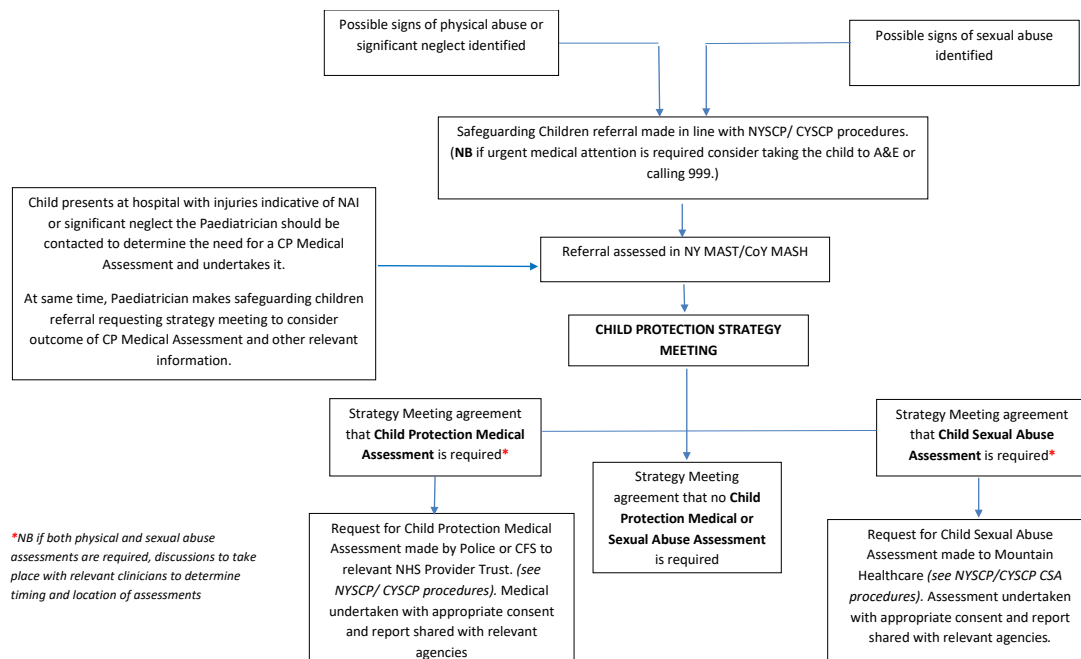


Child Protection Medical Assessments

Requests for Child Protection Medical Assessments/Child Sexual Abuse Assessments



A child protection medical assessment is a medical assessment which is undertaken either at the request of Children’s Social Care or the Police, or when a referral has been or is about to be made by a paediatrician to social care in the context of concerns for the wellbeing of a child already receiving clinical care. It is a comprehensive assessment which includes the clinical history and examination, and detailed documentation including the use of line drawings and photo documentation. Additionally, the assessment includes obtaining any relevant investigations, arranging any necessary aftercare, and writing a report with an opinion (RCPCH 2020).

The need for a child protection medical assessment to be completed should always be considered where there has been a disclosure or there is a suspicion of any form of abuse to a child.

A child protection medical assessment should demonstrate a holistic approach to the child and should include a basic assessment of the child’s well-being, including mental health, development and cognitive ability.

A child protection medical assessment is necessary to:

- Identify the child’s health needs.
- Help to reduce the physical and psychological sequelae of such abuse.
- Determine the likelihood of child abuse on the balance of probability.
- Facilitate the police investigation of a possible crime by documentation of clinical findings, including injuries. Child sexual abuse medicals may include taking samples that may be used as forensic evidence in a police investigation

relevant to all types of abuse. If forensic samples are needed in other child protection medicals these need doing in accordance with a chain of evidence process. Where Trusts do not have an internal agreed process, this should be done in conjunction with the Police to maintain the chain of evidence.

- Contribute to the multi-agency assessment through sharing of information.

