



CHILD PROTECTION MEDICAL ASSESSMENTS (physical/neglect concern) PATHWAY

Neglect or emotional maltreatment has lasting consequences for children's and young people's physical and mental health. Therefore the advice of a paediatrician is required as early as possible for all children referred to Children's Social Care once they meet the threshold for strategy discussion or section 47 enquiry and child protection medical assessment may be required.

Medical assessments for suspected sexual abuse are NOT covered by this CPMA pathway.

- 1- Where there are any concerns of sexual assault, either recent or historic please discuss immediately and directly with the Sexual Assault Referral Centre (SARC). In acute situations time is crucial for gathering the forensic evidence.
- 2- Where there are concerns of physical abuse or neglect associated with concerns of sexual abuse; the referral should also be made to SARC where a comprehensive assessment will be carried out by their team. The aim is to avoid subjecting the child to multiple examinations.

SARC Contact details: Tel: 0330 223 0099,

1 Doolittle Mill
Froghall Road
Amphill
Bedfordshire
MK45 2ND

1. What is the purpose of the Child Protection Medical Assessment

Child Protection Medical Assessment (CPMA) is a comprehensive medical assessment which is an essential component of the multi-agency investigation of child abuse, (Physical/emotional/neglect):

- It establishes the need for immediate treatment and can identify unmet medical needs and thus the requirement for further medical care.
- It may provide information to support a diagnosis of child abuse/maltreatment including neglect.
- It may allow additional observations to be made of the child's development and behaviour and parent-child interactions which may provide further evidence of abuse or neglect
- It may provide evidence for court proceedings.
- It can provide reassurance to the child/family.

2. CPMA Pathway (please see CPMA flow chart on following page)

Pan Bedfordshire Child Protection Medical Assessments for physical abuse and neglect

Neglect or emotional maltreatment has lasting consequences for children's and young people's physical and mental health, therefore the advice of a paediatrician is required as early as possible for all children referred to Children's Social Care, particularly if they meet the threshold for strategy discussion.

- **Following a referral to Children's Social Care resulting in the need for a section 47 enquiry for suspected physical abuse and/or neglect; the decision for a Child Protection Medical Assessment (CPMA) should always be made in consultation with the paediatrician on call. This should be through participation in multiagency discussion.**
- **It must be understood that the hospital must not be considered as a place of safety for safeguarding.**

Social worker will;

- Consult with on call paediatrician, if this has not already taken place as part of the strategy meeting.
- Complete the referral form and attach the Strategy Meeting minutes and forward to the appropriate service. (see below for appropriate pathway to be followed and contact as per appendix 3)
- Consent **must** be obtained from a person with parental responsibility / young person over 16.
- As a rule, parents/ carers are required to attend with the Social Worker unless it was agreed inappropriate during the strategy discussion.

Referral to Hospital Paediatrics

- Physical abuse of children <2 years of age
- ALL Out of Hours referrals (normal weekdays after 17:00; weekends and public/bank holidays).

Contact details see appendix 2

Referral to Community Paediatric Services

- Physical abuse > 2years of age
- Children of all ages where there are concerns of neglect (unless hospital treatment is required)

Contact details see appendix 2

Paediatrician will arrange for CPMA in the Paediatric Assessment Unit or ward, as appropriate. *Caveat:* CPMA will be expedited depending on current clinical need(s) in the department, at the time. Priority must be given to the needs of sick children. Therefore CPMA may be delayed. **Children MUST NOT be taken to the Emergency Unit for a CP medical**

Appointment times for a CP medical are pre booked for 14:00 hrs or 15.30 hrs
The medical may be arranged for a later date in non-urgent cases.
Children MUST NOT be presented without prior arrangement

Once the CPMA is undertaken, a written report will usually be provided to Children's Social Care and the Child's GP, within 3-4 working days.

The Social Worker must provide feedback to the Paediatrician who undertook the CPMA regarding the conclusion of section 47 inquiry.

2.1 CPMA undertaken by Hospital Paediatrician

- For all children under the age of two years, where there are concerns for physical abuse, the CPMA will be undertaken by a hospital Paediatrician. This allows all appropriate medical investigations to be carried out and, continuity of care if further radiological imaging is required as part of the CPMA.
- For CPMA required to be undertaken Out of Hours (normal weekdays after 5pm; weekends & public/bank holidays)
- Children over 2 years, if serious injury requires urgent medical attention
- Severe neglect of any aged child requiring hospital admission
- For any aged child attending for any reason at the hospital, and as a result of a medical examination a safeguarding concern is raised. The details of this examination will be treated as a CPMA and ideally will inform the strategy meeting.

If older siblings of the index case require CPMA they will usually be seen by the Community Paediatrician. This will also require multi-agency discussion involving the paediatrician as a part of the strategy discussion/section 47 enquiry.

