1. **Introduction**

1. 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
2. Assessments need to be timely, child-centered, carried out with respect and foster the building up of trust
3. 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**

1. 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
2. To help to reduce the physical and psychological consequences of such abuse
3. To determine the likelihood of child abuse on the balance of probability
4. 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
5. To contribute to the multiagency assessment through sharing of information

3. **Decision Regarding Assessments**

1. 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 assessment under Section 47 of the Children Act 1989. If the child is known to the Community Pediatricians, 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 Pediatrician at the Phoenix Centre should be invited to the **Strategy Discussion.**
2. Referrals must be made by:

* **Emailing** the completed **form** in Appendix A to[**bromh.safeguardingreferrals@nhs.net**](mailto:bromh.safeguardingreferrals@nhs.net)
* This email **must be followed up** by **telephoning 07864 949 564. If there is no answer and you are not re-directed to reception please telephone 0208 466 9988. 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 Multiagency Procedure for Strategy Meetings for further details.

1. The Social worker leads the assessment under section 47 of the Children Act 1989 and other professionals contribute.
2. If indicated the Social Worker requests a Paediatric Assessment and arrangements for this are agreed with the Pediatrician. Children’s Social Care arrange an interpreter if required.

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

1. **Referrals for Child Protection Medicals** must only be made **by Children’s Social Care**. There are some exceptions to this rule and these are detailed below.

**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 MASH immediately on **020 8461 7373 / 7379 / 7026** stating that they would like to make a referral to social care. A completed referral form must be emailed within 24 hours to [**mash@bromley.gov.uk**](mailto:mash@bromley.gov.uk)or faxed to **0208 313 4400**. Forms are available on the Bromley Healthcare Intranet pages and also at [**www.bromleysafeguarding.org**](http://www.bromleysafeguarding.org)

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

In cases where a **GP** would like **advice** prior to making referral, the on call Community Pediatrician at the Phoenix Centre can be contacted by **telephoning the CP direct line on 07864 949 564 or 0208 466 8800. If there is no answer and you are not re-directed to reception please telephone 0208 466 9988.** The on call doctor will aim to give advice within 1 hour if they are not immediately available.

1. **Child protection medicals at the Phoenix Centre** require formal booking by the Social Worker to ensure appropriate arrangements are in place for this to be undertaken efficiently and in a child focused manner. The aim is for a child with suspected physical abuse is to be seen within 24 hours. Referral for child protection medical must be made by:

* **Emailing** the completed **form** from Appendix A to **bromh.safeguardingreferrals@nhs.net**
* This email **must be followed up** by **telephoning CP direct line on 07864 949 564 or 0208 466 8800. If there is no answer and you are not re-directed to reception please telephone 0208 466 9988. 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.**

1. **All children** **under the age of 2 years**, with suspected non-accidental injury should be referred by the Social Worker to the on-call Paediatric Specialist Registrar or Consultant at Princess Royal University Hospital (PRUH) via their switchboard on **01689 863000**.

**All children who are non-mobile or disabled, with a bruise**, suspicious mark or bite should be referred to MASH **AND** if under the age of 2 years, the on-call paediatrician at the PRUH.

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

**Please note that the Social Worker must accompany the child to Accident and Emergency with a parent or carer.**

1. **Any child with a significant injury** such as a suspected fracture or burns should be considered as urgent (needing immediate medical attention) and should be referred directly by the concerned professional to the on call Paediatric Specialist Registrar or Consultant at Princess Royal University Hospital (PRUH) via switchboard on **01689 863000** regardless of what time of the day they present. **A** r**eferral to Children’s Social Care must also be made.**
2. **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**

1. **ALL** cases of historical sexual assault or rape occurring **more than 3 weeks** post incident for **0-13 year olds**, and **more than 1 year** for **13-18 year olds** should be referred by the Social Worker to the Phoenix Centre, for a **Strategy discussion** by:

* **Emailing** the completed formin Appendix A to **BROMH.safeguardingreferrals@nhs.net**
* This email **must be followed up** by **telephoning** **07864 949 564 or** **0208 466 8800. If there is no answer and you are not re-directed to reception please telephone 0208 466 9988**. **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.**
* Separate arrangements to see these children will be made as appropriate.

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**](mailto: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. I have updated the multiagency guidance for Bromley and it is currently going through ratification processes.

The comm paed team still need to be included in the strategy discussions but need to be clear that the social worker needs to make referral to the above clinic. The clinic also offers a review service for DVDs from clinicians working in other safeguarding services where FGM is suspected but not confirmed.  This may be useful if signs of possible FGM are identified in a CSA examination by the community paediatric team.

1. 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.
2. **The Social Worker** referring 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 Pediatrician to agree appropriate action and timelines
3. **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
4. 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]**

1. Referrals for child protection medicals mustonlybe made by **Children’s Social Care.** There are some exceptions to this rule and these are detailed below.

* **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 MASH 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 [**mash@bromley.gov.uk**](mailto:mash@bromley.gov.uk)or faxed to **0208 313 4400**. Forms are available on the Bromley Healthcare Intranet pages and also at [**www.bromleysafeguarding.org**](http://www.bromleysafeguarding.org)
* Please note that telephone calls can also be made to the MASH team for advice, without necessarily making a referral to Social Care.

1. **The Social Worker must refer cases of suspected physical abuse to the On-Call Paediatric Registrar / Consultant via the PRUH switchboard on 01689 863000. 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.**

AII 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 hospital (PRUH) the “Safeguarding Children Telephone Enquiry” form must be used and Junior Doctors must discuss with the On Call Consultant. The case must also be discussed at the following medical handover and the next Psychosocial Meeting

1. **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 – **0208 3299 1599.** 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**

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** by:

* **Emailing** the completed **form** from Appendix A to[**bromh.safeguardingreferrals@nhs.net**](mailto:bromh.safeguardingreferrals@nhs.net)
* This email **must be followed up** by **telephoning 07864 949 564 or 0208 466 8800. If there is no answer and you are not re-directed to reception please telephone 0208 466 9988. 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.**

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.

1. 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 5 working days. Further copies will be filed in the medical notes and forwarded to the Named Doctor at the PRUH.
2. 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 Consultant Pediatrician 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**

1. 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
2. Children will be given the opportunity to speak alone as appropriate for their age and development
3. 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 should be conveyed to the accompanying social worker

1. 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
2. Detailed report with opinions and recommendations are to be distributed to the Social Worker and to the GP within 5 working days of assessment at the PRUH, and within 10 working days of assessment at the Phoenix Centre.

**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. **Children’s social care to request community pediatrician to be involved in a strategy meeting/ discussion**
3. **Community Paediatric team (administrators and doctors) in cases where GPs telephone for safeguarding advice**

|  |
| --- |
| **CHILD PROTECTION MEDICAL OR STRATEGY MEETING**  **(INCLUDING FOR COMMUNITY PAEDIATRIC TEAM TO DOCUMENT**  **SAFEGUARDING ADVICE PROVIDED TO GPs)**  **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**  Dates and Reason:  **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**  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/ reason why medical needed (i.e. please give details: date of the incident, injury, background etc.) (insert history here)**   * Please complete the Referral Form and send to Child Protection Medical Administrator **bromh.safeguardingreferrals@nhs.net** – subject title in email to read **“CP Medical Request” or “CP Strategy Meeting Request”** * Social Worker to then contact the Child Protection Administrator on **07864 949 564** or 0208 466 8800/0208 466 9988 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 pediatrician at the Princess Royal University Hospital.     **Section 4**  **This section is for the Child Protection Administrator to complete**  Time and Date that telephone confirmation of referral received:  Check on Emis - is child is known to Community Pediatricians: **Yes / No**  Name of Paediatric Consultant on call:  Outcome: Advice 🞏 Strategy meeting 🞏 Child protection medical 🞏  Recommended referral to Havens 🞏 Recommended referral to PRUH 🞏  **For CP Medicals:** Date & Time offered for CP medical:  Location of CP Medical: Name of Examining Doctor:  Outcome of appointment: **Attended/ Cancelled/ DNA**  Reason for any cancellation:  **Section 5**  **This section is for the Community Pediatrician to complete**  Details of discussion with referrer (including date and time): |

**Appendix B**

**Referral by Children’s Social Care to the Phoenix Centre for Child Protection Medicals due to Suspected Physical Abuse or Historic Sexual Abuse, Neglect or Emotional Abuse:**

Decision to initiate Section 47 investigation and need for paediatric assessment considered necessary

Social Worker (SW) to obtain consent where appropriate,

and gain relevant information

before requesting medical

Email Completed Form (Appendix A): bromh.[safeguardingreferrals@nhs.net](mailto:safeguardingreferrals@nhs.net) & Telephone Phoenix Centre **07864 949 564 or** **0208 466 8800/0208 466998.**

Social Worker to confirm receipt. If no phone call is received, the referral will not be progressed

Pediatrician on-call to consider all relevant information received to determine appropriate course of action, this may require further discussion with the referrer

Appointment booked/offered within 24 hours for physical abuse and

within 10 working days for neglect or emotional abuse.

Social Worker & Parent / Carer must be present to give a history.

[The Pediatrician, when appropriate, will take a history from the child, and spend time with the parent without the Social Worker present]

Detailed report to be sent out within 10 working days

Verbal/Written feedback given to SW.

Discharge or Follow-up with management plan including any investigation(s) if required

**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

**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**

**2. RCPCH Child Protection Companion 2013**

**3**. **London Child Protection Procedures and Practice Guidance March 2017**