

## South Tees NHS Foundation Trust: Standard Operating Procedure (SOP) for Child Protection Medical Assessments for Suspected Physical Abuse or Neglect:

### MIDDLESBROUGH and REDCAR AND CLEVELAND Local Authority Areas

#### 1. SCOPE

This standard operating procedure (SOP) should be used for all children and young people under the age of 18 years who are referred to South Tees NHS Foundation Trust for a child protection medical assessment. This SOP is based upon 2020 Royal College of Paediatrics and Child Health standards<sup>1</sup>.

The SOP should be used in conjunction with national and regional guidance and safeguarding procedures, including Tees Safeguarding Children Partnerships' Procedures<sup>2</sup>.

This SOP refers to the process of arranging a child protection medical assessment (CPMA). The pathway for raising potential concerns of suspected child abuse is out-with the scope of this document. Existing procedures should be followed with a referral to social care in the first instance<sup>3</sup>.

This SOP relates to children and young people (CYP) under the age of 18 years ordinarily resident in the Middlesbrough, Redcar and Cleveland Local Authority areas. Medical assessments may be requested for children and young people from other areas and these should be considered on a case-by-case basis. An example of this would include children and young people who are currently an inpatient within South Tees NHS Foundation Trust.

This SOP refers to children and young people who may be victims of physical abuse or neglect.

For suspected sexual abuse, please follow the appropriate pathway<sup>4</sup>.

For suspected emotional abuse, please contact the Named Doctors for Safeguarding Children.

For suspected fabricated or induced illness or perplexing presentations, please contact the child's named consultant paediatrician (if available) or the Named or Designated Doctors for Safeguarding Children<sup>5</sup>.

#### 2. DEFINITIONS

Physical abuse            Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. This could also be fabricated or deliberately induced illness by the parent /carer.

Neglect                    The persistent failure to meet a child's basic physical and or emotional needs. Ignoring medical or physical care needs; failing to provide access to appropriate health, social care or educational services; the withholding of the necessities of life such as medication, adequate nutrition and clothing.

This SOP specifically refers to the assessment of suspected acute problems relating to the neglect of a CYP. Refer to the separate Neglect Medical pathway for health assessment of CYP already subject to a child protection plan for neglect.

### 3. **AIMS**

- To assess, diagnose and manage suspected child abuse in children and young people.
- To provide formal documentation of the assessment to assist partner agencies (police and social care) in the on-going management of suspected child abuse.

### 4. **THE REFERRAL PROCESS**

#### 4.1 **Reporting concerns to Children's Social Care**

Safeguarding children is everyone's responsibility<sup>6</sup>.

Any person who has a suspicion that a child or young person under the age of 18 years has suffered, or is likely to suffer, significant harm must make a referral to Children's Social Care according to local procedures<sup>3</sup>.

If the person with the concern is a health professional working within South Tees NHS Foundation Trust, the referral must still be made to Children's Social Care. Although the safeguarding team and consultant paediatricians are available for advice regarding safeguarding concerns, they must not be expected to sanction, co-ordinate or arrange a referral to Children's Social Care.

#### 4.2 **Decision to request a child protection medical assessment**

The Local Authority hold statutory responsibility for co-ordinating a response to the referral to social care.

The Local Authority may choose to hold a Strategy Discussion where a decision should be made whether to request a child protection medical assessment. A referral to South Tees NHS Foundation Trust should then be made if necessary. For cases where there is uncertainty about the value of a CPMA, the strategy discussion may conclude that further advice from a paediatric consultant is required regarding the suitability of a CPMA.

If advice from a consultant paediatrician is required in relation to the suitability of a child protection medical assessment, the social worker should contact 07977 047614 between Monday to Friday 0900-1700. The secretary should inform the consultant paediatrician on call for safeguarding who should contact the social worker directly at a suitable time. If advice is required out-of-hours (weekends, bank holidays and 1700-0900 Monday to Friday), the social worker should contact the on-call consultant paediatrician via James Cook University Hospital switchboard on 01642 850 850.

#### 4.3 **Purpose of the child protection medical assessment**

The purpose of a child protection medical assessment is to:

- Identify the child's medical needs
- Help reduce the physical and psychological consequences of 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 in a police investigation relevant to all types of abuse
- Contribute to the multi-agency assessment through sharing of information

#### 4.4 Timeliness

Child protection medical assessments should be performed within 24 hours of the referral from social care wherever possible. Most assessments should be performed within daytime hours (0900-1700 Monday to Friday).

