



Access to photo documentation in child protection medical assessments

Survey of delegates at CPSIG conference 2019

Background

When carrying out a child protection medical assessment it is important to accurately record any significant visible findings using words, line drawings and photography. This information then becomes part of the child's health record and is available for review during report writing, answering queries, for discussion at peer review and potentially may be requested by the local authority or lawyers if there are further child protection proceedings, sometimes involving the judicial system. Robust and accurate information may also be needed in the future if doubt is cast on the diagnostic opinion given at the time, whether or not that opinion was that the visible findings were likely to represent a significant safeguarding concern. The RCPCH Child Protection Companion tells us to routinely obtain photographic documentation of significant visible findings when these are present at child protection medical assessments. The NSPCC also highlights the need for timely photographic documentation as a lesson learned from serious case reviews (https://learning.nspcc.org.uk/media/1347/learning-from-case-reviews_paediatrics-and-accident-and-emergency.pdf).

CPSIG (Child Protection Special Interest Group) is leading on a joint project with RCPCH setting service delivery standards for child protection medical assessments; these are at the consultation stage with an anticipated launch in the spring of 2020. One aspect being addressed is the photo documentation of significant visible findings as anecdotally there is an awareness of significant unwanted diversity between different paediatric services regarding access to and quality of photo documentation. This survey was designed to capture information about the experiences of delegates who attended the CPSIG child protection study day held in Birmingham in November 2019.

Method

The survey was paper based covering two sides of A4 (appendix 1) and was completed during the course of the one day conference. One hundred and thirty delegates attended and were asked to provide answers relating to the organisation in which they currently worked, liaising with colleagues to ensure that only one survey was completed per organisation.

Results

Fifty four survey forms were returned, one with only the region and role completed, hence 53 were analysed. As the event was in Birmingham it was not surprising that most, 17, were about organisations in the Midlands. Seven were from the North West, 3 each from Wales and the South West and 2 from each of the South East, London and North East & Yorkshire, 1 from the East of England and another stated England but not the region; 15 did not answer that question. There were no surveys from Scotland but it is of note that there was also a safeguarding educational event in Scotland that day.

Twenty one surveys were completed by either named or designated doctors, 8 by trainees, 7 by clinicians who undertook child protection medical assessments (CPMAs), 4 by clinicians who did not undertake CPMAs and 13 surveys did not record an answer to that question.

The following relates to CPMAs carried out in 'normal working hours' unless otherwise stated. The question "Is photographic documentation possible as part of CPMA?" in retrospect represented a degree of duplication plus it yielded results from several respondents which were inconsistent with subsequent answers hence it was not analysed further.

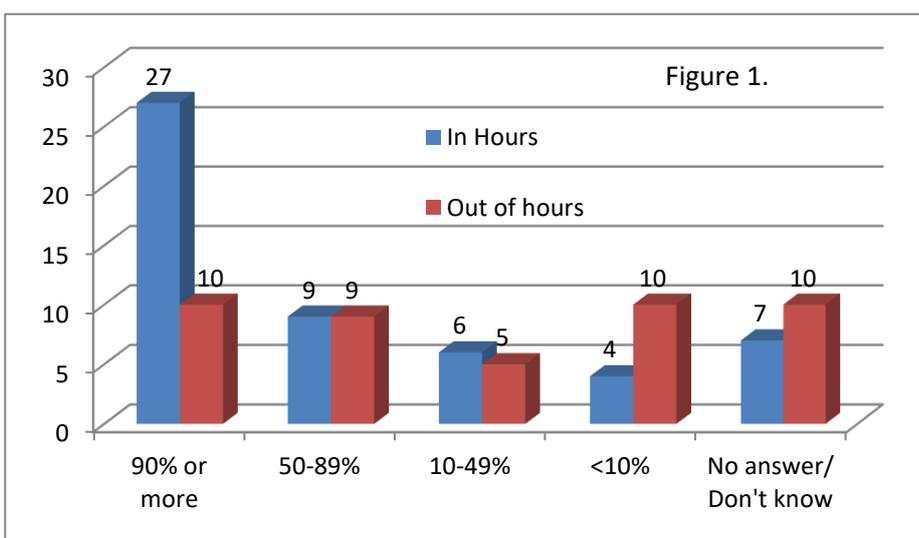
Some analysis of questions relating to out of hours child protection medical assessments was possible however more detailed questions about photographic arrangements were less likely to be answered plus the response was not always clear, for example whether the response related to the child being brought back the following day. It might be helpful therefore to carry out a further dedicated survey to understand out of hours photo documentation if such information is needed.

