

Salford's Child Protection (CP) Medical Assessment Process (Excluding FGM and Child Sexual Abuse [CSA])

Step 1: Any frontline professional who is concerned about risk or actual harm to a child (0 – 18 years) should refer to the Bridge (Children's Social Care)

Professionals should refer to the Bridge immediately via telephone (8.30-4.30) 0161 603 4500 OR (out of hours) 0161 794 8888, **followed by** a written referral via the [Worried About a Child portal](#) within 24 hours.

Step 2: An urgent multi-agency strategy discussion between **Health, Children's Social Care and Police** as a minimum, needs to take place within 24 hours to determine whether a CP medical assessment is required - **the decision making should be clearly recorded.**



**Step 3:
Outcome**

CP medical required - Children's Social Care (Social Worker) to arrange the medical.

Monday – Friday (9.00-5.00) - Children's Social Care should telephone Paediatric admin (**0161 206 0253**) explaining that you are a social worker requesting a CP medical assessment. The on-call Paediatrician will call you back to discuss the case and decide the way forward.

Out of Hours – Children's Social Care and police to arrange interim safety measures until a CP medical assessment can be arranged. Police photographs should be undertaken at the earliest opportunity (**but within less than 24 hours of the initial Bridge referral**). Any police photos must be brought to the CP medical assessment for review by the Paediatrician. These are necessary to inform the CP medical assessment.

Social workers should always attend the CP medical assessment unless there are exceptional circumstances. They should ensure they are able to share relevant background information on the child and family to inform the assessment. Police may also be requested to attend to support any criminal investigation. This may be virtual or in person, depending on individual circumstances.

No CP medical required.

Clearly record decision making as part of the strategy discussion. **Professionals should follow the plan outlined by Multiagency Strategy discussion.**

Admission to hospital is not a place of safety for children as a parent can remove them.

Step 4: A provisional report (child protection communication document) will be provided by the Paediatrician at the time for the social worker and police officer in attendance, email cc'd to CPCINAD@salford.gov.uk. A formal typed report will be provided within 10 working days.

Generic guidance points

- This pathway is not relevant for a child who needs a health assessment or medical because of concerns relating to suspected Child Sexual Abuse (CSA) or Female Genital Mutilation (FGM). For both these scenarios, Children's Social Care should refer to St Mary's Sexual Assault Referral Centre (SARC). Both CSA and FGM have separate pathways to the CP medical assessment process. Both also require a referral to the Bridge.
- Always consider if a child requires urgent medical attention via emergency services or attendance at PANDA/A&E.
- A discussion with a social worker or with the Bridge does not preclude the need to follow the CP medical assessment process. An urgent referral to the Bridge via the portal should always be made with regards to CP medical assessments.
- Children should never be taken to or directed to their GP for a CP medical assessment. This will result in delay as they are not equipped or trained in this type of specialist assessment.
- Only a Paediatrician may physically examine a child for the purposes of a CP medical assessment. Other professionals may be asked to note any obvious visible marks or injuries on a body map and/or document details for the purposes of their record keeping and Bridge referral.
- Consent for a CP medical assessment is needed from a parent with Parental Responsibility or from the child where they are considered to be Gillick Competent. A court order can also be used if required.
- It would usually only be appropriate for Police or a Paediatrician to take photographs, however there may be occasions that other professionals will be asked in exceptional circumstances, to preserve essential evidence, particularly out of hours.
- Photographs are part of the child's medical record. Copies can be requested via the legal department of Salford Care Organisation (Northern Care Alliance) with consent of the Paediatrician at legal.services.srft@nca.nhs.uk (n.b. 'nca.nhs.uk' to 'salford.gov.uk' is a secure link).
- Additional investigations may be needed to inform the CP medical assessment such as a skeletal survey. These are undertaken at Royal Manchester Children's Hospital and are usually done as an outpatient. These cannot be done out of hours.

Generic guidance points (continued)

- **Bruising in non-mobile infants is rare and raises concern about abuse. They can be the only outward sign of serious injuries such as fractures or subdural haematoma.**
- **A child can have a bruise that is highly likely to be inflicted but still have a normal skeletal survey. The Paediatrician will bring all available information together to form an opinion on the balance of probabilities.**
- **An assumption should be made that a medical will be required if there is suspicion of physical abuse i.e reported or witnessed. The absence of visible marks should NOT be a reason to not undertake a CP medical assessment, without consultation with a Paediatrician ([Link](#)) (*Section 5.7 : National Review into the murders of Arthur Labinjo-Hughes & Star Hobson*)**
- **For any decision NOT to arrange a CP medical assessment, where there are allegations of physical harm or other concerning external injury, the rationale must be clearly recorded.**
- **Any professional has the responsibility to professionally challenge or escalate concerns about decision making around a CP medical assessment if they are not in agreement. This can be at any stage in the referral process. Advice should be sought from organisational safeguarding leads and consideration given to of use of the SSCP Professional Challenge & Escalation Procedure ([Link](#))**
- **National paediatric guidance indicates that a CP medical assessment for a child with suspected or known physical abuse, should normally take place within 24 hours of the initial referral to health services. This is not always available in Salford due to not having an out of hours service and a multiagency safety plan needs to be in place for the child.**
- **Strategy Discussions must consider, ideally in consultation with the paediatrician (if not part of the discussion or meeting), the need for and timing of a CP medical assessment. Consideration must also be given as to whether there are any other children in the household who may also require a CP medical assessment.**
- **CP medical assessments within routine hours are carried out at the Children's Outpatient Department at Pendleton Gateway, Salford ([Link](#)). Blood tests and photography are available on site.**

Useful links:

[Greater Manchester Safeguarding Children Procedures Manual](#)

[Salford Safeguarding Children Partnership](#)

Practice guidance and relevant briefings:

[SSCP Professional Challenge & Escalation Procedure](#)

[Strategy Meeting 7 minute briefing](#)