Cheshire East Local Safeguarding Children Board

Child Protection Medical Assessment Procedures

Working Arrangements between Mid Cheshire Hospitals NHS Foundation Trust / East Cheshire NHS Trust / Primary Care Service And Cheshire East Children's Social Care for Child Protection Medical Assessments

Rationale

This updated procedure sets out the process for considering and arranging a child protection medical assessment when the Local Authority is undertaking enquiries under Section 47 of the Children Act 1989.

Author(s)

Dr D Wright - Named Doctor for Safeguarding Children, East Cheshire NHS Trust

Dr A Thirumurugan - Designated Doctor for Safeguarding Children for Cheshire East

Jacquie Sims - Head of Service - Cheshire East Social Care

Who has been consulted with?

Individual/group	How were they consulted?	When were they consulted
Children/Young people	Mid Cheshire Hospitals NHS Foundation Trust Youth Forum	Aug 2016
Dr. Naomi Lees, Named GP for South Cheshire and Eastern Cheshire CCG &	E.mail	July/Aug 2016
Dr. Jody Brown, Named GP for Vale Royal CCG	E.mail	July/Aug 2016
Dr. Jo Tillett, Consultant in Accident and Emergency, Leighton Hospital	E.mail	July/Aug 2016

Important Dates:

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1. Introduction

1.1. A paediatric medical assessment should always be considered when there is a suspicion or 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. Please refer to separate guidance for management of suspected Fabricated or Induced Illness.

1.2. Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health, development and long-term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self-esteem and feelings of being unloved and isolated. Neglect can result, in extreme cases, in death. The impact of neglect varies depending on how long children have been neglected, their age and the multiplicity of neglectful behaviours they have experienced. When undertaking Section 47 enquiries in cases concerning severe neglect, consideration should always be given to completing a child protection medical assessment.

1.3. The need to consider a medical assessment in these cases arises from section 47 of the Children Act 1989 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.

1.4. Local procedure also supports the need for consideration of a medical assessment for the purpose of a section 47 investigation in a child's best interest.

1.5. The Social Worker (SW) will take the lead in arranging the medical assessment in keeping with the process described in this document. When child protection concerns are identified by a health professional, in primary or secondary care, the matter needs to be referred promptly to Children's Social care via Cheshire East Consultation Service (ChECS) or Emergency Duty Team as relevant, for further appropriate action.

2. Decision Making Process – Principles

If there are concerns that the child has an injury which requires immediate attention, the Social Worker should ensure that the child is seen at the local emergency department without delay.

2.1. A strategy discussion/meeting will take place within one working day of the referral being received by children's social care.

2.2. The strategy discussion should determine whether a medical assessment is necessary. At East Cheshire NHS Trust (Macclesfield Hospital) the on-call paediatric consultant is available for input to the strategy discussion regarding whether a medical assessment is needed, and when this should take place. At Mid Cheshire Hospital NHS Foundation Trust (Leighton Hospital) a member of the community paediatric team is available for advice between 9am-5.00pm Monday-Friday and can be consulted about whether a medical assessment is needed, and when this should take place. After 5.00pm Monday-Friday, and during weekends and bank holidays, the middle grade on-call or the on-call consultant paediatrician at Leighton Hospital could be consulted. Once the decision has been made that an examination is necessary it should not be changed unless mutually agreed by all relevant professionals. Please refer to Appendix 4 for details regarding process.

2.3. When a referral for medical assessment is made the right information must be exchanged. Appendix 2 and 3 is designed to ensure important information has been exchanged.

2.4. In cases of physical injury the child and/or children should be seen on the same day as far as 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 and social care records and it should be noted that there is agreement between the involved professionals. If there is disagreement between professionals as to when the examination should take place then the matter should be escalated to a senior professional within the relevant agencies. Non mobile infants with injuries must be seen the same day.

2.5. If the referral concerns physical injury or severe neglect a medical assessment of all the children in the household should be considered, preferably on the same day if it is agreed this is required. Reasons for excluding any of the children must be considered as part of the strategy discussion and appropriately recorded.

2.6. In the context of a busy acute paediatric setting especially out of hours, where there may be very sick children who require a prioritised response from the Paediatrician, it may be suitable to defer the child protection medical assessment till a later time or the next day, provided the child is medically well and appropriate measures have been taken to ensure the child and siblings' safety. Documenting injuries and a detailed examination of a young child late at night is usually not necessary nor is it appropriate, unless, in the case of a young person for example, this is preferred by the young person as opposed to returning the next day for an assessment.

