

# **Proposed RACP Guidelines for the Management of Suspected Sexual Abuse of Children**

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**RACP ASM  
Melbourne May 07**

# Workshop Goals

1. Introduction
2. RACP 2006 - revisited
3. Review of recent UK policy
4. Recommendations:
  - Internal - Fellows
  - External - Partnership
  - Medico-legal / Ethical Issues
5. Summary

## GROUP DISCUSSION

# 1. Introduction



## 2. RACP Meeting 2006 revisited

- Accreditation – Personal / Site?
- Second Opinion / Peer Review?
- Formal Clinical Linkages
- National Standards?
- Relationship with Legal System?
- Research Agenda?

# RACP – Child Sexual Abuse

- What is the role for the RACP?
- What can we agree upon?
  - *'framework' / 'guideline' / 'protocol' ???*
- Prepare preliminary document.

# Primary References

1. Guidelines for medico-legal care of victims of sexual violence. World Health Organization (WHO), 2003.
2. The Evaluation of Sexual Abuse in Children, Nancy Kellogg and the AAP Committee on Child Abuse and Neglect, Pediatrics 2005;116;506-512.
3. Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (Intercollegiate Document), RCPCH, April 2006.
4. RCPCH Interim guidance on Interpreting the physical signs of sexual abuse in pre-pubertal children, RCPCH, Jan 2007.
5. California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims, Office of Criminal Justice Planning, Jan 2001

## **3. Recent UK Policy**

# Safeguarding Children & Young People

## Safeguarding Children and Young People: Roles and Competences for Health Care Staff

Intercollegiate Document

April 2006



# **The Royal College of Paediatrics and Child Health**

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## **Biggest ever doctor child protection training drive launched by RCPCH and NSPCC**

A new scheme to give doctors more skills in managing suspected cases of child abuse is being launched today by the Royal College of Paediatrics and Child Health (RCPCH), the NSPCC and the Advanced Life Support Group (ALSG).

*Safeguarding Children - Recognition and Response in Child Protection*; the first ever nationwide course will enable doctors to be better equipped to recognise and respond to possible cases of child abuse. It will be rolled out to doctors training in paediatrics. The project was made possible with government funding.

Until now, the availability of child protection training for paediatricians varied enormously across the country and was not mandatory. Every paediatrician will have to take a recognised child protection course as part of their training. It is hoped that eventually everyone studying paediatrics will undertake the RCPCH and NSPCC training course too.

# Safeguarding Children & Young People

The aim ... provide **all** health care staff with a generic framework, within which professional group training programmes can be developed, to meet the needs of specific practitioners depending upon their particular role in relation to children and young people.

1. a generic competency framework.
2. specific role descriptions for professionals undertaking lead, named and designated roles in child protection.

# Safeguarding Children & Young People

## Generic competency framework:

- Staff groups will have different training needs to fulfil their duties, depending on their degree of contact with children and young people and their level of responsibility.
- This generic knowledge and skills framework developed by members of professional organisations will assist health care professionals to identify, plan and deliver the training and education needs across the range of their employees.
- For some employees this may require significant investment in training.

# Safeguarding Children & Young People

## Generic competency framework:

- **Six levels of competency** ... but ... there will be a continuous spectrum of competency required, and while examples have been given, these need to be considered as guidance rather than absolute requirements.
- The important issue is that people are appraised, and trained, based on their roles relating to safeguarding, and children and families.

# Safeguarding Children & Young People

Generic competency framework:

Level 1: **All Staff working in health care settings** (clinical & non-clinical)

Level 2: **All Staff who have regular contact** with CYP & parents

Level 3: **All Staff working predominately** with CYP & parents

Level 4: **Specialist Roles** - named professionals

Level 5: **Designated Roles**

Level 6: **Expert**

# Safeguarding Children & Young People

Each 'Level (1 – 6) has designated:

- Competency
- Knowledge
- Skills
- Criteria for assessment
- Method

## Level 3

“all staff working predominately with children, young people and parents”

## Level 3 - Competency

- *As level 2.*
- Knowledge of the implications of key national document/ reports.
- Understand the assessment of risk and harm.
- Understand multi-agency framework/ assessment/ investigation/ working.
- Be able to present child protection concerns in a child protection conference.
- Demonstrate ability to work with families where there are child protection concerns.
- Puts into practice knowledge of how to improve child resilience and reduce risks of harm.
- Understand forensic procedures/practice.
- **Where appropriate, be able to undertake forensic procedures.\***
- Be able to advise other agencies regarding the health management of child protection concerns.
- Ability to contribute to serious case reviews or equivalent process.

