Child Protection Medical Assessments Guidance
## Policy Version History

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<tr>
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<td></td>
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<td>18/10/2018</td>
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1. Introduction

A paediatric medical assessment should always be considered when there is a suspicion of, or a disclosure that indicates a child is at risk of significant harm (sec 47 Children Act 1989). This includes, child abuse and/or neglect involving injury, suspected sexual abuse or serious neglect. This is often referred to as a child protection medical or section 47 medical. For the purpose of this guidance, the term ‘medical assessment’ will be used.

A specialist medical opinion is required to:

- Perform medical evaluation and documentation of signs of abuse or neglect to provide evidence in the child protection investigation and in some cases for subsequent legal proceedings.
- Identify unmet medical or developmental needs.
- Analyse known medical or developmental concerns and interventions in the context of abuse and neglect and advise on their significance.
- Contribute to a multi-agency management plan.

Although cases can present with a variety of features, bruising is the most frequent presentation (either as suspected physical abuse or mixed forms of abuse or neglect).

Please refer to the Non-Mobile Child documents on the LSCB website.

2. Referral Procedure for Child Protection Medical Assessment

Where the child appears in urgent need of medical attention (e.g. suspected fractures, bleeding, loss of consciousness), they should be taken to the nearest accident and emergency department.

In other circumstances, a strategy planning discussion will determine, in consultation with the paediatrician/forensic medical examiner (FME), the need and timing for a medical assessment. Where a child is also to be interviewed by Police and or Children's Social Care, this interview should take place prior to a medical examination unless there are exceptional circumstances agreed with the Police and Children’s Social Care.

2.1 Consent

Child protection medical assessments will only be conducted when there is written informed consent to do so. In the first instance written consent should be always be gained from the child/young person if they have the capacity to do so. Where a child does not have capacity to consent, it is expected that the parent(s) or other person who holds parental responsibility (PR) will attend the assessment to give written consent. If the parent(s) or person holding PR is unable to attend or it is not in the best interest of the child for them to attend and the child/young person does not have capacity to consent, the Social Worker should seek to obtain written consent beforehand and ensure that the parent/guardian is available by telephone for discussion with the examining doctor. In exceptional circumstances, for example if the parent cannot be contacted or refuses consent and the examination is important to safeguard the child, the Social Worker or Police must apply to the court for an order (see below). Written consent is also sought for the use of photography.
and other investigations where appropriate.

Information about the medical assessment will be given to the parents/carers and child by the Paediatrician completing the medical when the child and family attend the appointment. (See Appendix 3).

**The following person(s) may give consent:**

- A child of 16 years and over (unless lacking mental capacity).
- A child under 16 who is able to fully understand what is proposed and its implications (often referred to as Gillick/Fraser Competence). The more serious the circumstances, the greater the need for the child to have a full understanding of the implications, otherwise the consent may be held to be invalid. However, the paediatrician must always make a judgement and act in the best interests of the child. This may include going ahead with the medical assessment. If in doubt, the examining doctor should discuss with the consultant on-call (if this is a different person to the one completing the assessment).
- Any person with parental responsibility. When a child is subject to a Care Order, the person with parental responsibility will include the Local Authority.
- The Local Authority, when the child is accommodated, and the parent/carer has abandoned the child or is physically or mentally unable to give such authority.
- The court, when a child is subject to an Interim Care Order, Emergency Protection Order or Child Assessment Order. Note that consent for examination or assessment requires the court to make specific direction.
- Police Powers of Protection do not give parental responsibility to the Local Authority (or the Police); therefore, if a person with parental responsibility or the child, if judged as Gillick/Fraser competent, does not give medical consent then the medical assessment cannot proceed unless considered in the best interests of the child.

**2.2 West Suffolk**

**Contact the Community Paediatric Service on 01284 741744 9am-5pm Monday-Friday**

**Out of Hours contact the on-call paediatrician at West Suffolk Hospital 01284 713000**

A community paediatric consultant is available for advice between 9am-5pm Monday-Friday and should be consulted about whether a medical assessment is needed, and when this should take place. After 5pm Monday-Friday, weekends and bank holidays, the on-call consultant paediatrician at West Suffolk Hospital should be consulted. All children will need to be brought to the West Suffolk Child Development Centre, Hospital Road Bury St Edmunds IP33 3ND, by 4 pm at the latest. Late arrival may result in the appointment being rescheduled.

Once the decision has been made that an examination is necessary it should not be changed unless agreed by Children’s Social Care, Police and Health.