2.2 CPMA undertaken by Community Paediatrician

- For all children over the age of two years, where there are concerns for physical abuse, the CPMA will be undertaken by a Community Paediatrician
- Any age child where there are concerns of neglect (unless under the age of two and associated with physical abuse in this case should be referred to hospital)
- Siblings of the index case where a CPMA is required.

3. **When should a Child Protection Medical Assessment be considered**

Following a referral to Children's Social Care resulting in the need for a section 47 enquiry for suspected physical abuse and/or neglect. The decision for a CPMA should always be made in consultation with the paediatrician on call.

4. **Information Required to inform the Child Protection Medical Assessment**

Much of the information required will be gathered during the strategy discussion and will assist the Social Worker to complete the Child Protection Medical Assessment referral form.

- **For concerns of physical abuse there is an expectation that the child will be offered a CPMA within 24-48 hrs of the referral, unless there is a more pressing clinical need.**
- **For concerns for neglect in the absence of any physical abuse concern, the CPMA will be offered within 10 calendar days of the referral. This allows for comprehensive information exchange to inform the CPMA. Information should be sought from the child's GP, medical specialist, midwifery service; including compliance with**

treatment/therapy of any identified health issues, including any patterns of the child not being brought/presented for health or dental care, developmental delay or behavioural difficulties. If a Graded Care Profile 2 (GCP2) assessment has been undertaken the outcome and progress with any supportive intervention would be worthy of note in the referral information exchange.

- **If the child has been received into care following a Police Protection Order (PPO) or an Emergency Protection Order (EPO) the on call paediatrician could make the decision to undertake a CPMA with the consideration that the CPMA would support the dual purpose of, CPMA & Initial Health Assessment (IHA).**

5. Process for decision and referrals for CPMA

The requirement for a CPMA should be a multi-agency decision and should not be made without discussion with the on call paediatrician. The strategy discussion should also consider whether other children in the household/family require a medical examination.

When calling to request a discussion to consider the need for a CPMA the social worker will be required to provide the; child's name (and any alternative names), date of birth, address, GP and NHS number if known, to the health setting admin personnel answering the call. The Social Worker should ask to speak to the on call paediatrician about the case without divulging further details.

If the on call paediatrician is available to receive the call, s/he will discuss the case with the Social Worker and make the decision about a conducting a CPMA. If the on call paediatrician is unavailable at the time of the initial call, the social worker must provide their contact details. The on call paediatrician will call the social worker back as soon immediate clinical responsibilities allow. The call back will usually be made within two hours of the social workers request.

Once the decision to undertake a CPMA has been reached, a referral form must be submitted as early as possible (see **appendix 2** referral form). The CPMA referral form must be completed in full and sent by secure E-mail to the appropriate health setting provision for the CPMA (see **appendix 2** contact list). This is in addition to the telephone discussion with the on call paediatrician. **Insufficient information may delay the booking of an appointment and/or may affect the findings/conclusions of the examination. Minutes of the strategy meeting should be attached with the referral form if available, or E-mailed as soon as possible.**

6. What is required before the CPMA takes place?

The social worker must inform the parent/carer that a CPMA is required and ensure that, wherever possible, a parent or other person with parental responsibility attends the appointment. This is important to enable informed and written consent to be given (**see section 8**).

If the parent is not available to attend the appointment, the social worker should seek written consent for the examination wherever possible. If this is not possible the telephone contact details of the person with parental responsibility should be given to the doctor so that consent

over the telephone can be obtained. This should be agreed with the paediatrician before the appointment.

The doctor should be provided with the minutes of the strategy discussion/meeting and any other social care information prior to the CPMA. This is to allow enough time for the paediatrician to gain knowledge of the case and formulate an appropriate assessment plan. If the minutes are not available at this point, the minutes should be brought to the medical appointment, by the social worker.

7. What happens at the CPMA?

The child/young person (CYP) will usually have their height and weight measured on arrival, by a member of the Health Care Team, alternatively this will be done by the doctor during the examination.

The paediatrician will discuss the case with the attending social worker to obtain complete information as is available, regarding the nature of the concerns, previous social care involvement, information obtained from the child's school, etc. This discussion usually takes place in private, before the child is seen.

Consent for the medical examination will be obtained by the paediatrician from the parent; person with parental responsibility and/ or the child, as appropriate (**see section 8**).

The paediatrician will take a history from the CYP/parent/carer relating to the reason for referral, as appropriate to the context. A detailed history is also obtained if possible about the child's birth (and antenatal factors), past and current medical history, development, behaviours, family medical and social history.

The Child/Young Persons (CYP's) available electronic health record will be reviewed to provide further information about the medical history, previous appointments, immunisation record, etc.