#### 4.5 Referral process

Please refer to appendices 1 and 2 for a summary of the referral pathway.

##### **Monday to Friday 09:00-17:00**

A member of social care staff should contact 07977 047614. A paediatric secretary will take brief details of the case and document this on the Child Protection Medical Assessment Contact Form.

The paediatric secretary should then contact the consultant on call for safeguarding. Early discussions between the consultant on call for safeguarding and the social worker are encouraged if necessary.

If an appointment is available for a child protection medical assessment on the same day, an appointment time should be given to the social worker by the paediatric secretary following agreement from the consultant on call for safeguarding.

If an appointment for a child protection medical assessment is not available on the same day, the consultant on call for safeguarding should speak directly to the social worker at an appropriate time. An agreement should be reached as to whether an emergency out-of-hours assessment is required or whether an appointment will be made for the following day. This discussion must include details as to how the child will be safeguarded pending assessment.

All discussions must be documented in the patient notes.

##### **Out-of-hours (Weekends, Bank Holidays and Monday to Friday 17:00-09:00)**

The social worker should contact the on-call consultant paediatrician via the James Cook University Hospital switchboard on 01642 850 850.

An agreement should be reached as to whether an emergency out-of-hours medical assessment is required or whether an appointment can be made for the next working day. This discussion must include details as to how the child will be safeguarded pending assessment.

If an appointment is required for the next working day, the consultant paediatrician should contact the community paediatric secretaries at the earliest opportunity. The social worker should also be asked to contact 07977 047614 after 09:00 on the next working day.

All discussions must be documented in the patient notes.

## **Emergency out-of-hours assessments**

Wherever possible, child protection medical assessments should be performed in working hours within routine appointments.

It is recognised that on occasion, assessments may need to be performed as an emergency out-of-hours.

A record of emergency out-of-hours assessments should be kept.

Emergency out-of-hours assessments should not be arranged unless there has been a direct discussion between the consultant paediatrician and the social worker. Where the consultant paediatrician involved in initial discussions is not the consultant who will be performing the assessment, there must be a verbal handover between consultants.

Emergency out-of-hours assessments will usually be undertaken in the Children and Young People's Emergency Department at James Cook University Hospital.

Current recommendations state that child protection medical assessments should be performed within 24 hours of the referral from social care. It is recognised that referrals received on a Friday or on a Saturday will need to be processed differently to those received on other days. The threshold for performing an emergency out-of-hours assessment will need to be lower to ensure that this standard is reached.

Indications for emergency out-of-hours assessments include, but are not limited to:

- Any non-mobile baby with suspected physical abuse. These babies require a more urgent medical assessment and are very likely to require further investigations.
- Any suspected physical abuse where the injury is unlikely to be visible within the next 24 hours. Please note this does not apply to most bruises.

During discussions regarding emergency out-of-hours assessments, consideration must be given as to how the child will be safeguarded pending assessment. Facilitation of safeguarding arrangements alone is not an indication to perform an emergency out-of-hours assessment.

## **Inpatients currently within James Cook University Hospital**

Child protection medical assessments may be required for children who are currently inpatient in James Cook University Hospital.

The decision to perform a child protection medical assessment should be a multi-agency decision agreed following a Strategy Discussion with social care.

The assessment should be performed by the paediatric consultant responsible for inpatients at a suitable time.

## **Patients currently within the Emergency Department at James Cook University Hospital**

Concerns regarding potential child abuse for a patient who is currently within the Emergency Department at James Cook University Hospital should be referred to social care. The on call paediatrician and safeguarding team are available for advice if required.

If the child requires inpatient admission, they should be transferred to the paediatric ward and the paediatric team should be informed of the safeguarding concerns.

If the child does not require inpatient admission, the ED staff should discuss their concerns with social care via telephone. A SAFER referral should also be sent. If necessary, ED staff may suggest to social care that the child requires a child protection medical assessment. This information will be used to inform the multi-agency decision-making process. The organisation and co-ordination of any required CPMA should be as outlined in this SOP.

ED staff must not be expected to perform a CPMA. Dependent upon the child's presentation, it may be entirely appropriate for ED staff to offer an opinion as to the likely mechanism of a child's injury, however, social care must be clear that this represents a clinical opinion and does not constitute a CPMA.

