

Medical Reports and Police Statements – Guideline for Child Protection Cases

Reference: 1207v2

Written by: Named Doctor for Safeguarding

Peer reviewer: Clinical Lead for the Safeguarding Support Unit

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Purpose

The purpose of this guideline is to provide guidance to all medical doctors in the trust who may be required to write a child protection report or provide a police statement following a child protection assessment.

Intended Audience

SCH Medical consultants and trainees.

Table of Contents

1. Introduction
2. Intended Audience
3. Guideline Content
 - 3.1 Background
 - 3.2 Police Statement
 - 3.3 Practical Report Writing
 - 3.4 Opinion / Conclusion
4. References
5. Appendices
 - Appendix 1: Format for Medical Report
 - Appendix 2: Format for Police Statement
 - Appendix 3: Parental Responsibility List

1. Introduction

Many children in whom there are Child Protection concerns present to the Sheffield Children's NHS Foundation Trust. In some, these concerns are the reason for the presentation. In others, the concerns are identified during presentation for other reasons.

A medical report and sometimes also a Police statement is required for a child who has had a clinical assessment undertaken because there are safeguarding concerns. The medical report is used in the multi-agency investigation and assessment of the case and enables other agencies to be aware of the clinical findings. It can also be used in Care Proceedings for the child. If the case comes to criminal proceedings in which someone is charged with a criminal offence, the Police will request a formal Police Statement.

This guideline is for use in the preparation of reports and police statements in cases where there are child protection concerns after an assessment of the child.

2. Intended Audience

Medical consultants and Trainees

3. Guideline Content

3.1 Background

- A. Where any concern is raised about the possibility of abuse or neglect (even if concluding that there is no abuse), the doctor;
 - Should generate a report. Ideally this should be dictated within 24 hours, typed and signed as soon as possible and made available within 3 working¹ days to social care/ police.
 - Should ensure the report include a clear summary at the end, followed by a clear

Medical Reports and Police Statements – Guidelines in Child Protection Cases

opinion and recommendations as indicated.

- Should check the report and ensure it is checked, signed and dated by the supervising consultant prior to distribution.

B. Medical Reports should be circulated to;

- GP
 - Social Services (local office – see note at end of section)
 - Safeguarding Support Unit
 - Health visitor for under 5 year olds
 - Copy uploaded on to EDMS
 - Copies should be sent to other medical professionals on a need to know only basis .e.g. child under community paediatrics.
 - Police if they are already involved. This decision should be discussed with the responsible consultant and made on an individual case by case basis. The Police may request a formal statement later.
 - Copies of the report should not be sent to parents routinely. Follow guidance from the Department of Health and British Medical Association. See Link below. Parents/carers should not receive copies directly if any of the following is present.
 - Suspicions of Fabricated and Induced Illness
 - On-going police investigation
 - Concerns that doing so will compromise on-going investigations or place the child at risk
 - Concerns around confidentiality due to the sensitive nature of information in the report
- [Department of Health - Copying Letters to Patients - Good Practice Guidelines](#)
- Copies of the report should not be shown to another party without the author's (or responsible consultant's) consent. Doctors may need to provide additional reports after follow up visits or when requested. Parents can request records through the data protection act and will also receive copies of all letters from their solicitor if the case goes to court

3.2 Police Statement¹

- Consent for report writing including police statements is usually taken during the child protection medical. Police statements should be typed and signed and witnessed on special witness statement paper (obtainable from the police, Legal and Governance department, downloadable from the Child Protection Website or the secretaries in the safeguarding Support Unit).
- It is good practice to advise the police to request police statements through the Legal and Governance department.
- Additional reports may be requested prior to court appearances or for other purposes e.g. claims for criminal injury compensation.

3.3 Practical Report Writing

- Use non-medical language where possible.
- Police statements are factual reports hence should not include hearsay or third party information
- Use separate headings for history, family history, examination, summary and opinion.
- Include times and dates in chronology.
- Record results of investigations indicating whether they are normal and also indicate if investigations ordered or results pending.
- Indicate origin of history provided – who said what?
- Use child's own words where possible.