Child protection medical assessments should be carried out by paediatric clinicians working at ST4 level or equivalent and above who have relevant Level 3 child protection competencies (RCN, 2019 & RCPCH 2019). Only doctors may physically examine the whole child for the purpose of child protection. All other staff should only note any visible marks or injuries on a body map and record, date and sign details in the child's medical records.

Child protection medical assessments should be carried out in the presence of a chaperone. The chaperone should be a trained health professional who is there as a witness and to support the child and clinician. Their name should be recorded on the child protection medical assessment proforma.

Consideration should be given to support for both the child and family during the child protection medical assessment, e.g., use of interpreters or support for children with disabilities.

Consent

Informed consent should be taken for each child protection medical assessment; ideally this will be written consent, but when consent is being obtained over the telephone, documentation that verbal consent was given should be written in the child's medical record.

The following people may give consent to a child protection medical assessment:

- The child or young person if they are deemed to have capacity.
- Any person with parental responsibility (PR), providing they have the capacity to do so.
- The local authority when the child is the subject of a care order (though the parent should be informed).
- The High Court when the child is a ward of court.
- A Family Proceedings Court as part of a direction attached to an Emergency Protection Order, an Interim Care Order or a Child Assessment Order.
- If consent is withheld for any part of the assessment, including examination, photography or investigation then this is recorded, including subsequent discussions and any actions taken.

If a strategy meeting/discussion has recommended a child protection medical assessment but the person with parental responsibility refuses to give consent, the professionals involved should consider the case in its entirety. If they decide the examination is in the child's best interest and/or there is a public interest, then they should refer to the local authority to obtain consent by court order. Advice can be taken from senior colleagues and indemnity organisations. The local authority would need a court order to override the refusal of the party with parental responsibility.

Arranging the Child Protection Medical Assessment

Child protection medical assessments can be requested as an action arising from a strategy meeting or prior to the strategy with the intention of informing the discussions during the meeting. A child protection medical assessment should not be requested to determine if a strategy meeting is required.

The strategy meeting must consider, in consultation with the paediatrician, the need for and the timing of a child protection medical assessment.

In cases where there are concerns that a child or young person may have experienced sexual abuse a representative from the Sexual Abuse Referral Centre (SARC) should be in attendance at the strategy meeting to offer advice. Any sexual abuse medicals should be undertaken by the SARC.

All child protection medical assessments should be carried out within timescales appropriate to the type of abuse and the requirement for collection of evidential samples:

- Physical injury: within 24 hours.
- Acute sexual assault: as soon as possible to obtain forensic evidence and prevent pregnancy and infection.
- Historic sexual abuse, neglect, or emotional abuse: the referral should be assessed according to clinical need and requirement of the child protection process. Children should not be kept waiting for more than 10 working days from the point of referral, unless there are clear mitigating factors agreed by all parties.
- Where police investigation or protection from harm is required: within 24 hours.

If these standards are not met, then the reasons should be clearly recorded in the child's health record. If there is a delay in undertaking the medical assessment, there needs to be consideration/agreement of an appropriate safety plan and placement of the child and siblings until the medical takes place.

Either the Police or Children's Social Care can request a child protection medical assessment. The assessment should be arranged with the nearest acute provider of paediatric services.

Harrogate Hospital: 01423 885959 – and ask to speak to the paediatrician on call.

York Hospital: Monday - Friday 09.00 – 16:30hrs contact the York Hospital Safeguarding Children Team: 01904 726647 / Out of hours 01904 631313 and ask to speak to the paediatrician on call.

Scarborough Hospital: Monday - Friday 09.00 – 16:30hrs contact the Scarborough Hospital Safeguarding Children Team: 01904 726647 / Out of hours 01723 368111 and ask to speak to the paediatrician on call.

Hambleton and Richmondshire: Monday to Friday 09:00 – 17:00hrs (excluding bank holidays) ring the Friarage Hospital on 07977 047614. At other times ring James Cook University Hospital, Middlesbrough on 01642 850850 and ask to speak to the

paediatrician on call. See Appendix One (below) for Normal Working Hours and Out of Hours Referral Pathways for Hambleton and Richmondshire.