How often is photographic documentation carried out?

Delegates were asked "Excluding lack of consent, roughly what proportion of children with a significant visible finding routinely have a photograph taken?" Regarding assessments within working hours 27 (50.94%) said that they were taken in 90% or more assessments, 9 (16.98%) said in 50-89% of assessments and 6 (11.32%) said that they would be carried out in 10-49% of assessments. See Fig 1. Four delegates (7.54%) said that photographic documentation would be carried out in fewer than 10% of assessments; all 4 of these delegates were either named or designated doctors hence likely to know the true situation for their organisation.

Therefore 10 (18.86%), nearly 1 in 5 of organisations represented in this survey, are reported to routinely take a photograph of a significant visual findings in less than 50% of child protection medical assessments undertaken during working hours.

Figure 1: "Excluding lack of consent, roughly what proportion of children with a significant visible finding routinely have a photograph taken?"



Photography was less likely to be carried out in child protection medical assessments performed outside of working hours with only 10 (18.86%) of organisations using photo documentation 90% or more of the time and a further 10 organisations (18.86%) taking photographs less than 10% of the time. Table 1 gives

more information with respect to the 10 organisations where significant visible findings are photographically documented less than 50% of the time regarding in working hours assessments.

Table 1

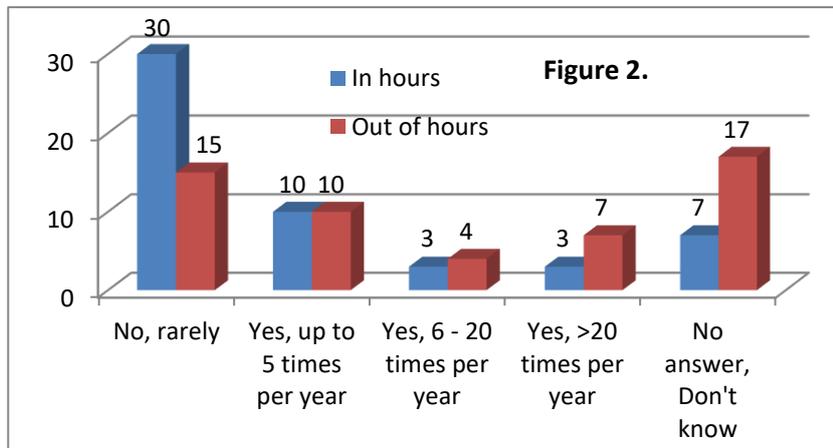
Excluding lack of consent roughly what proportion of children with a significant visible finding routinely have a photograph taken?	Are there occasions when visible findings have not been photographed due to lack of availability?	Who usually takes the photograph?	When are photographs usually taken?	Where is the child at the time of the photograph?
< 10%	Yes, >20 times per year	Clinical photography	Within 24 hours	Same room
< 10%	No/ extremely rarely	Clinical photography	Within 24 hours	Same building
< 10%	Yes, >20 times per year	Police	> 24 hours	>5 miles
< 10%	Yes, up to 5 times/year	Clinician	Within 2 hours	Same building
10-49%	Yes, up to 5 times/year	Clinical photography	During CPMA	Same room
10-49%	Yes, >20 times per year	Police	During CPMA	Same room
10-49%	Yes, 6-20 times per year	Clinical photography	Within 2 hours	Same room
10-49%	Yes, 6-20 times per year	Clinician	Within 24 hours	Same building
10-49%	No/ extremely rarely	Clinical photography	Within 24 hours	Same building
10-49%	<i>No answer</i>	Clinical photography	Within 24 hours	Same building

Are there occasions when photographic documentation does not take place due to lack of availability of photography?

