Children's Social Care Guidance for requesting a Child Protection Medical Assessment

1 Guidance Aim

1.1 The aim of this guidance is to ensure that there is a multi-agency approach to safeguarding children and that social workers and managers have a clear understanding of the process for requesting a child protection medical assessment for children and young people who may have experienced physical abuse or neglect.

1.2 Children who require a Child Protection medical assessment **should only be seen by an appropriately trained paediatrician. Children requiring a Child protection medical should NOT be seen by a GP.**

1.3 Requests for a medical assessment where it is suspected that a child or young person may have experienced **sexual abuse or female genital mutilation (FGM) are not covered by this guide.** There is a separate process to follow for these requests and the protocol via Mountain Health Care should be followed. Contact details are **Mountain Health Care/SARC 0330 223 3617**

1.4 Children with serious acute injuries that require an x-ray or urgent treatment (for example, fracture, bleeding, burns) should be sent to Accident and Emergency Department urgently for any immediate tests or treatment. **The on-call paediatrician should also be contacted via switchboard and informed that the child has been sent to Accident and Emergency**. A Child Protection medical assessment should be considered once the injury has been fully assessed and treated by A&E / paediatric staff.

1.5 For suspected Fabricated Factitious Illness, a lead paediatrician is suggested under current guidance (RCPCH 2021i / Working together 2018). If the family is known to a paediatrician, that paediatrician should be approached in the first instance for an assessment. If the family are not known, consideration should be given to a referral to a paediatrician via the GP.

2 Requesting a Child Protection Medical Assessment

2.1 A request for a Child Protection medical assessment should usually be made as an outcome of a multi-agency strategy discussion as part of a s47 enquiry or s17 enquiries. There may be exceptions for example, immobile baby or other child seen by a paediatrician on the ward before referral.

2.2 Consent to the medical must be obtained from the person/s holding parental responsibility (this is usually the parent/s) prior to the medical being arranged.

2.3 To arrange a Child Protection medical assessment, a multi-agency discussion should take place within a strategy meeting. All strategy meetings must have the appropriate health professional. For example, paediatrician, school nurse, midwife. If it is not clear whether a Child Protection medical assessment will be required, the on-call paediatrician should be invited to attend the strategy meeting. The on-call paediatrician will be able to provide expert input which will contribute to the overall decision of the multi-agency group as to whether a Child Protection medical assessment is required. The paediatrician will endeavour to attend the strategy discussion but may not be able to due to other clinical commitments. In such circumstances, attempts should be made to talk by phone to gather the information to inform the decision making at the strategy meeting. Invitation should be by phone as emails may not be picked up.

2.4 In the strategy meeting, consideration should be also given to whether medicals will be needed for the siblings / other children in the household. These should be booked in their own right as soon as possible but within 72 hours.

2.5 The paediatrician's secretary (during working hours) will be responsible for liaising with the social worker to make the arrangements for the medical including time and place.

2.6 The on-call Paediatrician can be contacted as follows:

Bradford - for children living in Bradford/Shipley: (includes BD17 – Baildon, BD18 - Shipley, Saltaire, Windhill BD19) between the hours of 9 – 4.30 Mon-Fri ring BRI switchboard **01274 542200** or **01274 547164** (priority line) and ask for the secretary for the Paediatrician for Child Protection. **The exception to this is if the child is already known to Airedale.** Medicals will usually be done in Paediatric Outpatients at St Luke's Children's Outpatient Dept, Horton Wing OR Ward 2 at Bradford Royal Infirmary (not during Covid pandemic)

Out of hours: ring switchboard on **01274 542200 or 01274 547164** and ask for the consultant paediatrician on-call directly. This consultant is dealing with acute ward admissions and will prioritise the urgency of the medical with the work on the wards at the time. Out of hours' medicals are carried out on the Children's Ward (Ward 32, 3rd floor) at Bradford Royal Infirmary.