Airedale – for children living in Craven: Monday - Friday 08.30 – 16.30hrs ring the Paediatric Secretarial Team on 01535 292434. The medical will be done in Children's Outpatients, Building 22, location B20 at Airedale Hospital. Out of hours: ring Airedale Hospital switchboard on 01535 652511 and ask to speak to the consultant paediatrician on call. Out of hours medicals are carried out on the Children's Ward, Ward 17, Location C20 at Airedale Hospital.

Sexual Abuse Referral Centre (SARC): Contact Mountain Health Care at the Hazlehurst Centre on 0330 223 0099 – 24 hours.

Please note when calling a paediatrician on call they will be responsible for all emergency paediatric care, medical provision to the children's ward and neonatal unit and will need to prioritise the urgency of the medical with the work in the hospital at the time.

Child Protection Medical Reports

The assessment, professional opinion and outcome resulting from a child protection medical assessment should be clearly recorded and communicated to the requesting professional as well as to the family and child as appropriate.

A provisional medical opinion should be given in writing to the accompanying social worker (and the police officer if present) at the time of the child protection medical and copied in the notes. The full report must be typed and signed as soon as possible and should be available within ten working days of the assessment.

The child protection medical report should be completed in accordance with the guidance in the RCPCH Child Protection Companion (RCPCH, 2013, updated 2017 onwards).

All reports and diagrams should be signed and dated by the doctor undertaking the examination.

Standards

Child protection medical assessments should be completed in line with good practice service delivery standards (RCPCH, 2020).

References:

Royal College of Paediatrics and Child Health Child Protection Companion (2013, updated 2017 onwards).

Royal College of Nursing Safeguarding children and young people: Roles and competencies for healthcare staff (2019).

Royal College of Paediatrics and Child Health Safeguarding children and young people – roles and competencies (2019).

Royal College of Paediatrics and Child Health Good practice service delivery standards for the management of children referred for child protection medical assessments (2020)

