CPSIG Child Protection Special Interest Group

a forum for paediatricians working in the field of child maltreatment

Photo documentation in child protection medical assessments - summary of survey of delegates at CPSIG 2019 conference

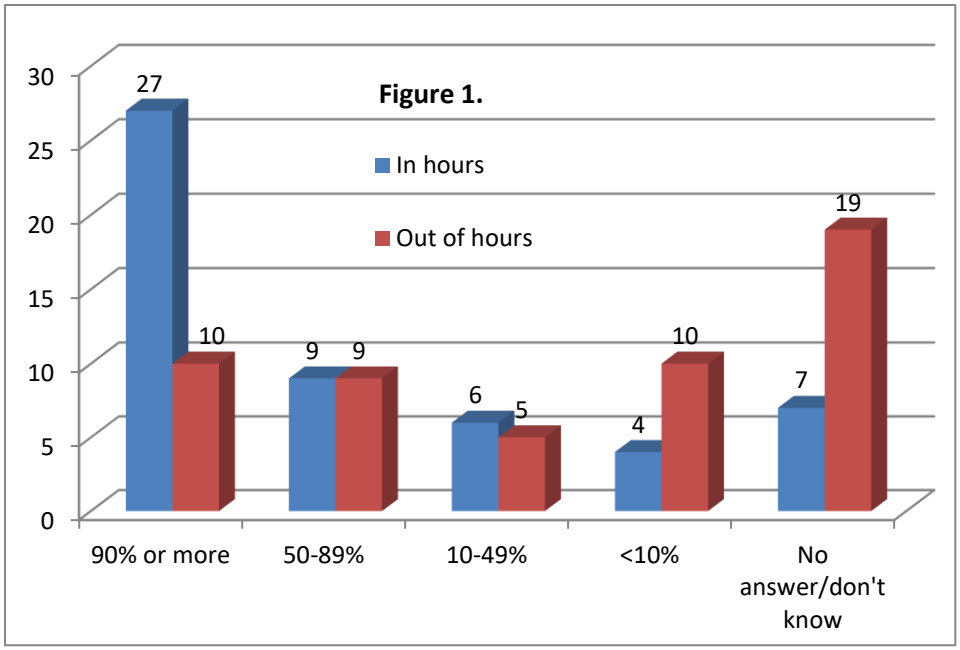
Those of you who joined us at the CPSIG child protection educational conference in Birmingham in November 2019 will recall the survey of photo documentation in child protection medical assessments; the results are reported here in summary form. A more detailed paper is available on the CPSIG website.

The survey is estimated to represent 53 health organisations in England and Wales, the following results relate to assessments carried out during working hours unless otherwise stated.

How often are photographs taken?

Photo documentation is recognised as an important method of recording in child protection medical assessments yet in only half of the organisations (n=27, 50.97%) were significant visible findings likely to be routinely documented photographically more than 90% of the time during working hours.
Of more concern is that in just under a fifth of organisations (n=10, 18.86%) such photo documentation was routinely undertaken less than 50% of the time and in 4 (7.54%) organisations this was undertaken less than 10% of the time, Figure 1.

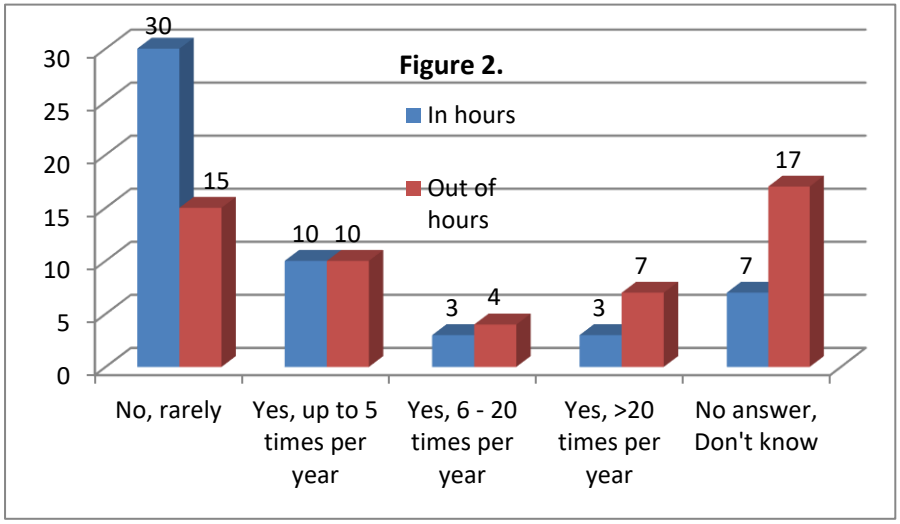
Figure 1: "Excluding lack of consent, roughly what proportion of children with a significant visible finding routinely have a photograph taken?"



Whilst just over half (n=30, 56.6%) of organisations reported no or rare problems with accessing photography in working hours, just under a third of delegates reported some lack of access to photographic documentation with 6 reporting difficulties accessing photography 6 or more times per year and for 3 organisations difficulties were estimated to be encountered more than 20 times per year, see Figure 2.

Access was more difficult out of hours with 7 organisations estimating that they do not photograph significant visible findings more than 20 times per year.