### **Acute illness or injury**

Child protection medical assessments must not be used as a route to seek medical attention for acute illness or injury. Where acute illness or injury is suspected (e.g. a fracture), established pathways for management of the injury should be followed (e.g. attending the Emergency Department). Any safeguarding concerns should be communicated to the treating team and arrangements for child protection medical assessment should be made after the acute problem has been addressed. Interim safeguarding arrangements should be discussed with social care.

## **5. THE ASSESSMENT PROCESS**

### **5.1 Information**

Information about the CPMA should be given to CYP and their families prior to attending the CPMA where possible.

### **5.2 Assessments during routine working hours (Monday to Friday 09:00-17:00)**

A consultant paediatrician should be available to perform child protection medical assessments each weekday.

All assessments will take place in the Children's Outpatient Department at JCUH.

Two appointments are available each afternoon before 17:00. It may be possible to arrange additional appointments following discussion between the consultant on call for child protection and the social worker.

Children should attend the appointment accompanied by a responsible adult. Children should be brought for their assessment 15 minutes prior to their appointment time.

A social worker should also attend the appointment. Other professionals (e.g. police) may attend.

Children should be brought to the department by 16:00 at the latest. If children are brought after 16:00, it is likely that the assessment will not be able to be performed that day and will need to be deferred to the following day. If necessary, this should be arranged following a discussion between the social worker and consultant paediatrician.

### **5.3 Emergency out-of-hours assessments**

Emergency out-of-hours assessments will usually be performed in the Children's and Young People's Emergency Department at JCUH. The timing of the assessment should be agreed by the consultant paediatrician and social worker. Emergency clinical commitments will take priority.

Children should attend the appointment accompanied by a responsible adult.

A social worker should also attend the appointment wherever possible. If this is not feasible, information should be shared between the consultant paediatrician and social worker by telephone. Other professionals (e.g. police) may attend.

### **5.4 Assessment of siblings**

Request for assessment of siblings should only be made once the index child or young person has been assessed and an opinion has been formed. At this point, the need for and timing of assessment of any siblings should be discussed with the examining doctor. There is a high likelihood that siblings will need to be assessed on a different day to the index child.

### **5.5 Consent**

Medical staff should take informed written consent from a person with parental responsibility for each child protection medical assessment. The child or young person may provide consent if they are deemed to be competent and have capacity.

Verbal consent may be taken over the telephone in exceptional circumstances. This should be witnessed by another adult (e.g. a social worker or nurse) with the phone on loud speaker. The witness's name and signature should be recorded in the CPMA proforma.

If a child or young person refuses assent or consent to some or all of the medical assessment, this should be documented.

### **5.6 Interpreters**

Interpreters should be arranged if necessary. South Tees NHS Foundation Trust policies should be used to arrange a suitable interpreter.

The name and registration number of the interpreter must be documented.

The interpreter must not be known to the family. Family members must not be used as interpreters.

### **5.7 Personnel**

#### **Medical staff**

A named supervising consultant paediatrician should be identified for all children attending for a child protection medical assessment. This will usually be the consultant performing the assessment.

Child protection medical assessments must be carried out by paediatric doctors working at ST4 level or equivalent and above with relevant level 3 child protection competencies.

Child protection assessments that are carried out by doctors in training must be closely supervised by a named consultant paediatrician with relevant level 3 child protection competencies. As a minimum, this should include reviewing any visible injuries or findings and co-signing the report.

### **Chaperone**

A named chaperone should be present for all child protection medical assessments. The chaperone should act as a witness and should support the child and the clinician with the assessment.

The name and designation of the chaperone should be recorded in the medical notes and on the medical report.

Chaperone use should be guided by South Tees Chaperone Policy (G23).

Medical or nursing students are not able to act as chaperones on their own.

### **Accompanying adults**

Children should be accompanied by a supporting adult for the child protection medical assessment.

The supporting adult may be the child's parent.

The child should be free to express any concerns about the presence of an adult during their assessment. Particular consideration needs to be given to the presence of accompanying family members who may know the alleged perpetrator.

Wherever possible, all children should be given the opportunity to speak to the examining clinician and chaperone without the accompanying adult present.

## **6. DOCUMENTATION**

### **6.1 Written documentation**

The medical examination should be documented using the South Tees Child Protection Medical Assessment proforma. This should be filed within the patient notes.