Delegates were asked “Are there occasions when visible findings have not been photographed due to lack of availability of photography?” With respect to child protection assessments during working hours this was not a problem for most organisations (n=30 of 53 organisation, 56.6%) though for 16 (30.18%) organisations this was a problem of varying magnitude. There was no answer to this question on 7 surveys analysed.

Figure 2

Are there occasions when visible findings have not been photographed due to lack of availability of photography?



For the 30 organisations who rarely had a problem with access to photography in working hours, the photographs were taken by a clinical photographer in 22 and by a clinician in 8. For those organisations most children with significant visible findings routinely had a photograph taken as seen in Table 3. The respondents for two organisations stated that there were no or rare difficulties accessing photographic documentation yet this was undertaken less than 50% of the time which might imply that they do not deem that photo documentation of significant visible findings is needed.

Table 3 Data for the 30 organisations who answered “No / extremely rarely” to the question “Are there occasions when visible findings have not been photographed due to lack of availability of photography?” with respect to in normal working hours assessments.

Excluding lack of consent roughly what proportion of children with a significant visible finding routinely have a photograph taken?	Number of organisations	Role of respondent
90% or more	22	Not analysed
50-89%	3	Not analysed
10-49%	1	Not stated
<10%	1	Named/designated doctor
Don't know or no answer	3	Not analysed

When photographs are taken how is this done?

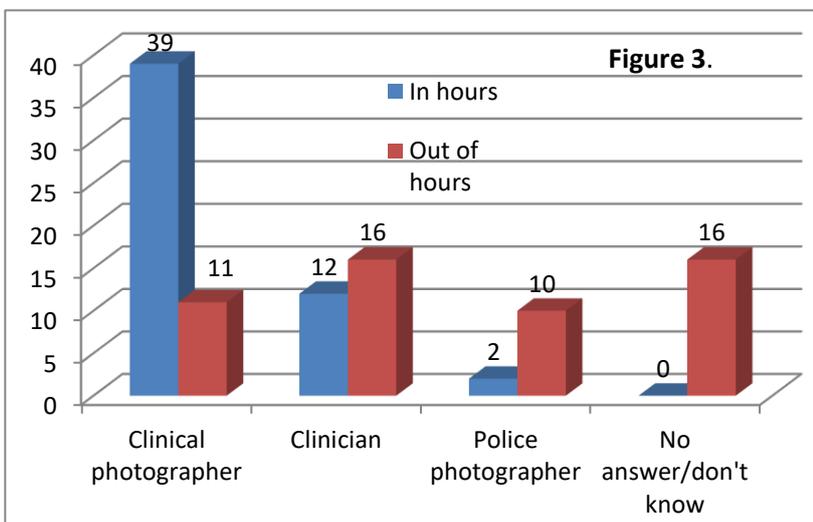
Regarding the timing and venue of photography of significant visible findings delegates reported that this was usually carried out during the child protection medical assessment as in Table 4 and in the same room, Table 5.

Table 4 When are photographs usually taken?		Table 5 Where is the child at the time of the photograph?	
Timing	Number of organisations	Venue	Number of organisations
During CPMA	27	In the same room that the CPMA took place?	32
Within 2 hours of the CPMA	12	In the same building / complex that the CPMA took place?	17
Within 24 hours of the CPMA	12	Within approximately 2 miles of where the CPMA took place	0
More than 24 hours of the CPMA	2	3-5 miles of where the CPMA took place	3
		More than 5 miles from the CPMA	1

Who takes the photographs?

