



Siblings in child protection medical examinations procedure

National guidance about the examination of siblings/ household contacts of a child being seen for a child protection medical is extremely limited.

- RCPCH CP companion: “Other children in the family should always be considered in relation to their need for assessment”.
- GMC re CP medicals in general: The examination must be in the child’s best interest; it must be necessary and appropriate. It needs to be clear what it is designed to achieve and how it will alter the proposed course of action.
- NICE guidance: Collect and analyse information about all significant persons (including siblings) in the child / young person’s environment unless it is not safe to do so.

The Royal College of Radiology revised guidelines 2018 state that:

When serious injury is identified in a child due to suspected physical abuse:

- **Any multiple birth siblings of an index case less than 2 years** should have the same recommended imaging as the index case.
- Age-appropriate imaging should be considered in all siblings and children **less than 2 years** old living in the same household or in the household of the alleged or suspected perpetrators on a case-by-case basis.

Serious injury is defined as fractures, burns >5% total body surface area, traumatic brain injury, intra-abdominal trauma, intrathoracic trauma, injuries requiring paediatric intensive care unit admission or death. Clinical judgement should always be exercised particularly with fractures.

The consensus medical view across Wessex is:

1. Twins of index cases undergoing skeletal survey for physical abuse should always be examined and they should be considered for skeletal survey even if they have no visible injury. This may not be clinically indicated if examination is normal in a mobile child with no concerns about movement identified.
2. Siblings / household contacts of index case may be examined to look for evidence of physical abuse **especially if they are under the age of 2 years**, have not been undressed by a professional¹ or foster carer² (who were not involved at the time the alleged abuse took place) and there is concern they could have undisclosed injuries.
3. Other siblings should be considered on a case-by-case basis.

The necessity for examination of siblings / household contacts should be discussed at the strategy meeting to which a paediatrician must be invited. If the initial decision is that siblings do not need to be seen, but further information comes to light that may alter that decision, a further strategy meeting should be convened.

Key considerations for the strategy discussion must include:



- Any suggestion of abuse or neglect of the sibling / household contact
 - Serious injury / neglect of the index case
 - Children able to understand and answer should be asked if they have any injuries. The language may need to be adapted according to their age / development and their response may be verbal or non-verbal e.g., pointing to a sore bit. It is the responsibility of the social worker to ask this, and the information should be made available to the strategy discussion.
 - The **need for medical investigations in siblings or household contacts is generally higher in children who are non-mobile, < 2years of age, unable to communicate or where there is evidence of injury to that child.** The younger the child, the lower the threshold for examination and possible investigation. Older children with no identified concerns may not need to be examined.
 - Child Sexual abuse – case by case discussion including information about child perpetrators. Particular consideration needed for children who are unable to communicate verbally in view of age or development.
 - Consideration of the care arrangements for the children involved. The hospital should not be seen as a place of safety except in extreme circumstances and is a potentially traumatising environment for children.
 - Consent is needed for child protection medicals and the arrangements made for any examinations must ensure that a parent with PR is available for that consent to be sought.
1. Children should not be undressed by a professional whose role would not ordinarily involve this. Children able to report abuse could be asked to consent to showing the alleged injury to the professional.
 2. Foster carers receive safeguarding training and are considered as part of the professional team around a child. They should only comment on the presence or absence of injuries if they are confident to do so. If they are not confident to state there are no injuries this needs to be taken into account at the strategy discussion.

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