3.4 Opinion / Conclusion¹

1. Consider differential diagnosis and only give the level of opinion suitable to your stage of training.
2. State where applicable in your conclusion whether the mechanism of injury described is consistent with the injury under discussion and state the evidence-base of your conclusion
3. Be prepared to admit uncertainty and say so if you are unable to give an opinion
4. Remember normal examination does not mean 'no abuse' – you will need to say so if you have concerns e.g. clear disclosure by child.
5. Restrict suggestions about management to your areas of responsibility (e.g. request for case conference, need to see siblings, need for further investigation). You may believe that a child would be better off in care, but this is outside a doctor's immediate area of responsibility.
6. Discuss your findings with the parent/s although the parent is not shown/does not usually receive a copy of your report directly. See section 2 above.

4. References

1. RCPCH Child Protection Companion 2013
2. <https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility> accessed 03.09.2020

5. Appendices

Appendix 1: Format for Medical Report¹

(Front Sheet)

-----*Department*

*Sheffield Children's (NHS) Foundation Hospital,
Western Bank, Sheffield, S10 2TH*

Tel: 0114, Fax 0114

Our ref:

Date Report Dictated:

Date Report Typed:

Clinic date:

Private and confidential

Can be shared with the conference chair, but not to be attached to the Case Conference minutes or copied without Dr -----'s consent

Feedback on final outcome of assessments required. Please send to Dr

MEDICAL REPORT

Patient name:

Date of birth:

Address:

Telephone number:

Hospital number:

GP:

Health Visitor:

Nursery/school:

Allocated social worker:

Base:

Tel No:

Social worker accompanying child:

Tel No:

Base

Police Officer:

Tel No:

Base

Examining doctor:

Grade:

Consultant in charge of case:

Where child seen:

Date and time of request for examination:

Date and time examination commenced:

Date and time examination completed:

(Format for Medical Report)

A. Qualifications: State your name, qualifications and experience

E.g. I, Dr, (enter name and qualifications i.e. MB, ChB, MRCPCH), am currently working as (e.g. ST 4-8) at Sheffield Children's Hospital, and I have worked in Paediatrics for ---- years.

B. Introduction

Include the date, time and site of examination, persons present and who requested the examination the reason why and who gave consent.

E.g. At (time) ----- on (date) -----, I saw -----, DOB ----- when he/she attended the ---- department of the Children's (NHS) Foundation Trust, Sheffield at the request of -----. He/she was accompanied by ----- (relative, SW, Police). The medical examination was requested because.....Consent for the medical examination was given by -----

C. Social Care/Police/ Referrer from ED Briefing

Write down the relevant points from the information provided by the referrer

D. History from Parent/Carer

Record this verbatim as much as possible

E. History from Child where applicable

Record this verbatim as much as possible

F. Current Health Status

Include

- General Health
- Direct questions about systemic symptoms, dietary habits, sleep, wetting and soiling, genital symptoms were appropriate
- Allergies and medications
- Behavioural problems including conduct (withdrawn, depression, disruptive behaviour, sexualised behaviour, hyperactivity etc.), bullying in school, self-harm, fears and nightmares, peer relations, alcohol and tobacco use

G. Past Medical History

Include pregnancy and birth history, previous ED attendances and any hospital admissions and immunisation history. Review previous notes and say if history supplemented by details from health records

H. Developmental History and Current Functioning

Include details on gross and fine motor skills, speech and language skills, self-care and social skills and hearing and vision. For children of school going age, include school progress. For those with disabilities state if has a statement of special educational needs

Medical Reports and Police Statements – Guidelines in Child Protection Cases

I. Relevant Family/Social History:

Include details of the family tree, occupation, substance misuse, domestic abuse, medical conditions of family members, social care involvement and mental health problems.

J. Examination

- State who was present.
- General observations including parent child interaction, cleanliness etc.
- Growth centiles
- Systemic examination
- Developmental findings
- Ano-genital findings (document colposcopy use and Tanner staging)
- List of cutaneous injuries including size, site, shape, colour etc.