Airedale – for children living in Bingley, Keighley, Wharfe Valley
(includes LS29 - Ilkley area, BD16 - Bingley, Cottingley, Eldwick/Harden BD20 BD21 BD22 (BD23 and 24 are in North Yorkshire)) **:** between the hours of 8.30 – 4.30 Mon-Fri ring the Paediatric Secretarial Team on **01535 292434. The exception to this is if the child or young person is already known to BRI.** Medical will be done in Children's Outpatients, Building 22, location B20 at Airedale Hospital

Out of hours: ring switchboard on **01535 652511** and ask to speak to the consultant paediatrician on call. The call will go directly to the paediatrician on call for the wards. This consultant is dealing with acute ward admissions and will

prioritise the urgency of the medical with the work on the wards at the time. Out of hours medicals are carried out on the Children's Ward, Ward 17 Location C20 at Airedale Hospital.

NB Note the CSC and health boundaries differ in some of these areas

2.6 The paediatrician will need to know if there are any concerns that the child, young person and family may have Covid 19 symptoms, has had contact with anyone else suspected of having Covid 19 symptoms or are isolating. Special arrangements will need to be made to ensure everyone's safety (see separate guidance for medicals if covid suspected – Appendix 2)

3 Timing of medicals

3.1 Urgent medicals (usually physical injury or severe neglect) should, where possible be seen the same day. This may not be possible especially if this is out of hours but should be seen within 24 hours of the request being made.

3.2 Non urgent medicals (for example neglect baseline assessment request) may not need to be seen the same day as the request. The on-call consultant will take responsibility for determining when and where the medical will take place and may choose as follows:

- to see the child, the same day or later
- to discuss with a colleague to do the medical another day
- to pass to Paediatric Out-patients as an urgent new patient

4 Social Workers responsibility

4.1 Where possible ensure that those with Parental Responsibility, usually parent/s, are aware that a medical is required and seek consent to this; where consent has not been obtained consideration needs to be given to seeking legal advice. The outcome of the legal advice should be known and recorded prior to the medical taking place. If no carer or person with parental responsibility is present or can be contacted by phone, the assessment may still go ahead if it is deemed to be in the child's best interests. Permission will be given by CSC/ police depending on orders available. This will be recorded in the notes by the paediatric consultant.

4.2 If a child or young person is old enough, they may be asked to give consent; a view about their Fraser competence and the appropriateness of this will need to be informed by the social worker from their knowledge and understanding of the child or young person. See appendix 1.

4.3 Once consent is obtained book the CP medical via the routes above.

4.4 Confirm with the parent/s or carer/s the details of the medical and ensure that they are able to attend (unless it would be harmful to the child/young person). If they are not attending, gather as much information as you can about relevant medical history. If the police are not in agreement with a suspected perpetrator attending the medical, a discussion should be held with the paediatrician to explore attendance and ensure all relevant medical and social history is available. Wherever possible, there should be direct discussion between the paediatrician and parent/carer in order to facilitate the best opinion.

4.5 Where possible (and age dependent) prepare the child for the medical so that they know that they are seeing a doctor who will want to examine them and ask them some questions.

4.6 Explain to the parent / carer about what will happen at the medical so that they are able to support the child or young person.

4.7 Leaflets should be given to children and parents. These can help the family understand the process. These are on the Safer Bradford website.

4.8 Ensure that the parents / carers and the child (age dependent) are aware that photographs may be taken for medical records / reports for which they will need to provide consent. If the parent/carer is not going to be present at the medical assessment, consent for photography should be taken by the social worker and recorded in the medical notes.

4.9 The paediatrician will not usually look at photos on phone (social worker or parents) or social media. If there is an exceptional reason for an opinion on an image this will be done via the agreed protocol [see Appendix 3] and will not usually be possible to be done urgently

4.10 The social worker will ensure that they have detailed information to give to the consultant during the medical, including the child and family history and past and current involvement. The social worker will need to have available the names of family members who are living with or who have a caring role for the child or young person. Where possible information needs to be provided by the social worker who knows the family best to ensure detail and accuracy of information to be shared with the paediatrician. This will need to include the following:

- History of the incident and reason for the CP medical
- Historical and current safeguarding concerns such as neglect, domestic abuse and cumulative harm experienced by the child
- Details of all previous physical injuries

4.11 This list is clearly not exhaustive. There will be an expectation to share all relevant safeguarding concerns relating to the specific child and relevant historical information from the child/family's social care record either at the time of the medical or **as soon as possible afterwards**, before the full paediatric opinion is given.

