

Appendix 6. Child Protection Medical Assessment Referral Guideline

Process for Social Workers and Police requesting a child protection medical assessment by a Paediatrician - Northern and Eastern services (for a child / young person under 18yrs old)

- 1. Urgent care:** Any child who is unwell, medically unstable, or has suffered a significant injury should be referred for urgent hospital care to the Emergency Department / Paediatrics team via 999 as appropriate. If there are concerns about child maltreatment the child should also be referred urgently (by phone) to Multi-Agency Safeguarding Hub (MASH) or Emergency Duty Team out-of-hours.
- 2. Pre-mobile infants with a bruise, skin mark, injury or fracture:** See flowchart 2 '*Bruising and Injuries in Pre-Mobile Infants Guideline*'. Referrals to Paediatrics for a child protection (CP) medical assessment can be accepted directly from healthcare professionals (e.g. GP, Emergency Department, Midwife, Health Visitor, Nurse) but there should still be a strategy discussion before the CP Medical takes place.
- 3. Older children:** Referrals to Paediatrics for a CP medical assessment are accepted from MASH/Social Care for children and young people undergoing Section 47 enquiry following a strategy meeting/discussion, where there are concerns about physical or emotional abuse, or neglect.
- 4. Sexual abuse:** Referrals for assessment of possible sexual abuse should be referred (via MASH) directly to the SARC (Telephone number: 0300 303 4626 which is a 24 hour Paediatric Advice Line or via online referral). More information available on the [SARC website](#)
- 5. Multi-agency strategy discussions.** MASH/Social Workers can request input to a multi-agency discussion by contacting the on-call Paediatrics Consultant or Registrar, or hospital safeguarding team (see appendix 7). Presence of the Paediatrician will allow them to appreciate the concerns expressed by other agencies and be involved in decision making. The strategy discussion will consider historic and current safeguarding concerns, any specific questions to answer, need for photography (see below), urgency of need for assessment, and the safety of any other children in the same household.
- 6. Referral process and timeframe.** Referral for CP medical assessments are made by phone call to the on-call Paediatrics Registrar or Consultant. Our standard of care is to provide CP medical assessment for suspected physical abuse within 24 hours of referral. The CP medical assessment may be arranged for the same day or deferred to the following working day depending on clinical need and acute Paediatrics activity. For less urgent cases, such as chronic neglect or emotional abuse, we aim to provide CP medical assessment within 10 days of referral.

7. **Photographs.** Photographs should be taken by an appropriately trained professional for all significant clinical findings (unless consent is withheld). This will either need to be the Police or the Medical Photography department at RD&E (Wonford). This includes suspected inflicted injuries, and bruises in pre-mobile infants. This should be discussed at the initial strategy discussion.
8. **Patient information:** Children and families should be given verbal and written (or on-line) information about the CP medical assessment process at the point of referral. This may include information from [Devon Safeguarding Children Partnership](#) - or Royal Devon patient information resources on the trust intranet.
9. **Location of CP medical assessment:** There is no appointment system for CP medical assessments at The Royal Devon at present. Children are usually seen by the acute Paediatrics team on the main children's ward and are triaged according to medical need alongside other children presenting to the department. CP medical assessments should not be seen on the Paediatric Assessment Unit. The timing and location of the assessment will be discussed once the referral is accepted.
10. **Attendance with child:** The Social Worker and/or Police Officer who knows about the case are expected to accompany the child to the appointment. The attending professional must be sufficiently knowledgeable to provide full details about the case. The parent/carer should be present wherever possible to provide the child's medical and developmental history.
11. **Consent:** The Social Worker must ensure the adult bringing the child has Parental Responsibility (PR) to enable them to give informed consent for the medical. If, in exceptional circumstances, the adult with PR is not able to attend, the Paediatrician will discuss the medical via phone with the adult who has PR and get verbal consent. Children who are assessed to be Gillick competent can provide their own consent if necessary. During the CP medical assessment, the child should be offered a choice as to who accompanies them, including not having a relative or SW present.
12. **Following the medical assessment:** The Paediatrician will discuss the case with the Social Worker who should stay until the medical assessment is completed and a plan for the safety of the child/young person made. If there are child protection concerns and the child is admitted, this plan will include supervision needed for the parents and carers. Staff on the ward do not have capacity to provide supervision.
13. **Interpreter services:** It is the responsibility of the referrer to arrange for an interpreter where this is required. It may not be possible to assess the child if an interpreter is required but not present.
14. **Bite marks:** The hospital doesn't have access to expert assessment of bite marks. In relevant cases it is recommended that the Police refer to Forensic Odontology for this assessment.

15. **Reports:** Following the CP medical assessment If needed, a provisional summary will be written on a pre-prepared form to be given to the Social Worker on the same day. A full written report and opinion should be sent to the social worker (and police if involved) to their secure email account, within 5 working days. Clinical photographs will not routinely be sent with the report.

Royal Devon University Hospital NHS Foundation Trust

Where there are concerns about significant harm caused by physical abuse, severe neglect or emotional abuse a Paediatrician or a Specialist Safeguarding Nurse **should** be invited to the strategy meeting.

Royal Devon Process (East and North Services)

Mon-Fri 8am - 4.30pm: To request Paediatrician or hospital Safeguarding Team input to a strategy discussion please send the request to rduh.safeguarding@nhs.net and/or contact on **01271 341533 or 01392 411611**. The Safeguarding Team will contact the appropriate Paediatrician to see if they have availability to attend - If this is not possible a member of the Safeguarding Team will attend on their behalf.

Out of Hours North : Call the North Devon District Hospital switchboard on **01271 322577** and ask to speak to on-call Paediatric Consultant or Registrar

Out of Hours East: Call **01392 411611** (RD&E hospital switchboard) and ask to speak to the on-call Paediatric Consultant or Registrar

Sexual abuse: Where there are concerns around possible child sexual abuse, an invite to a strategy should go directly to the Devon and Cornwall SARC **0300 3034626**