

A Guide to Child Protection Medical Examinations and Child Protection Health Assessments

**Urgent Child Protection Medical Examinations (CPME) and Holistic Child Protection Health Assessments (CPHA) are needed in a variety of situations. The purpose of this document is to explain the referral criteria and referral expectations set in the framework of Child Safeguarding standards.**

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# Introduction

A child or young person who has experienced harm or is considered to be at risk of harm may have possible unmet or unidentified health needs and must be visible to health professionals. When safeguarding considerations are raised about a child, decisions about health needs and referrals are integral to the child safeguarding process.

Children and young people (C&YP) may need to be referred for an urgent CPME, a CPHA or advised to contact their GP or usual health practitioner.

In all cases where there is cause to suspect that a child/young person is at risk of significant harm a Strategy Meeting/Discussion must be undertaken. This involves Children’s Services, Police and Health, plus any other agency/professional with a significant contribution to make.

The Strategy Meeting/Discussion must consider if there is a need for an urgent CPME to inform enquiries undertaken under Section 47 CA1989. If the paediatrician has not been part of the Strategy Meeting/Discussion they will be contacted to discuss the request for a CPME and they will need to speak to the social worker who has seen the child. If there is a disagreement as to whether the child needs to be seen for an urgent CPME the Consultant Paediatrician will discuss the case with the Named Doctor for Child Safeguarding or one of the Child Safeguarding Nursing Team.

The decision to request a CHPA may be made at any point during the Section 47 assessment and if it has not already been requested it should be discussed at the Initial Child Protection Conference. It should be documented at the ICP who will be completing the referral.

This document is relevant for Children and Young People under the age of 17 years.

# Definitions

Child – any person up to the age of 18 years whether living with their families, in state care, or living independently

CPME – Child Protection Medical Examination – this is completed by a senior paediatrician (consultant or middle grade doctor) on call at Hereford County Hospital

CPHA – Child Protection Health Assessment – this completed by one of the community paediatric medical team

# Consent

Consent must be obtained from a person with parental responsibility for all child protection medical examinations or health assessments (including the taking of photographs, unless these are arranged by the police as part of a criminal investigation). Consent is also needed to share the medical report with other child protection agencies.

A child who is of sufficient age and understanding may refuse some or all of a medical assessment. Refusal should only be overridden by a court. The young person aged 16 years old has a right to give or refuse consent to an examination or treatment, as does a child under 16 years of age if the doctor considers that they have sufficient understanding to understand the consequences of consent or refusal.

If the young person is under the age of 16 years they may also give their own consent to examination if they are considered fully able to understand what is involved (‘Gillick’ competent). Where possible the permission of a parent should be sought for children under 16 years of age even if the young person has given consent.

Further information is available in the Regional Child Protection Procedures for West Midlands <https://westmidlands.procedures.org.uk/ykpzl/statutory-child-protection-procedures/additional-guidance#s536>

# Urgent Child Protection Medical Examinations (CPME)

A child may need an urgent CPME when a health concern or injury needs prompt evaluation or when a delay could diminish the quality of the examination. A parent information leaflet has been developed to give to parents when a CPME is required (Appendix A)

A CPME will be necessary when any of the following apply:

* There is reasonable suspicion of significant harm to a younger or otherwise vulnerable child (usually below the age of ten or having a disability which impairs the ability to communicate about any abuse being suffered)
* There is a serious injury and assault is established or considered likely
* There are inconsistencies in the explanations given which require expert examination
* There are indications of detectable previous injuries, or neglect, or other suspicious physical presentations
* There is an allegation of sexual abuse (see Section 4.6)

## Why

A CPME is necessary to:

* Identify the child’s health needs, initiate treatment and arrange any necessary follow up
* Provide an assessment of general health including development and growth
* Provide an opinion as to the likelihood of child abuse
* Exclude underlying illness, e.g. bleeding disorder
* Contribute to the multiagency assessment through sharing of information.

## Who

The urgent CPME is carried out by the Consultant Paediatrician (or Paediatric Middle Grade with consultant supervision) on call at Hereford County Hospital. Consultant paediatricians or paediatric middle grades are present on site 24 hours a day, 7 days a week. The Consultant should be contacted via Switchboard (01432 355444) on bleep 071. The Consultant will give the referrer their nhs.net email address and will ask the referrer to send an email that should include:

* Reason for referral
* Name of child
* Date of birth of child
* Address of child
* Name of parent/carer who is bringing the child
* Name and contact details of the social worker who is attending with the child and parent/carer.
* Any previous social care involvement

If the Social Worker completing the initial visit is not the person referring the child, then there should be a further discussion with the Consultant Paediatrician and the Social Worker after the initial visit.