## Level 3 - Competency \*NB

Competence in the use of a colposcope and obtaining photo-documentation ensuring that:

- the latter properly reflects the clinical findings and documenting if it does not;
- an understanding of what forensic samples may be appropriate to the investigation and how these samples should be obtained and packaged according to the current ACPQ / FSS / AFP guidance;
- the aptitude to present the evidence, and be cross-examined, in subsequent civil and criminal proceedings.

*[RCPCH and the Association of Forensic Physicians September (2000) Guidance on paediatric forensic examinations in relation to possible sexual abuse]*

## Level 3 - Knowledge

- *As level 2.*
- Aware of implications of recent legislation/ national documents.
- Understand multi-agency frameworks and child protection assessment processes, including the use of the Common Assessment Framework.
- Understand child protection investigation and the basics of forensic procedures.
- Aware of ACPC/ Local Safeguarding Children's Board [or equivalents] and its remit.
- Know how to access the child index register.
- Aware of resources that may be available within health and other agencies, including the voluntary.

## Level 3 – Knowledge (cont)

Be aware of how own beliefs, experience and attitudes might influence professional involvement in child protection work.

- Know what to do when there is an insufficient response from other organisations or agencies, while maintaining the focus on what is in the child or young person's best interests.

## Level 3 - Skills

- *As level 2.*
- Be able to undertake an assessment of risk.
- Be able to work [as part of the multi-disciplinary team] with children, young people and their families where there are child protection concerns.
- Be able to present child protection concerns verbally and in writing for case conferences/ court proceedings, core groups, strategy meetings and family group conferences.
- Be able to identify and outline the management of children in need.
- Be able to instigate measures to reduce the risk of child abuse occurring.
- Be able to make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.
- Be able to make considered judgements about how to act to safeguard and promote a child or young person's welfare.

## Level 3 – Criteria for Assessment

- *As level 2.*
- Demonstrates advanced knowledge of patterns and indicators of child maltreatment.
- Demonstrates knowledge of the structure and functioning of ACPC/ LCSBs [or equivalents].
- Demonstrates understanding of information sharing issues related to child protection and children in need.
- Demonstrates in-depth knowledge of each agency's role and responsibilities with in local policies and procedures.

## Level 3 - Method

- Multidisciplinary/ multi-agency training: report reviews, report writing, understanding roles and responsibilities of other agencies, signs and symptoms-interpretation of borderline signs and symptoms.
- Annual refresher update training or equivalent i.e. distance learning, reflective practice, shadowing a colleague or participation in child protection quality assurance processes.

## Level 4

“named child protection professionals”

# Level 4 – Competency

- *As level 3.*
- Be able to give sound policy advice.
- Able to cascade information, and an appropriate level, throughout the health service.
- Be able to teach/train, and assure the competence of health service personnel.
- Be able to undertake/contribute to the ACPC serious case review/overview, including action plans.
- Be able to develop robust internal child protection policy/guidelines/protocols.
- Undertake child protection training needs analysis and plan, design, deliver and evaluate multi-agency and in-house child protection training in partnership with others.

## Level 4 - Competency (cont)

- Advise and inform the Board, Directors, Senior Managers and practitioners regarding child protection/safeguarding (specialist/expert advice, both proactive and reactive).
- To be able to chair ACPC/ LSCB [or equivalent] subgroups.
- To lead/oversee child protection quality assurance and improvement processes.
- Undertake risk assessment of organisational ability to safeguard the welfare of children.
- Give appropriate advice to external agencies/organisations.

# Level 4 - Knowledge

- *As level 3.*
- Aware of latest guidelines/best practice.
- Aware of latest research perspectives and implications for practice.
- Advanced understanding of child care law, confidentiality and consent.
- Good understanding of forensic procedures.

## Level 4 - Skills

- *As level 3.*
- Be able to give child protection policy advice.
- Be able to confidently challenge practice and support colleagues in challenging perceived views offered by other professionals.
- Be able to advise other agencies about the health management of child protection concerns.
- Be able to analyse and evaluate information and evidence to inform inter-agency decision-making.
- Be able to participate in a serious case review, undertaking internal management reviews as part of serious case reviews.
- Be able to lead improvements in child protection services.

## Level 4 – Skills (cont)

- Be able to establish child protection quality assurance measures/processes.
- Be able to undertake training needs analysis, teach and educate health service professionals.
- Be able to review, evaluate and update local guidance in light of research findings.

