

## Child Protection Medical Assessments

A child protection medical assessment is a *'medical assessment which is undertaken either at the request of social care or police, or when a referral has been or is about to be made by a clinician 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 and taking samples that may be used as forensic evidence in a police investigation relevant to all types of abuse;
- 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, 2018). 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 named chaperone. The chaperone should be a qualified 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, 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.

Where circumstances do not allow permission to be obtained and the child needs emergency medical treatment, the medical practitioner may:

- Regard the child to be of an age and level of understanding to give their own consent;
- Decide to proceed without consent.

In these circumstances, parents must be informed by the medical practitioner as soon as possible and a full record must be made at the time.

In non-emergency situations, when parental permission is not obtained, the social worker and manager must consider whether it is in the child's best interests to seek a court order.

If the local authority wishes an examination to take place but the person with Parental Responsibility refuses to give consent, the paediatrician should consider the case in its entirety and if the paediatrician decides 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**

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**protection medical assessment should not be requested in order to determine if a strategy meeting is required.**

The strategy meetings must consider, in consultation with the named Doctor / Paediatrician (if not part of the strategy discussion/meeting), the need for and the timing of a child protection medical assessment

The medical assessment of a child with suspected physical abuse should normally be commenced within 24 hours of the request to health; timing should be based on clinical need. If this standard is 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 – either via the paediatrician on call or the hospital safeguarding children team:

**Harrogate Hospital:** 01423 885959 – request via the paediatrician on call

**York Hospital** Friday 9am- 5pm contact the Trusts Safeguarding Children Team: 01904 726647 / Out of hours 01904 631313 request via paediatrician on call

**Scarborough Hospital:** Monday – Friday 9am- 5pm contact the Trusts Safeguarding Children Team: 01904 726647 / Out of hours 01723 368111 via the paediatrician on call

**Friarage Hospital, Northallerton:** 01609 779911 request via the paediatrician on call

**Airedale Hospital:** 01535 652511 request via the paediatrician on call

## 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. It can be helpful to document the summary of the initial findings and give a copy to the Social Worker or Police Officer attending the medical (with the original being kept in the child's medical record).

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

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) Available at: <https://childprotection.rcpch.ac.uk/child-protection-companion>

Royal College of Paediatrics and Child Health **Safeguarding children and young people – roles and competencies** (2019) Available at: <https://www.rcpch.ac.uk/resources/safeguarding-children-youngpeople-roles-competencies>

Royal College of Paediatrics and Child Health **Good practice service delivery standards for the management of children referred for child protection medical assessments** (2020) Available at: <https://childprotection.rcpch.ac.uk/wp-content/uploads/sites/6/2020/10/Child-Protection-service-delivery-standards-2020.pdf>