



National Public Health  
Service for Wales

Gwasanaeth Iechyd Cyhoeddus  
Cenedlaethol Cymru

# Medical Services for Children who may have been Sexually Abused

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**Status:** Final

**Intended Audience:** Welsh Assembly Government

**Purpose and Summary of Document:**

This document is a preliminary assessment for Welsh Assembly Government officials of the feasibility of implementing, across Wales, the service specification for medical services for children who may have been sexually abused.

# 1 Introduction

A needs assessment for medical services for children and young people who may have been sexually abused was undertaken by the NPHS in 2008. Following this, a service specification was drawn up with input from those involved in such services across Wales. The NPHS was then asked by Welsh Assembly Government to conduct an initial feasibility study with regard to the implementation of the service specification across Wales.

# 2 Methodology

Visits were undertaken to all the new Health Board areas by Cerilan Rogers and Aideen Naughton. Staff involved in these services were asked to comment on the arrangements currently in place in their area with reference to the service specification. A summary of these discussions has been provided in Section 3.

It should be noted that this process did not involve the assessment of standards of practice, nor an audit of the current services. No attempt is made to describe the current services in detail; rather the key issues have been drawn out where these relate to the potential delivery of the service specification.

# 3 Results

## 3.1 Services available

Medical services are provided within each Health Board area, with the exception of Powys, for children who may have been sexually abused.

While most children from within the Health Board areas of Abertawe Bro Morgannwg, Cardiff and Vale, Cwm Taf, Aneurin Bevan and Betsi Cadwaladr are seen by clinicians from those Health Boards, children from the Hywel Dda Health Board area may access services elsewhere, particularly from Abertawe Bro Morgannwg Health Board.

Children from Powys are seen in a variety of locations, including Swansea, Aberystwyth, Shrewsbury and Hereford. Children may also be seen occasionally by services in North Wales and Gwent.

The nature, scope and delivery of these services varies both between and within Health Boards. Summary information on specific aspects of the services provided is given in the table at the end of this report.

There is an attempt across Wales to see referrals of acute cases as soon as possible. Where there is no out of hours service, this is often the next working day, which can cause difficulties over weekends and bank holidays. Most referrals are from the police or social services.

The current situation regarding the forensic examination of children following sexual assault is not straightforward. In normal working hours, except in Betsi Cadwaladr and Abertawe Bro Morgannwg Health Boards where there are forensically trained paediatricians, a Forensic

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Medical Examiner (FME) would be involved ie a joint examination with a paediatrician would be undertaken. Out of hours, there is no paediatric involvement, except in Cardiff and Vale Health Board, which provides out of hours joint assessments, and Betsi Cadwaladr, where forensically trained paediatricians undertake the forensic examinations.

Safeguarding links within each Health Board are usually made by the examining doctor with the named doctors/nurses and/or Child Protection Coordinators.

### 3.2 Cases seen

All the services deal with acute and historic cases, although the proportion in each category varies.

The number of children seen per year varies widely from less than 10 to 100. In the absence of a shared definition of what constitutes a case, plus the differences in the services available, the populations and geographical areas they serve, it is difficult to interpret such variation.

Whatever the number of cases seen currently, it is likely to be an underestimate of the true need, as detailed in the needs assessment previously published.

### 3.3 Staff

Most of this work is undertaken by doctors, mainly, but not exclusively, community paediatricians. Work in hours is usually recognised in consultant job plans, except where the input is very irregular or ad hoc. In the two areas where an out of hours rota operates, the remuneration arrangements vary, but doctors are paid.

Designated and guaranteed support from other staff groups is generally not available, although nurses are often involved through ad hoc or “when available” arrangements. Abertawe Bro Morgannwg and Cardiff and Vale Local Health Boards both have rotas of nurses to cover their clinics.

There is a lack of administrative support in all areas, with a reliance on specific consultants’ secretaries.

Where SARC facilities are used, there may be access to other staff and also involvement with a SARC Steering Group. IT links with the NHS are an issue in these settings.

Most doctors have access to CPD relevant to this area of work, although its nature, quality and frequency are again variable. Training for other staff is usually “on the job”. North Wales has a training programme with external speakers.

All services undertake peer review, often alongside other child protection peer review.

## 4 Conclusion

There are a variety of arrangements in place across Wales, which are reliant on the goodwill of the clinicians participating. An average examination, including medical/forensic examinations and report writing, takes approximately 5 hours. The resources available are generally not explicit or guaranteed.

