

**Guidance to support the use of pathways for**

**Child Protection Medicals**

**Introduction**

A paediatric medical assessment should always be considered when there is a suspicion of, or a disclosure of, child abuse and/or neglect involving injury, suspected sexual abuse or serious neglect. This is often referred to as a child protection medical or section 47 medical. For the purpose of this guidance, the term ‘medical assessment’ will be used.

The need to consider a medical assessment in these cases arises from section 47 of the Children Act 1989 (and 2004) which places a statutory duty on the Local Authority to make enquiries to enable it to decide whether it should take action to safeguard and promote the welfare of a child.

Local procedure also supports the need to consider a medical assessment for the purpose of a section 47 investigation in a child’s best interest.

**Medical assessment**

Where the child appears in urgent need of medical attention (e.g. suspected fractures, bleeding, loss of consciousness), they should be taken to the nearest accident and emergency department.

In other circumstances, a strategy meeting / discussion will determine, in consultation with the paediatrician, the need and timing for a medical assessment. Where a child is also to be interviewed by police and / or Children's Social Care, this interview should take place prior to a medical examination unless there are exceptional circumstances agreed with the police and children’s social care.

A community paediatric consultant is available for advice between 9am-5pm Monday-Friday and should be consulted about whether a medical assessment is needed, and when this should take place. After 5pm Monday-Friday, weekends and bank holidays, the on call consultant paediatrician at Bedford Hospital should be consulted. Once the decision has been made that an examination is necessary it should not be changed unless agreed by children’s social care, police and health.

All children under 2 years of age must be referred to the paediatrician at Bedford Hospital and a full skeletal survey considered. The flowchart ***Process for Child Protection Medicals in Bedfordshire (excluding Luton)*** must be followed. Children should not be referred to the GP for the purpose of a medical assessment in this context.

In cases of physical injury the child/children should be seen on the same day if possible. On the occasions when the medical examination does not take place on the same day, the reasons should be clearly documented within the child’s health/social care records and it should be noted that there is agreement between the involved professionals.

When there is a disclosure or suspicion of Sexual Abuse, the flowchart ***Referral Process for Sexual Abuse Medical Assessment*** must be followed.

The referral is made through the Police/Children’s Social Care and not by medical staff.

Only doctors may physically examine the whole child. All other staff should only note any visible marks or injuries on a body map and record, date and sign details in the child's file.

Consideration should be given to the gender of the examining doctors in consultation with child and the parents/carers.

The purpose of a medical assessment is:

* to assess the health and wellbeing of the child to establish whether there is any medical evidence of abuse or neglect, and to initiate treatment as required

The expected outcomes of a medical assessment are:

* an assessment of the child’s health and development
* advice regarding treatment, investigation or intervention
* reassurance to the child and carers about any medical findings and any future implications
* a record of any physical findings, including written notes, drawings, photographs, video recordings or samples
* to establish whether the account given for any observed injury or harm is consistent with the injury or harm sustained
* reports and statements as required to the investigation team
* information sharing with the child’s GP and other relevant health professionals
* providing continuing medical care or making referrals to relevant health service colleagues
* an immediate hand written summary medical report for the attending social worker (appendix 1 (a) and (b))
* a typed medical report within 10 working days

**Consent**

Information about the medical assessment will be given to the parents/carers and child by the Paediatrician completing the medical when the child and family attend the appointment.

The SW must obtain written consent for the medical assessment if the child is not being accompanied to the medical by a person who has parental responsibility. It is the responsibility of the examining doctor to ensure that this written informed consent is obtained before proceeding with the examination.

The following person(s) may give consent:

* A child of 16 years and over (unless lacking mental capacity)
* A child under 16 who is able to fully understand what is proposed and its implications (often referred to as Gillick/Fraser Competence). The more serious the circumstances, the greater the need for the child to have a full understanding of the implications, otherwise the consent may be held to be invalid. However the paediatrician must always make a judgement and act in the best interests of the child. This may include going ahead with the medical assessment. If in doubt the examining doctor should discuss with the consultant on call (if this is a different person to the one completing the medical)
* Any person with parental responsibility. When a child is subject to a Care Order, the person with parental responsibility will include the Local Authority.
* The Local Authority, when the child is accommodated and the parent/carer have abandoned the child or are physically or mentally unable to give such authority.
* The court, when a child is subject to an Interim Care Order, Emergency Protection Order or Child Assessment Order. Note that consent for examination or assessment requires the court to make specific direction.
* Police Powers of Protection do not give parental responsibility to the Local Authority (or the Police); therefore if a person with parental responsibility or the child if judged as Gillick/Fraser competent, does not give medical consent then the medical assessment cannot proceed unless considered in the best interests of the child.

**Siblings**

Consideration should be given to whether siblings of the subject child / young person also need a medical examination as part of the child protection enquiry, even though there are no obvious signs of injury/abuse in that child. The strategy meeting must consider whether these examinations also need to occur within 24 hours. Should the decision be made to postpone or not to proceed with sibling medicals the decision and risk assessment should be clearly documented.