



NHSGGC CHILD PROTECTION SERVICE

'Pathway for Children admitted to PICU at the Royal Hospital for Children when there is a concern of Abuse or Neglect'

Lead Manager	Head of Public Protection Service
Responsible Director	Margaret McGuire, Nursing Director
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Author	Dr Kirsty Houston, PICM Grid Trainee Dr Owen Forbes Consultant in Child Protection
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Pathway of care for children admitted to PICU at RHC when there is a concern of Physical Abuse, Sexual Abuse or Neglect

Child Admitted to PICU and a concern about physical abuse, sexual abuse or neglect is identified



Consider medical cause and instigate investigations



DOCUMENT concern in CIS admission – ‘Child Protection concerns’

EXPLAIN concern To Parents / Carers and action being taken

Make a telephone referral to **SOCIAL WORK** (see below)

Complete and send a **NOTIFICATION OF CONCERN** and email to child’s local area SW

A copy is sent to CP admin at RHC but this does NOT initiate a referral to the Child protection team

If SW have been contacted and a NOC sent by RHC ED or base hospital there is no need to duplicate (In this instance document on CIS who made referral and what actions were taken)



Referral to Child Protection Service

Mon – Fri – 09:00 -17:00 – Contact CPS advice line (86605)

OOH - Contact the Child Protection Consultant on call via Switchboard (you will need to state to switchboard that you wish to speak to consultant) – Routine referrals should be made in daytime hours

Life Threatening Injuries

Medical management of the child takes Priority

When there is a significant concern of physical abuse Contact **POLICE** Scotland directly via #101 or #999 and the Child Protection Consultant on call

*INFANTS UNDER 1

YEAR of age with an unexplained injury will require NOC and initiation of CP investigations – see guidance notes

Acute Sexual Assault:

Contact Police Scotland via #101 or #999

Retain child’s clothing and underwear and any urine that is passed pending Police involvement

Contact CP Consultant

Forensic Examination:

It would be extremely unusual for a forensic examination to be completed whilst the child is in PICU. Cases should be discussed with CP consultant, but examination will most likely occur when the child is clinically stable and able to consent

Guidance Notes for Child Protection Pathways

It is the responsibility of clinical staff within PICU to recognise and act on child protection concerns identified at or during the child's admission to PICU. It is the expectation that for unscheduled acute admissions that mostly these concerns will have been identified either in the Emergency Department or at the patient's base hospital, often the Child Protection team will have been contacted by these clinicians. The first priority will always be the medical safety and stability of the child. Usually the only action required immediately by the PICU team in terms of Child Protection process will be to share information about the child's admission with social work (if not already done so by the local team). It is important the family are kept informed of any ongoing child protection process and it is the responsibility of the PICU team to ensure that parents are updated of social work and Child Protection referrals and made aware of what these entail.

Where a child is admitted out of hour's concerns regarding child protection can usually be actioned the following day UNLESS there are life threatening injuries and/ or concerns regarding the safety of any other children in the family. In a situation where there is a concern regarding acute sexual assault it would also be appropriate to discuss with the child protection consultant on call.

Child Protection Medical Assessments

In cases where a PICU clinician has identified a concern of physical abuse or neglect in a patient, there is not an expectation on this clinician to complete detailed history taking of the presentation or a forensic examination of the child. It is the expectation that in cases where it is not clear whether a child protection concern has been identified that the PICU clinician complete a general history and examination to establish whether they are or are not concerned.

In cases of physical abuse or neglect where the child or young person has been admitted to intensive care the Child Protection Consultant will attend PICU to complete the child protection medical proforma and perform a forensic examination. This will usually be in daytime hours, unless there is imminent concern that the child will not survive. Prior to the CP Consultant attending the ward it is the expectation that the hospital team (either ED/ Base hospital or PICU clinicians) will have shared relevant information with social work and police if necessary. It is not the role of the Child Protection Service to make initial referrals to social work. Following a child protection medical assessment, the Child Protection medical team will take primary responsibility for sharing of information and input into multi agency process. Responsibility for updating police and / or social work on the medical condition of the child will remain with either the PICU team or the hospital clinicians who are managing the presentation. The General Paediatric team are not routinely involved in the investigation or management of children in which a child protection concern has been identified (unless these children are under the care of the General Paediatric team).