An interim medical report which gives the likelihood of abuse based on the history and clinical findings should be provided to the accompanying social worker (and police if present) at the time of the medical assessment. A proviso may be necessary stating that more information is required.

For children undergoing a CPMA whilst an inpatient on the paediatric ward, regular updates (and an interim report if possible) should be provided to the responsible social worker.

A comprehensive, typed written report with a full professional opinion should be provided securely to social care (and police if involved) within ten days. This report should be typed by the named consultant's secretary or a nominated colleague.

This report should be shared securely with relevant health professionals such as the GP, health visitor and school nurse.

## 6.2 Photography

Medical photographs should be taken of any suspected injuries or physical findings. South Tees NHS Foundation Trust “Clinical Photography Guide for Paediatric Services” SOP should be used to guide this process.

Separate, written consent from a person with parental responsibility is required for any photographs.

## 7. INVESTIGATIONS, FURTHER OPINIONS AND REFERRALS

### 7.1 Medical investigations

Wherever possible, medical investigations should be taken at the time of the CPMA. The results should be included within the formal written report.

Clinical acumen with regards to potential medical diagnoses, together with national and local safeguarding guidelines, should be used to guide the investigation process.

### 7.2 Imaging

Imaging investigations should be performed in line with national and local recommendations when investigating suspected physical abuse.

Written consent is required for skeletal surveys and CT heads that are performed as part of the assessment of suspected physical abuse. Medical staff should follow the process outlined in South Tees SOP “The radiological investigation of suspected physical abuse in children”.

### 7.3 Ophthalmology

Ophthalmological examination by an experienced ophthalmologist should be requested where appropriate in accordance with national and local guidance, including all suspected physical abuse in children under one year of age.

The examining doctor should contact the on call ophthalmology registrar or consultant to arrange a suitable time for this examination.

### 7.4 Dental assessment

It is recommend that all children assessed for potential medical neglect are also reviewed by a dentist if this has not occurred routinely within the last six months. Where concerns about potential dental disease are identified during the child protection medical assessment, CYP, their families and social workers should be signposted to a community dental review.



## 8. **AUDIT AND FEEDBACK**

The processes outlined in this SOP should be subjected to regular audit using a standardised template.

Feedback should be sought from patients, families and partner agencies using the Trust electronic feedback processes.

## 9. **AUTHORSHIP AND REVIEW**

This SOP has been written by Dr Jonathan Grimbley, Named Doctor for Safeguarding Children, South Tees Hospitals NHS Trust.

It has also been reviewed by Sarah Stansmore, Named Nurse for Safeguarding Children, Amanda Richardson, Head of Service (Referral and Assessment), Middlesbrough Children's Social Care, Debbie Harrison, Service Manager, Redcar Multi-Agency Children's Hub and Graham Lyons, Team Manager, Stockton-on-Tees borough Council (on behalf of the emergency duty team).

