



Leeds Safeguarding
Children Partnership

Leeds Multi-Agency Procedure for Professionals Requesting Child Protection Medicals; Pathway

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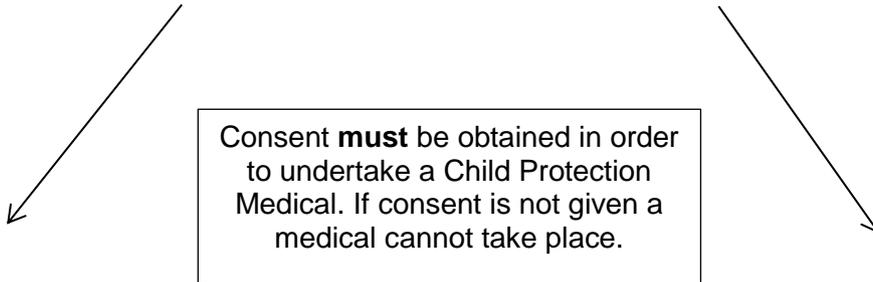
Appendix 2 Pathways for Sexual Abuse Cases (acute and non-acute)

Leeds Multi-Agency Procedure for Professionals Requesting Child Protection Medicals Pathway

A professional is concerned a child may have suffered abuse



Refer to Children's Social Work Services



Consent **must** be obtained in order to undertake a Child Protection Medical. If consent is not given a medical cannot take place.

IN HOURS (Monday-Friday 09.00hrs to 17.00hrs)

Following decision to request a child protection medical at a Strategy Discussion the Social Worker to contact Community Paediatric Department for an appointment on:

0113 8432001

If no appointment is available on the day and the Social Worker feels the Child Protection Medical is urgent then they must discuss this with the Community Paediatrician.

If not urgent then the Social Worker needs to arrange a suitable appointment as soon as possible. Please see Appendix 1

Out of HOURS (17.00hrs to 09.00hrs, Weekends and Bank Holidays)

Social Worker to contact the 'On Call' Consultant Paediatrician to discuss the child's attendance at the Leeds General Infirmary for a Child Protection Medical on:

0113 2432799

If a child has been sexually assaulted please follow Appendix 2: SARC Pathway

Child Protection Medical

1. When a Child Protection Medical is necessary

Strategy Discussions must consider, in consultation with the paediatrician, the need for and timing of a child protection medical. Consideration must also be given as to whether there are any other children in the household who may also require a child protection medical.

If the paediatrician is not part of the Strategy Discussion or Meeting the Social Worker must contact the Community Paediatric Department following the decision that a Child Protection Medical is required.

A child protection medical should always be considered necessary where there has been a disclosure or there is a suspicion of any form of abuse to a child.

Additional considerations are the need to:

- Secure forensic evidence;
- Obtain medical documentation.

In cases of severe neglect, physical injury or acute (recent) penetrative sexual abuse, the assessment should be undertaken on the day of the referral, where compatible with the welfare of the child.

Only a Doctor may physically examine the child for the purposes of a child protection medical. Other staff should note any visible marks or injuries on a body map and document details in their recording.

2. Purpose of a Child Protection Medical

The purpose of a child protection medical is:

- To diagnose any injury or harm to the child and to initiate treatment as required;
- To document the findings;
- To provide a medical report on the findings, including an opinion as to the probable cause of any injury or other harm reported;
- To assess the overall health and development of the child;
- To provide reassurance for the child and parent;
- To arrange for follow up and review of the child as required, noting new symptoms including psychological effects.

3. Consent for Child Protection Medical / Medical Treatment

The following may give consent to a child protection medical:

- 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";

- Any 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.

Where the child is the subject of ongoing Court proceedings, legal advice should be obtained about obtaining the Court's permission to the child protection medical.

It is generally good practice to seek wherever possible the permission of a parent for children under 16 prior to any child protection medical and/or other medical treatment even if the child is judged to be of sufficient understanding to give consent in their own right. If this is not considered possible or appropriate, then the reasons should be clearly recorded.

When a child is Looked After and a parent/carer has given general consent authorising medical treatment for the child, legal advice must be taken about whether this provides consent for a child protection medical for child protection purposes (the parent/carer still has full parental responsibility for the child). Where the local authority shares Parental Responsibility for the child, the local authority must also consent to the child protection medical.

A child who is of sufficient understanding may refuse some or all of the child protection medical, although refusal can potentially be overridden by a court.

In emergency situations where the child needs urgent medical treatment and there is insufficient time to obtain parental consent:

- The medical practitioner may decide to proceed without consent; and/or
- The medical practitioner may regard the child to be of an age and level of understanding to give her/his own consent and be Fraser Competent.