# Level 4 – Criteria for Assessment

- *As level 3.*
- Demonstrates appropriate and effective learning strategies to enable competence development for staff at different levels.
- Demonstrates development of evidence based clinical guidance.
- Demonstrates effective consultation with other health care professionals and participation in interdisciplinary discussions.
- Demonstrates participation in audit, design and evaluation of service provision, including formulation of action plans and strategies to address issues raised by audit and serious case reviews.

## Level 4 - Method

- Five sessions [or equivalent on-going learning equating to 2 ½-3 days] a year CPD to cover quality assurance, chairing meetings, supervision and appraisal, teaching training.
- Participation in specialist professionals/support groups or peer support networks at local and national level.

# Level 5

“designated child protection professionals”

# Level 5 - Competency

- *As level 4*
- Child protection supervision and provision of sound policy advice and support.
- Facilitation of training (and a training needs analysis).
- Be able to lead/oversee child protection quality assurance / improvement.
- Facilitate practice development.
- Undertake/lead serious case reviews.
- Give appropriate advice to external agencies/organisations.
- Be able to chair child protection subgroups for example practice / procedures / training committees.

# Level 5 - Knowledge

- *As level 4.*
- Advanced awareness of relevant national and international issues/policies and implications for practice.
- Advanced understanding of court and criminal justice systems.

## Level 5 - Skills

- *As level 4.*
- Be able to undertake/lead the health contribution to a serious case review.
- Be able to chair internal child protection forums and sub-committees of ACPC/LCSBs [or equivalent].
- Be able to plan, design, deliver and evaluate multi-agency child protection training in partnership with others.
- Be able to oversee child protection quality assurance processes.
- Be able to influence improvements in child protection services across StHA [or equivalent].
- Be able to provide clinical supervision for named professionals.

## Level 5 – Skills (cont)

- Be able to lead multi-disciplinary team review, evaluation and updating of local procedures and policies in light of relevant national and international issues.
- Be able to reconcile inter and intra professional differences of opinion.

# Level 5 – Criteria for Assessment

- *As level 4.*
- Demonstrates advanced knowledge of national and international perspectives within practice.
- Demonstrates contribution to enhancement of practice and the development of new knowledge.
- Demonstrates knowledge of strategies for child protection management across StHA [or equivalent].
- Demonstrates ability to conduct rigorous and auditable child protection supervision.

## Level 5 - Method

- Five sessions [or equivalent on-going learning equating to 2 ½-3 days] a year CPD to cover quality assurance, chairing meetings, supervision and appraisal, teaching training.
- Participation in specialist professionals/support groups or peer support networks at local and national level.

# Level 6

“expert”

# Level 6 - Competency

- *As level 5*
- Be able to act in the expert witness role within the family and criminal justice system, as well as civil proceedings and judicial reviews.
- Be able to give health service child protection policy advice to government or other national bodies.

# Level 6 - Knowledge

- *As level 5.*
- In-depth knowledge of child protection issues and service provision.
- Understanding of research methodologies.
- The role and powers of the different courts, the standard and the burden of proof.
- The expert's role in key stages of the court process.
- How to interpret and influence solicitors' instructions.
- Understand the outcomes of the court's decision and the expert's potential contribution

## Level 6 - Skills

- *As level 5.*
- Be able to analyse information, presenting a well documented assessment of evidence and
- communication of recommendations in writing and verbally.
- Be able to respond to cross-examination.
- Be able to provide an honest and balanced presentation of opinions on causation.
- Be able to review research literature.
- Be able to undertake high quality forensic practice when relevant.

# Level 6 – Criteria for Assessment

- *As level 5.*
- Demonstrates critical insight of personal limitations and ability to participate in critical peer review.
- Demonstrates effective consultancy skills.
- Demonstrates participation in development of practice through professional organisations at national and international level.
- Demonstrates in-depth knowledge of national and international standards and strategies to safeguard children and young people.
- Participates in accreditation process (when available).

# Level 6 - Method

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# Safeguarding Children & Young People

Generic competency framework:

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Level 6: **Expert**

# RACP Equivalents?

- Level 3 – Trainee?
- Level 4 – Fellow / Advanced CP Trainee?
- Level 5 – CP Fellow?
- Level 6 – Senior CP Fellow?

Is this (or a close variant) for us?