All children under 1 year of age with concerns about physical abuse must be referred to the on-call paediatrician at West Suffolk Hospital and further medical investigations would be considered such as a skeletal survey if necessary.
2.3 Ipswich and East Suffolk

Contact Ipswich Hospital switchboard - 01473 712233 and ask for the on-call paediatrician

An on-call paediatric consultant at Ipswich Hospital is available for advice and should be consulted about whether a medical assessment is needed, and when this should take place. Once the decision has been made that a medical assessment is necessary it should not be changed unless agreed by Children’s Social Care, Police and Health. Once agreed the examination will take place on the Paediatric Assessment Unit (PAU) at Ipswich Hospital, Heath Road, Ipswich IP4 5PD. The paediatrician will confirm the time and place in discussion with the Social Worker/Police. Children will be seen as matter of medical priority so may not be seen on the same day.

2.4 Waveney

Contact James Paget University Hospital Switchboard – 01493 452452 and ask for Safeguarding Office 9am-5pm Monday-Friday or On-Call Paediatrician Out of Hours

The Paediatrician on-call will decide where the child will be seen, and the Safeguarding Office will give an appointment date and time to requesting Social Worker/parent. Urgent cases will be seen on Ward 10 and non-urgent cases at the Cove in the community. (See Appendix 4).

2.5 All areas

In cases of physical injury, the child/children should be seen on the same day if possible. On the occasions when the medical examination does not take place on the same day, the reasons should be clearly documented within the child’s health/social care records and it should be noted that there is agreement between the involved professionals.

When there is a disclosure or suspicion of Sexual Abuse, the flowchart Referral Process for the Suffolk Paediatric SARC Service must be followed. (See Appendices 1 and 2).

Only doctors may physically examine the whole child. 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 file.

Consideration should be given to the gender of the examining doctors in consultation with child and the parents/carers.

The purpose of a medical assessment is:

- To assess the health and wellbeing of the child to establish whether there is any medical evidence of abuse or neglect, and to initiate treatment as required.

The expected outcomes of a medical assessment are:

- An assessment of the child’s health and development.
- Advice regarding treatment, investigation or intervention.
- Reassurance to the child and carers about any medical findings and any future implications.
- A record of any physical findings, including written notes, drawings, photographs, video recordings or samples.
• To establish whether the account given for any observed injury or harm is consistent with the injury or harm sustained.
• Reports and statements as required to the investigation team.
• Information sharing with the child’s GP and other relevant health professionals.
• Providing continuing medical care or making referrals to relevant health service colleagues.
• An immediate verbal feedback for the attending Social Worker.
• A typed medical report usually within 3 working days.

3. Siblings

Consideration should be given to whether siblings of the subject child/young person also need a medical examination as part of the child protection enquiry, even though there are no obvious signs of injury/abuse in that child. The strategy meeting must consider whether these examinations also need to occur within 24 hours. Should the decision be made to postpone or not to proceed with sibling medicals, the decision and risk assessment should be clearly documented.

4. Medical Personnel

Child Protection Medical Assessments are carried out by the experienced teams of community paediatricians or acute hospital paediatricians depending on where the child is seen.

5. Children should not be referred to the GP for the purpose of a medical assessment

The majority of examinations take place on the day of referral when appropriate. Examinations may be carried out by two doctors where appropriate or by a doctor plus a chaperone. On some occasions a trainee paediatrician may be present, observing or assisting in the case, for which consent is obtained where appropriate.

For sexual abuse, children will be seen in the Sexual Assault Referral Centre (SARC) by a paediatric Forensic Medical Examiner (FME) if they are under 13 years old and by a specialist nurse if over 13 years. (Please refer to separate guidance on referral and examination in cases of sexual abuse).
6. Outline of Examination Procedure

The medical and supporting staff members are trained to handle this aspect of work sensitively. The requirement and nature of the medical assessment are explained to the parent/carer/child/young person and written consent is obtained. Information regarding context and background information is obtained initially from the accompanying Social Worker and/or Police. The history of the case is obtained from the parent/carer(s) where present. Information is taken from the child in a sensitive manner, avoiding leading questions if developmentally appropriate. The assessment consists of interpretation of available historical data, observation of child and child-carer/parent interaction, an estimation of development (in younger children) and comprehensive physical examination. If the child/young person refuses or resists examination despite reassurance, this will not be pursued, however examination at a later date can be considered if required/appropriate.

7. Photo Documentation

It may be necessary for the examining doctor to arrange for photographs of any injuries seen to be taken by a medical photographer and any images taken will form part of the child’s medical records. This may be arranged through the hospital medical photography department. Photographs may also be used to obtain a second opinion, for peer review and training purposes and for submission as evidence in court. Written consent will be obtained in all cases. In some cases, the examining doctor may request that photographs are taken by the Police.

8. Medical Reports

Findings and provisional opinion are conveyed orally to the social worker at the conclusion of the medical examination, followed by a written report usually within 3 working days. In cases where findings are not clear, a second opinion may need to be obtained before forming a final conclusion. It is therefore possible that the conclusion in the written report may differ from the initial medical opinion given at the time of assessment.