Appendices

Appendix One – South Tees Referral Pathways for Hambleton and Richmondshire



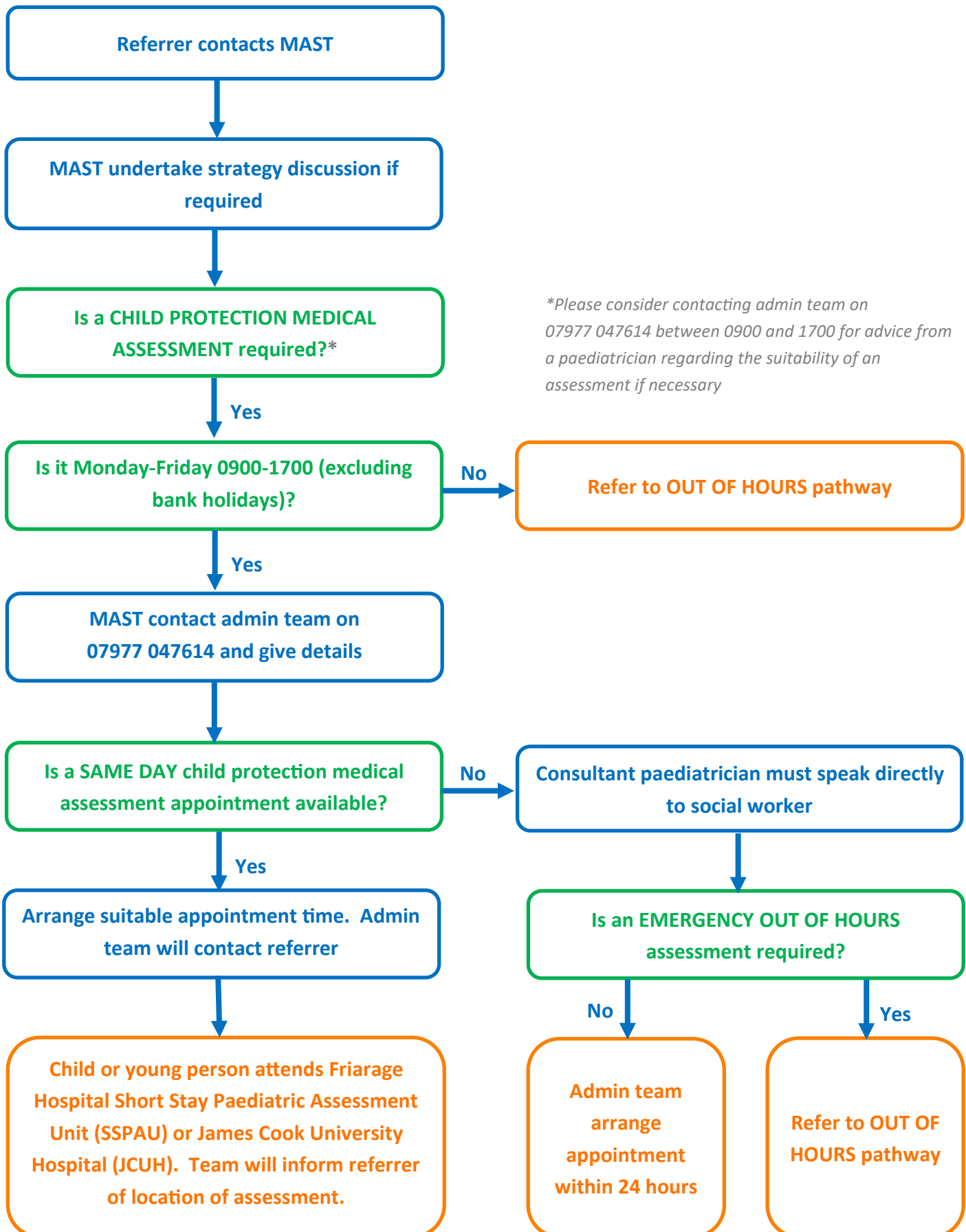
South Tees Child
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South Tees Child
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South Tees Child Protection Medical Assessment Referral Pathway: NORMAL WORKING HOURS