# Level 5 – Role Descriptions

“designated child protection professionals”

*CP Fellow?*

# Level 5 - Role Descriptions

1

The designated doctor in child protection **personal characteristics:**

1. Hold senior consultant status or equivalent, in a Trust hosting children's services.
2. Have undergone higher professional training in paediatrics.
3. Have substantial clinical experience as a consultant in the field of child protection and substantial experience of the law applying to children and in the court process.
4. Still be clinically active in the field of child protection as part of their clinical commitments.
5. Should have good negotiating and leadership skills.

# Level 5 - Role Descriptions

2

## Inter-agency Responsibilities:

1. Be a member of the relevant LSCB (Local Safeguarding Children Board) or negotiate an appropriate deputy.
2. Usually serve on one or more LSCB sub-committees, particularly those concerned with health professionals, policy and strategy, governance/improvement training and serious case reviews.
3. Advise other statutory and voluntary agencies (particularly social services and police) on health matters relevant to safeguarding children (to include policy as well as individual case difficulties).
4. Liaise with local education providers to ensure appropriate child protection content within pre-registration / undergraduate / postgraduate training programmes.

# Level 5 - Role Descriptions

3

## Advisory Role:

1. Advise the Chief Executive ... on questions of planning and strategy with regard to safeguarding children (including ensuring performance indicators are in place where child protection is concerned)
2. Advise and input into practice guidance development and policies for all those working within Health and ensure that they are appropriately audited.
3. Advise the Strategic Health Authority via a health representatives' group on deficiencies and vulnerable able areas across the area.
4. Ensure that expert health advice on child protection is available to other agencies.
5. Ensure expert advice is available on policy and procedures and on day to day management of children and families, to all specialties of health (including, but not limited to, GPs, A and E, orthopaedics, maternity services, gynaecology, child and adult psychiatry).
6. Advise on appropriate training for all health personnel.
7. Advise on the need for an appropriate service for children who may have experience of all forms of child abuse and neglect, including Child Sexual Abuse and the taking of forensic specimens.

# Level 5 - Role Descriptions

4

## Co-ordination and communication:

1. Will liaise with other designated professionals for child protection and decide with him / her an appropriate division of responsibilities.
2. Will liaise with, advise and support the named professionals within the relevant trust, health district/s, and acute hospital trusts.
3. Will liaise with any other designated professionals working within the area covered by the strategic health authority.
4. Will either convene the local health advisory group for Child Protection or attend it and support its activities. This group should include, as well as the designated professionals, the named professionals for each constituent trust and representatives from midwifery services [including the Named Midwife for Child Protection], child and family psychiatry, psychology and general practice.
5. Liaise with SHA child protection lead.

# Level 5 - Role Descriptions

5

## Policy and procedures:

1. Will be responsible with other Designated Professionals for ensuring that the medical/ nursing components of LSCB procedures are updated at appropriate intervals and for ensuring that each provider Trust has policies and procedures in keeping with local LSCB procedures.
2. The designated professional in conjunction with other designated professionals should be advising that all policies, procedures and training and audit are in place within all privately funded establishments as well as Foundation Hospitals, Walk-In Centres, dentists' surgeries and pharmacies for example.

# Level 5 - Role Descriptions

6

## Training responsibilities:

1. Will advise (together with others, e.g. other designated and named professionals) on training needs and delivery in child protection for nurses, health visitors, midwives, paediatricians, GPs, other doctors and health personnel in regular contact with children and families, (e.g. dentists, opticians). Also to ensure appropriate training is in place for adult services where the impact of illness may seriously compromise parenting ability.
2. Will play an active part in the planning of multi-agency training through LSCB structures.

# Level 5 - Role Descriptions

7

## Monitoring:

1. Advise employers on the implementation of an effective system of audit to monitor agreed local child protection policies and procedures.
2. Should advise on audit and monitoring the quality, acceptability and effectiveness of training.
3. In conjunction with other Designated Professionals advise on clinical governance and standards for Named professionals for child protection.
4. Where a serious case review is required, the designated professional will either participate in it or supervise and advise the health professionals involved (there may need to be an agreed sharing of personnel between trusts in order to provide independent views in serious case reviews).
5. Advise the Chief Executive of the Trust Board (via designated personnel i.e. Medical Director or Nurse Director or children's lead) in their responsibilities to ensure that the performance indicators in relation to child protection are met.

# Level 5 - Role Descriptions

9

## Supervision:

1. Advising on the need for appropriate child protection case focused supervision at all levels
2. within the health service. Designated Professionals should seek their own supervision.

## Personal Development:

1. The designated professional will attend relevant regional and national continuing professional development activities in order to maintain up-to-date skills in the area. This includes meeting professional organisation requirements as a minimum in addition to specific training related to specialist activities.