If the Consultant Paediatrician is busy with an emergency then the referrer may be asked to contact the paediatric secretary with the child’s details (as above).

It may be necessary to examine other children that may have been exposed to abuse. For instance, if one child in the family has an injury (index/subject child) or has said that they have been abused then other children who may have been exposed to the same risk of abuse may require examination. This might be siblings of the index/subject child, other co-habiting children or other children who have been in the care or in contact with suspected perpetrator. The strategy discussion should include consideration of CPMA of any other relevant children. This may need further consideration with the paediatrician prior to or following the CPMA.

## When

Infants and children should be seen within 24 hours of referral to Health (Good Practice service delivery standards Oct 2020). When a child it thought to have suffered a non-accidental injury the Consultant Paediatrician will try to see the child on the same day. The Consultant Paediatrician will decide if the child can be seen on the same day and this will depend on any medical emergencies that are occurring at the same time.

If the child cannot be seen within 24 hours of referral it will be documented in the notes why this occurred. In the rare event that this occurs, possibly due to multiple referrals being received on the same day or ward emergencies occurring, there should be a discussion regarding whether a safety plan is needed whilst awaiting the medical opinion.

## Where

At the time of the referral the Consultant Paediatrician will decide where the child is going to be seen. The examination will usually take place in Children’s Out-patient on the 2nd floor at Hereford County Hospital, in a side room on the Paediatric Ward or in a side room in Paediatric Emergency Department. This will depend on the day and time of the referral. The family will need to be accompanied by a social worker.

## Opinion

A medical opinion may not always be able to state with certainty whether an injury is inflicted or accidental however it is the purpose and responsibility of the medical expert to offer this advice.

Referring professionals are advised to make the decision to refer for an urgent CPME based on referral criteria. They should avoid making the decision not to refer based on their own assessment of the nature and mechanism of an injury; the on call consultant will be able to advise if a referral is not considered necessary.

At the end of the CPME you will be provided with a verbal opinion and a written “Initial Conclusion” document (Appendix A). If further information is obtained after the examination or results of tests performed are available the conclusion may change in the written report.

## Sexual Assault Examinations

If there are any concerns regarding sexual abuse, all C&YP should be discussed and referred to the West Midlands CYPSARS (Children and Young People Sexual Assault Referral Service). This service provides 24 hour access to specialist advice, medical, forensic examination and holistic assessment (following assessment of urgency) for C&YP up to the age of 18 years following recent and non-recent sexual assault and abuse. There is a single point of contact number 24 hours a day, seven days a week – 0808 196 2340

## Other agency responsibilities for CPME

Children’s social care

* The Social Worker needs to speak to the Consultant Paediatrician before any CPME to provide the reason for request and any relevant history
* The child’s details need to be emailed to the consultant following this discussion via the email address given at the end of that conversation.
* The Social Worker will arrange an interpreter where needed. If there are difficulties in arranging one the Consultant Paediatrician must be informed.
* The Social Worker will attend with the child/children and parent/carer –they must be aware of the background info when attending.
* The CPME parent’s leaflet should be shared by the Social Worker prior to the appointment (see appendix B)

Police

* Where appropriate the Consultant Paediatrician may advise that photographs should be taken. At the moment these will not be able to be taken by the Consultant Paediatrician and so a request for Police photography may be necessary.

# Child Protection Comprehensive Health Assessment (CPHA)

During a section 47 assessment for concerns regarding child abuse it may become evident that the child has unmet health needs. The health needs of the child should be discussed at the ICPC if this has not already considered. There are three options for referral (see Appendix 3 for the flow chart)

* Referral to GP for a review of any new symptom/concern eg constipation/soiling
* Referral to lead paediatrician if the child is already under a paediatrician
* Referral for CPHA if unmet health needs are identified that are not being reviewed by a paediatrician or there are multiple unmet health needs

## Why

The CPHA is a comprehensive assessment to provide an overview of the child’s emotional and physical health and wellbeing. The child’s development is also assessed and any barriers to learning if the child is of school age. If unmet health needs are identified an action plan will be recommended including advice on any association with abuse or neglect.