K. Investigations and Results

Document if photographs taken and if results awaited.

*If results awaited the author of the report will need to write a supplementary report when results available.

L. Summary

Include a brief summary of relevant information from the history and examination. Incorporate relevant negative information.

M. Opinion

- Give your opinion based on facts.
- List any differential diagnosis. Make your reasoning clear using available evidence to support this where possible.
- Comment on parental capacity, child's developmental needs and impacting environmental issues if present

N. Conclusion

Comment on the likelihood, possibility, probability of NAI or any other type of abuse. If you are certain it is NAI say so. Also comment on whether the mechanism of injury is plausible or not.

O. Recommendations/Management Plan

Summarise any health problems identified and actions to be taken to address them. Include any recommendations made e.g. case conference, plans agreed with social care and follow up arrangements

Signed:

Dr -----

E.g. ST5

GMC No.

Date Signed

Consultant Signature

Date Signed

Copies to: GP

Medical Reports and Police Statements – Guidelines in Child Protection Cases

Health Visitor for under 5 year olds
Safeguarding Support Unit
Social worker
Clinical records, SC (NHS) FT
Other e.g. Ryegate, community paediatrics

Appendix 2: Format for Police Statement¹

Get signed consent for a possible statement during the child protection medical examination. If this is not available, discuss this with your consultant or the designated or named doctors. If a child is at risk, then consent may not be necessary.

A. Qualifications and Experience

I am Dr X. I am employed by the Children's (NHS) Foundation Trust, Sheffield.

My qualifications are ----- . I have -- years Paediatric experience and my experience in child protection is -----.

B. Outline of the Case

- Date, time and place where medical was held.
- Who requested medical and why; Consent
- Who was present (include chaperone) and who gave consent for the medical examination.

'I saw AB on ward X at 3pm on 02.02.02 at the request of --- with --- present. Consent for the examination was obtained from -----'.

C. Account of Events

- In child's/parent's own words
- Include the questions you asked and the victim's replies
- If information from others – e.g. 'social worker told me that ---'
- Keep to the facts and try to avoid hearsay information.

D. Previous medical history and social history –

Only if important and relevant

E. Examination

- State who was present
- General Examination – e.g. quiet and withdrawn/uncontrollable, cleanliness, cooperativeness
- Growth – summarise e.g. 'his growth was satisfactory'
- Summarise the systemic examination
- Ano-genital examination if done
- Developmental findings
- Investigations done and any results available
- Photographs taken or not

Medical Reports and Police Statements – Guidelines in Child Protection Cases

F. Discussion/Opinion

Be simple and clear as much as possible. Include – whether this may be abuse and support this by a clear reasoning and available evidence. E.g. 'It is my opinion that the injuries numbered 2-5 are consistent with a hand slap'.

G. Conclusion

Should follow from your opinion

H. Declaration of truth

e.g.

"This statement (consisting of X pages each signed by me), is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence , I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true".

Signed

Date

N.B.

- The report must be checked carefully for errors and date, sign and have your signature witnessed once you are satisfied with the report.
- Submit your statement to the Legal and Governance Department to be forwarded securely to the police.

Appendix 3: Parental Responsibility²

It is always important to obtain consent from persons with parental responsibility before commencing a child protection medical. The following legally have parental responsibility.

- The mother of the child or young person
- The child or young person's father if married to the mother
- The child or young person's unmarried father if registered as such on the child's birth certificate from 1st December 2003
- The child or young person's unmarried father if there is a parental responsibility agreement with the mother
- A step parent if there is a parental responsibility agreement with all those who already have parental responsibility
- Someone with a parental responsibility order from court
- Someone with a residence order from court
- Someone who becomes the child or young person's guardian on the mother's death
- Someone who adopts a child or young person

N.B.

- Foster carers do not have parental responsibility.
- Police do not have parental responsibility for children under a police protection order, but can do what is necessary to protect a child.