In these circumstances, parents must be informed as soon as possible and a full record must be made at the time.

In non-emergency situations, when parental permission is not obtained, the social worker and manager must seek legal advice.

For additional guidance to doctors, see the Protecting Children and Young People - the Responsibilities of all Doctors' (GMC 2012).

4. Arranging the Child Protection Medical

A child protection medical must take into account the need for both specialist paediatric expertise and forensic requirements in relation to the gathering of evidence.

Only appropriately trained Consultant Paediatricians, Forensic Medical Examiner or other suitably qualified specialists may undertake child protection medical carried out as part of a Section 47 Enquiry.

There should be only one paediatric examination of the child where at all possible.

Where child sexual abuse is suspected see Appendix 2: SARC Pathway

5. Recording of Child Protection Medical

At the conclusion of the child protection medical, the doctor must give a verbal report explaining his or her findings to the social worker/Police officer attending, followed by a written report within 4 working days. The social worker needs to provide the details of any police officer they have discussed the case with.

In the case of multiple Child Protection Medical requests for one family in a short space of time, a multiagency conversation is advised between Health, Children's Social work service and Police.

Disclosure of the information contained in the report to the parent(s) of the child and/or the child should be agreed in consultation with the Children's Social Care Service and the Police.

The report should include:

- Date, time and place of examination;
- Those present;
- Who gave consent and how (child/parent, written, phone or in person);
- A verbatim record of the carer's and child's accounts of injuries and concerns noting any discrepancies or changes of story;
- Documentary findings in both words and diagrams;
- Site, size, shape and where possible age of any marks or injuries;
- Other findings relevant to the child e.g. squint, learning problems, speech problems etc;
- Confirmation of the child's developmental progress (especially important in cases of neglect);
- Time examination ended;
- Medical opinion of the likely cause of injury or harm.

All reports and diagrams should be signed and dated by the doctor undertaking the examination.

If criminal or family proceedings are instituted, the doctor's written report may be filed and served as well as the doctor's statement of evidence. The doctor's attendance at subsequent Court hearings may also be required.

Where there has been a joint child protection medical, the doctors involved should agree which of them will provide the report. If they disagree in their clinical findings and interpretations, they should both provide full reports and usually a further independent medical opinion should be obtained. For further guidance, see Guidance on Paediatric Forensic Examinations in relation to possible child sexual abuse, September 2004, issued by the Royal College of Paediatrics and Child Health and the Association of Forensic Physicians.

Appendix 1

Child Protection Medicals Booking Guidelines

Acute Child Protection daily clinic Slots

Appointments within 24 working hours

1. Physical Injury
2. Neglect or emotional abuse where protection from harm is required urgently.

Siblings associated with an acute Physical Injury - should aim for next working day following index child

Appointments within 10 working days

1. Court requested examinations
2. Neglect / emotional abuse
3. Abandonment where there is a need for early assessment e.g. for court advice.

Suitable Child Protection cases for either acute or a follow up clinic (1 hour) but within 10 days of referral:

1. Recurrent Vulvovaginitis / Lichen Sclerosus etc with elements of concern (e.g. GP referral, Nephrology, Dermatology)
2. Anogenital warts
3. Self-harming behaviour with child protection concerns.
4. Old physical injury
5. Longstanding neglect
6. Long standing emotional abuse
7. Cases where there is time to plan for an assessment
8. Sibling examination where there is no immediate need
9. Large families with no immediate need but to retain them under the same examining doctor (examining doctor to notify St Georges receptionist 0113 8432001)
10. Vague concerns but requesting an overall assessment e.g. neglect