The Child Protection consultant will be responsible for completing a medical report which will be stored in the patients' medical notes and shared with other agencies as part of the Child Protection Process. It is not the role of the PICU clinicians to provide opinion in relation to likelihood of inflicted injury. Questions in relation to intent or possible inflicted injury from statutory agencies should be redirected to the Child Protection team.

Considering a Medical Cause

It is important that consideration is given to a medical cause for any presentation and that medical investigations are instigated at presentation if required, and that relevant specialties review the child's injuries where appropriate. Child maltreatment should be considered within differential diagnosis.

Infants Under 1 Year

Where there are concerns regarding physical abuse in a child under 1 year please refer to the Under 1's guidance. This requires discussion with social work and completion of notification of concern as above. This will trigger a child protection investigation.

Life Threatening Injuries

If a child is admitted to PICU with life threatening injuries and there is a concern raised that the child has sustained these injuries through physical abuse, the Child Protection consultant should be contacted and will attend PICU (if the child is medically stable enough) to complete a child protection medical assessment including documentation of injuries.

If a child has sustained a life threatening accidental injury and concerns have been raised around vulnerability or neglect, the CP service should be contacted. The CP consultant may or may not attend to examine the child; this will depend on exact circumstances around admission and will be managed on an individual case basis.

Social Work Referrals

It is the responsibility of the clinician who first assesses the child and has noted a concern of abuse or neglect to raise a formal notification of concern with social work. When there is a high suspicion of physical or sexual abuse social work should be contacted by telephone at point of admission. Within office hours if the child is not known to an area team, a referral should be made to RHC social work (Extension 86394). If the child is known to an area team (has an allocated social worker), then this team should be contacted directly. Out of hours, referrals should be made to social care direct (01412870555 in hours, 03003431505 OOH). Children who live outside of Glasgow City will require contact with local social work teams. Please see document at the end of this guidance for local social work numbers across Scotland.

It would be the expectation that the base hospital would have completed this process for children who are being transferred into RHC from other health boards. However if this has not been clearly documented on transfer letter or verbally communicated to transfer team, it will be necessary to ensure that this process has occurred during admission to PICU.

Please refer to the NHS GG&C NOC guideline for further information on how to complete a notification of concern and for social work contact details. ([CLICK HERE FOR NOC GUIDANCE](#)).

Multi Agency Working

It is the expectation that updates to statutory agencies (police and social work) in relation to on-going medical condition of the child or young person will be provided by attending inpatient clinicians (PICU or other medical specialty if appropriate). The Child Protection Service will lead on attending multi agency meetings, convening IRDs and provide opinion in the form of a CP report if requested to do so by these agencies.

Acute Sexual Assault

Children and young people who are the victims of acute sexual assault (within the previous 7 days) may require forensic examination. This examination forms a small part of a wider multi agency investigation and it is essential that social work are contacted at the point of referral. Indications for forensic examination would include: - A clear disclosure by child or young person of sexual assault, an injury identified consistent with acute sexual assault or witnessed sexual assault. These children and young people should be discussed with the child protection service (consultant if out of hours). Often it will be most appropriate for the child or young person to be discharged to the ward when medically appropriate, whilst a forensic examination is considered and / or coordinated. It is rare that children require immediate examination unless there is clear physical indication of CSA and there is a parent/ carer available to consent to examination.

Children with no clear evidence of acute sexual assault (including those with parental concern of possible CSA) will require discussion with the social work and the Child Protection Service. These children will not require forensic examination and instead require a multi-agency investigation to be initiated.

Responsibility for decision making around potential examination following a concern of sexual assault is with the Child Protection Consultant. If a decision is made not to attend to examine a child when the PICU team are concerned about sexual assault, the CP consultant will explain the reasoning behind this to the referring clinician and will document the decision making rationale clear on the child or young person's electronic record (clinical portal).

Intoxication/ Risk taking behaviour

Children and Young People who are admitted to PICU with injuries as a result of risk-taking behaviour e.g. intoxication or misadventure should be considered as vulnerable. Many of these patients will require completion of a NOC to social work, even if the injury sustained or medical presentation is consistent with history provided.

In cases of concern regarding vulnerability and risk of sexual assault e.g. found alone by police in a state of undress, these should be discussed with the Contact CPS advice line (86605) in hours.



Social Work Contacts
for Child Referrals.doc