2.7. It is the responsibility of Children's Social Care to ensure a place of safety for the child and siblings regardless of timing of the medical assessment.

2.8. Children under 16 years of age should be referred to a paediatrician. A young person between their 16th and 18th birthdays should be referred to a paediatrician if already under the care of a Paediatrician with on-going medical problems, has learning disabilities, is in the "looked after" system (Cared for Child) or is attending a special school. If a young person over 16 does not meet these criteria and agrees to a medical examination, the young person should be offered a choice of whether to be referred to the Paediatric service or to their General Practitioner for an examination and the relevant GP or Paediatrician contacted by social worker to arrange a medical exam. The timing of the examination will depend on the nature of the concern, as well as medical need and availability of appropriate medical practitioners, whilst also ensuring undue delays are avoided.

2.9. For all medical assessments the Social Worker will provide the information highlighted in Appendix 2. Both parties should keep this form available so that both parties will be reassured all information has been shared at the point of referral.

2.10. When there is a disclosure or suspicion of Sexual Abuse, a referral should be made by social care or the police to the Children's Sexual Assault Referral Centre (SARC) based at St Mary's Hospital Tel No 0161 276 5983 /6515.

3. The Medical Assessment

3.1. The purpose of a medical assessment is:

 To provide advice regarding investigations, treatment or interventions required and arrange future medical follow up where relevant.

 To assess the health and wellbeing of the child

 To establish and document whether there is any medical evidence of abuse or neglect.

3.2. The expected outcomes of a medical assessment include a record of any physical findings which may include written notes, drawings, photographs, video recordings or samples. The medical team will offer an opinion as to whether, given the information available at the time, they feel neglect or deliberate harm has occurred.

3.3. A provisional hand written summary of medical opinion for the attending social worker may be given where possible (Appendix 4) to assist forward planning.

3.4. A formal provisional or final medical report will be provided within 3 working days to the investigating team based on the information available at that time. The information will be shared with the child's GP and other relevant professionals. If further information becomes available at a later date then an addendum/revised report will be provided. It is advisable for the signed medical report to be scanned and sent to the following secure e.mail box for Cheshire East Children's Social Care - "PlacementServiceEast@cheshireeast.gcsx.gov.uk"

4. Consent to Medical Assessment

In the absence of a medical emergency valid consent is essential before proceeding to a medical assessment. Ideally the child or young person should be accompanied to the assessment by a person holding parental responsibility.

4.1. In most cases the doctor will obtain informed medical consent prior to medical examination. If the child or young person is not being accompanied to the medical assessment by a person who holds parental responsibility the Social Worker must obtain written consent (Appendix 1) for the medical assessment and ensure that person giving consent can be contacted by the doctor at the time of the assessment. It is the responsibility of the examining doctor to ensure that this informed consent is in place before proceeding with the examination and further investigations. In circumstances where valid consent cannot be obtained the doctor must always act in the best interests of the child. This may include going ahead with the medical assessment in the absence of consent, but the rationale for the same must be clearly justifiable and documented. The decision to proceed without consent may need to be discussed with a senior colleague or in some cases with the legal services department.

4.2. 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. 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 in the absence of consent. If in doubt, the examining doctor should discuss with the consultant paediatrician (if this is a different person to the one completing the medical assessment)

 Any person with parental responsibility including the Local Authority if a care order is in place.

 The Local Authority, when the child is accommodated, subject to an Interim Care Order, 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 Emergency Protection Order or Child Assessment Order. Note that consent for examination or assessment requires the court to make specific direction.

4.3. Police Powers of Protection do not give parental responsibility to the Local Authority or the Police.

4.4. Therefore if the person with parental responsibility or the child, if able to fully understand what is proposed and the implications, does not give consent then the medical assessment, investigation or treatment cannot proceed unless it is judged to be within the child's best interests (this would normally mean medical need rather than to minimise inconvenience). Note that consent is only required from one parent, if one parent gives consent and the other does not, then legally consent has been gained, presuming they both have parental responsibility.

5. After the medical examination

5.1. The case must always be discussed with the responsible consultant paediatrician prior to the child leaving the department.

5.2. Blood tests and a skeletal survey should be considered for children under the age of two years depending on the injuries. Skeletal surveys should be considered in siblings under 2 years of age when physical abuse is suspected or proven in the index patient.

5.3. Skeletal surveys are not emergency investigations and should be performed in accordance with the Royal College of Paediatrics and Child Health guidelines. A time will be agreed between 09:00 and 4.30pm Monday-Friday. Skeletal surveys should also be reviewed by a paediatric radiologist from a tertiary centre and the outcome of this review may only be available after several days.