Delegates were asked “Who usually takes the photograph?” Figure 3 shows that in most organisations it is a clinical photographer who usually takes the photograph, 39 (73.58%), a clinician in 12 (22.64%) and in 2 (3.77%) a police photographer during working hours. Out of hours it was more likely to be a Police photographer.

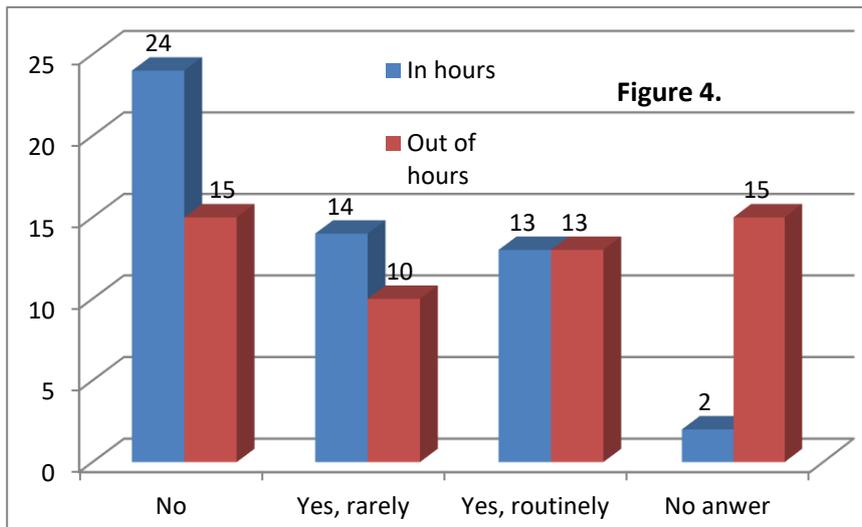
Figure 3. Who usually takes the photograph?



Do clinicians take photographs in your organisation?

When asked “Do clinicians take photographs in your organisation?” with respect to assessments within working hours the answer was no for 24 (45.28%) respondents /organisations, 23 of whom stated that it was a clinical photographer who normally took the photographs and the police in one organisation. Fourteen (26.41%) delegates said “Yes, rarely” regarding clinicians in their organisation taking photographs and for them the usual person taking the photograph was a clinical photographer in 12, a police photographer in 1 and a clinician in one – there was no further explanation in the comments section on that survey form. “Yes routinely” was stated by 13 (24.52%) delegates on the survey form, 2 did not respond.

Figure 4 Do clinicians take photographs in your organisation?"



Support for the clinicians who undertake clinical photography

Table 6 further explores the arrangements at organisations in which clinicians report that they undertake photography within the context of child protection medical assessments. The results suggest that for 8 (61.5%) of the 13 organisations where clinicians routinely take photographs there is no support from a clinical photography department. However for 4 organisations where clinicians regularly take photographs a clinical photography department is involved, in 2 of those the images are processed by clinical photography and for 3 there are detailed instructions, only one acknowledged specific training. No further information was provided on one survey form. No clinicians in the survey as a whole reported accessing external photographic training.

Where clinicians take photographs but rarely, a clinical photography department is involved for 50% (n=7) and in 5 of those organisations the images are processed by the clinical photography department. In 3 departments clinical photography was not involved and no answer was provided in a further 4. Clinicians had access to detailed instructions in 3 departments, in one of those they also had training and a further department had training alone.