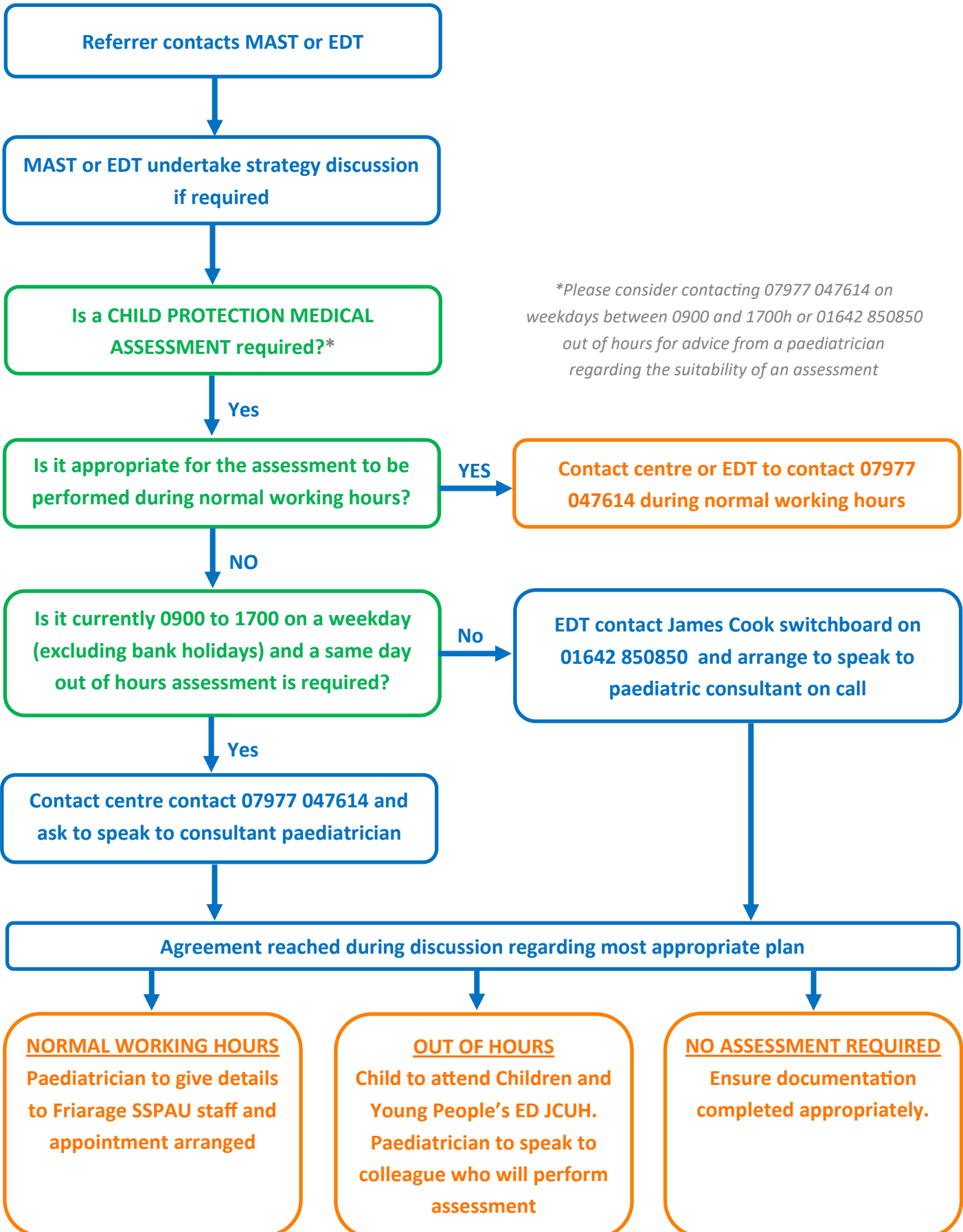
This pathway should be used to book a child protection medical assessment for children under the age of 18 years within the Hambleton and Richmondshire Local Authority area in normal working hours (Monday to Friday 0900-1700, excluding bank holidays)



**Please consider contacting admin team on 07977 047614 between 0900 and 1700 for advice from a paediatrician regarding the suitability of an assessment if necessary*

South Tees Child Protection Medical Assessment Referral Pathway: OUT OF HOURS

This pathway should be used to book a child protection medical assessment for children under the age of 18 years within the Hambleton and Richmondshire Local Authority areas on weekdays 1700 to 0900 and qll day on weekends and bank holidays.



**Please consider contacting 07977 047614 on weekdays between 0900 and 1700h or 01642 850850 out of hours for advice from a paediatrician regarding the suitability of an assessment*

EMERGENCY OUT OF HOURS child protection medical assessments

Wherever possible, child protection medical assessments should be performed during normal working hours or, if appropriate, during daytime weekend hours.

Current standards require child protection medical assessments to be performed within 24 hours of referral to the child protection medical assessment service. Most referrals can be addressed within this time frame.

If a child protection medical assessment is required out of hours, this must be agreed following a discussion between social care, a consultant paediatrician and, if necessary, other agencies. All discussions must be documented in the child's medical notes.

Discussions must consider suitable safeguarding arrangements for the index child and any siblings.

Child protection medical assessments must **not** be used to assess children who are acutely unwell or who require urgent medical treatment for an illness or injury. These children should be referred to urgent medical services (GP, Urgent Treatment Centres, Emergency Department) as necessary with specific discussions about any safeguarding concerns.

On occasions, an emergency out of hours assessment may be required. Examples include, but are not limited to, the following:

- A non-mobile baby with suspected physical abuse.
- Children with physical injuries where the injury is very likely to not be visible in the next 24 hours.