5.4. Investigations may include blood tests which should be undertaken at the time of medical examination. There may be a considerable delay in getting results of some of the blood tests.

5.5. Photographs may be taken by the doctor for the medical records, documentation and peer review. It is important to recognise these photographs are only for the above purposes. The police may require the services of a police photographer to obtain further images as part of their investigation.

5.6. The Paediatrician completing the medical assessment may provide a written summary (Appendix 3) to the Social Worker immediately following the medical, where possible. A copy of this will be kept in the medical notes.

5.7. The expectation is that a child will be admitted to the ward if there are

 Injuries or problems requiring acute, inpatient medical attention
 Further investigations required (e.g. skeletal survey , CT head or ophthalmology review)
 Other medical reasons at the discretion of the consultant responsible

Admission of a well child to the ward as a place of safety will only be considered in exceptional circumstances where alternative placement is not immediately available. The admission must be agreed by the responsible consultant with a clear discharge plan in place.

5.8 Appropriate management plans to address health needs to be made, including any medical follow up required. There will always be a nominated and specific discharge address agreed by social care and ward staff

5.9. If the initial referral to social care was made by health it is mandatory that the outcome of the investigation is fed back to the referrer. It is also desirable that the Social Worker feeds back to the examining doctor regarding the outcome for all children who underwent a medical examination. Appendix 5 aims to facilitate this communication.

6. Difference of opinion about the outcome of the medical assessment, escalation policy

6.1. If children's social care or the police have concerns about the outcome of the medical assessment these can be discussed initially with the Named Doctor for Safeguarding Children within the relevant organisation. If no agreement reached it may be escalated to the Designated Doctor for Cheshire East.

6.2. If medical staff have concerns about the actions being taken by the social workers involved, these can be discussed with the Team Manager for Social Care in the team concerned. If concerns remain these should be discussed with the Service Manager for Children's Care in Crewe or in Macclesfield as appropriate.

http://www.online-procedures.co.uk/cheshireeast/contents/working-together/resolving-professional-disagreements/

7. Monitoring and Review

7.1. Compliance with this procedure will be monitored on a 6 monthly basis by the Performance Management and Audit sub group of Cheshire East Safeguarding Children Board

7.2. This procedure will be reviewed on an annual basis by the Policies and Procedures sub group of the Cheshire East Safeguarding Children Board.

Appendix 1: CONSENT FORM
(To be used only if the person with responsibility to consent will not attend examination. Competent young person of 16-18 years old may sign consent form themselves)

Insert Patient Details

CONSENT FORM
For Child Safeguarding Medical Examination and Associated Procedures

CHILD'S NAME .....

DATE OF BIRTH .....
(please place "√" if you agree; "x" or "delete" if you disagree and "N/A" if not applicable and sign each statement) **Initials**

- ☐ I have given permission for a medical examination …….
- ☐ to have necessary investigations including blood tests and radiology imaging ……..
- ☐ to photograph any injuries which may be used as evidence in courts …….
- ☐ to record any injuries/genital examination on a video which may be used as evidence ..……
- ☐ to use such photographs/video recordings anonymously for teaching purpose …….
- ☐ to share information about the assessment with GP, Police, Social Care and any other relevant agencies involved. …….
- ☐ for release of case notes for Court and Crown Prosecution use ..…….

I confirm I have parental responsibility for the above child ..……

NAME ..... RELATIONSHIP .....

SIGNATURE .....

(Please ensure above person has parental responsibility if signed by an adult carer)

CONSENT OBTAINED BY :- NAME .....

SIGNATURE ..... POSITION ..... DATE.....

Carer's Contact details (including telephone number) if further consent needed for investigations or treatments
……
……
……

Appendix 2: Information shared at point of referral. Social Care and Health should have their own copies of this form with transcribed information

Name of referring Social Worker

_____

•
Name and telephone number of attending Social Worker

_____

•
Child's details
Name

_____

Address_____

Date of birth_____

• Brief description of injury/allegations

_____

_____

_____

• Whether child/family already known to Children's Social Care and in what capacity

_____

• Name of person or persons with PR and who will be giving written consent for medical assessment and contact details for further consent for treatment & investigations should they be needed

_____

•
Details of parents/carers who will be accompanying the child and any concerns about accompanying adults.

_____

_____

_____

•
Whether the child has been or will be video interviewed or whether police photographs will or should be taken.

