

The Anlaby Suite

**Multi-Agency Procedure for Professionals
Requesting Child Protection Medicals
Pathway**

When concerns are raised about possible child abuse and neglect, it is important for the child and family that there is an appropriate response from all agencies. This pathway has been developed to assist multi-agency professionals in making a referral to the Anlaby Suite for a Child Protection Medical. If the child requires urgent medical attention, they should attend the Emergency Department. If required, the child will follow the inpatient admission pathway and an assessment may be undertaken on the paediatric ward as appropriate.

Note: Please do not presume a medical slot will be available in the Anlaby Suite, these medicals require discussion and booking with the Anlaby Suite Team. Please be aware that attending the Emergency Department is not an alternative route into the Anlaby Suite.

The Purpose of a Child Protection Medical

A Child Protection Medical is carried out to:

- Make a full physical assessment of a child to assess the health and development of the child
- To identify any injury or harm to the child and initiate treatment as required
- The collection of forensic evidence
- To provide a medical report on the findings, including an opinion as to the probable/possible cause of any injury or harm reported – however, the Doctor may not be able to give a cause or explanation
- To request further investigations if required, for example pregnancy testing
- To provide reassurance for the child and parent
- To arrange for follow up and review where necessary
- To provide medical treatment as indicated, such as emergency contraception, vaccination, sexual health screening and blood Borne Virus Screening(HIV,Hepatitis B&C and Syphilis)
- For referral to external partners such as ISVA (Independent Sexual Violence Advisor), CAMHS, sexual health clinics etc.
- Consideration of aspects on Neglect

When is a Child Protection Medical needed?

Strategy Discussions/Meetings

Sexual Harm – The specialist team at the Anlaby Suite should be involved in strategy discussions, in all cases, where there has been a reported sexual offence against a child.

Contact should be made with the team at the earliest opportunity to seek advice and guidance in both acute (Forensic) and non-recent (historical) cases. A member of the nursing/medical team will be available to attend where the decision is made to progress to a strategy meeting.

Timescales for Acute Sexual Medical

- 7 days vaginal intercourse
- 7 days skin (if not washed) – routine 48 hours
- 72 hours anal intercourse
- 48 hours digital penetration (anal/vaginal)
- 48hrs oral penetration

REMEMBER – EVEN IF OUTSIDE OF THE “FORENSIC WINDOW”, seek advice from the specialist team in the Anlaby Suite regarding a medical. (See purpose of CP medical below)

Physical Harm/Neglect - Professionals in the strategy discussion must consider the need for and timing of a Child Protection Medical. Strategy meetings should be held in line with and as specified in Working Together 2018; and should include a local authority social worker, health practitioner and Police as a minimum and where possible. Consultation with the specialist team at the Anlaby Suite should take place where possible. If this is not possible, the Lead Nurse’s within EHASH/SAPH/MASH will act as a conduit and support decision making seeking advice when required from the specialist team. Where there is no involvement of the specialist team in the strategy meeting and views of the participants are that it meets the Threshold for a section 47 enquiry and child protection medical, contact should be made for a consultation regarding the medical. Consideration also needs to be given whether there are other children in the household who may require a Child Protection Medical.

Only a qualified specialist may physically examine the child for the purpose of a Child Protection Medical.

If you are unsure whether a Child Protection Medical is required, please seek advice. This maybe initially seeking safeguarding supervision/ management oversight from your agencies Safeguarding team or discuss the case with Children’s Social Care. Never do nothing.

Children’s Social Care and/or Police may wish to discuss with a Doctor in the Anlaby Suite.

Strategy discussion paperwork should be completed which clearly evidences discussion and decision making regarding the Child Protection Medical

Consent for a Child Protection Medical

Consent for a Child Protection Medical may be obtained in the following ways:

- From the young person if they are felt by the Doctor to be of sufficient age and understanding to be “Gillick Competent”, (contraception advice is “Frazer Guidance”)
- Any person with parental responsibility
- The Local Authority when the child is the subject of a Care Order (although the parent/carer should be informed)
- The Local Authority when the child is accommodated and the parent/carers have abandoned the child or are physically or mentally unable to give such authority
- The High Court when the child is a Ward of Court
- A Court as part of a direction attached to an Emergency Protection Order, an Interim Care Order or a Child Assessment Order

In non-emergency situations, when parental permission is not obtained, the social worker and manager must seek legal advice.

Arranging the Child Protection Medical

Where a child attends an appointment with Primary Care and concerns are raised regarding possible sexual, physical harm and/or neglect the GP should consider any immediate safeguarding actions.

For non-urgent cases within working hours, children social care should be contacted and a safeguarding referral made if required.