Concerns about photographic images

Delegates were asked "Are you aware of concerns arising in court regarding photographic documentation from CPMA's in your organisation?" more specifically about poor quality images taken by clinicians, by others and about a lack of photographs. Overall 12 (22.6%) of respondents reported concerns regarding the quality of photographs taken by clinicians, including at 6 of the 8 organisations (75%) where clinicians routinely take photographs in child protection medical assessments without the support of a clinical photography department. This compares to no reported concerns at the 4 organisations where clinicians also routinely take photographs but with the support of a clinical photography department. Concerns were reported about the quality of the images at 4 of the 14 organisations (28.57%) where clinicians rarely take photographs, 3 of which have clinical photography involved. These results suggest that whilst it is important to have the support of a clinical photography department, it is also important to maintain skills. Concern about a lack of photographs was reported by 8 respondents overall, 4 in organisations where clinicians rarely take photographs, one where clinicians take photographs routinely and 3 where clinicians do not take photographs themselves.

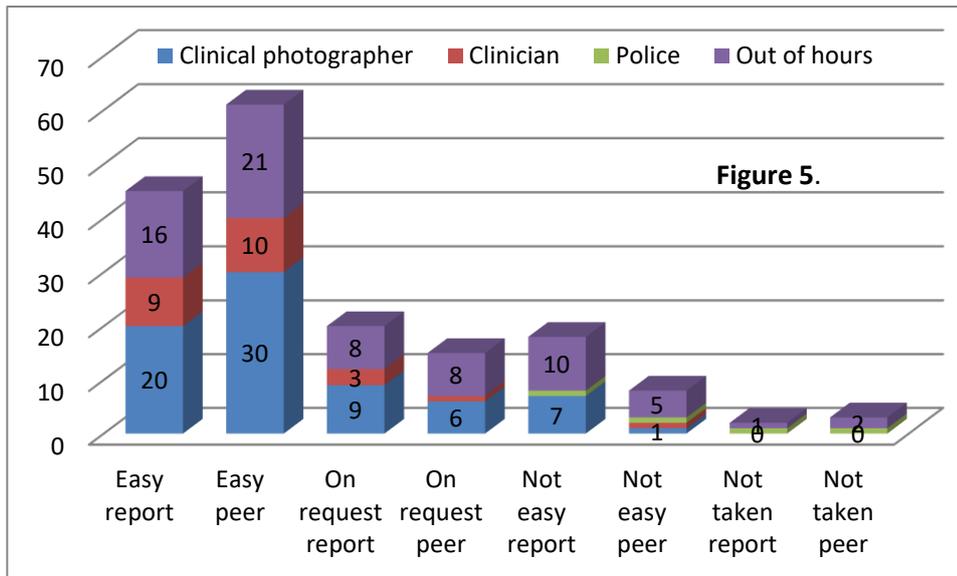
Table 6: Involvement of clinical photography, training and concern about images in organisations where clinicians take photographs, for in working hours assessments. Y = this option circled; N = the No option was circled; - = option not circled; Y/imp = yes by implication; N&D=Named and designated, C+=clinician doing CPMEs; C- = Clinician not doing CPMEs; T=Trainee

