

**Child protection medical assessments information sheet**

**Purpose**

The primary purpose of a child protection medical assessment is to assist social workers to assess known or suspected injuries or physical findings that might be associated with abuse or neglect. This will usually be in the context of a section 47 enquiry. Most often this is focused on establishing whether bruises or other injuries might have been inflicted by an adult or are more likely to have been caused accidentally. Alternative explanation such as birthmarks or medical causes are also considered.

**Urgency and timeliness**

The appearance of injuries especially in very in young children can change and resolve rapidly over a few days. The visible appearance of marks such as those caused by a slap with an open hand are likely to disappear within 24-48 hours. It is therefore essential that reported marks or injuries are assessed as early as possible - ideally within 1 or 2 working days. [Bruising / Marks in Non Mobile Infants - Practice Guidance - Northamptonshire Safeguarding Children Board (northamptonshirescb.org.uk)](http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-partnership/policies/bruising-marks-non-mobile-infants-practice-guidanc/)

Routine examination of entire sibling groups is not usually appropriate, although depending on specific concerns within a case it may be appropriate to examine some siblings (e.g. preschool) to exclude injuries.

Child protection medical assessment will not usually be helpful in the assessment of historical allegations of injuries although the paediatricians are happy to discuss individual cases.

**Neglect**

Child Protection Medicals are not a routine part of the management of most cases where neglect is the primary area of concern. Families should be supported to access their usual services e.g. health visiting or school nursing, GP and other primary care services, dental care, and appropriate specialist services depending on need, for example speech and language therapy where there is language delay.

Where agencies e.g., police or social care encounter a situation of significant neglect, particularly where there has previously been limited agency involvement (e.g. no contact with health services for some time), a medical assessment may be able to record evidence of physical findings associated with neglect including baseline growth measurements, rashes and other skin health concerns, and immediate emotional developmental presentation.

This is most likely to be appropriate where children have been removed from extremely neglectful circumstances on an emergency basis.

The physical presentation of children who have been removed from severely neglectful environments can improve very quickly once they start to receive appropriate care. A child protection medical should be considered as soon as possible when severe neglect is recognised.

From an evidential point of view the impact of severe neglect is most clearly seen in retrospect i.e. when children show a rapid change in social and emotional presentation, when there is rapid developmental progress or in some cases catch up growth. The child protection medical can be helpful to provide a baseline, and subsequent progress will again be documented by relevant universal and specialist health services, education services and social workers.

**A Child focused holistic assessment needs parent/Carer input**

Children and young people should always be supported during the child protection medical assessment by a familiar adult, most often a parent, although another familiar family member may be appropriate in some circumstances, or children could be supported by a familiar professional worker e.g. family support worker that they know well.

The child protection medical aims to provide a holistic assessment of the child’s overall and past health, development and emotional well-being. Parental information and views on the child’s medical history and current development and any emotional behavioural concerns are very important. Once again if it is not appropriate for parents to attend directly it is helpful to have the views of a family member or a familiar carer.

The assessment needs to be informed by knowledge of the social circumstances of the child including any current and historic concerns known to children’s social care.

**Consent**

The physical examination of a child requires consent, including in the context of a section 47 enquiry. Medical examination without valid informed consent is legally an assault. Consent is required from a person with parental responsibility, unless the child is old enough to give their own consent.

The child protection medical examination will always be explained to the child in terms appropriate to their age and development and informal verbal consent will be requested but will not be the medical legal basis to proceed with the examination. However, it would be very difficult to complete an examination with a child over the age of 5 or 6 who actively declines to be examined.

Young people over the age of 16 must give their own formal consent. Children aged 13 should not automatically be considered to have insight and capacity to give consent to a process which includes the provision of a report which might have very significant implications for their own care, and impact on their parents.

Written consent from a parent or other person with parental responsibility will usually be obtained at the start of the child medical. If it is not appropriate for a parent to attend the medical, the paediatrician will normally be able to seek consent from a parent through a telephone conversation, which will also allow parental views to inform the holistic assessment.

If the child or young person is not able to give consent and there is no one with parental responsibility available, statutory guidance expects that a court should direct that the examination takes place.

**Strategy discussions and requesting a medical assessment**

Statutory guidance indicates that the need for a child medical should be considered in strategy discussions. The decision to undertake a child medical is the outcome of a joint professional discussion which must include the paediatrician.

It is usually good practice to contact the paediatric team as soon as it is known that child may have a concerning injury or other physical finding. The paediatrician can then provide advice to inform the strategy discussion, if they are not available to participate directly. Alternatively, the discussion with the paediatrician can be an immediate action arising from the strategy discussion.

The social worker who contacts the paediatrician will need to know in outline the circumstances of the case, any broader concerns and any additional needs that the child may have e.g. communication needs.

**Practical considerations**

Child protection medical assessments take place at the Child development Centre, Northampton General Hospital.

Please note that there is separate guidance around arranging assessments where there are concerns about possible child sexual abuse [serenity@nhft.nhs.uk](mailto:serenity@nhft.nhs.uk)

Assessments are arranged by contacting the Child health team at Northampton General Hospital on (01604) 544264. The support team will take the child’s details and the social workers name and contact details. The paediatrician will call back as soon as possible to discuss the case, and to offer an appointment for a child protection medical assessment if appropriate and consent is available.

It is not appropriate to task member of the social care team to “book a medical” if they do not have direct knowledge of the circumstances of the case.

If any reason it is not appropriate for a parent to attend, children must be supported by a familiar adult who could be a family member, or a professional with an established/trusted relationship with the child.

Verbal feedback will be given to the attending social worker, and in most cases to parents, at the end of the assessment. A written report will be provided within 3 working days.