_____

•
Place and time for the assessment, agreed by both parties.

Appendix 3: Summary of Medical Opinion following child protection medical and Immediate Plan

Patient details or addressograph Name:

D.O.B: Hospital number: Address:

Initial medical opinion:
This opinion is based on the information available at the time of the examination. I reserve the right to change this opinion should further information become available or after consultation with colleagues.

□ Child Abuse likely Type of abuse ……

□ Child Abuse unlikely

In cases of suspected Physical Harm:

□ Non accidental injury

□ Non accidental most likely

□ Accidental most likely

□ Accidental but concerns regarding care

□ unknown, requires further investigation

□ No injury seen and no additional concerns

□ No injury seen but have additional concerns

Very brief comment on why that opinion has been reached:_____

_____

Further actions to be considered; Health:

□ Requires hospital admission

□ Blood test details _____

□ Radiology (x-ray, CT scan etc..) details _____

□ Medical opinion (ophthal, radiology) details _____

□ Medical follow up details _____

□ No further follow up

□ Referral to SARC

Further actions to be considered; Social care and/or police:

□ Child and siblings require alternative place of safety □

□ Siblings to have section 47 medicals □

□ Requires investigation (e.g. scene visit, photographs, witness statements) □

□ Requires strategy meeting □

□ Discharged to _____

Doctor's signature and name:_____

Social Worker's signature and name: _____

Date: _____

Appendix 4: Safeguarding Children Medical Assessment Referral Pathway

For Mid Cheshire Hospitals NHS Foundation Trust (Leighton Hospital):

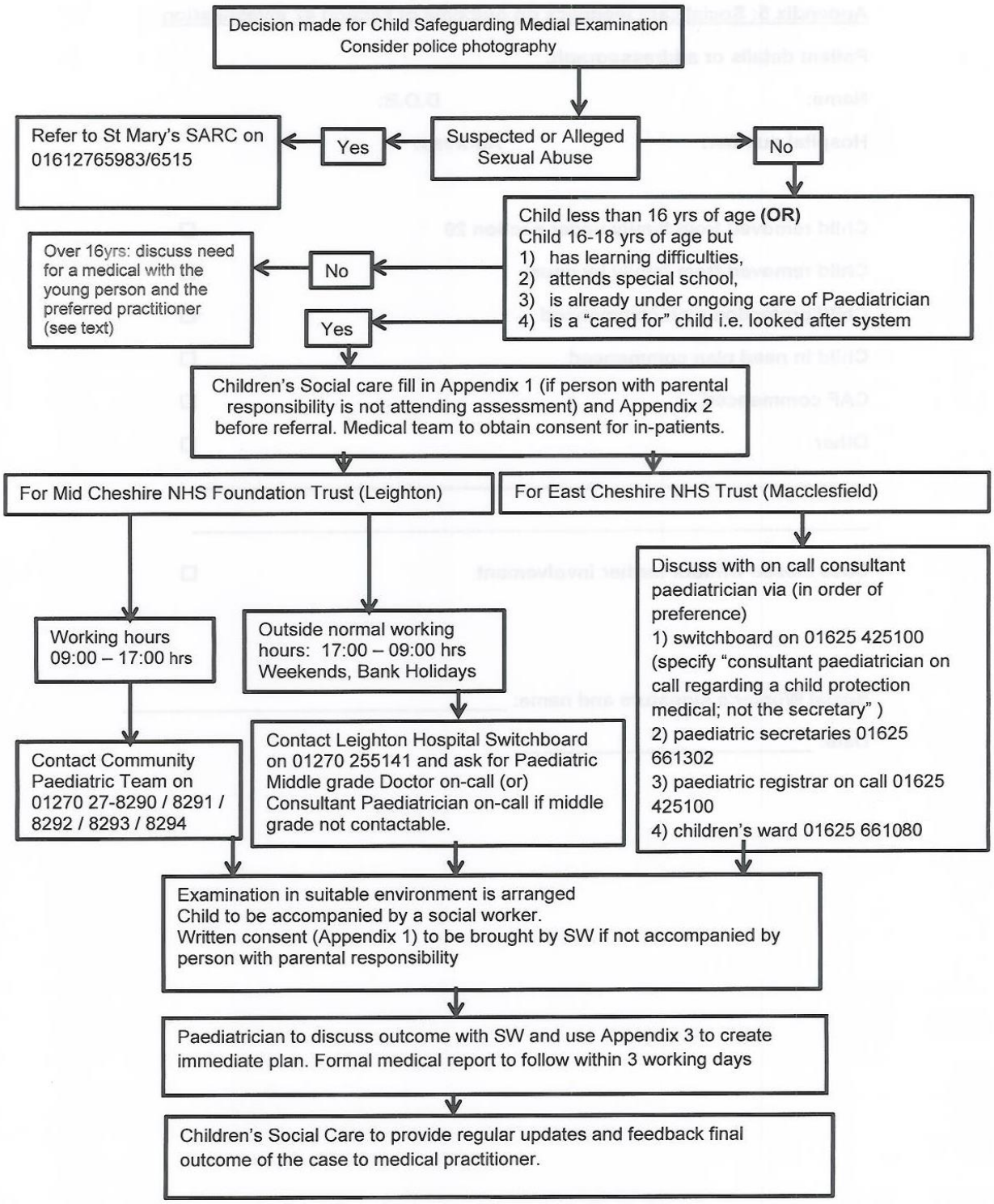
09:00-17:00 Monday to Friday, the point of contact should be the community paediatrician on-call for child protection who can be reached on 01270 278290 / 8291 / 8292 / 8293 / 8294.