Survey sheet number	Role of respondent	Yes rarely	Yes routinely	Clinical photography department is involved	Clinical photography department is involved /processes all photographs	Clinical photography department is not involved	Clinicians have had specific training	Detailed instructions are available	Concern regarding poor quality images taken by clinicians	Concerns regarding poor quality images taken by others	Concerns regarding lack of photographs
5	-	Y	-	Y	-	-	-	-	Y	Y	Y
4	C-	Y	-	Y	Y	-	-	-	N	-	-
10	N&D	Y	-	Y	-	-	-	Y	N	N	N
13	C+	Y	-	Y/imp	Y	-	Y	-	N	N	N
26	N&D	Y	-	Y	Y	-	Y	Y	N	Y	N
33	C-	Y	-	Y/imp	Y	-	-	-	Y	Y	Y
42	-	Y	-	Y	Y	-	-	Y	Y	Y	Y
48	N&D	Y	-	-	-	Y	-	-	N	N	N
15	T	Y	-	-	-	-	-	-	-	-	-
21	C+	Y	-	-	-	-	-	-	-	-	-
16	C+	Y	-	-	-	-	-	-	N	N	N
17	N&D	Y	-	-	-	-	-	-	N	N	N
45	-	Y	-	-	-	Y	-	-	N	N	N
1	N&D	Y	-	-	-	Y	-	-	Y	Y	Y
Total 'rarely'		14	-	7 Yes, 7 no	5 yes, 9 no	3 not involved	2 yes training	3 have instructions	4 concerns, 8 no concern, 2 blank	5 concern, 6 no concern, 3 blank	4 concerns, 7 no concern, 3 blank
19	N&D	-	Y	-	-	Y	-	-	Y	-	-
25	N&D	-	Y	-	-	Y	-	-	N	N	N
41	N&D	-	Y	-	-	Y	-	-	N	N	N
29	T	-	Y	Y	-	-	-	-	-	-	-
3	C-	-	Y	-	-	-	-	-	-	-	-
37	-	-	Y	-	-	Y	-	-	Y	Y	-
12	-	-	Y	Y	Y	-	-	Y	N	N	N
23	N&D	-	Y	Y	Y	-	Y	Y	N	N	N
7	C+	-	Y	-	-	Y	-	-	Y	-	-
46	-	-	Y	-	-	Y	-	-	Y	Y	-
9	N&D	-	Y	-	-	Y	-	-	Y	-	-
40	-	-	Y	-	-	Y	-	-	Y	-	-
22	N&D	-	Y	Y	-	-	-	Y	N	N	N
Total 'routine'			13	4 yes,	2 yes,	8 not involved	1 yes training	3 yes instructions	6 concerns, 5 no concerns, 2 blank	2 concerns, 5 no concerns, 6 blank	0 concerns, 5 no concerns, 8 blank
Total overall		14	13	11	7	11	3	6	10 concerns, 13 no concerns, 4 blank	7 concerns, 11 no concerns, 9 blank	4 concern, 12 no concerns, 11blank
		27									

How easy is it for clinicians to access the photographic documentation when writing reports or for peer review?

Delegates were asked two questions, “Are photographs **usually** available to the clinician at the time of report writing /checking?” and “Are photographs **usually** available at peer review?” The results suggest that it is easier for clinicians to access photographs at peer review with 75% reporting that they are easily available compared to only 54.7% having them easily available at the time of report writing and signing off. Figure 5 outlines availability analysed by who usually takes the photographs in hours but only the total availability for out of hours.

Figure 5. Availability of photography related to who usually takes the photographs in that organisation



Comments

Comments from clinicians include “The photographs are taken for our own reference but police are now using these!” Another commented “Planning to change to clinical photographer due to poor quality photos”. Another that “Photographs taken for peer review of safeguarding not for court evidence.” “We have no access to a clinical photography department. This is on our risk register”. One delegate whose clinicians routinely take photographs remarked “Our clinical photography department ceased to exist several years ago (medium sized DGH). As a pragmatic solution to aid peer review we take photos on work mobile phones. Police take ‘official’ photos if court is likely outcome.” Whilst doing so might be perceived as solving some issues there are data protection issues with such an approach. Some clinicians appear to see two quite different pathways of photo documentation – i.e. that of providing information for peer review and that of providing information for social care and the court.

Overall this survey has evidenced wide unwanted diversity of practice between different organisations regarding the photo documentation of significant visible findings in child protection medical assessments. Whilst many organisations report good arrangements other delegates paint a picture of clinicians struggling to arrange photo documentation with little or no support resulting in no images in many cases or leading to poor quality images and concerning data security, none of which is in the best interest of the child or the clinician. Moving forward it is hoped that having clear good practice standards will help to support clinicians to obtain access to good photographic services, ideally via clinical photography or failing that by clinicians who have good support from clinical photography.