The physical examination is a comprehensive assessment of the CYP's health and wellbeing, including any current and previous injuries. It includes assessment of growth, hygiene, clothing, dental health and development.

The CYP will be examined in the presence/absence of the parent/carer/social worker as appropriate, depending on the age of the child, developmental level and personal wishes. A chaperone will be offered, if available.

It is usually necessary to inspect the skin on all parts of the body (excluding genitalia unless clinically indicated) to examine, measure and document on a body chart and in the notes, any bruises or other injuries and to document any indicators of neglect. This will require removal of all or most of the clothing, keeping on only the underwear as appropriate. Clothing can be removed from one part of the body at a time, depending on the age of the child and sensitivity required. If a young person refuses to undress the doctor will respect his/her rights and wishes and therefore will not be able to report on areas that have not been examined.

Photo-documentation of any relevant findings may take place if appropriate/available in department, by the examining paediatrician (and second doctor if required). Alternatively

arrangements may be made for photographs to be taken by the police forensic photographer if appropriate.

The paediatrician will discuss his/her initial findings and conclusions with the social worker (and parents and young person if appropriate) at the end of the assessment.

The paediatrician will make arrangements for follow up or referrals to other services, as required and inform the social worker of the plan.

8. Consent for the CPMA

The discussion about consent will depend on the age and competency of the child and the person(s) who hold(s) parental responsibility. Consent must be fully informed, and must include the reason for the examination, what it will entail, how the information may be shared and the possible consequences of refusing consent.

The paediatrician will seek written consent wherever possible.

Consent or authorisation can be given by:

- a) A young person of 16 years or over.
- b) A CYP who has been assessed by the paediatrician to have the maturity and understanding to make the decision to give consent.
- c) A person with parental responsibility.
- d) A court.
- e) The local authority if they hold joint parental responsibility (Care Order in place)

If the CYP gives consent it remains good practice to inform the parents/carers and to seek their permission also.

If the person holding PR is not available to attend the medical assessment, the Social Worker must obtain written consent from the person with PR. If written consent is not obtained or the CYP is not deemed to have sufficient capacity to consent, as assessed by the paediatrician, the social worker should provide contact details for the person able to consent, to the examining paediatrician thus enabling the paediatrician to obtain informed consent by phone. The examination may need to be deferred until consent is obtained. The decision to proceed without parental consent will depend on the circumstances and the severity of concerns.

If the person with PR refuses to give consent (and the CYP does not have capacity), the local authority may be required to obtain consent by court order.

At all times the risk posed to the child and the need for medical treatment, must be taken into consideration in the decision to proceed with medical examination without consent.

All discussions and decisions regarding consent must be fully documented.

Consent may be withdrawn by the CYP during the assessment and his/her wishes must be respected. This must be documented. Similarly if a child becomes distressed during the assessment, the examination may need to be terminated and rearranged for later, if necessary.

9. **Appointment times**

The medical assessment may take up to 90 minutes.

In the hospital setting; the Paediatrician will arrange for CPMA in the Paediatric Assessment Unit or ward as appropriate. ***Caveat:*** CPMA will be expedited depending on current clinical need(s) in the department, at the time. Appreciation that overriding duty is to attend to medicals needs of sick children. Therefore CPMA may be delayed.

Children must not be taken to the hospital without prior discussion with the on call hospital consultant.

In Community Setting; two appointment times are available each day for CPMA between 2pm and 3.30pm. On certain days there may be an additional doctor available (2nd on call) which may increase capacity to see additional children. Children MUST not be brought to the Community Setting for CPMA, without prior confirmed appointment with the on call paediatrician.

If sibling groups require CPMA it is at the discretion of the on call doctor whether two siblings may be seen in one appointment session, depending on the complexity of the index case and the time available.

Late arrival at the centre may result in the appointment being cancelled. Community Health settings close at 5pm and any subsequent meetings or discussions between the social worker/parents/police beyond 5pm must be held at an alternative location.

Children should not be taken to either emergency unit or community paediatric setting for CPMA without prior arrangement.

10. **Medical reports**

The medical report will usually be available within 3-5 working days.

In some circumstances this may be delayed, for example if a second opinion is being sought or further information is awaited.

11. **Outcome of Section 47 enquiry**

The social worker should inform the examining paediatrician of the outcome of the S47 enquiry;

Assessment of child under Children Act 1989

Social Worker should;

‘Inform, in writing, all the relevant agencies & family of their decision and, if the child is a child in need, of the plan for providing support’

(Working Together to Safeguard Children 2018)

The doctor(s) involved in the CPMA should be invited to future Initial Child Protection Conferences.

For further information/advice regarding procedures for child protection medical assessments please contact;

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