4.12 **Out of Hours:** Where a CP medical is completed out of hours a strategy meeting should usually be held before the medical so that professionals are all fully informed about the child, their history, risks, concerns.

4.13 Where there has been an injury to a child, any explanation given by the child/young person, carer or other at the time needs to be shared with the consultant.

4.14 During the Covid 19 pandemic it is vital that safe planning is undertaken to reduce the risk of cross contamination. PPE such as a face mask needs to be worn by all those
attending the medical; this will be provided by CSC to the child, young person and family.

5. After the medical

5.1 A provisional short report will be provided to the accompanying social worker or police officer at the time of the medical to support immediate actions.

5.2 The paediatrician's decision as to whether an injury is accidental or not should be considered alongside all other information that is known about the child within a multi-agency meeting. The paediatrician's opinion MUST NOT be seen in isolation.

5.2 A Child Protection report will be done for all cases where a concern has been raised, even if the concern is not substantiated. It is helpful to all, including the family, to clearly document that there was no concern.

5.3 The Paediatric Department aim to do the report within 2-3 working days but there is often more of a delay. If the report is required urgently, please make it clear at the time and contact the paediatrician's secretary.

5.4 The report is sent to the social worker and copied to the following

- GP
- BDCFT Safeguarding Children Team
- Other Consultants involved in the child's care

5.5 Communication following the medical should be through the Lead Paediatrician (who performed the medical) rather than with ward nurses for in-patients.

Strategy Meeting	• Book medical • Share leaflet and provide explantion to the child and parent / carer about the CP medical assessment
Consent	•Consent to the medical, including full examination, photographs, bloods, and xrays must be obtained from the person/s holding parental responsibility
Support	• Arrange for a parent / carer to attend to offer support to the child or young person
History	•Overview of medical history •For physical abuse, explanation for injury •Ideally a parent/carer should be at the medical unless they are in police custody.

This practice guide has been completed in conjunction with the named and designated doctors and children's services.

Dr Ruth Skelton, Designated Doctor for Safeguarding Children
Dr Jo Sims, Named Doctor for Safeguarding Children Bradford Hospital
Dr Sharon Bowring, Named Doctor for Safeguarding Children Airedale Hospital
Andrea Walters and Amandip Johal, Children Social Care

Appendix 1 - Principles for Consent in Safeguarding Medicals (August 2018)

In all circumstances, it is good practice to gain consent from a person with Parental Responsibility.

The following can give also consent to examination:

- A young person of 16 and over

- A child of under 16 where a doctor considers he or she is of sufficient age and understanding to give informed consent and is "Fraser Competent" – this should be clearly documented in the medical notes and the young person should sign consent themselves (ideally this should be sought in addition to consent from a person with parental responsibility).

- The local authority when the child is the subject of a Care Order (although the parent/carer should be informed)

- The local authority when the child is Accommodated *and* the parent/carers have abandoned the child or are physically or mentally unable to give such authority

- The High Court when the child is a Ward of Court

- A Court as part of a direction attached to an Emergency Protection Order, an Interim Care Order or a Child Assessment Order

In cases where a child or young person who is Fraser Competent does not consent to a medical their wishes should be respected and the examination cannot proceed. However, care should be taken that the young person fully understands this decision. Physical restraint should not be used. However pre-verbal children can be held by a parent/carer/nurse. Sometimes a young person may consent to a limited examination and this too should be documented.

Child Protection Medicals - General

- Verbal consent for the medical is taken by the paediatrician from those with parental responsibility and from the child where appropriate.

- Written consent is taken at the time of the medical for a) photography and b) some radiology tests if required.

