G158(P) IS THE CHILD PROTECTION MEDICAL EXAMINATION SYSTEM IN NEED OF EARLY INTERVENTION?

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Aims To analyse the referrals for Child Protection (CP) Medical Examinations for children from two urban boroughs, to improve the outcomes for their children at risk.

Methods All 75 CP Examinations completed from 1 January to 30 September 2017 were reviewed, to identify the source of the referral, the category of abuse suspected and alleged perpetrator, whether children were previously known to children's services, and whether unmet medical needs were highlighted.

Results Children's Services received 37 of the 75 referrals from schools, 12 from social workers holding existing cases, 9 from parents, 8 from police, 3 from the NSPCC, 2 each from Nurseries and Children's Centres, 1 each from a Hospice and a GP.

67 referrals for CP examinations related to suspected physical abuse, with father the alleged perpetrator in 35 cases, mother in 19, a carer in 3, another child in 2, and the perpetrator unknown in 8 cases. Marks had often faded prior to the examination.

8 referrals involved suspected neglect. Sexual abuse referrals are seen elsewhere.

47 children were previously known to Children's services, 23 with CP Plans, 6 as Children in Need, and in 18 cases, prior concerns regarding domestic violence, physical abuse, or school issues.

Unmet medical needs were identified in 34 cases, of which 14 related to development, including speech and language delay and autism, 13 to the need for CAMHS support, 3 each to chronic and acute medical conditions, and 1 to delayed immunisations.

Conclusions School teachers are key in receiving disclosures or identifying marks suggestive of physical abuse, with consequent increased vulnerability for children during holiday periods. A system for the prompt photographic recording of marks would be valuable.

With unmet medical needs identified in 45% of examinations, which were predominantly (89%) for suspected physical abuse, Designated Safeguarding Health Professionals should consider how to identify similar unmet medical needs in children referred to Children's Services for suspected neglect and emotional abuse, the majority of whom are not currently sent for CP medicals.

G159(P) USING SKELETAL SURVEYS TO INVESTIGATE SUSPECTED PHYSICAL ABUSE – ARE WE OVER-INVESTIGATING?

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Aims My audit aimed to establish if our department was upholding national guidelines on the use of skeletal surveys in child protection (CP) medicals. Specifically: performing skeletal surveys in suspected physical abuse under 2 years; documenting reasons not to if investigation not done; and performing

investigations within 72 hours for inpatients. I also used the data to assess rates of identifying undiagnosed fractures.

Methods I retrospectively reviewed case notes and radiology requests to establish how many children underwent skeletal surveys in the audit period, their ages, reason for and timeliness of investigation, and whether a fracture was identified. This was cross-referenced with a database of all CP medicals done in children under 2 years. In those who did not have a skeletal survey done, I assessed if there was documentation why not.

Results I identified 37 children under 2 years who had a CP medical done and three children over the age of 2 who had a skeletal survey performed. 21/37 under 2 years had skeletal surveys performed. In 20/21 (95.2%) cases the skeletal survey was performed because of suspicion of physical abuse. Of the 16 patients under 2 years who did not have skeletal surveys done, 13/16 (81.3%) had a clearly documented reason for not undertaking the investigation. 20/24 (83.3%) of skeletal surveys were done within 72 hours of request. Of the 24 skeletal surveys done, no fractures were found in 17/24 (70.8%), identified fractures were shown in 5/24 (20.8%), and 2/24 (8.3%) showed previously unidentified fractures. Both of the previously unidentified fractures were in patients under 1 year.

Conclusion My audit showed that our trust is upholding the RCPCH guidance by undertaking skeletal surveys in children under 2 with suspected physical abuse and documenting reasons not to investigate in most cases where we do not perform skeletal survey. However, these investigations are giving a low yield of undiagnosed fractures, which perhaps suggests we are subjecting more patients to radiation than is necessary. Is there scope for modifying the RCPCH advice on who should undergo skeletal surveys?

British Association for Community Child Health and Paediatric Educators' Special Interest Group

G160 ESTABLISHING A SPECIALIST CLINIC FOR CHILDREN WITH FASD

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Aim To establish a specialist clinic to streamline the diagnosis of children suspected of having FASD (Fetal Alcohol Spectrum Disorders).

Method There are several tools available for assessing children with FASD. The 4-digit code was chosen (Astley SJ et al), for a number of reasons including: comprehensive nature, the ability to express uncertainty, availability of photographic facial assessment. Photography was included as part of the assessment and a clinical photographer attended the clinic. The photographs were analysed using computerised analysis (fasdpn.org).

Criteria: children were accepted for referral from

- the One Stop Clinic – a clinic in Brighton for pregnant mothers with substance misuse, or