

Child protection medical assessments for children in Manchester - how to arrange guidelines

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1 Introduction

Child Protection Medical Advice and Assessment

Child Protection medical assessments are completed by paediatricians when there are child protection concerns related to physical abuse and neglect. If the Child Protection Medical is requested by Children's Social Care (CSC) and is part of a S47 investigation this may be referred to as a 'S47 Medical'. The different teams within MFT who provide medical advice and child protection medical assessments have slightly different remits. It is important that services requesting a child protection medical assessment know which team to contact and how to contact them.

If a child protection medical is required for concerns related to sexual abuse this assessment would be completed at the St Mary's Sexual Abuse Referral Centre (SARC), following a referral to CSC and as part of a S47 investigation. This is a separate service to those provided for child protection medicals where the concerns are around physical abuse or neglect.

2 Purpose

The purpose of this document is to describe which team within MFT that services should contact to request a child protection medical assessment (for physical abuse or neglect) and how they can contact that team.

3 **GUIDELINE - Child Protection Medical Assessments at MFT - guidance on how to arrange.**

Procedure to arrange a child protection medical assessment

3.1 Community Paediatric Medical Teams:

- For planned S47 medical (with social worker) for children over 18 months of age.

For Manchester children over 18 months old (and under 18 years of age) whom Manchester Children's Social Care are requesting a S47 child protection medical assessment

Manchester Local Care Organisation (MLCO) Community Paediatric Service

Coral Suite, Moss Side Health Centre

Referral line: 0161 232 4220

Non-urgent queries: 0161 232 4551

Referrals are accepted 08:30 to 16:30 Monday to Friday (not bank holidays)

3.2 Acute Hospital Paediatric Medical Teams - Royal Manchester Children's Hospital (RMCH), Wythenshawe Hospital, North Manchester General Hospital (NMGH) secondary paediatrics:

- a) For **planned** S47 Medicals (with Social Worker) for children under 18 months of age* who live in that locality
- b) For **urgent** S47 medicals (with Social Worker) for children over 18 months of age (and under 18 years of age) which cannot be completed by the community paediatric team, or the child needs urgent medical care
- c) When a child has presented to the acute hospital and a clinician has concerns that the injury or condition may have been caused by maltreatment (non-accidental injury)
- d) When a Health Visitor or GP sees a bruise in a non-mobile baby – to refer for urgent paediatric assessment (and an urgent referral to CSC).

Contact the **general paediatric consultant** or paediatric registrar** on call via switchboard at the hospital **local** to the child's address or if they are already in the hospital, contact the general paediatric consultant or paediatric registrar on call at that site.

*(**08.30-16.30 Monday – Friday the 'hot week' consultant is on call, with separate on call rota after 16.30 and at weekends and bank holidays)*

Acute Paediatric teams (secondary paediatrics):

For CENTRAL Manchester children:

Royal Manchester Children's Hospital (Oxford Road Campus)

Switchboard – 0161 276 1234

Ask for General Paediatric registrar/consultant on call

Available 24 hours a day, 7 days a week

For SOUTH Manchester and Trafford children:

Wythenshawe Hospital

Switchboard – 0161 9987070

Ask for General Paediatric registrar/consultant on call

Available 24 hours a day, 7 days a week

For NORTH Manchester children:

North Manchester General Hospital

Switchboard – 0161 795 4567

Ask for General Paediatric registrar/consultant on call

Available 24 hours a day, 7 days a week

Referrals from Children's Social Care for S47 Medical (group a and b above):

The duty on call General Paediatric Registrar or Consultant at the acute hospital will triage referrals requiring emergency treatment or assessment at an acute hospital (or assessment cannot wait until the next available community child protection medical slot) and in those cases where the child is of an age of less than 18 months.

This referral process is the same within and outside working hours.

There are circumstances when the Child Protection Medical Assessment can be deferred to the next community clinic, avoiding an out of hours attendance at hospital.

These are:

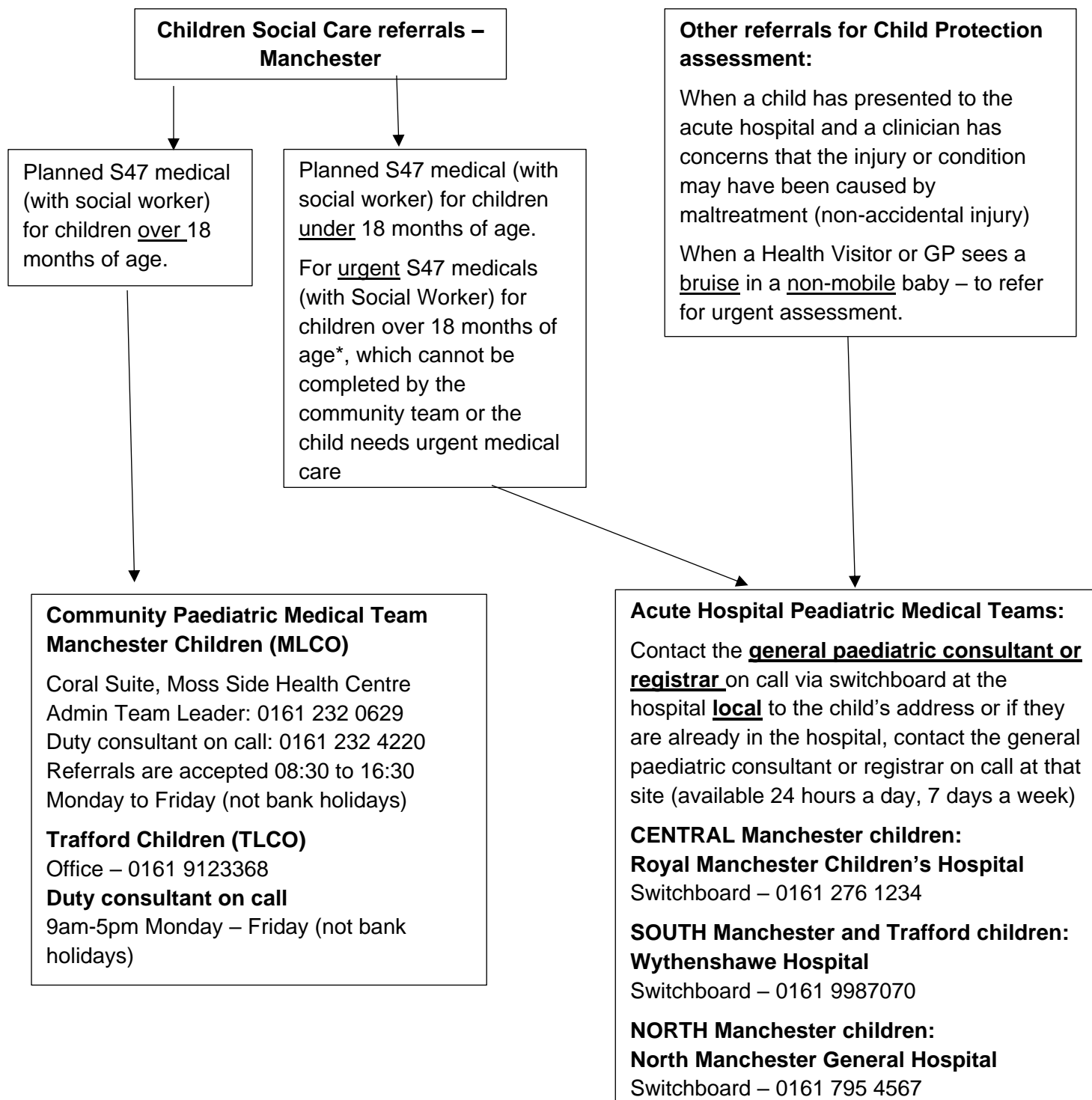
- a) The child is in a place of safety
- b) The child does not need urgent medical treatment.
- c) There are no injuries which require immediate documentation and imaging.
- d) The Paediatric Consultant and Social Worker agree that the Child Protection Medical Assessment can be deferred to the next available community child protection clinic.

All referrals will be discussed with the duty on call General Paediatric Consultant, referrals can **ONLY** be accepted by a registrar or consultant, **NOT** a nurse or SHO.

Minimum information required when accepting referral for acute paediatrics.

- I. Is the child resident in the hospital's local area? If not, redirect the referrer to the child's local hospital.
- II. Establish the nature of the problem and establish timescale of response required and what information is known to date.
- III. Has a strategy meeting already been held and have decisions already been taken re place of safety? If so, consider whether next day attendance at the Coral Suite or Trafford community service would be more appropriate for the child and offer this to the referrer.
- IV. Ensure that consent for assessment has been obtained or will be available from parent with parental responsibility at time of assessment. If the parent is in police custody this may need to be obtained verbally.
- V. Check whether an interpreter is required and if so, ensure that a face to face interpreter is secured for the assessment. NEVER use a family member to interpret.
- VI. A referral should only be accepted direct from a GP or health visitor (for bruising in a non-mobile baby) if they are able to give an assurance that they have made an urgent referral to Children's Social Care (this is to avoid difficulties if the family do not attend when the GP refers).

SUMMARY – Flow sheet on who to contact to arrange Child Protection Medical assessments.



*There are circumstances when the Child Protection Medical Assessment can be deferred to the next community clinic, avoiding an out of hours attendance at hospital.

These are:

- The child is in a place of safety.
- The child does not need urgent medical treatment.
- There are no injuries which require immediate documentation and imaging.
- The Paediatric Consultant and Social Worker agree that the Child Protection Medical Assessment can be deferred to the next available community child protection clinic.