## Who

CPHA are carried out by a Consultant Community Paediatrician or other member of the community paediatric medical team.

## When

Children should be referred using the CPHA referral form. This should be emailed to wvt.childprotectioncommunitypaediatrics@nhs.net. The aim will be for the CPHA to have been done before the Review Child Protection Conference however, this may not always be possible.

## Where

The CPHA will be completed at the Child Development Centre at Ross Road.

As mentioned above if the child is already under the care of a general paediatrician or a community paediatrician it may be more appropriate to contact the paediatrician’s secretary to have a discussion or send an email.

# Referral to a GP

A general health concern may arise at the time a child or young person is seen during child protection investigations or once placed on a Child Protection Plan. If this is an ordinary health concern and there is no suspicion of inflicted injury or immediate harm these can usually be dealt with by the child’s GP.

A child protection concern may become evident once the GP has seen the child and it then may be necessary for the child to be referred for a CPHA.

# References

Children Act (1989)

<https://www.legislation.gov.uk/ukpga/1989/41/contents>

Regional Child Protection Procedure for West Midlands

<https://westmidlands.procedures.org.uk/ykpzl/statutory-child-protection-procedures/additional-guidance#s536>

Child Protection Service Delivery Standards. RCPCH. October 2020

<https://childprotection.rcpch.ac.uk/resources/service-delivery-standards/>

# Appendix A

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**Immediate conclusion and agreement after child protection medical**

Affix patient label:

**Initial medical conclusion at time of examination** (formal report may differ if further information is obtained)

Accidental injury 

More likely to be accidental than inflicted 

As likely to be accidental as inflicted 

More likely to be inflicted than accidental 

Inflicted 

More information needed before a diagnosis can be made 

Organic pathology (medical cause) 

No injury seen 

No injury seen/accidental but risk of significant harm based on history 

Further actions to be considered 

Details

Blood tests Yes / No

CT Head Yes / No

Skeletal survey Yes / No

Further opinion Yes / No Who from?

Follow up for injury/other Yes / No Who with?

Doctor’s signature & name ...............................................................................................................

GMC Number………………………………………………… Date………………………………………………………………..

Author: Dr Lesley Peers

Date: September 2023 Review date: September 202

**Appendix B Child Protection Medical Information Sheet**



**The Child Protection Medical Examination**

Why has my child been referred for a Child Protection Medical Examination:

Your child has been referred for a Child protection medical examination because concerns have been raised about the possibility of child abuse or neglect. All professionals who work with children must act on any concerns they have about the safety or welfare of a child or young person. You should have been informed what the concerns are. If you haven’t been, then ask. The examination will be carried out by a senior children’s doctor (paediatrician). The child protection medical examination will take place in a private area away from other patients and families usually in a clinic room or a cubicle (single room on the ward).

Investigations

If your child is under 2 years of age and there are concerns regarding possible non-accidental injury further investigations may be needed (sometimes they are also needed in children over 2 years of age). If further investigations are needed these will be discussed with you and you will be given another information sheet which explains the tests below in more detail.

Your child may need to be admitted to the ward to complete these tests.

Blood tests – to look for clotting problems (may cause easy bruising) or problems with the bones

CT head – to look at the brain and skull for injuries or fractures

Eye examination – to look at the back of the eye for bleeding

Skeletal survey – x-rays of all the bones to look for any fractures. The x-rays have to be repeated in 10-14 days as sometimes fractures aren’t visible until they are starting to heal which can take a few days.

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**Wye Valley NHS Trust www.wyevalley.nhs.uk**
**Telephone 01432 355444**

What does a Child Protection Medical Examination involve?

The child protection medical involves asking questions and a physical examination (looking at your child from head to toe). Sometimes investigations (tests) such as blood tests, x-rays, eye examination and CT head scans are needed.

Who is present when we see the Paediatrician?

There may be another member of staff present when you see the paediatrician (nurse, social worker or junior doctor). Sometimes where appropriate, the paediatrician will ask to speak to your child alone. The parents/carers of young children are usually present for the physical examination. Older children will be given the choice as to whether a parent or carer is present. The doctor will also request for a chaperone to be present for the examination.

What questions will I be asked?

The paediatrician will ask you about any illnesses your child has had. They will ask you about their birth, development, medications, allergies, immunisations, behaviour and family life. Questions are often asked about daily activities such as sleeping, eating and going to the toilet. The doctor will ask you about the reason your child was referred. Your child will be asked if he/she wants to talk to the doctor on their own.