If the child needs immediate medical attention, they should be directed to the Emergency Department and contact made with Children’s social care. Consideration should be made regarding transporting the child via ambulance or own transport.

If the GP needs specialist professional advice to support their decision-making, particularly in relation to non-urgent uro-genital conditions contact can be made with the specialist team at the Anlaby Suite

A Child Protection Medical must take into account the need for both specialist Paediatric expertise and forensic requirements. Decision making should be carried out between the experienced health professional and referring agency (police or children’s social care) regarding the timing and expectations of a child protection medical assessment. The child and family/carer should be given a realistic time frame for the duration of the medical, which can be upwards from 2 hours. Parents/carers may need to arrange care for other children or school runs. The child and family/carers should be informed by police/ CSC about why they are attending the Anlaby Suite.

Families and children should be directed to view information regarding the Anlaby suite:

<https://www.hey.nhs.uk/anlabysuite/> and provide with an information leaflet either electronically or as a leaflet

If the child is nervous or apprehensive about attending for a Child Protection Medical, please liaise with the team in the Anlaby Suite who could offer a visit prior to the examination.

Only Consultant Paediatricians, Forensic Medical Examiner's or other suitably qualified specialists, may undertake child protection medical's carried out as part of a Section 47 Enquiry. Child protection medical assessments will be carried out in the presence of a qualified nurse; the nurse will be a qualified health professional who is there as a witness and to support the child and clinician. Their name will be recorded on the child's professional medical assessment proforma.

Consideration should also be given to support for both the child and family during the Child Protection Medical Assessment e.g. use of interpreters (preferably face-to-face, organised by Police of CSC) or support for children with disabilities.

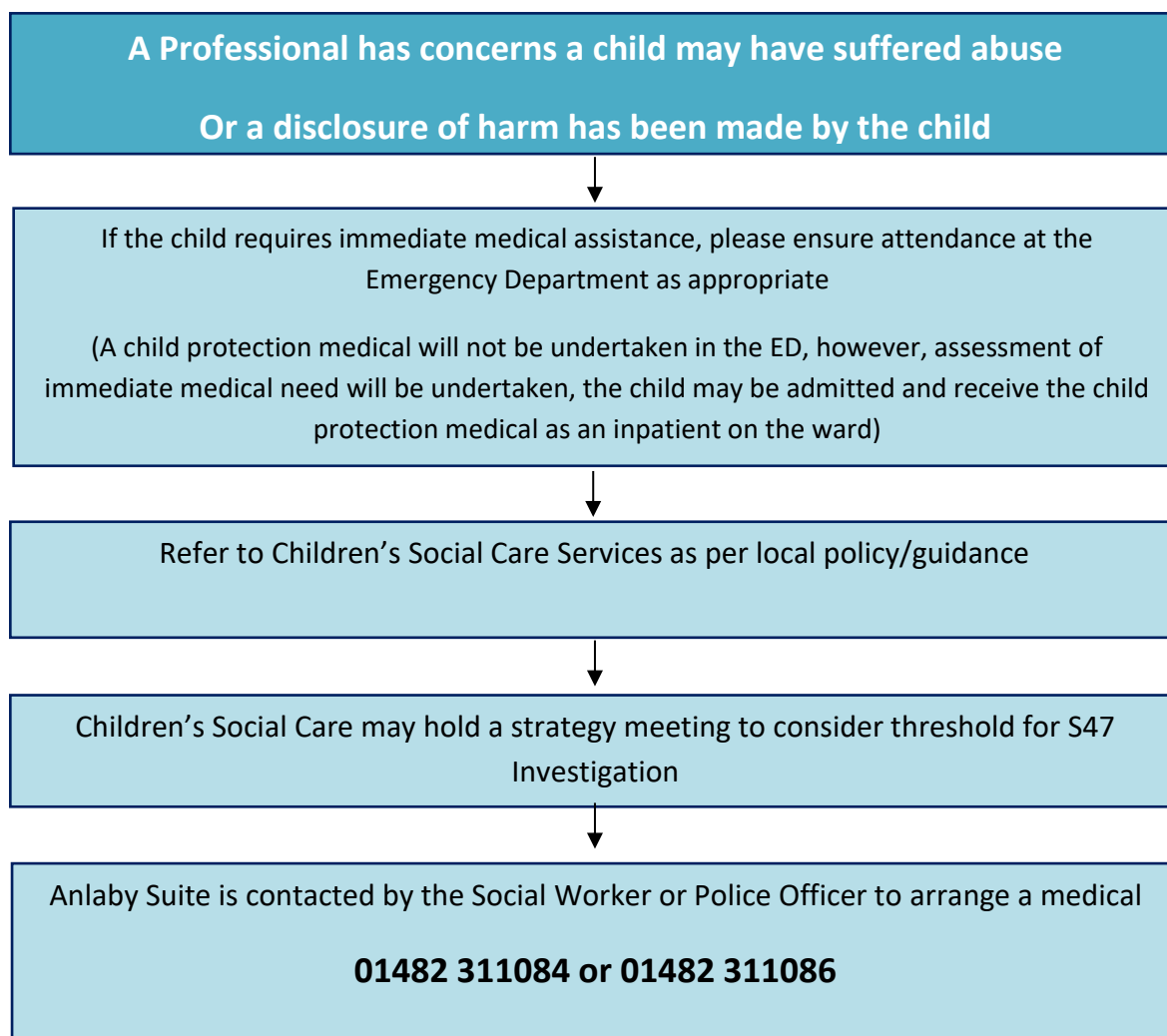
Where Child Sexual Abuse is suspected see CSAAS (Child Sexual Assault Assessment Service) Pathway.