9. Other Medical Assessments

Paediatric Assessments - These are often conducted on a planned basis in cases of chronic neglect (with or without other forms of abuse) where more complex medical issues may be involved. It involves a more in-depth medical assessment of health, developmental, medical and environmental factors in the context of suspected chronic abuse or neglect and how it impacts on the child.
Appendix 1

U13’s Referral Process for the Suffolk Paediatric SARC Service

Concerns that a Child under 13 has been sexually abused (Historic or Acute)

If there are Acute medical needs then the paediatrician medical pathway needs to be followed first (injuries needing medical attention need to be prioritised over SARC examination).

Refer to Customer First (MARF): have you got consent if appropriate/safe to

Threshold/Strategy/Multiagency Discussion depending on concerns raised in referral:

* Gain/confirm consent if appropriate
* To include CYPs, Police, Health (including Forensic Medical Examiner (FME)) Outside of office hours & weekend then On-call DI & Emergency Duty Social Worker to hold discussion with Forensic Medical Officer from Mountain Healthcare
* Need to consider forensic window/acute cases. * Invite FME to discussion—Call Mountain Healthcare (0330 223 009). This is to get advice and to share multiagency information with the FME to aid in examination. Need to consider Risk Assessment, Sexual Health needs, Emotional Wellbeing, Distressed families.

The discussion will identify whether forensic evidence or medical examination is required and is in the best interest of the child.

SARC Referral Recommended

Police and/or CYPs intervention

* Social Worker/Police to liaise with FME/SARC to make appointment. SARC 01473 666947, Mountain Healthcare 0330 223 0099
* Identify if Social Worker/Police need to attend examination and confirm with SARC
* FME report to be shared with police/social worker

Exceptional cases: No police or social worker involvement

* MASH to consider appropriate support/CAF
* SARC appointment to be made/arranged at point of multiagency discussion with FME. FME to alert The Ferns/SARC
* MASH to inform parents of outcome of discussion and give SARC appointment details
* Child to attend SARC with parents. FME to complete MARF if safeguarding concerns identified at SARC

Holistic Examination to be completed

* Examination will include forensic samples if within forensic window and STI testing if appropriate
* Medical report/findings to be shared with social worker/police. If no SW/Police involved report to be shared with identified professional from strategy/multiagency meeting.
* Safeguarding alert to be sent to designated safeguarding team, GP to be notified. ISVA/Fresh Start New Beginnings referral if appropriate

Professional disagreement regarding decision: Escalation policy to be followed

Support needed for child/family

* Consider best agency to offer support/CAF
* Consider referral to fresh start new beginnings

SARC Referral not recommended

Section 47/Social Worker assessment needed

If new information about Child Sexual Abuse then Re Strat

NFA to CYPs (No further action)

If there is no referral to SARC or the child declines consent then professionals should ensure the child knows how to access any additional medical care or other services they may require

CURRENT PAED COVER 2018
One day a week clinic (Mon) for non acute cases
Acute cases on an as needs basis.
Appendix 2

Referral Process for the Suffolk Paediatric SARC Service (13–17 year olds)

Concerns that a Child 13-17 years old has been sexually abused (Historic or Acute)
If there are Acute medical needs then the paediatric medical pathway needs to be followed first (injuries needing medical attention need to be prioritised over SARC examination).

Refer to Customer First (MARF): have you got consent if appropriate/safe to

Threshold/Strategy/Multiagency Discussion depending on concerns raised in referral > To be conducted as soon as possible upon notification being received

* Gain/confirm consent if appropriate * To include CYPs, Police, Health (to include Mountain Health Care Nurse) * Outside of office hours & weekend then On-call DI & Emergency Duty Social Worker to hold discussion with nursing team from Mountain Healthcare

* Acute case - Need to consider forensic window and opportunity for forensic sampling and documentation of injuries. Historic cases—Forensic nurse to be included in discussion so that advice can be given (forensic examination will not take place but referral into SARC for support can take place). If the young person reports sexual abuse and does not want police involvement (self-referral) a discussion should still take place which should conclude CYPs, health and forensic nurse examiner.

* Invite SARC nurse to discussion—Call Mountain Healthcare (0330 223 009). This is to get specialised sexual abuse advice and to share multiagency information with Mountain Health Care to aid in examination. Need to consider Risk Assessment, Sexual Health needs, Emotional Wellbeing, and Distressed families.

SARC Referral Recommended

Police/CYPs intervention or Self referral

* Social Worker/Police to liaise with Mountain Health Care /SARC to make appointment. Mountain Healthcare 0330 223 009 SARC 01473 668947

* Identify if Social Worker/Police need to attend examination and confirm with SARC. Young person can also be accompanied by parents or another appropriate adult.

