**Referral Guideline for Social Workers Requesting Child Protection Medical Assessment by Paediatrician (including interim arrangements during COVID-19 pandemic)**

1. Referrals for medical assessment should not be made prior to a multiagency strategy discussion.
2. Referrals for medical assessment are accepted for children and young people undergoing Section 47 enquiry following a strategy meeting, where there are concerns about physical abuse and/or severe neglect.
3. **All pre-mobile babies with a bruise or injury should be referred for medical assessment, regardless of the explanation given.** See Devon Children and Families Partnership Procedures at <https://www.dcfp.org.uk>
4. **In-hours (Mon-Fri 9am-5pm):** MASH Managers or SW Team Managers can request Paediatrician input to a strategy discussion by calling **01392 403128 or 403159**. The Paediatrician will join via teleconference. The medical assessment may be arranged for the afternoon of the same day. Or for referrals made later in the afternoon, unless clinically urgent, the medical assessment is likely to be deferred to the following day.
5. **Out-of-hours:** The call should be made to RD&E switchboard (01392 411611) and request discussion with the on-call Consultant Paediatrician.
6. Referrals for assessment of possible sexual abuse should be referred directly to the Devon and Cornwall SARC 0300 3034626 <https://sarchelp.co.uk/childrens-service/>SARC can also be invited to take part in strategy meetings for potential cases.
7. Concerns about chronic neglect which do not require urgent assessment should be referred to Community Paediatrics, Department of Child Health, Royal Devon and Exeter Hospital, Barrack Road, Exeter, EX2 5DW; 01392 403128; rde-tr.ExeterChildHealth@nhs.net
8. Once the time and location for the assessment are agreed, the Social Worker (SW) should arrange attendance at Hospital with Parent/Carer. A SW and/or Police Officer who knows about the case are expected to accompany the child to the appointment. The attending professional must be sufficiently knowledgeable to provide full details about the case. The Parent/Carer should be present wherever possible to provide informed consent for the examination and to provide the medical and developmental history on the child.
9. Interpreting services: It is the responsibility of the referrer to arrange for an interpreter where this is required. It may not be possible to assess the child if an interpreter is required but not present.
10. The SW must ensure that adult bringing child has Parental Responsibility (PR) to enable them to give informed consent for the medical. If, in exceptional circumstances, the adult with PR is not able to attend, the Paediatrician will discuss the medical on the telephone with the adult who has PR and get verbal consent. Another option is for the SW to have obtained prior consent from the responsible adult, and then inform the Paediatrician who should document this clearly in the notes.
11. Following the medical assessment the Paediatrician will provide verbal opinion to SW followed by written report within 72 hours.
12. **Interim arrangements during COVID19 crisis. The Community Paediatric team will provide input to strategy meetings and provide a child protection medical assessment clinic on weekday afternoons. Out-of-hours service provision continues via on-call Consultant Paediatrician.**