Out of hours (17:00-09:00, weekends and bank holidays) the point of contact should be the paediatric middle grade on-call who can be contacted via the Leighton Hospital switchboard on 01270255141. They should be expected to take a message and details and facilitate first contact, they should not be expected to accept the referral and perform the medical examination straightaway.

If the middle grade cannot be contacted for any reason, the on-call paediatric consultant can be contacted via Leighton Hospital switchboard. The contacted doctor will arrange a suitable venue and hospital personnel for the examination.

For East Cheshire NHS Trust (Macclesfield Hospital):

The first point of contact should be the paediatric consultant on call. The switchboard on 01625 421000 will be able to assist. If the on-call consultant is unavailable due to clinical workload during work hours, the paediatric secretaries can facilitate the contact for the initial discussion. They are available on 01625 661302. The on-call paediatric “registrar”, “SHO” or the children’s ward can be contacted if the other avenues are unsuccessful. They should be expected to take a message and details and facilitate first contact, they should not be expected to arrange and perform the medical examination. The medical team will arrange a suitable environment and hospital personnel for the examination.


Decision made for Child Safeguarding Medial Examination
Consider police photography
Suspected or Alleged Sexual Abuse
Yes
Refer to St Mary's SARC on 01612765983/6515
No
Child less than 16 yrs of age (OR)
Child 16-18 yrs of age but
1) has learning difficulties,
2) attends special school,
3) is already under ongoing care of Paediatrician
4) is a "cared for" child i.e. looked after system
No
Over 16yrs: discuss need for a medical with the young person and the preferred practitioner (see text)
Yes
Children's Social care fill in Appendix 1 (if person with parental responsibility is not attending assessment) and Appendix 2 before referral. Medical team to obtain consent for in-patients.
For Mid Cheshire NHS Foundation Trust (Leighton)
For East Cheshire NHS Trust (Macclesfield)
Working hours 09:00 – 17:00 hrs
Outside normal working hours: 17:00 – 09:00 hrs Weekends, Bank Holidays
Discuss with on call consultant paediatrician via (in order of preference)
1) switchboard on 01625 425100 (specify "consultant paediatrician on call regarding a child protection medical; not the secretary")
2) paediatric secretaries 01625 661302
3) paediatric registrar on call 01625 425100
4) children's ward 01625 661080
Contact Community Paediatric Team on 01270 27-8290 / 8291 / 8292 / 8293 / 8294
Contact Leighton Hospital Switchboard on 01270 255141 and ask for Paediatric Middle grade Doctor on-call (or) Consultant Paediatrician on-call if middle grade not contactable.
Examination in suitable environment is arranged
Child to be accompanied by a social worker.
Written consent (Appendix 1) to be brought by SW if not accompanied by person with parental responsibility
Paediatrician to discuss outcome with SW and use Appendix 3 to create immediate plan. Formal medical report to follow within 3 working days
Children's Social Care to provide regular updates and feedback final outcome of the case to medical practitioner.

Appendix 5: Social care feedback on outcome of section 47 investigation

Patient details or addressograph:

Name: D.O.B:

Hospital number: Address:

Child removed from family under section 20 ☐

Child removed from family by court ☐

Child protection plan commenced ☐

CAF commenced ☐

Other ☐

_____

_____

_____

Case closed without further involvement ☐

Social Worker's signature and name: _____

Date: _____