* If no police or social worker involvement young person can self refer into SARC

SARC Referral not recommended

Professional disagreement regarding decision- Escalation policy to be followed

Support needed for Child/family

* Consider best agency to offer support/CAF
* Consider referral to fresh start new beginnings

Section 47/Social Worker assessment needed

If new information about Child Sexual Abuse then Re Strat

NFA to CYPs (No further action)

Post examination

♦ Police Summary Report to be shared with Police
♦ Safeguarding referral completed detailing that examination completed.
♦ GP notification. * Child ISVA support. * STI screening organised

If there is no referral to SARC or the child declines consent then professionals should ensure the child knows how to access any additional medical care or other services they may require
Appendix 3: Consent Form

CHILD PROTECTION MEDICAL EXAMINATION & PHOTOGRAPHY CONSENT FORM (1/2)

A) To be completed by parent/guardian with parental responsibility or by social worker/other person as instructed by the Court

Informed consent should be obtained wherever possible from a parent or person with parental responsibility if the child/young person does not have capacity to give consent.

<table>
<thead>
<tr>
<th>Name of child</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>NHS Number</td>
</tr>
</tbody>
</table>

MEDICAL ASSESSMENT

<table>
<thead>
<tr>
<th>I understand the purpose and nature of the medical examination which has been explained to me</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I give permission for the physical examination of my/this child</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I give permission for my/this child to be referred for any necessary investigations or treatment</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

MEDICAL PHOTOGRAPHY

Photographs form part of the child’s medical record. They may be shared with another doctor to seek a second opinion or for peer review and can avoid the need for further examinations. They may be requested by a judge to support clinical evidence in court proceedings (in which case they must be submitted). They can be used anonymously for training purposes to improve clinicians’ knowledge and skills. They may be requested by police to be shared for evidence.

NOTE: If signed by a person with PR, this form is valid until the child’s 16th birthday, after which time the young person can change consent for further use of images.

<table>
<thead>
<tr>
<th>I give permission for photographs of relevant clinical findings to be taken</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I give permission for the photographs to be shared with another doctor for a second opinion if required and for doctors’ peer review</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I give permission for the photographs to be used anonymously for teaching and training purposes</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I give permission for the photographs to be shared with social care</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I give permission for the photographs to be shared with police</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Signed | Date
---|---
Name (PRINT) | Relationship to child
Child’s signature (optional) | |
Doctor’s signature | Date

Named of doctor (PRINT)
CHILD PROTECTION MEDICAL EXAMINATION & PHOTOGRAPHY CONSENT FORM (2/2)

B) To be completed by the child/young person if deemed capable (by the doctor) to give consent

Informed consent should be obtained from the child/young person where he/she has the capacity to understand and make these decisions.

Name

Date of Birth  |  NHS Number

MEDICAL ASSESSMENT

| I understand the purpose and nature of the medical examination which has been explained to me | YES | NO |
| I give permission for the physical examination to be carried out | YES | NO |
| I give permission to be referred for any necessary investigations or treatment | YES | NO |

MEDICAL PHOTOGRAPHY

Photographs form part of the medical record. They may be shared with another doctor to seek a second opinion or for peer review and can avoid the need for further examinations. They may be requested by a judge to support clinical evidence in court proceedings (in which case they must be submitted). They can be used anonymously for training purposes to improve clinicians’ knowledge and skills. They may be requested by police to be shared for evidence.

| I give permission for photographs of relevant clinical findings to be taken | YES | NO |
| I give permission for the photographs to be shared with another doctor for a second opinion if required and for doctors’ peer review | YES | NO |
| I give permission for the photographs to be used anonymously for teaching and training purposes | YES | NO |
| I give permission for the photographs to be shared with social care | YES | NO |
| I give permission for the photographs to be shared with police | YES | NO |

Signed  |  Date

Name (PRINT)

Parental signature (optional)

Doctor’s signature  |  Date

Named of doctor (PRINT)
Appendix 4: Referral Process – Waveney

**Switchboard – 01493 452452**
And ask be put through to Safeguarding office or on call paediatrician depending on time of day.

8am – 4pm Monday – Friday
- Safeguarding office
  - Email referral form

Out of hours
- On call Paed Registrar/Consultant
  - Send referral form with the child

**Doctor to decide where to send child/children**

**WARD 10**
- If request made out of hours
  - Email info to MASH@jpaget.nhs.uk to request appointment via The Cove
  - Appointment date and time given to requesting social worker/parent by Safeguarding office

**THE COVE**
- Safeguarding office send email with request and timescale to paedopadmin@jpaget.nhs.uk
- If timescale not available email Safeguarding office and Safeguarding office book to ward 10
- If appointment available admin to give date and time to Social worker/parent-ensure correct name and address

**Child seen**
- **Book Completed**
- 2nd signature by consultant and medical report within 48 hours and sent to Named Social worker
- **Book given to Safeguarding office for data collection**
  - Safeguarding office to send to Health Records