## 10. **REFERENCES**

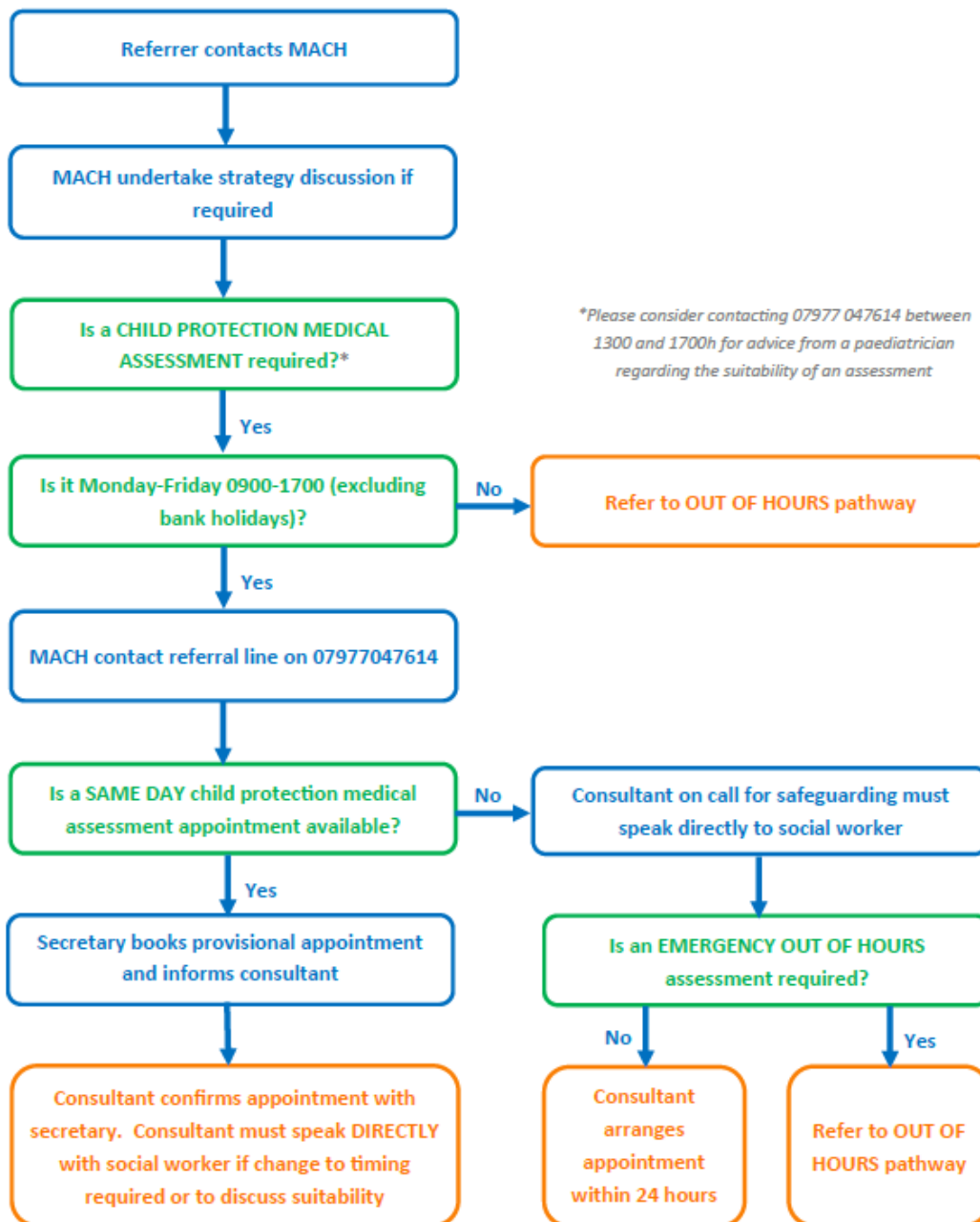
1. Royal College of Paediatrics and Child Health. Good practice service delivery standards for the management of children referred for child protection medical assessments. RCPCH, October 2020
2. Tees Safeguarding Children Partnerships' Procedures (<https://www.teescpp.org.uk/>). Last accessed 04.03.2021
3. Tees Safeguarding Children Partnerships' Procedures: Making a Response to a Referral (<https://www.teescpp.org.uk/procedures-for-the-safeguarding-process/4-making-response-to-a-referral/>). Last accessed 04.03.2021
4. Tees Safeguarding Children Partnerships' Procedures: Sexual Abuse <https://www.teescpp.org.uk/procedures-and-guidance-on-specific-issues-that-affect-children/sexual-abuse/>. Last accessed 04.03.2021
5. RCPCH. Perplexing Presentations/Fabricated or Induced Illness in Children RCPCH Guidance. RCPCH. February 2021
6. HM Government. Working Together to Safeguard Children. 2018