Following the Child Protection Medical

- The child/family will be informed of the results of the medical and any ongoing medical investigations that may be required.
- Police/Children's Social Care will be given a written summary of the findings of the medical upon completion of the Child Protection Medical.
- A letter will be sent to the GP and Health Visitor informing them of the child's attendance at the Anlaby Suite for a child protection medical.
- A comprehensive report will be completed in a timely manner by the consultant undertaking the medical examination (10 working days). This will be shared with the GP, Children's Social Care and Humberside police via the supplied secure generic emails.
- A note will be added to the Local Electronic Patient Record (EPR) advising that there are Child Protection Medical records held at the Anlaby Suite.

NB – If other agencies require additional information regarding the Child Protection Medical, they should make direct contact with the Anlaby Suite.

Pathway for Physical Harm and Neglect Medicals



Out of normal working Hours, follow the pathway as above. The Anlaby Suite is open Monday to Friday 08.30-16.30. We have an answer phone available to take messages.

Following the medical, child and parent/carer will be updated by the Doctor. A medical summary sheet is provided to the police and social worker. The GP and Health Visitor will receive notification of the child's attendance for a Child Protection Medical.

Pathway for Child Sexual Abuse Medical Acute and Non-recent

0-15yrs (16+ Adult SARC)

Disclosure, allegation, or concern about sexual abuse/assault of a child or young person. Contact made with Children's Social Care or Police

In the event of acute injuries that require immediate medical attention, the child or young person should be taken to the Emergency Department for assessment of the injuries
(A child protection medical will not be undertaken in the ED. However, assessment of immediate injuries and or medical need will be undertaken and child may be admitted as an inpatient if required)

Police or Children's Social to contact the Child Sexual Assault Assessment Service (CSAAS - Anlaby Suite) **01482 311084 or 01482 311086**

NB: The Specialist Team within the Anlaby Suite should be consulted as part of all Strategy discussions in respect of allegations of sexual assault or abuse of a child

Specialist Team at the Anlaby Suite to be part of strategy meeting where possible.

In the course of Section 47 Enquiries, appropriately trained and experienced Paediatricians will undertake all medical assessments. If a forensic examination is required, an appointment will be made within the required forensic timeframe (see below for out of hours). All children and young people will be seen by a paediatric examiner

Children 16yrs and above with learning disability or complex needs can be seen in the Anlaby Suite by a paediatrician, otherwise they may be seen in the Adult SARC

If an acute sexual medical is required on a weekend or bank holiday (to meet the Forensic Evidence window), please contact Sheffield CSAAS (0114 2267803) or Mountain Healthcare (0330 2230099). For historic sexual abuse or out of hours Monday to Friday please leave a message on the the Anlaby Suite answer phone, or contact the Suite the next working day.

Anogenital Warts

Anogenital warts are small fleshy growths, bumps or skin changes that appear on or around the genital or anal area. Anogenital warts are caused by the human papilloma virus (HPV). In adults, anogenital warts are acquired through sexual transmission and most adults have been exposed to and carry sub-clinical HPV.

In children, four mechanisms for transmission of infection have been proposed:

1. Vertical transmission from an infected mother
2. Auto-inoculation from non-genital warts (eg. on their own hands)
3. Hetero-inoculation – contact between the child’s anogenital region and infected other person or contaminated object/surface
4. Sexual transmission

Currently, evidence only exists for perinatal vertical transmission or sexual transmission.