- Rarely: If a child is brought to a medical ***without a parent*** and is NOT Fraser competent, consent for medical and photographs still needs to be obtained from a person with PR. This should be done directly if possible. If not this could be done in a number of ways:

    - Verbal consent taken from parent by social worker prior to bringing young person and this is documented in the paediatric record. Record name of Social worker.
    - Verbal consent taken from parent over phone by paediatrician at the time of the medical (to include any procedures). This may need to be done via the Police if parent is in custody.
    - Written consent taken from parent by social worker prior to bringing young person for medical.

Child Protection Medicals – Teenagers

- If a teenager attends for medical without a person who has PR, it is best practice to gain consent for the medical from an adult with PR where possible. This could be done in a number of ways:

- Verbal consent taken from parent by social worker prior to bringing young person and this is documented in the paediatric record
- Verbal consent taken from parent over phone by paediatrician at the time of the medical (to include procedures). This may need to be done via the Police if parent is in custody.
- Written consent taken from parent by social worker prior to bringing young person for medical

- Teenagers may give their own consent if they are deemed to be Fraser competent by the paediatrician (and this must be documented) AND a person with parental responsibility is aware and has agreed to the medical.

- If a teenager attends for medical and is Fraser competent and gives consent and there is a perceived *risk* to informing a parent, there needs to be a full strategy discussion involving the examining paediatrician and documentation before the medical can go ahead.

Parental Refusal for Medical

It is rare for a carer to withhold consent. All efforts should be made to discuss examination with the parent and gain consent. If there is complete refusal the following has been agreed:

- If the child appears injured or is bleeding the medical team can assess, examine and treat as appropriate in the child's best interest

- If there is no indication of injury/ life threatening illness the following should be considered

    - Further strategy discussion with police, social care and paediatrician as to the importance and value of the medical assessment.
    - If there is dispute the appropriate channels should be used (TBP dispute resolution)
    - If a medical assessment is still required, the local authority (via children's social care) should consider and obtain legal advice about an application to the court.

Options for Obtaining Consent

- 3 potential ways of obtaining consent when the parent/s is unable/unwilling to attend are listed above.

- Social workers could potentially take consent using a Medical Treatment Form such as those used in other circumstances eg. Children Looked After. We suggest this could be adapted to include the following:

    - Consent for medical examination
    - Consent for video colposcopy in sexual abuse cases
    - Consent for blood tests
    - Consent for x rays/scans
    - Consent for medical photography

- Ideally such a form should be in duplicate so that a copy can be given to the paediatrician.

Appendix 2 – Arrangements for medicals where suspected covid infection

Child-protection-medicals-suspected-covid-i

Appendix 3 – SOP for opinions on images/videos

Downloading Images or Videos Practice Gui

Appendix 4

Bradford useful contact numbers

Job Title	Name	Contact Details
Named Nurse for Safeguarding Children	Jemma Tesseyman	01274 272246 07957 486535
Named Doctor for Safeguarding Children BTH	Dr Jo Sims	01274 273527 or 07956 460519
Named Midwife for Safeguarding Associate Specialist Midwife for Safeguarding	Eileen McArdle-Robinson Peter McNamara	01274 273636 01274 383636
Safeguarding Children Specialist Nurse Practitioners BTHFT		01274 276237 01274 274884 01274 272522
Safeguarding Team Administrator	Lynne Owen	01274 273398
Designated Doctor for Safeguarding Children and general paediatrician.	Dr Ruth Skelton	01274 383527
Assistant Chief Nurse Vulnerable Adults	Sarah Turner	01274 274706 07710 646035
Head of Childrens Nursing	Kay Rushforth	01274 276338
Head of Midwifery	Sara Hollins	01274 364503

Airedale useful contact numbers

Job Title	Name	Contact Details
Named Doctors Safeguarding Children	Dr Sharon Bowring Dr Ameen Shamsudeen	Paediatric secretaries 01535 292434
Team Administrators	Jackie Finlayson/ Teresa	01535 292178

	Mamwell	
Safeguarding Midwife	Susan Brown	01535 292178
Safeguarding Children Specialist Nurses	Michelle Hayes/ Debra Burgess	01535 292389
Named Nurse Safeguarding Children	Jo Newman	01535 292389