



Child Protection Medical Assessment Guidance

Guidance for Social Workers

Version	Document Date	Review Date	Reason for Revision and Summary of Changes	Author
1	November 2022	November 2025	New Version Created for Social Workers.	Tracy Murphy, Alli Hassey, Maureen Roscoe-Goulson

Neglect or emotional maltreatment has lasting consequences for children's and young people's physical and mental health. The advice of a paediatrician is therefore required as early as possible for all children referred to Children's Social Care once they meet the threshold for a Strategy Discussion or Section 47 enquiry and a Child Protection Medical Assessment may be required.

Medical assessments for suspected sexual abuse are NOT covered by this guidance.

Where there are any concerns of sexual assault, either recent or historic please discuss immediately and directly with the Sexual Assault Referral Centre (SARC). In acute situations time is crucial for gathering the forensic evidence. Where there are concerns of physical abuse or neglect associated with concerns of sexual abuse, the referral should also be made to the SARC where a comprehensive assessment will be carried out by their team. The aim is to avoid subjecting children to multiple examinations.

The SARC contact details are:

Tel: 0300 123 5058

E Mail: contact@theferns-suffolk.org.uk

What is the Purpose of the Child Protection Medical Assessment?

A Child Protection Medical Assessment is a comprehensive medical assessment which is an essential component of the multi-agency investigation of child abuse.

- It establishes the need for immediate treatment and can identify unmet medical or developmental needs and thus the requirement for further medical care.
- It may provide information to support a diagnosis of child abuse/maltreatment including neglect.
- It may allow additional observations to be made of the child's development and behaviour and parent-child interactions which may provide further evidence of abuse or neglect.
- It may provide evidence in the child protection investigation and in some case for subsequent legal proceedings.
- It can provide reassurance to the child/family.
- It can contribute to a multi-agency management plan.

Suffolk Child Protection Medical Assessment Process

A paediatric medical assessment should always be considered when there is a suspicion of, or disclosure that indicates a child is at risk of significant harm, as per Section 47 of the Children Act 1989. This includes child abuse and/or neglect involving injury, suspected sexual abuse or serious neglect.

Following a referral to children's social care resulting in the need for a Section 47 enquiry for suspected physical abuse and/or neglect, the decision for a Child Protection Medical Assessment (CPMA) should always be made in consultation with the paediatrician on call. This should be through participation in multi-agency discussion. The hospital must not be considered a place of safety for safeguarding.

Where a child is reported to have an injury, MASH will provide advice within the MASH assessment, that the child will require a paediatric medical assessment



When Safeguarding Nurses within MASH have provided research information or been part of a formal discussion about the child/family, they will provide a recommendation and rationale for a medical assessment within their recording (MASH CSWs will provide the advice in other instances)



Social Worker will:

- Consult with the paediatrician, if this has not already taken place as part of the strategy meeting.
- Convey the advice to parents/carers. For Child Protection enquiries, the expectation is that the advice will be adhered to. They will also gain consent from a person with parental responsibility.
- As a rule, parents/carers are required to attend with the social worker unless it was agreed inappropriate during the strategy discussion.



Referral to Hospital Paediatrics

- Physical abuse of non-mobile children usually under the age of 2 (refer to paragraph below).
- All Out of Hour's referrals (normal weekdays after 17:00; weekends and public/bank holidays).



Referral to Community Paediatric Services

- Physical abuse > 2 years of age.
- Children of all ages where there are concerns of neglect (unless hospital treatment is required).



Paediatrician will arrange for CPMA in the Paediatric Assessment Unit or ward, as appropriate. Children in the community may be seen at a Child Development Centre. Note: CPMA will be expedited depending on current clinical need (s) in the department, at the time. Priority must be given to the needs of sick children. Therefore, CPMA may be delayed. Children MUST NOT be taken to the Emergency Unit for a CP medical.



Once the CPMA is undertaken, a written report will usually be provided to Children's Social Care and the Child's GP within 3-4 working days. The social worker must provide feedback to the Paediatrician who undertook the CPMA regarding the conclusion of the Section 47 enquiry.

Out of Hours

Referrals for a CPMA

All Out of Hours referrals after 5pm in the week and at weekends and public/bank holidays will be undertaken by a hospital Paediatrician.

Referrals to Social Care

All out of hours calls in the evenings, weekends, and Bank Holidays to Customer First (0808 800 4005) will divert to the Emergency Duty Service

CPMA undertaken by Hospital Paediatrician

- For all non-mobile children under the age of two, where there are concerns for physical abuse, the CPMA will be undertaken by a hospital Paediatrician. This allows all appropriate medical investigations to be carried out and, continuity of care if further radiological imaging is required as part of the CPMA. For children between the ages of one and two who are mobile, the decision regarding whether they go to hospital or not, should be decided with the hospital or community paediatrician at the Strategy Discussion.
- For CPMA required to be undertaken Out of Hours (normal weekdays after 5pm; weekends & public/bank holidays).
- Children over 2 years, if serious injury requires urgent medical attention.
- Severe neglect of any aged child requiring hospital admission.
- For any aged child attending for any reason at the hospital, and as a result of a medical examination, a safeguarding concern is raised. The details of this examination will be treated as a CPMA and ideally will inform the strategy meeting.