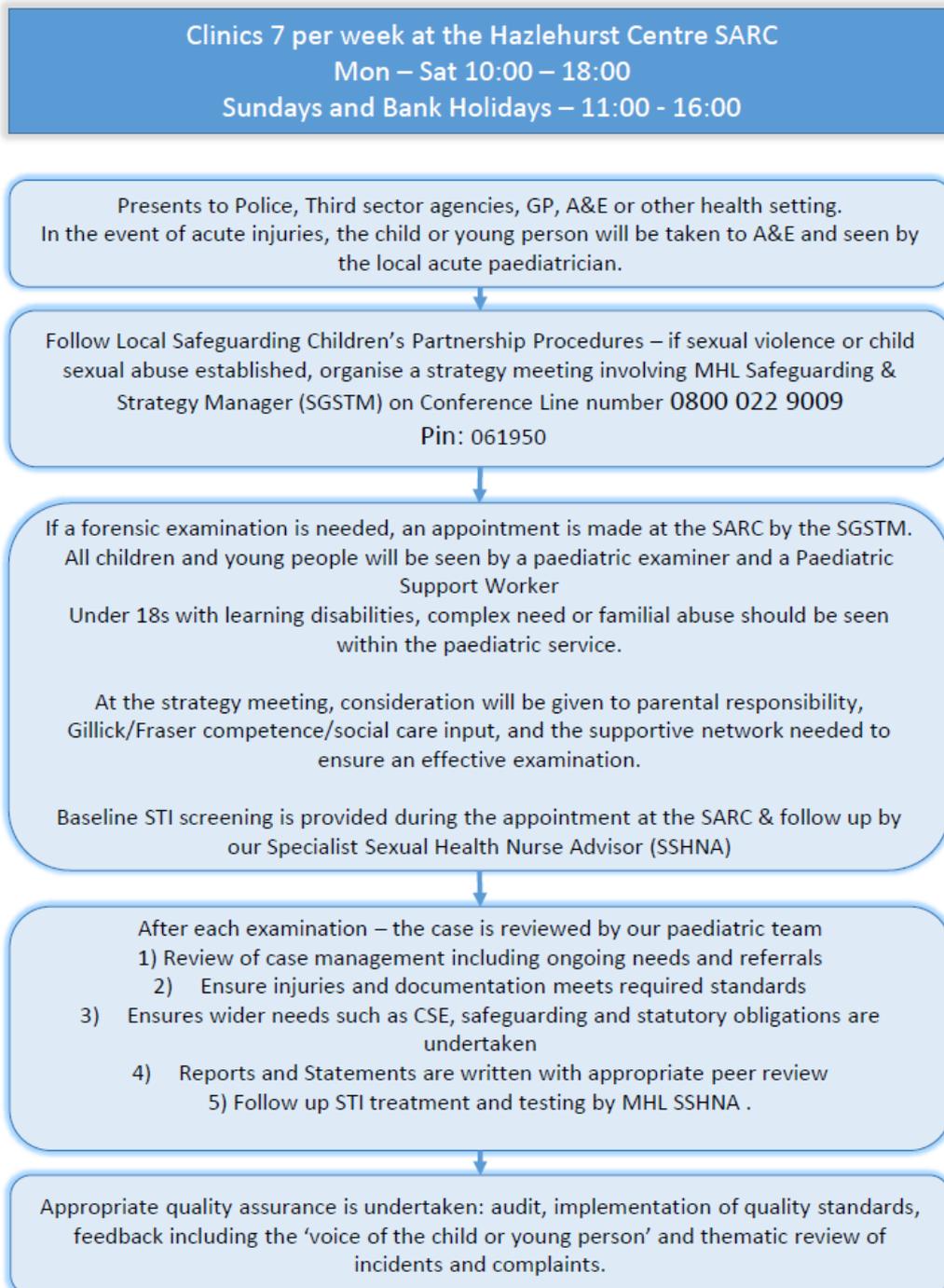
Pathways for Sexual Abuse Cases (acute and non-acute)



Police & Crime Commissioner
West Yorkshire



**Children & Young People Aged 0-15 years
Acute Pathways (0-13 days)**



Forensic Examination Services provided by Mountain Healthcare - Tel: 0330 223 1154

Children & Young People Aged 0-15 years Non-Acute Pathways (14 days and over)

By appointment only

Cases from West Yorkshire will be referred and seen by Mountain Healthcare using the process below.

Disclosure, allegation, or concern for sexual abuse/assault of child or young person with last incident happening 14 days ago or more.

Police & Social Care

To contact Sexual Abuse Assessment Service for Children and Young People Mountain Healthcare Pathway Support Service Team (PSS) – 0330 223 1154
Multi-agency strategy must be held with our Safeguarding & Strategy Manger (SGSTM) on Conference Line 0800 022 9009 ~Pin: 061950

Appointment made for assessment by Mountain Healthcare in their non-recent clinic. Child / young person to be seen by a Paediatric Examiner and supported by a Paediatric Support Worker. STI screening is provided during the appointment.

Onward referral to other agencies as appropriate.
Information sharing with social services, community paediatricians and GP.

A report on findings of the examination will be provided to the allocated social worker. Statements are available on request.

Follow-up appointments within the community and MHL Specialist Sexual Health Nurse Advisors will be arranged.

Case review and quality assurance for non-recent cases is undertaken as outlined in the Acute Pathway.