# Level 5 - Role Descriptions

10

## Appraisal:

1. The Designated Professional must be appraised on an annual basis\*. Reference must be made to someone with specialist knowledge on child protection in order to ensure the appraisal of the child protection role is appropriate. Appraisal of the Designated Professional should be under taken by the Director of Public Health with the PCT or via an equivalent arrangement at the Strategic Health Authority.

# Level 5 - Role Descriptions

11

## Resources required for post:

1. Designated and named professional roles should always be explicitly defined in job descriptions, and sufficient time and funding should be allowed to fulfil their child safeguarding responsibilities effectively. The Employing Body should:
  1. There should be a designated doctor and designated nurse for every PCT.
  2. The amount of time required to undertake the tasks in the role description, will depend on the size and needs of the population, the number of staff, the number of trusts covered by the LSCB and the degree of development of local safeguarding structures process and function\*. For large NHS organisations which may have a number of sites, a team approach ... provide 24 hour advice and provide mutual support ....

# Level 5 - Role Descriptions

12

## Resources required for post (cont):

3. At the time of a serious case review the Designated Professional must be relieved of some of their duties.
4. Should ensure that adequate resources are available able to deliver training, and at times of additional work e.g. serious case review.
5. Should ensure there is safeguarding focused supervision and support for the individual. This is an acknowledgement of the stressful nature of this work.

The need for protected time is being affirmed in both the revised guidance on *Working Together to Safeguard Children*.

# Photo-documentation

- Royal College of Paediatrics and Child Health (RCPCH)
- Association of Forensic Physicians (AFP)

# RCPCH: Guidance CSA – Jan 2007



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### RCPCH INTERIM GUIDANCE ON

INTERPRETING THE PHYSICAL SIGNS OF SEXUAL ABUSE

IN PRE-PUBERTAL CHILDREN

From: *RCPCH Interim guidance on Interpreting the physical signs of sexual abuse in pre-pubertal children*

May 07

Spencer / Roylance

# RACP - Guidance CSA (Sept 2004)

- When a single doctor examination ... it is desirable that a permanent record of the genital/anal findings, in the form of photo-documentation (video or still) is available to allow a second opinion to be obtained.

## RACP - Guidance CSA (Sept 2004)

- It is considered to be good practice for a permanent record (still photograph or video) of the genital / anal findings be obtained whenever these areas are being examined during the forensic assessment of a child who may have been subjected to sexual abuse.

# Consent

- Examination itself
- Photo-documentation
  - Second opinion
  - Teaching
  - Research
- Capacity to withdraw consent
- Coded - suggest Date/UR/site/number
- Stored
- Destroyed

# RCPCH: Guidance CSA – Jan 2007

- Practitioners should be familiar with RCPCH Child Protection Companion in relation to examination techniques.
- Wherever possible the examination should be carried out by two doctors experienced in the assessment of children with suspected sexual abuse.
- Clear parental/child consent should be obtained for the genital examination.
- The examination should be undertaken with a colposcope with photo documentation (with specific consent) of the findings.

*From: RCPCH Interim guidance on Interpreting the physical signs of sexual abuse in pre-pubertal children*

May 07

Spencer / Roylance

# RCPCH: Guidance CSA – Jan 2007

- Suspect findings in the posterior margin of the hymen (such as full depth transections or deep clefts) viewed in the supine (frog leg) position, should be verified in knee chest (prone) position.
- The physical examination is just one part of the diagnostic jigsaw. Some children who have been sexually abused will have no physical signs at all.
- Doctors assessing children for the physical signs of CSA should be part of a peer review group and receive adequate support and supervision from colleagues and managers.
- Named and Designated doctors should ensure that all doctors assessing children for CSA have an opportunity to critically debate newly published research.

*From: RCPCH Interim guidance on Interpreting the physical signs of sexual abuse in pre-pubertal children*

May 07

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# 3. Recommendations

**Primary References**

**Definitions**

**Recommendations:**

- 1. Internal - Fellows*
- 2. External - Partnership*
- 3. Medico-legal / Ethical Issues*

# External - Partnership

## 2. External Partnership

- Uniform National Guidelines
  - Legislation
  - Regulation
  - Policy
  - Practice
- Uniform National Data Collection
- Uniform National Standards for Investigating & Managing
- Strategic Research in Australia & New Zealand

# Medico-legal Issues

- Relationship with judicial system?
- Past advice in good faith?

## 5. Summary

- questions
- preferred position
- conclusion