If older siblings of the index case require CPMA they will usually be seen by the Community Paediatrician. This will also require multi-agency discussion involving the paediatrician as a part of the strategy discussion/section 47 enquiry.

CPMA undertaken by Community Paediatrician

- For all children over the age of two years, where there are concerns for physical abuse, the CPMA will be undertaken by a Community Paediatrician.
- Any age child where there are concerns of neglect (unless under the age of two and associated with physical abuse in this case should be referred to hospital).
- Siblings of the child where a CPMA is required.

Information Required to Inform the Child Protection Medical Assessment

Much of the information required will be gathered during the strategy discussion and will assist the social worker to complete the Child Protection Medical Assessment referral form.

- For concerns of physical abuse there is an expectation that the child will be offered a CPMA within 24-48 hrs of the referral unless there is a more pressing clinical need.
- For concerns for neglect in the absence of any physical abuse concern, the CPMA will be offered within 10 calendar days of the referral. This allows for comprehensive information exchange to inform the CPMA. Information should be sought from the child's GP, medical specialist, midwifery service; including compliance with treatment/therapy of any identified health issues, including any patterns of the child not

being brought/presented for health or dental care, developmental delay, or behavioural difficulties. If a Graded Care Profile 2 (GCP2) assessment has been undertaken the outcome and progress with any supportive intervention would be worthy of note in the referral information exchange.

- If the child has been received into care following Police Protection (PP) or an Emergency Protection Order (EPO) the on-call paediatrician could make the decision to undertake a CPMA. If an initial Health Assessment needs to be undertaken, this will be undertaken separately from the CPMA, however the service will aim to allocate the same paediatrician to undertake this.

Process for Decision and Referrals for CPMA

The requirement for a CPMA should be a multi-agency decision and should not be made without discussion with the paediatrician. The Paediatrician should be in attendance at the strategy discussion. The strategy discussion should also consider whether other children in the household/family require a medical examination.

When calling to request a discussion to consider the need for a CPMA the social worker will be required to provide the; child's name (and any alternative names), date of birth, address, GP and NHS number if known, to the health setting admin personnel answering the call. The Social Worker should ask to speak to the Paediatrician about the case without divulging further details.

If the Paediatrician is available to receive the call, s/he will discuss the case with the social worker and make the decision about a conducting a CPMA. If the Paediatrician is unavailable at the time of the initial call, the social worker must provide their contact details. The Paediatrician will call the social worker back as soon as immediate clinical responsibilities allow. The call back will usually be made within two hours of the social worker's request.

What is Required Before the CPMA Takes Place?

The social worker must inform the parent/carer that a CPMA is required and ensure that, wherever possible, a parent or other person with parental responsibility attends the appointment. This is important to enable informed and written consent to be given (**see *Consent for CPMA below***).

If the parent is not available to attend the appointment, the social worker should seek written consent for the examination wherever possible. If this is not possible the telephone contact details of the person with parental responsibility should be given to the doctor so that consent over the telephone can be obtained. This should be agreed with the paediatrician before the appointment.

The doctor should be provided with the minutes of the strategy discussion/meeting and any other social care information prior to the CPMA. This is to allow enough time for the Paediatrician to gain knowledge of the case and formulate an appropriate assessment plan. If the minutes are not available at this point, the minutes should be brought to the medical appointment, by the social worker.

What Happens at the CPMA?

The child/young person will usually have their height and weight measured on arrival, by a member of the Health Care Team, alternatively this will be done by the doctor during the examination.

The Paediatrician will discuss the case with the attending social worker to obtain complete information as is available, regarding the nature of the concerns, previous social care involvement, information obtained from the child's school, etc. This discussion usually takes place in private before the child is seen.

Consent for the medical examination will be obtained by the Paediatrician from the parent; person with parental responsibility and/ or the child, as appropriate (**see Consent for CPMA below**).

The Paediatrician will take a history from the child/young person/parent/carer relating to the reason for referral, as appropriate to the context. A detailed history is also obtained, if possible, about the child's birth (and antenatal factors), past and current medical history, development, behaviours, family medical and social history.

The child/young person's available electronic health record will be reviewed to provide further information about the medical history, previous appointments, immunisation record, etc.

