Milton Keynes City Council

Guidance:

Use of photographs in a safeguarding context

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Purpose: To provide an overview and guidance on the use of photographs in safeguarding referrals for children and young people.

Read time: 5 minutes

Background

Milton Keynes City has a rapidly expanding population with an increasing number of children and young people living in our area. Whilst it is an exciting time to live in Milton Keynes, at Children's Services we have seen an increase in the number of referrals being sent in by our partner agencies.

On average, Children's Services receive referrals for 2,400 children a month. Every referral is reviewed against the four tiers of the Level of Need threshold document. Thresholds are not rigid and the application of the threshold is dependent on the severity, frequency and impact of the concern and the wider context for the child and their family.

In addition to the referrals received by Children's Services, the MASH receives on average 300 telephone calls a week. Some of the calls are professionals seeking advice for children where there are concerns around the risk of significant harm. Other calls can be responded to and managed by the Early Help Service.

In situations where there are safeguarding concerns, a Social Worker will take the initial information and provide guidance to the professional calling in. Sometimes, the MASH will ask for a photograph of a mark / bruise / injury to support with decision making and application of thresholds.

Whilst requesting photographs is something that has been informally in place for several years, the request has, more recently, prompted questions and queries about how doing this in a child centred safe way.

This document has been developed to provide guidance on the how and why photographs can be useful. The document aims to provide context to support with the decision making around the taking of and sharing photographs in a safeguarding context.

For the avoidance of any doubt, photographs should never be taken of a child's 'private areas' *eg* genitals, bottom or chest.

Child-centred practice
The welfare of the child is paramount. The decision to request, obtain, share or review photographs should always be child-centred and based on the individual circumstances of the child, taking account of both immediate safety considerations and longer-term welfare needs.

Professional curiosity, direct observation of the child, discussions with parents and carers, consultation with partner agencies and consideration of the wider context remain essential elements of safeguarding practice.

Wherever appropriate, and in accordance with their age, understanding and capacity, the child's views, wishes and feelings should be sought and recorded. Consideration should be given to how the child experiences the process and whether alternative approaches may be required to minimise distress and ensure dignity.

Unexplained bruises and marks and the use of photography
In some cases where a child has an unexplained or concerning bruise, mark or injury (see appendix one), a Social Worker may ask for a photograph to be in e-mailed in. This might because there is some ambiguity over the explanation or changes in the description when different workers have been spoken to.

Whilst descriptions and observations are useful, photographic images can be immensely valuable when shared alongside written descriptions and hand-drawn body diagrams of injuries. Having a photograph can assist with decision making and ensuring the appropriate application of thresholds.

In the last six months, there have been several occasions where photographs have enabled a Social Worker, with input and guidance from health and police colleagues, to establish that there were indeed no safeguarding concerns. This has avoided an unnecessary period of intervention and assessment. The cases included:

- a suspected bruise on a pre-mobile baby was a birth mark that had been documented by a health visitor previously on their health record.

- marks on a primary school age child were photographed and established to be a case of severe inflammation of eczema and the parents were supported to get an urgent GP appointment and referral to the hospital.

- marks on a teenager noted during PE with no explanation were photographed with the young person's consent and MASH asked for them to be reviewed by a Paediatrician and they were established to be stretch marks.

Example of a vascular birth mark:



(NHS)

Example of a pigmented birth mark:



(NHS)

Example of stretch marks:





(NHS)

How does this guide fit with your own policies and procedures?
Schools, clubs and organisations should have a written photography and filming policy statement that sets out their overall approach to images taken of children and young people. This guide does not replace your own internal policies and procedures and is meant to be read alongside them.

When should you take a photograph?
Only take a photograph of the mark / injury / bruise if requested by a Social Worker.

What device should you use to take the photograph?
The MASH strongly advises only use devices belonging to your organisation to take and store photos and recordings of children. Personal devices should not be used.

You have taken the photograph, what happens next?
The Social Worker will give you an e-mail address to send the photograph to. This will always be to a Milton Keynes work e-mail account and will end in @milton-keynes.gov.uk.

Once you have shared the photograph with the Social Worker via e-mail, you must delete the image from the device and your e-mail sent items. The MASH recommends making a note on your internal database system, e.g. CPOMS, that a photograph has been taken for the purposes of the safeguarding.

Thames Valley Police Child Abuse Investigation Unit (CAIU) are clear that any photographs e-mailed to Children's Social Care will not be used for criminal investigations. The Police would arrange for their own photographs to be taken if required as part of a criminal investigation.

On some occasions, the Paediatricians at Milton Keynes University Hospital will review the photographs to support with decision making and thresholds but again, the photographs will not be used for the safeguarding medical and if photographs are required, the hospital will take their own photographs.

The importance of an audit trail
When a decision is made to take photograph, you must document the following on your records:
- the reason the photograph was requested;
- who requested the photograph;
- who took the photograph;
- who was present when the photograph was taken;
- confirmation that the photograph was deleted from the originating device and email system in accordance with organisational procedures.

To summarise:

- a photograph of a mark / bruise / injury, should **only** be taken if requested by the Social Worker and with oversight from a Team Manager.