When a child is diagnosed with an infection that can be sexually transmitted, the possibility of sexual abuse must be considered. The child or young person will need to be assessed by a specialist paediatrician in the Anlaby Suite (CSAAS). The assessment can be undertaken as part of a **Section 47 investigation** (following referral to police or social care if there are concerns about the possibility of child sexual abuse) **OR** can be undertaken as a **direct referral** to the CSAAS by the GP, if there are no overt concerns regarding the possibility of child sexual abuse. It may help the GP to consider the following points when deciding which arm of the referral pathway is most appropriate for the child they wish to refer:

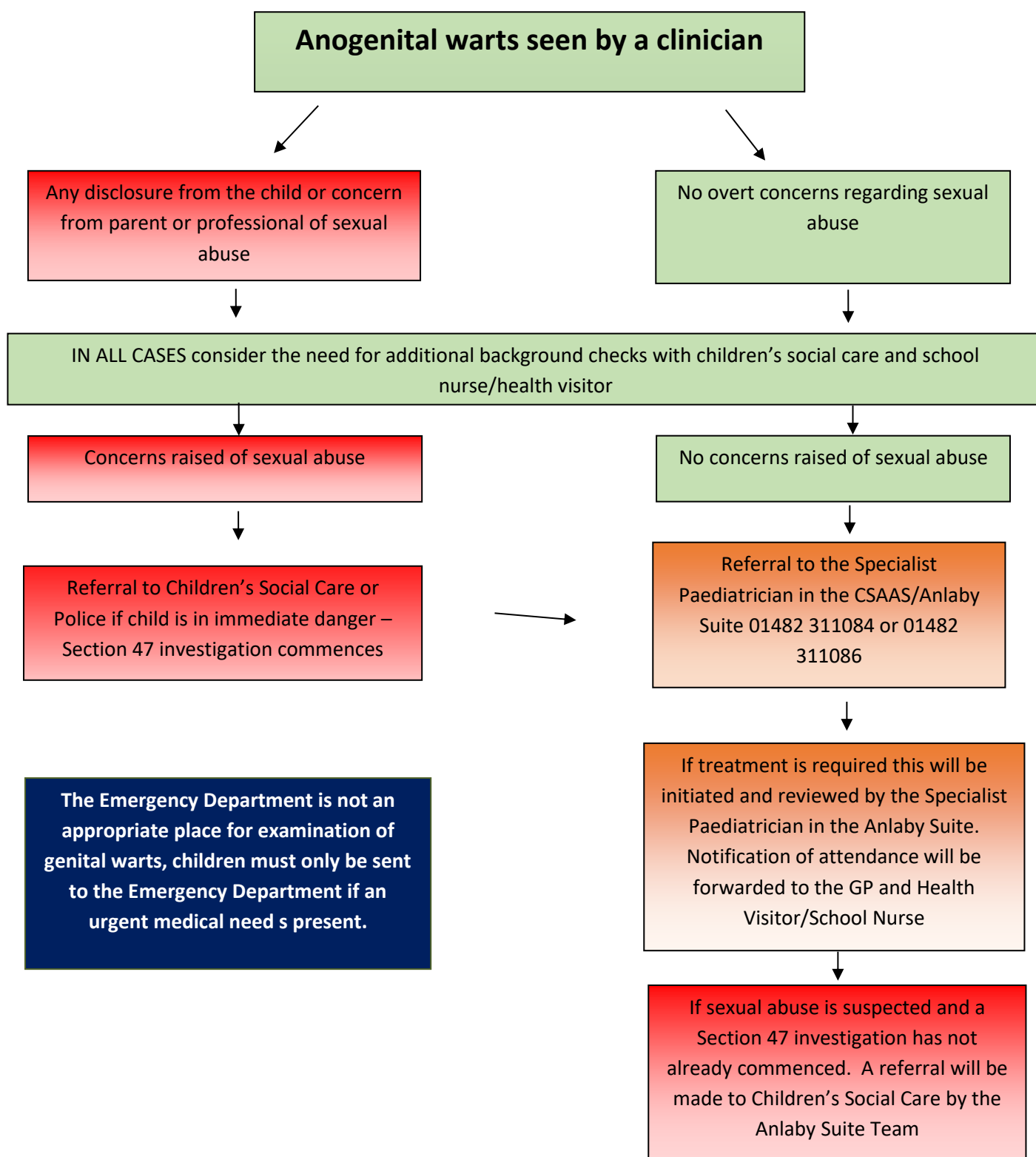
- Has there been a disclosure of sexual abuse by the child?
- Do the parents/carers have any concerns that the child has been sexually abused?
- Does the GP have any concerns that the parents/carers or other household members or close contacts pose a risk to the child?
 - Known perpetrators of child sexual abuse.
 - Concerns about neglect, domestic abuse, substance misuse

It is not intended that the GP conducts a child protection assessment but they should check for recorded vulnerabilities on the child’s GP records.

Where Safeguarding concerns are raised local policy should be followed for making a referral to Children Social Care

Please see the following referral pathway below for further guidance:

Anogenital Warts Pathway



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