Elaine Burfitt
Community Paediatrician
Chair of CPSIG (Child protection Special Interest Group)

Appendix 1: Questionnaire

**Photography in child protection medical assessments
for physical abuse and neglect**

This survey seeks to collect information regarding the experience of delegates attending this CPSIG conference regarding the photographic documentation of significant visible findings in the context of child protection medical assessments (CPMA) for physical abuse and neglect concerns. Your help in completing this survey is much appreciated; please answer for your current health organisation. If multiple delegates from a health organisation please liaise and only complete one form to avoid duplication. Please circle as appropriate. **THANK YOU**

Where is your organisation? Wales / Scotland / Northern Ireland / England – NHS England region – North West : North East and Yorkshire : Midlands : London : South West : South East : East of England / Other...

Are you: a named or designated doctor for safeguarding / clinician who undertakes CPMA / clinician who does not undertake CPMA / trainee / other?

Photography in CPMA's	In normal working hours	Out of normal working hours
Is photographic documentation possible as part of CPMA?	Yes / No /Don't know	Yes / No /Don't know
Excluding lack of consent, roughly what proportion of children with a significant visible finding routinely have a photograph taken?	90% or more 50 – 89 % 10 – 49% Less than 10% Don't know	90% or more 50 – 89 % 10 – 49% Less than 10% Don't know
Are there occasions when visible findings have not been photographed due to lack of availability of photography?	No / extremely rare. Yes, up to 5 times per year Yes, 6 – 20 times per year Yes, more than 20 times per year	No / extremely rarely Yes, up to 5 times per year Yes, 6 – 20 times per year Yes, more than 20 times per year
When are photographs usually taken?	During the CPMA Within 2 hours of the CPMA Within 24 hours of the CPMA More than 24 hours of the CPMA	During the CPMA Within 2 hours of the CPMA Within 24 hours of the CPMA More than 24 hours of the CPMA
Where is the child at the time of the photograph?	In the same room that the CPMA took place? In the same building / complex that the CPMA took place? Within approximately 2 miles of where the CPMA took place.	In the same room that the CPMA took place? In the same building / complex that the CPMA took place? Within approximately 2 miles of where the CPMA took place.

	3- 5 miles from the CPMA? More than 5 miles from the CPMA	3- 5 miles from the CPMA? More than 5 miles from the CPMA
Who usually takes the photograph?	Clinical photographer Police photographer Examining or supervising clinician Other – please state	Clinical photographer Police photographer Examining or supervising clinician Other – please state
Are photographs usually available to the clinician at the time of report writing /checking?	Yes, they are easily available Yes, need to request in advance No, they are not easily accessible No, photographs are not usually taken	Yes, they are easily available Yes, need to request in advance No, they are not easily accessible No, photographs are not usually taken
Are photographs usually available at peer review?	Yes, they are easily available Yes, need to request in advance No - they are not easily accessible No, photographs are not usually taken	Yes, they are easily available Yes, need to request in advance No - they are not easily accessible No, photographs are not usually taken
Do clinicians take photographs in your organisation?	No Yes but rarely Yes routinely	No Yes but rarely Yes routinely
If clinicians take photographs please circle all that apply?	A clinical photography department is not involved. A clinical photography department is involved A clinical photography department is involved and processes all photographs The clinicians have specific training from a clinical photographer. The clinicians have attended an external clinical photography course.	A clinical photography department is not involved. A clinical photography department is involved A clinical photography department is involved and processes all photographs The clinicians have specific training from a clinical photographer. The clinicians have attended an external clinical photography course.

	There are detailed instructions available as to how to take the photographs. Quality assurance feedback is received from a clinical photography department.	There are detailed instructions available as to how to take the photographs. Quality assurance feedback is received from a clinical photography department.
Are you aware of concerns arising in court regarding photographic documentation from CPMAs in your organisation?	Poor quality images by clinicians Y/N Poor quality images by others Y/N Lack of photographs Y/N	Poor quality images by clinicians Y/N Poor quality images by others Y/N Lack of photographs Y/N

Comments: