

PROCEDURE for CHILD PROTECTION MEDICAL EXAMINATIONS

1. Introduction

- a) There is a statutory requirement for local health services to cooperate and contribute to the assessments of children in need or at risk of maltreatment.
- b) Assessments need to be timely, child-centered, carried out with respect and foster the building up of trust.
- c) This protocol aims to set out clearly what is required by professionals/ agencies to ensure effective working together, in order to achieve the best outcomes for safeguarding and promoting the welfare of children.

2. Aims of Paediatric Assessments

- a) To undertake a holistic assessment including assessment of the developmental needs of the child and to ensure that all health needs are identified and appropriate actions taken.
- b) To help to reduce the physical and psychological consequences of such abuse.
- c) To determine the likelihood of child abuse on the balance of probability.
- d) To 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.
- e) To contribute to the multiagency assessment through sharing of information.

3. Decision Regarding Assessments

- a) An initial enquiry is undertaken by the Social Worker and/ or Police Officer. A strategy discussion led by Children's Social Care takes place and a decision is made on whether to proceed to medical assessment under Section 47 of the Children Act 1989. If the child is known to the Community Paediatricians, or if a Child Protection Medical may be needed (child sexual abuse/ exploitation, female genital mutilation, physical abuse, fabricated/ induced illness, complex cases etc.), the on-call Community Paediatrician at the Phoenix Centre should be invited to the **Strategy Discussion**.

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- b) Decisions regarding Child Protection (CP) Medical referrals will depend on the extent of injuries discussed during the strategy meeting.

Invitations for a strategy meeting should be made by emailing the Safeguarding Team at Bromh.safeguardingchildren@nhs.net who will triage the request to either a Health Visitor, School Nurse or Community Paediatrician.

- c) Referral for a Child Protection Medical (*always following a strategy discussion*) must be made by:

- **Emailing** the completed **form** in Appendix A to Bromh.cpmedicalsphoenixcrc@nhs.net
- This email must be followed up by telephoning 07864 949564. If there is no answer, please telephone Reception 0300 330 9450 and ask for the Child Protection (CP) Medical Administrator. If no phone call is received, the referral will not be progressed – this is the responsibility of the Social Worker. Faxed referrals are not accepted.
- The On-call Doctor will aim to give advice within 1 hour if they are not immediately available. Please see the *Bromley Multiagency Strategy Discussion Protocol* for further details: [MULTIAGENCY STRATEGY DISCUSSION PROTOCOL v20.pdf](#)

4. Making a Referral for the Medical Assessment [9am – 5pm, Mon to Fri]

- a) **Referrals for Child Protection Medicals** must only be made **by Children's Social Care**.

All professionals with concerns that a child has suffered significant harm or may be at acute risk of suffering significant harm must make a referral via the Portal at <https://childrensportallcs.bromley.gov.uk/web/portal/pages/home> and complete the relevant form. Then download the form, send a copy of the referral form to: bromh.safeguardingchildren@nhs.net and complete a RADAR. They can telephone Children's Social Care via the Children's and Family Hub (C&FH) for advice if needed **020 8461 7373/ 7379/ 7026**.

Video tutorials to help you use Bromley's new Children and Families Portal can be accessed here:

1. [How to register for an account on the Children, Young People and Families Portal](#)
2. [How To submit a referral on the Children, Young People and Families Portal](#)

Please note that telephone calls can also be made to the C&FH Team for advice, without necessarily making a referral to Social Care. Outside of office hours and at weekends and public holidays C&FH can be contacted on **0300 303 8671**.

In cases where a **GP** would like **advice** regarding a safeguarding concern prior to making a referral, the On-call Community Paediatrician at the Phoenix Centre can be contacted by

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telephoning the CP direct line on **07864 949 564** or **0300 330 9450** and ask for the Child Protection Medical Administrator. The On-call Doctor will aim to give advice within 1 hour if they are not immediately available.

b) BHC Paediatricians will carry out Child Protection Medical Assessments only at the Phoenix Centre. These medical assessments require formal booking by the Social Worker to ensure appropriate arrangements are in place for these to be undertaken efficiently and in a child focused manner. The aim is for a child with suspected physical abuse to be seen within 24 hours (or the next working day). Referral for Child Protection Medicals must be made by:

- **Emailing** the completed **form** from Appendix A to Bromh.cpmedicalsphoenixcrc@nhs.net
- This email must be followed up by telephoning CP direct line on 07864 949 564 or 0300 330 9450 and ask for the Child Protection Medical Administrator. If no phone call is received, the referral will not be progressed – this is the responsibility of the Social Worker.
- c) Using guidance from the Paediatrician attending the strategy meeting, the Social Worker will visit the child and make a referral to the community team for CP Medical Assessment.

If the Social Worker feels urgent attention may be required, then they will liaise with the Community Paediatrician who will either advise to continue the plan for community referral or suggest going to hospital. In this case the Social Worker will liaise with the hospital to arrange an appropriate time and place, supported by a Consultant-to-Consultant discussion between the Community Paediatrician and the hospital to ensure clear communication.

If telephone contact from Community Paediatrics to the acute Paediatrician is not possible, a written summary of the clinical rationale should be emailed to the Social Worker for handover to the hospital team upon arrival.

Please note that recommendations for hospital attendance should not be based on second-hand information and will require any injuries to have been seen by the Social Worker and if in any doubt as to timing/ place of assessment required, discussion with a Paediatrician.

All children under the age of 2 years, with suspected non-accidental injury/ physical abuse (bruise, suspicious mark, bite mark) should be referred **by the Social Worker** to the **On-call Paediatrics Consultant** at Princess Royal University Hospital (PRUH) via their switchboard on **01689 863000 (or Bleep 440)**, or via the Paediatrics Ward at 01689 864404/ 01.

The above groups of children are most likely to need further investigation including skeletal survey, CT head, and ophthalmology assessment.

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If the PRUH Paediatrics Consultant on call is not reachable on either of these numbers, the Social Worker is advised to contact the Paediatrics Registrar on call via switchboard and request a call back from the Consultant on call to discuss the referral and arrange a Child Protection Medical examination.

Please note that the Social Worker must accompany the child to Accident and Emergency with a parent or carer and remain with them whilst being seen.

Children who **are non-mobile due to disability (irrespective of age above 2yr)**, with suspected non-accidental injury/ physical abuse (bruise, suspicious mark, bite mark), should be referred via the normal route to the Safeguarding Team and the Community Paediatrics Doctor on call may discuss with the On-call Paediatrics Consultant at the Princess Royal University Hospital via the Paediatrics Ward at 01689 864404/ 01 or the Consultant Wi-Fi - 01689 864186, regarding the optimal venue for a Child Protection Medical on a case-by-case basis, keeping in mind the best interests of the child. This group of children are vulnerable and are likely to need further investigations.

See [protocol](#) for more details:

https://media.inzu.net/cms/f0e9b37b8c44e338f64ae38c6d41e267/articles/609/BSCP_Protocol_on_injury_Bruising_in_nonmobile_child_2025.pdf

- d) **Any child with a significant injury**, such as a suspected fracture or burns or suspected internal injury, should be considered as urgent (needing immediate medical attention) and should be taken to A&E at the PRUH directly, with the Social Worker in attendance and remain with them whilst being seen.
- e) There are children with **underlying health conditions who are known to the hospital Paediatrics Team** and who may require immediate diagnostic investigations at examination to clarify possible causes of observed marks or injuries (e.g. low platelet counts/ bleeding disorders/ skeletal dysplasia's). These details should be documented by the triage team and discussed with the Community Paediatrics Doctor On-call who may recommend the child being seen directly at the PRUH. The Community Paediatrics Doctor will liaise with the Paediatrics Consultant on call at the PRUH to ensure a clear handover of the case explaining the rationale for asking for a hospital assessment.

(The Paediatric Consultants at the PRUH may contact the Paediatrician on call at the Phoenix CRC on the safeguarding mobile number - 07864 949 564, if any concerns need to be discussed. In the event the child is known to the Community Paediatrics Service, the Community Paediatrician may contact the PRUH Consultant for sharing of information).

- f) **All cases of suspected Sexual Assault occurring within the last 3 weeks** are to be referred immediately to the SARC (Sexual Assault Referral Centre) at "The Havens" in Camberwell – **0203 299 6900**. Referrals for **13–18-year-olds** are accepted **up to 1 year post assault**. Referrals are accepted from **any concerned professional**. **A referral to Children's Social Care must also be made**. For "The Havens" generic enquiries, call 0203 299 1599.

Forensic Medical Examinations (FMEs) are best carried out as soon as possible after the rape or sexual assault. For further information see: www.thehavens.org.uk

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- g) **ALL** cases of historical sexual assault or rape or any Child Sexual Assault concerns occurring **more than 3 weeks** post incident for **0–13-year-olds**, and **more than 1 year** for **13–18-year-olds** should first be referred to the Social Worker (in C&FH), who after their investigations, would then contact the Phoenix Centre, for a **strategy discussion**. **If a CP Medical is agreed, then referral is made via the Appendix A form as above.**

Child sexual abuse should be considered if any of the following history or presentations are present. This list is not exhaustive:

- Allegation/ parental concern
- Pregnancy under the age of 16 years
- Sexually transmitted infections under the age of 16 years
- Anogenital injury with absent or implausible explanation
- Unexplained vaginal or rectal bleeding
- Vaginal discharge, especially if recurrent
- Insertion of foreign body into vagina or anus
- Soiling, bowel disturbance, enuresis (wetting), or change in behaviour
- If child has been in contact with known perpetrator
- Any child who is alleged to be a perpetrator
- When there is evidence of physical or emotional abuse or neglect

Suspected FGM:

When examination is required to investigate whether a child has experienced FGM, referral must be made to the Children's FGM Service at University College London Hospital by telephoning **0203 4475241** or emailing UCLH.PaediatricSafeguarding@nhs.net

These medical assessments should not be undertaken locally. In Bromley, the expectation is that mandatory duty reporting takes place as per current guidance and that children's social care would make the referral for these medical examinations.

If FGM is confirmed, the clinic at UCLH offers management of the physical and psychological implications of FGM. The multiagency guidance for Bromley has been updated, and it is currently going through ratification processes.

- h) Child Protection Medicals for **Neglect/ Emotional Abuse** should be considered when information available indicates that there are outstanding unaddressed medical needs, concerns regarding growth and/ or developmental delays which cannot be addressed by universal services (GP's, Health Visitors). These are to be booked by following the guidance provided in section 4b above. These children should be seen within 10 working days of referral.

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- i) **The Social Worker** referring for the CP Medical should outline their concerns and they may be asked to provide information to explain what they are concerned about and why. The referrer must obtain and relay as much relevant information as is possible: **See Appendix C**. A referral discussion may be required with the On-call Paediatrician to agree appropriate action and timelines.
- j) **Consent** (verbal or signed) is to be obtained by the Social Worker, from someone with parental responsibility before a medical can be booked, and if not possible, then the reasons or extenuating circumstances will need to be documented in the records.
- k) Apart from the Social Worker accompanying the child, a parent/ carer should be present in order to obtain a full and accurate history.

5. **Making a Referral for the Medical Assessment [Out of Hours]**

- a) Referrals for Child Protection Medicals must **only** be made by **Children's Social Care**.
 - **Other professionals** with concerns that a child has suffered significant harm or may be at acute risk of suffering significant harm, must telephone Children's Social Care via the Children and Families Hub immediately on **0300 303 8671** stating that they would like to make a referral to social care. A completed referral form must be emailed within 24 hours to candfhub@bromley.gov.uk. Forms are available on the Bromley Healthcare Intranet pages and also at www.bromleysafeguarding.org
 - Please note that telephone calls can also be made to the Children and Families Hub team for advice, without necessarily making a referral to Social Care.
- b) For injuries that are not deemed to require urgent attention, Social Worker to refer to Community Paediatrics as per normal working hours for CP Medical Assessment (see above)
- c) If a Social Worker assesses that injuries may require urgent hospital attention, they should contact the On-call Paediatric Consultant at the PRUH to determine the need for an out-of-hours assessment. If the acute Consultant deems an out-of-hours assessment unnecessary, a referral to Community Paediatrics should be made for next-day evaluation. Otherwise, the hospital will accept the patient for out of hours assessment.
- d) Referral is via the PRUH switchboard on 01689 863000, or the Paediatrics ward at 01689864404 (**or Bleep 440**). Email or faxed referrals are not accepted under any circumstances. Please note that the Social Worker must accompany the child to Accident and Emergency with a parent or carer and remain with them whilst being seen.

All telephone conversations must be recorded by the Doctor in the patient records, including date, time, name and role of contact person and advice given. In

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hospital (PRUH) the “Safeguarding Children Telephone Enquiry” form must be used and Junior Doctors must discuss with the On Call Consultant.

No child should arrive at A&E without prior communication with the Consultant On-call (Community Paediatrician during working hours or Social Worker after hours).

- e) **All cases of suspected Sexual Assault occurring within the last 3 weeks** are to be referred immediately to the SARC (Sexual Assault Referral Centre) at “The Havens” in Camberwell – **0203 299 6900**. Referrals for **13-18 year olds** are accepted **up to 1 year post assault**. Referrals are accepted from **any concerned professional**. **A referral to Children’s Social Care must also be made**. Forensic Medical Examinations (FMEs) are best carried out as soon as possible after the rape or sexual assault. For further information see: www.thehavens.org.uk or call **0203 299 1599** for general enquiry.

Cases of sexual assault or rape occurring **more than 3 weeks** post incident for **0–13-year-olds**, or more than **1 year** for **13–18-year-olds** should be referred by the Social Worker during normal office hours (Monday – Friday 9-5pm) to the Phoenix Centre for a **Strategy discussion**.

Separate arrangements to see these children will be made as appropriate. Please see section 4f of this document for further information about situations in which Child Sexual Abuse should be considered.

- f) Following the Child Protection Medical at the PRUH, a written report will be produced for Bromley Children’s Social Care with a copy for the GP within 10 working days. Further copies will be filed in the medical notes and forwarded to the Named Doctor at the PRUH.
- g) Once a child has had a medical performed at the PRUH, a further medical at the Phoenix Centre would not normally be required. If the hospital Consultant Paediatrician responsible for the child’s case would like further advice, they can discuss this with the Named Doctor for Child Safeguarding at the PRUH and with the Community Consultant on call at the Phoenix Centre.

6. **Expectations At and After the Assessment**

- a) The paediatric assessment should be sensitive to the child’s needs; the child should have an understanding as to why the assessment is taking place, be able to express their wishes and feelings, and participate in decisions affecting them.
- b) Children will be given the opportunity to speak alone as appropriate for their age and development.
- c) The outcome of the assessment should be communicated to the child in a sensitive manner appropriate to their age and understanding and to the parents/ carers. Verbal feedback on the outcome of assessment and any immediate actions recommended

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should be conveyed to the accompanying Social Worker. A handwritten provisional report of the assessment should be handed to the Social Worker after the assessment, after the child and their carers are no longer present at the venue.

- d) Decisions regarding Child Protection Medicals for siblings of the child referred in light of findings at the assessment need to be made by Children's Social Care on a case-by-case basis.
- e) Detailed report with opinions and recommendations are to be distributed to the Social Worker and to the GP within 10 working days of assessment.

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Appendix A

The following referral form is to be used by:

- 1. Children's Social Care to request any form of Child Protection Medical at the Phoenix Centre**
- 2. Community Paediatric Team (Administrators and Doctors) in cases where GPs telephone for safeguarding advice**

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CHILD PROTECTION MEDICAL REFERRAL FORM

(Including for Community Paediatric team to document Safeguarding advice provided to GPs)

- Please complete the Referral Form and send to Child Protection Medical Administrator
Bromh.cpmedicsphoenixcrc@nhs.net – subject title in email to read “CP Medical Request”
- Social Worker to then contact the Child Protection Administrator on **07864 949 564** or 0300 330 9450 (ask for Safeguarding team) to advise the email has been sent. **If no phone call is received, the referral will not be progressed** – this is the responsibility of the Social Worker.
- Please note that children less than 2 years of age requiring a Child Protection Medical should be referred by the Social Worker to the on-call paediatrician at the Princess Royal University Hospital.

Section 1

CHILD'S DETAILS: (if more than one child please use separate form for each and cross-reference)

Name: Gender: **Male/Female**
 Date of Birth: NHS No:
 Ethnicity: Telephone:
 Address:

School/Health Visitor:

G.P:

Social Worker:

Is Child on a Child Protection Plan: **Yes/No** Is he/she a Looked After Child: **Yes/No**

Is Family/Child previously known to Children's Social Care: **Yes/No**

Section 2

REFERRER'S DETAILS:

Name: Profession:
 Date of Request: Time of Request:
 Tel No. Mobile No:
 E-mail: Base:
 Are Police involved: **Yes/No** Name of Police Officer:

Has the child had an Achieving Best Evidence (ABE) Interview? **Yes/No**

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Parental Responsibility: Mother Father Local Authority Other

Is there a Court Order in force: **Yes/No** If yes, which type:

Are you referring for a medical: Yes/No If yes, has written consent obtained: **Yes/No**

Who will be attending?

Will an Interpreter be booked to attend the medical (Children's Social Care to arrange)? **Yes/No**

Section 3

Category of Child Protection concern (please tick those that apply):

Physical abuse Emotional abuse/ Neglect Sexual abuse

Referral reason:

Strategy discussion Child Protection Medical Advice

REASONS FOR CONCERN / WHY STRATEGY MEETING / MEDICAL IS NEEDED (i.e. please give details: date of the incident, injury, background - including history etc.)

