doctor examining your child. A chaperone will also be present during your child’s examination. An interpreter will be there if you do not understand English.

Children’s Social Care are always told if we do a ’Child Protection Medical Examination’. They have a legal duty to investigate our child protection concerns.

The social worker involved will talk to you about the child protection process and any decisions they have to make about your child's safety, such as when your child can safely leave the hospital.

Sometimes we have to talk about our medical concerns with the Police, but we will often tell you if we are going to do this.

Sometimes after the examination, the doctor may feel there is no need for anything further to happen in the hospital and this will be shared with the social worker. The social worker will then decide what next steps, if any, are needed.

The next sections will explain some of the tests and investigations we may need to do with your child as part of this process.

Information about X-rays and scans

As part of the child protection medical examination different types of X-rays may be needed. The staff who take X-rays are called radiographers. They will talk to you about examination that your child needs. You will be able to ask questions.

Your child will not be exposed to any more X-rays and scans than needed.

We are all exposed to natural background radiation all the time from the sun, the earth and food we eat. X- rays do give a small added dose of radiation. The X-rays we use are considered a very low dose. It is the same as about 4 weeks of natural background radiation. A CT scan is also considered as low dose. This is the same as 1 to 2 years of natural background radiation.

You can raise any concerns about radiation risk to the doctor looking after your child.

Doctors specialising in X-rays will review the X-rays and/or CT Head Scan. The report will be sent to the doctor who is looking after your child and they will let you know the results.

Some children and babies may need medicine to make them feel sleepy and calm to take the X-rays and CT scan. This is known as sedation. Sedation is used as your child will need to lie very still for up to 1 hour. This is not always possible without help.

Examinations that your child may have

Skeletal survey

A skeletal survey is a number of X-rays. They are taken to look for any broken bones. Babies can have broken bones without any signs such as pain, swelling or bruising. This is why this test is done.

- The skeletal survey involves taking about 27 X-rays of your child's whole body.
- It may take 1 hour to do the skeletal survey.
- It is done in the Paediatric X-ray department.
- You will be able to stay.
- You may be asked to hold your child still for the X-rays to make sure the images we take are clear.
- You will be asked to wear a protective apron to protect yourself from X-rays.

- **If there is any chance you are pregnant you must tell the Radiographer.**
- The skeletal survey is not painful.
- It can be distressing for a child to be kept still for this long. If your child has a favourite toy or comforter, please bring this with you.
- Many broken bones are invisible in the first few days after they happen.
- They only become visible when they start to heal. This may take 11 days (about 1 and a half weeks) or more for them to be seen.
- This is why more X-rays are taken around 14 days (about 2 weeks) later in a further examination.
- This 2nd skeletal survey will be similar to the 1st one, but the number of X-rays taken will usually be less.

The skeletal survey examination is not considered complete unless this 2nd part is done.

CT head scan (computed tomography head scan)

A CT head scan uses X-rays to create detailed images of the skull and brain. Lots of pictures are taken and analysed by a computer. We do a CT scan to check for any signs of a brain injury or damage.

The CT head scan usually takes less than 10 minutes. It is very important that your child stays still for the scan. We may need to give your child to be given some medicine to help them relax. You will be able to discuss this with the Doctor looking after your child.

Tests

Other test that may be needed:

- blood,
- pee (urine) tests or
- swabs

to look for any other medical cause for the concerns we might have.

Sometimes there is a delay in the results coming back because we send them to another hospital to be looked at.

Examination of the eyes

With babies and small children, it is difficult to know if there is a head injury because they cannot tell us if they have a headache. An eye doctor (ophthalmologist) will look at the back of the eye (retina). This is directly connected to the brain.

- The eye doctor will put drops in your child's eyes to make the black spot in the centre (pupil) big (dilate).
- A light is shone on the inside of the eye to look for bleeding in the back of the eyes. This gives us a clue to any bleeding or injury to the brain.
- This is completely safe and only takes 5 minutes.
- If your child's eye examination is not normal the eye doctor will need to do more tests with a special camera.

Medical photography

If your child has any bruises or marks to their body, then photographs of them will be taken. This may be completed by our specialist medical photography team or someone from the police. All medical photographs are stored securely.

Intimate or sexual abuse examination

A senior doctor may need to look at your child's genital (private) area as part of the general child protection medical examination. However, if it is thought or known that your child may have been sexually abused, they will be seen by specially trained doctors and nurses at the Sexual Abuse Referral Centre (SARC). You will be given information if this is going to happen.

What happens next?

Once the medical examination and any investigations are finished, the information will be shared with social care. In most cases a meeting will be held between

- social care,
- the police,
- the hospital doctor who examined your child and
- other professionals, such as your health visitor, school nurse or nursery staff.

The meeting will be for everyone to share information and ask questions so a joint decision can be made on how to keep your child safe.

Parents and carers are not invited to this meeting, but will be told what was agreed soon after. This is usually by the social worker.

Leicester's Hospitals cannot let your child go home until the social worker is happy that they will be safe. The social worker will talk to you about this and any plans that they will need to make.

A full report will be written by the doctor who examined your child. This will include:

- the history you gave to the doctor,
- the examination, and
- results of any tests.

This report will be stored securely in your child's notes and shared with social services and your GP.

Hospital staff want to give you and your child high quality care. Staff will be open and honest with you about what is happening and why it is happening. If you are unhappy about any of your care at Leicester's Hospitals, please talk to your ward nurse, doctor or ask to speak with the safeguarding children team.

Or you can contact the Patient Information and Liaison Service on:

Call: 0808 178 8337 (freephone)

Email: uhl-tr.pals@nhs.net

Online: https://www.uhleicester.nhs.uk/patients-visitors/support/feedback-complaints/pals/

Useful contact numbers

Leicester City Children's Social Care: 0116 454 1004

Leicestershire County Children's Social Care: 0116 305 0005

Rutland Children's Social Care: 01572 758 407

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
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જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research

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