



Safer Seven

On: Child Protection Medicals



1. Introduction

A child protection medical assessment is a medical assessment which is undertaken either at the request of social care or police, or when a referral has been or is about to be made by a clinician to social care in the context of concerns for the wellbeing of a child already receiving clinical care.

The assessment includes the clinical history and examination and detailed information i.e line drawings and photos. The assessment includes obtaining any relevant investigations, arranging any necessary aftercare and writing a report with an opinion.(RCPCH 2020)

2. Purpose:

- Identify the child's health needs
- Help to reduce the physical and psychological sequelae of such abuse
- Determine the likelihood of child abuse on the balance of probability
- Facilitate the police investigation of a possible crime by documentation of clinical findings, including injuries and taking samples that may be used as forensic evidence in a police investigation relevant to all types of abuse
- Contribute to the multi-agency assessment through sharing of information

3. Strategy Discussion

If there is reasonable cause to suspect a child is suffering or likely to suffer significant harm a strategy discussion should take place and include a local authority social worker, health practitioner and Police to be quorate.

If the child is in hospital, the Paediatrician should be invited. If there is an allegation of sexual abuse or sexual assault then SARC should also be invited.

The need for a planned medical assessment with appropriate consent should be considered as part of this meeting especially in cases of NAI, physical abuse, neglect, and sexual abuse or assault.

4. Consent

Informed consent should always be sought to examine a child for any reason. Consent may be from the child or young person if they are deemed to have capacity.

If consent is withheld by the child/ young person or person with parental responsibility for the child then a discussion needs to take place with the paediatrician and social care regarding further action which may be needed in order to proceed to examine the child.

5. Timing

It is important that children are seen as soon as is reasonable when visible signs might be present as these can soon become less visible or disappear completely. An assumption should be made that a child protection medical examination will be required and the rationale for not arranging one must be carefully recorded.

The RCPCH Child Protection Companion recommends that children are seen for an assessment of possible physical abuse within 24 hours, though it may be clinically appropriate to be seen more urgently, depending on the context.

6. Arranging the CP Medical Assessment

Child protection medical assessments can be requested as an action arising from a strategy meeting or prior to the strategy with the intention of informing the discussions during the meeting.

A child protection medical assessment should not be requested in order to determine if a strategy meeting is required.

If the allegation raises concerns about CSA, Children's Social Care/Police should liaise with SARC coordinator and make the necessary referral (SARC: 0808 196 2340)

7. Further information:

Any child who is found to be seriously ill or injured, or in need of urgent treatment or further investigation, must be referred immediately to hospital followed by referral to Children's Social Care Front Door <https://www.dudley.gov.uk/residents/care-and-health/safeguarding/tell-us/for-children/>

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