Section 4

This section is for the Child Protection Administrator to complete

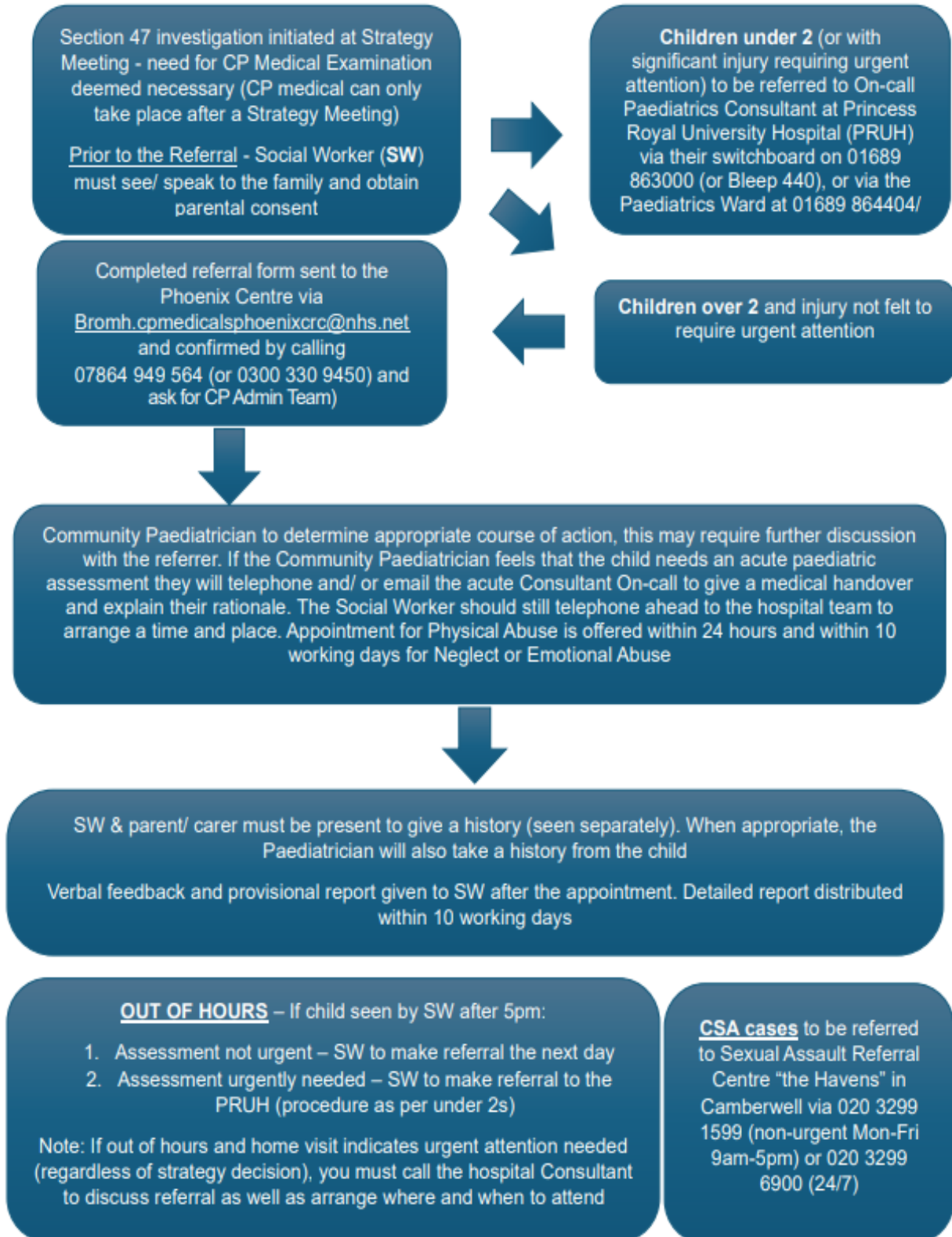
Time and Date that telephone confirmation of referral received:

Name of Paediatric Consultant on call:

For CP Medicals: Date & Time offered for CP medical:

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Appendix B



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Appendix C

Information Required from Social Worker for Child Protection Medical

- Full names (including aliases and spelling variations), date of birth and gender of all children in the household
- Family address (if currently LAC, Carer's details) and (where relevant) school/ nursery attended.
- Identity of those with parental responsibility
- Names and date of birth of all household members
- Where available, the child's NHS number
- Ethnicity, first language and religion of children and parents
- Any special needs of children or parents
- Any significant recent or historical events in child or family's life
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of alleged perpetrator, if relevant
- Known involvement with other agencies or professionals
- Information regarding parental knowledge of, and agreement to, the referral
- The child's views and wishes, if known
- Any other relevant information that may help towards the assessment

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Appendix D

References

1. Working Together to Safeguard Children: A Guide to Inter-agency working to Safeguard and Promote the Welfare of Children. 2013, 2015, 2018 and 2023
2. RCPCH Child Protection Companion 2013 Home - RCPCH Child Protection Portal
3. London Child Protection Procedures and Practice Guidance March 2017
<https://www.londonsafeguardingchildrenprocedures.co.uk>