- the photograph should be taken in the presence of at least two members of the safeguarding team.

- only use cameras or devices belonging to your organisation.

- ideally, consent to take the photograph should be sought from the person with parental responsibility and the child, irrespective of their age.

- photos might be taken without consent if deemed crucial for the child's immediate safety and well-being, but this must be documented by all parties and parents must be informed as soon as appropriate to do so. The Social Worker will provide guidance, with the support of a Team Manager, around this.

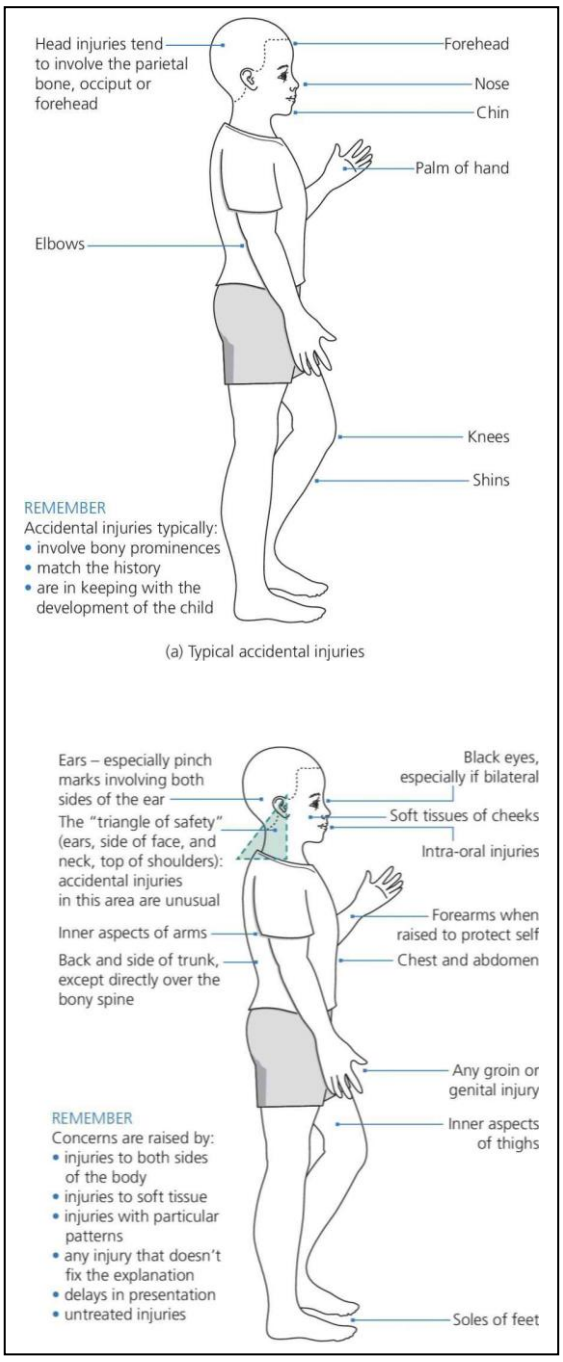
- for children aged 16 or 17, you should decide if you consider them to have capacity to give consent or whether parental consent is still required. Again, the Social Worker will support with decision making around this.

- photographs must **never** be taken of a child's genitals or areas covered by underwear, *eg* chest or bottom.

Appendix 1: Bruises and unexplained marks on children

We know that children, once mobile, sustain bruises and marks from everyday activities and accidents. The shins and the knees are the most likely places where children who are walking, or starting to walk, get bruised. Most accidental bruises are seen over bony parts of the body – such as the knees and elbows – and are often seen on the front of the body. Infants who are just starting to walk unsupported may bump and bruise their heads – usually the forehead, nose, centre of their chin or back of the head.

We also know that, sadly, children can sustain marks, bruises and injuries because of physical abuse and / or neglect. When this happens, immediate advice must be sought from Children's Social Care or in the event of an emergency, the Police.



Abusive bruises are often more common on soft parts of the body – such as the abdomen, back and buttocks. Research has shown that the head, the ears and the neck are by far the most common site of bruising in child abuse. Clusters of bruises, bruises which have petechiae (dots of blood under the skin) or bruises with a pattern or mark can be indicators of deliberate physical harm. Bruises in pre-mobile babies are also a significant cause for concern.

Once a call has been put through to a Social Worker, there are several possible outcomes:

- It is established that a child or parent has given an explanation that is considered consistent with the mark or bruise, and no further action is required by statutory partners, and the agency will make a note on their system and follow up with the family.

- The explanation given is not consistent or does not match the mark, injury or bruise or is accompanied by an allegation or comment of concern. The child may need protection and a Strategy Meeting is arranged with the appropriate partner agencies to consider thresholds and decide whether to initiate s.47 enquiries. Within this, consideration is given to a referral for a Child Protection Medical.

- There is an immediate risk and danger to the child that requires an emergency response from the Police.

- Sometimes it is not clear if threshold is met or not. This might because there is some ambiguity over the explanation or changes in the description of the bruise, mark or injury. On some occasions, Social Workers will ask for a photograph to be taken and e-mailed over to help assist with decision making and ensure the appropriate application of thresholds.