**Appendix 1: NORMAL WORKING HOURS PATHWAY**



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

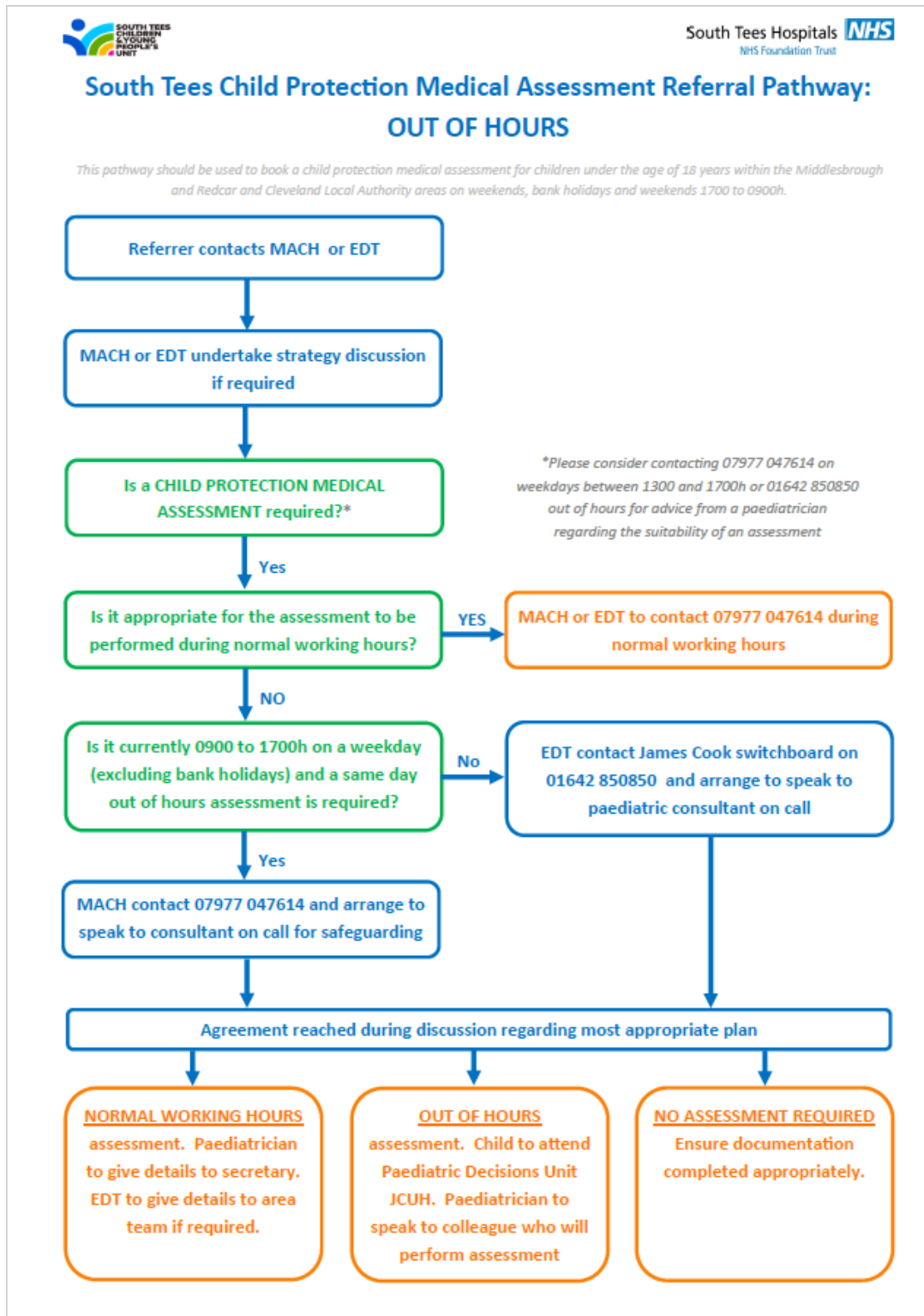
*This pathway should be used to book a child protection medical assessment for children under the age of 18 years within the Middlesbrough and Redcar and Cleveland Local Authority areas in normal working hours (Monday to Friday 0900-1700, excluding bank holidays)*



*\*Please consider contacting 07977 047614 between 1300 and 1700h for advice from a paediatrician regarding the suitability of an assessment*

*Please note: Discussions with consultants may not be possible until 1300-1700h.*

**Appendix 2: OUT-OF-HOURS PATHWAY**



### Appendix 3: CHILD PROTECTION MEDICAL ASSESSMENT CONTACT FORM

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Doctor on Call:** \_\_\_\_\_  
**Secretary:** \_\_\_\_\_

<b>Referrer's details</b>			
Name & Designation			
Telephone No:			
<b>Child's details</b>	<i>(Confirm concern relates to one child only)</i>		
Name:			
Date of Birth:			
Unit number:		NHS number:	
Address:			
Primary caregiver:		School:	
GP		Other consultant	
<b>History</b> <i>(to include discussion between medical staff and social worker if necessary)</i>			
<b>Strategy meeting</b> <i>(Has a strategy meeting occurred? If not, document why)</i>			

**OUTCOME:**

<b>Medical booked</b>		<b>Date</b>		<b>Time</b>		<b>Location</b>	
<b>Medical not required</b>		<i>Details:</i>					
<b>Further information needed</b>		<i>Details:</i>					

*This form should be filed in the medical notes as soon as possible*