What happens during the examination?

Your child will be weighed and measured. A general examination including listening to the heart and chest and feeling the tummy will be carried out. Your child will be examined from top to toe and any injuries will be noted, measured and drawn on a body map.

What happens after the medical examination?

You will be told what the doctor has found and their opinion, and if there are concerns regarding child abuse or neglect a referral to social care will be made (if not already done). If there are concerns regarding physical abuse the social worker will also discuss the findings with the Police (Strategy discussion). The plan from this discussion will be explained to you by the social worker when they see you.

You will also be informed by the paediatrician if they think any investigations (tests) are necessary. Not every child will have any investigations done. If additional tests are needed your child may need to stay in hospital. In most cases you are able to stay with your child but if you are not this will be discussed with you by the social worker. We aim to complete all the tests as soon as possible but sometimes there may be unexpected delays. The paediatrician will inform you of such delays.

Who will know that my child has had a Child Protection Medical examination?

Following the examination the paediatrician writes a report that is sent to the Social Worker if a referral was made to social care. If the police become involved and they are concerned that a crime has been committed and the case has to go to court the paediatrician may also be required to write a police statement. Your General Practitioner (GP) will also be informed and if your child is under 5 the Health Visitor will also be informed as well as any other specialist doctors who look after your child (where appropriate). The Safeguarding Nurses and Doctors will also get a copy of the letter.

# Appendix C Flowchart for health needs/unmet health needs

**ICPC (Initial Child Protection Conference) –a section will be added to the ICPC pro-forma to raise the question and options around any health needs/unmet health needs.**

Where there are identified health needs/unmet health needs a decision is made as to who is the best medical professional to refer to – options will be GP, community or hospital paediatrician- agreement can also be established as to who at the Initial Child Protection Conference will refer- this could be the health representative or the social worker.

**If there are no identified health needs then a referral is not necessary and can be recorded as such.**

Community paediatrician if it is agreed that a non-urgent paediatric assessment is warranted

GP if emerging or existing health needs not related to child protection status

Acute/hospital paediatrician if already being seen for a clinical problem or there is an urgent need – e.g. urgent CP medical due to injury

Any health actions can then be reviewed at core group or Review Child Protection Conference

# Appendix D CPHA Referral Form



Child Protection Health Assessment

Referral Form

**ONLY 1 CHILD PER FORM PLEASE Date completed:    /    /**

|  |
| --- |
| **Child Details** |
| First Name  | Surname  |
| Age  | Date of Birth  | Gender M F |
| Address |
| NHS Number  | RLQ  |
| Mother’s nameMother’s DOBMother’s addressTelephone numberDoes mother have PR? Yes No | Father’s nameFather’s DOBFather’s addressTelephone numberDoes father have PR? Yes No |
| GP surgery:Telephone number: | Health visitor/School nurse:Telephone number: |
| Social worker:Telephone number: | School/nursery: |
| Is the child on a Child Protection Plan?Category of harm: |  Yes NoEmotional / Neglect / Physical / Sexual |
| Is the parent/carer aware of the referral? |  Yes No |
| Has consent been obtained to make this referral? The CPHA cannot go ahead without consent  |  Yes No |
| Do any other children in the family need to be seen? If yes, give details so that family groups can be seen togetherNB Each child will need a separate referral form |  |

|  |
| --- |
| **Referrer Details** |
| First Name | Surname |
| Job Title |  | Contact Phone number **AND** Email address |
| Work Base / Address |  |
| Signature |  |

|  |
| --- |
| **Reason for Referral** |
|  **(please provide specific details as to why you feel there are unmet health needs)** |
| **ANY OTHER RELEVANT INFORMATION:** |
| **Date of Review Child Protection Conference:** |
| **Is an interpreter / signer required?** | Yes | No | Language: |

Please send us your referral by: Email, Post or Anycomms

**\*NEW\* E-mail**:

**wvt.childprotectioncommunitypaediatrics@nhs.net**

**\*NEW\*** **Anycomms Address:**

**Service / Child Development Centre – Referrals**

Post: Child Development Centre, Ross Road, Hereford, HR2 7RL

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| V 5.0 | October 2023 | Changes to criteria for CPHA – rationale to be put forward at ICPC for why a child needs a CPHA; if health needs emerge after/between conferences then the appropriate medical professional can see the child.Clearer guidance about considering siblings and other children in home | Regular scheduled review |