Figure 2: **Are there occasions when visible findings have not been photographed due to lack of availability of photography?**

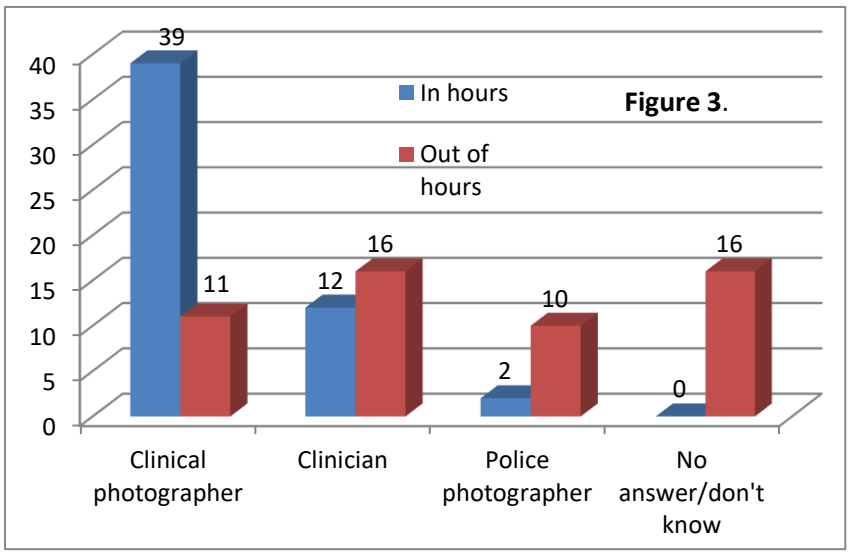


This suggests that some children with significant visible findings on medical assessment in some organisations are not being photographed due to lack of access to photography despite this being recommended as good practice by the RCPCH Child Protection Companion and identified as a concern in serious case reviews analysed be the NSPCC. https://learning.nspcc.org.uk/media/1347/learning-from-case-reviews_paediatrics-and-accident-and-emergency.pdf

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, (n=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.

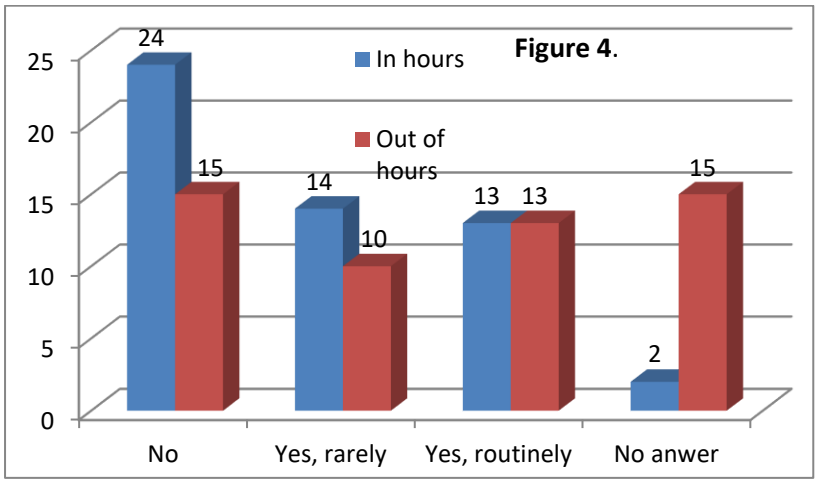
Figure 3: Who usually takes the photograph?



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, see Figure 4.

Figure 4: Do clinicians take photographs in your organisation?"



What is the support for clinicians who undertake clinical photography?

Table 6 (see the online version of this paper) further explores the arrangements at organisations in which clinicians report that they undertake photography within the context of child protection medical assessments in working hours. 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 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.

Are there concerns about photographic images?

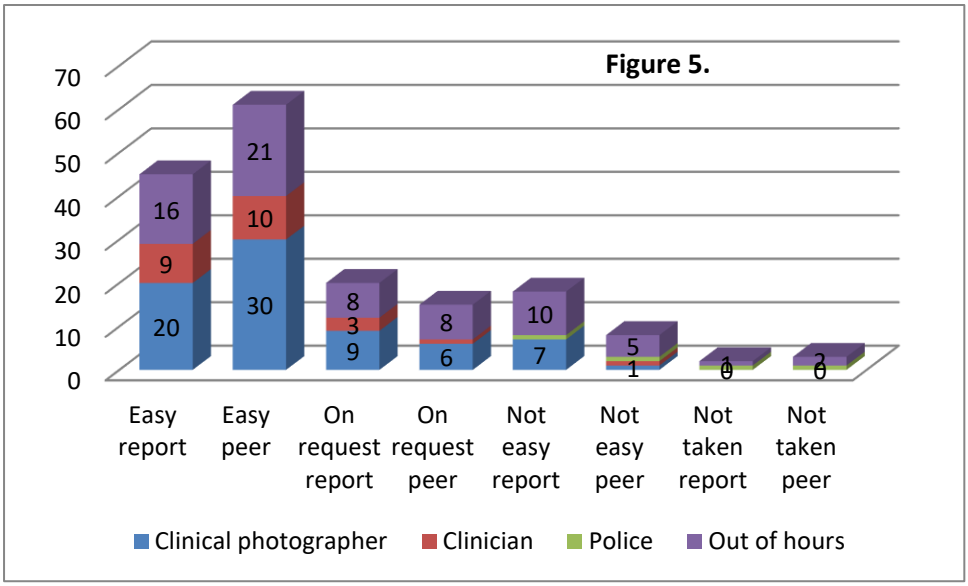
Delegates were asked "Are you aware of concerns arising in court regarding photographic documentation from child protection medical assessments in your organisation?" more specifically about poor quality images taken by clinicians, by others and about a lack of photographs. Overall 12 (22.6%) respondents 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 had clinical photography are 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 any photographs themselves.

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: Availability of photography related to who usually takes the photographs in that organisation



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.

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