The physical examination is a comprehensive assessment of the child/young person's health and wellbeing, including any current and previous injuries. It includes assessment of growth, hygiene, clothing, dental health, and development.

The child/young person will be examined in the presence/absence of the parent/carer/social worker as appropriate, depending on the age of the child, developmental level, and personal wishes. A chaperone will be offered, if available.

It is usually necessary to inspect the skin on all parts of the body (excluding genitalia unless clinically indicated) to examine, measure and document on a body chart and in the notes, any bruises, or other injuries and to document any indicators of neglect. This will require removal of all or most of the clothing, keeping on only the underwear as appropriate. Clothing can be removed from one part of the body at a time, depending on the age of the child and sensitivity required. If a young person refuses to undress the doctor will respect his/her rights and wishes and therefore will not be able to report on areas that have not been examined.

Photo-documentation of any relevant findings may take place if appropriate/available in department, by the examining paediatrician (and second doctor if required). However, paediatricians cannot currently provide photographs for court standards or for use as evidence. Paediatricians can take photographs for peer review to help with medical opinion but national guidance states that these cannot be routinely shared with other agencies. Alternatively, for those cases of most concern and where there is a likelihood that they will go to Court, arrangements may be made for photographs to be taken by the police forensic photographer. This would be decided at the Strategy Discussion.

The Paediatrician will discuss his/her initial findings and conclusions with the social worker (and parents and young person if appropriate) at the end of the assessment.

The Paediatrician will make arrangements for follow up or referrals to other services, as required and inform the social worker of the plan.

Consent for the CPMA

The discussion about consent will depend on the age and competency of the child and the person(s) who hold(s) parental responsibility. Consent must be fully informed, and must include the reason for the examination, what it will entail, how the information may be shared and the possible consequences of refusing consent.

The Paediatrician will seek written consent wherever possible. Consent or authorisation can be given by:

- A young person of 16 years or over.
- A child/young person who has been assessed by the Paediatrician to have the maturity and understanding to make the decision to give consent.
- A person with parental responsibility.
- A court.
- The local authority if they hold joint parental responsibility (Care Order in place)

If the child/young person gives consent it remains good practice to inform the parents/carers and to seek their permission.

If the person holding PR is not available to attend the medical assessment, the social worker must obtain written consent from the person with PR. If written consent is not obtained or the child/young person is not deemed to have sufficient capacity to consent, as assessed by the Paediatrician, the social worker should provide contact details for the person able to consent to the examining Paediatrician thus enabling the Paediatrician to obtain informed consent by phone. The examination may need to be deferred until consent is obtained. The decision to proceed without parental consent will depend on the circumstances and the severity of concerns.

If a child or their parents refuse to give their consent to a Child Protection assessment that is necessary and if it is felt that the child is at immediate risk of harm, the Police and Social Care will need to take emergency action to protect them and may need to obtain consent by court order. At all times the risk posed to the child and the need for medical treatment, must be taken into consideration.

All discussions and decisions regarding consent must be fully documented.

Consent may be withdrawn by the child/young person during the assessment and his/her wishes must be respected. This must be documented. Similarly, if a child becomes distressed during the assessment, the examination may need to be terminated and rearranged for later, if necessary.

Appointment Times

The medical assessment may take up to 90 minutes.

In the hospital setting, the Paediatrician will arrange for CPMA in the Paediatric Assessment Unit or ward as appropriate. Note that the CPMA will be expedited depending

on current clinical need(s) in the department, at the time. A CPMA may be delayed if the Paediatrician needs to attend to the medical needs of sick children.

Children must not be taken to the hospital or the community setting without prior discussion with the Paediatrician.

If sibling groups require CPMA, it is at the discretion of the Paediatrician as to whether two siblings may be seen in one appointment session, depending on the complexity of the index case and the time available.

Medical Reports

The medical report will usually be available within 3-5 working days. In some circumstances this may be delayed, for example if a second opinion is being sought or further information is awaited.

Outcome of Section 47 enquiry

The social worker should inform the examining Paediatrician of the outcome of the S47 enquiry and 'Inform, in writing, all the relevant agencies & family of their decision and, if the child is a child in need, of the plan for providing support' (Working Together to Safeguard Children 2018). The doctor (s) involved in the CPMA should be invited to future initial Child Protection conferences.

Allocated Cases

If a physical injury regarding an allocated child is discovered, the social worker will liaise with colleagues in health regarding the required level of intervention and follow the same processes outlined above if they need to contact a Paediatrician for a CPMA.

Contact Numbers for Paediatric Services

Ipswich Hospital 01473 712233

West Suffolk Hospital 01284 713000

Practitioners should ask to speak to the on call paediatric consultant.

For Child Development Centres (community paediatric services)

St Helens House Ipswich 01473 321200

West Suffolk CDC 01284 741700