

CHILD PROTECTION MEDICAL FACT SHEET

INFORMATION FOR PROFESSIONALS

WHY IS A CHILD PROTECTION MEDICAL ASSESSMENT NECESSARY?

A Child Protection Medical Assessment is necessary because it has been requested due to Safeguarding concerns raised about the child or young person.

The Child Protection investigation will be led by a Social Worker and/or a Police Officer.

The purpose of the Child Protection Medical Assessment is to:

- Identify the child's health needs and ensure appropriate management
- Help to reduce the physical and psychological consequences of abuse
- Determine the nature of or likelihood of child abuse
- Facilitate the police investigation by documentation of clinical findings, including injuries and arranging any necessary investigations
- Contribute to the multiagency assessment through sharing of information.

The child/ young person will be examined by a children's doctor (Paediatrician) who has had special training for this work. The Paediatrician usually needs to liaise with the Social Worker and/or the Police Officer prior to the Medical. Other children in the family may need to be physically examined too.

Consent

Parent(s) and/or the child/ young person's permission – known as consent – will usually need to be given before the examination can take place. Preferably written consent is taken by the doctor but if the parent is unable to attend, verbal consent can be taken over the phone, with written consent by the social worker. The child can only consent if they are old enough and/or can understand what they are consenting to. In some cases consent is provided by the Local Authority.

What needs to be brought to the medical:

Any relevant medical and medication history and the child's red book. As the appointment can last up to 2 hours, provisions such as a drink and snack and toy/book should be brought for the child/young person.

WHAT HAPPENS AT THE MEDICAL?

History

The doctor will check the demographic details. Persons present at the Medical and their roles and responsibilities for the child/ young person will be clarified. The doctor will speak to the parent(s) or carers and will ask them about:

- Any injury or illness your child has had
- Their general health
- Their birth
- Their development
- Their immunisations (jabs)
- Any allergies
- Any regular medication
- The family's medical and social history
- Who lives at home Their behaviour and progress at school
- Any risks of specific concern

The Social Worker is usually present during the history taking.

The doctor will also speak to the Social Worker and/or Police Officer involved in the case. Written

information may also be shared by these professionals with the doctor.
Parent(s) will have the opportunity to talk about any health concerns they may have about the child and to ask questions about the process.
In line with national Safeguarding guidelines, all children and young people (depending on their age and understanding) must be given the opportunity to be spoken to alone about the allegations/disclosure. They are also given the opportunity to talk about their health or other concerns. The social worker is normally present as witness to this information from the child.

EXAMINATION

At the examination, normally only the parent(s), child / young person, the doctor (and a doctor-chaperone where required) will be present. The social worker may sometimes remain in the room but would not be behind the examination curtain. Sometimes the social worker is required to be present for example if a child has significant needs. Some older children sometimes prefer a friend rather than a parent to be with them. If anyone else needs to be involved, this will be discussed with the parent(s) or child/young person. Older children are asked if they wish to be examined without their parent present.

WHAT HAPPENS DURING THE CHILD PROTECTION EXAMINATION?

The child/ young person will have a full general medical examination (top to toe). The child will be weighed and their height measured. Head circumferences are measured for younger children. All marks and injuries will be noted, measured and drawn on a body map in the child's record. If the child/ young person become very upset, a further discussion can then take place as to what is best to do next.
Arrangements for medical photographs of any injuries or wounds may be made by the doctor with appropriate consent.
More specific investigations such as blood tests or x-rays may need to be done. If these are necessary they will also be discussed with the parent(s)/ child/ young person and consent taken.

WHAT HAPPENS AFTER THE CHILD PROTECTION EXAMINATION?

The doctor who examined the child will explain his/her findings to the parent(s) and the child (depending on their age and understanding) as well as to the social worker and/or police officer involved.
The doctor will write a report which is sent to the GP and the social services/ police authority involved. The child's health visitor or school nurse may also be sent a copy. The parent(s) can request a copy of the report from the Social Worker if they want one. We understand that it can be upsetting for parents to read all the details in the report. The report, body map, photographs and the medical records may be produced as evidence in court if necessary.

WHAT IF THE PARENT DOES NOT AGREE FOR THE MEDICAL EXAMINATION?

If the parent(s) or the child/ young person does not give consent to the examination and if the social worker and/or police feel an examination may be in the child's best interest, they will discuss this further with the parent(s). If they feel it is necessary they may seek a court order giving permission for the child/ young person to be interviewed or medically examined without the parent(s)' consent. If the child/ young person is old enough or has enough understanding to give consent, they can do so – the doctor will decide if this is possible.

FURTHER INFORMATION

A Child Protection investigation can be a very stressful time for the parent(s) and the family. It is important that:

- Parent(s) and child/ young person understand what is happening.
- Parent(s) and the child/ young person's views are listened to.
- Help and advice on the best way the parent(s) and the child can be supported during this time can be made available.