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There are a number of specific issues, which require further attention, including:

- Clinical leadership
- Availability of out of hours services
- Holistic and consistent follow up services
- Robust safeguarding links
- Designated nursing and administrative support

There is no systematic or sustainable approach to these services. There is no succession planning and many of the current clinicians are nearing retirement.

Although the current number of children seen is likely to be an underestimate, it is unlikely that numbers of children will ever be very large. The knowledge and skills required can be developed by most paediatricians, however maintaining these requires regular exposure to cases. For this reason, there is a trade off to be made between the development and guaranteed availability of expertise and geographical accessibility.

However, many of the elements required by the service specification are in place, at least in part, in the services visited (with the exception of Powys) and a sustainable service is within reach, if a collaborative approach is adopted.

## 5 Recommendations

A networked “regional” model should be implemented with services aligned to three centres in North Wales, South East Wales (Cardiff and Vale, Cwm Taf and Aneurin Bevan Health Boards) and Mid and West Wales (Hywel Dda and Abertawe Bro Morgannwg Health Boards).

The age group for services should be up to 16, with special needs/learning difficulties up to 19 on discussion between professionals involved in the specific case.

An out of hours service for paediatric assessment must be available with appropriate links to local services for ongoing follow up if required.

The medical contribution to these services needs to be recognised in consultant job plans.

Each centre will require a designated clinical lead.

Designated nursing and administrative support will also be required.

A common approach to data collection should be adopted across Wales.

Sufficient flexibility should be maintained to allow the referral of children to services most appropriate for their needs. This may require children being referred across health and police authority boundaries (this will inevitably be the case for children from Powys).

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The allocation of resource, whether staff or financial, from specific Health Boards should be locally determined. However, each Health Board must state explicitly how it is meeting its responsibilities for children requiring these services.

Implementation of the service specification should be designated as a priority by Welsh Assembly Government and consideration given to its inclusion in the performance management framework for NHS Wales.

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	<b>Abertawe Bro Morgannwg</b>	<b>Betsi Cadwaladr</b>	<b>Cwm Taf</b>	<b>Cardiff and Vale</b>	<b>Hywel Dda</b>	<b>Aneurin Bevan</b>
<b>Age group</b>	Up to 16 >16 if vulnerable/ special needs	Up to 17; up to 19 if vulnerable/ special needs	Up to 16	Up to 16 >16 if vulnerable/ special needs	Up to 16; possibly older if there are special needs	Up to 14
<b>Hours available (NHS)</b>	Monday to Friday 1.30 to 5 pm (6 doctors) No out of hours	Monday to Friday all day (3 rotas); out of hours rota (6 doctors)	Monday to Friday all day (2 doctors) No out of hours	Wednesday clinic 24 hour rota (7 doctors)	Ad hoc in Pembs, otherwise tend to refer to Swansea No out of hours	Tuesday clinic (4 doctors) No out of hours
<b>Paediatric assessment</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Forensic assessment (see report)</b>	NHS “in hours” FME otherwise	NHS	FME	FME	FME	FME
<b>Emergency contraception/STI screening</b>	Can be arranged	Can be arranged	Can be arranged	Can be arranged	Can be arranged	Can be arranged
<b>Colposcopy</b>	Yes	Yes	North only	Yes	No	Yes
<b>Follow up services</b>	GUM if required No health follow up if seen out of hours	GUM if required NSPCC provide some counselling	GUM if required No health followup if seen out of hours	Link into locality services Counselling	GUM if required No health follow up if seen out of hours	GUM if required No health follow up if seen out of hours
<b>Documentation</b>	Consent recorded Proforma used Photodocumentation (stills)	Consent recorded Proforma used Photodocumentation	Written reports (joint with FME in South) Diagrams used	Consent recorded Proforma used Photodocumentation (DVDs)	No photodocumentation	Consent recorded Proforma used Photodocumentation
<b>Facilities</b>	NHS – purpose built	SARC (age appropriate)	NHS OPD – no designated room	NHS – designated room, Llandough Children’s Centre Clinic – SARC (age appropriate)	NHS – hospital, no designated room (Pembs) SARC in Carmarthen can be used	NHS – children’s assessment unit (designated room for clinic only) SARC– older children
<b>Peer review</b>	Yes	Yes	Yes	Yes	Yes	Yes

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