DUMFRIES & GALLOWAY
PUBLIC PROTECTION COMMITTEE

Multi-Agency Guidance on Medical Examinations and Health Assessments of Children and Young People

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Table of Contents

1. Introduction

1.1. The safety and wellbeing of children and young people is paramount. This guidance has been developed to assist practitioners in determining the most appropriate action to take when medical examinations and health assessments are required for children and young people.

1.2. The Scottish approach to child protection is based upon the protection of children's rights. The Getting it Right for Every Child (GIRFEC) policy and practice model aligns to the principles of the United Nations Convention on Rights of the Child (UNCRC). This requires a continuum of preventative and protective work, which is outlined in this guidance.

1.3. All medical examinations/ assessments are holistic, comprehensive assessments of the child/ young person's health and developmental needs. There may be variations in who undertakes medical examinations, and the purpose of the examination must be clear prior to the examination (usually discussed at Inter-agency Referral Discussion (IRD) or at time of referral for the examination) to allow for a clinician with the appropriate skill set to undertake the assessment.

1.4. Timing of the medical examination is agreed jointly by the medical examiners and the other agencies involved and should be carried out, in the child's interests, during the day, unless there is a forensic need or other clinical indication of urgency.

1.5. Planning and action will apply to the individual child, their specific circumstances, and to their present and future safety and wellbeing. Their views will also be heard and given due considerations in decisions, in accordance with their age, level of maturity and understanding.

1.6. In all cases where staff from any agency have immediate or life-threatening concerns about a child, then emergency services should be called on 999.

2. Definition of Terms

2.1. **"Child"** - means (for the purposes of this guideline) a person between the ages of newborn up to 18 years of age.

3. Purpose

3.1. This guidance will direct staff on appropriate action to take when involved with children and young people when determining the most appropriate type of medical examination and health assessment to be undertaken.

3.2. In determining what type of examination/ assessment is required consultation may also be required with medical staff and/or wider multi-agency partners including Social Work and Police.

4. Glossary of Terms

ADHD	Attention Deficit Hyperactivity Disorder
C&YP	Children and Young People
CAMHS	Child and Adolescent Mental Health Services
CMA	Comprehensive Medical Assessment
CPPM	Child Protection Planning Meeting
DGRI	Dumfries and Galloway Royal Infirmary
FME	Forensic Medical Examiner
GIRFEC	Getting it Right for Every Child
HV	Health Visitor
IRD	Inter-agency Referral Discussion
JPFE	Joint Paediatric Forensic Examination
MASH	Multi Agency Safeguarding Hub
PPA	Public Protection Advisor
PTSD	Post Traumatic Stress Disorder
RFA	Request For Assistance
SARCS	Sexual Assault Response Co-ordination Service
SHANARRI	Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible and Included
SN	School Nurse
UNCRC	United Nations Convention on Rights of the Child
WGH	Wishaw General Hospital

5. Medical Examination and Health Assessment Principles

5.1. The National Guidance for Child Protection in Scotland (2021) notes that medical assessments and medical examinations may be undertaken for the following purposes:

- To establish what immediate treatment the child may need.
- To provide a specialist medical opinion on whether child abuse or neglect may be a likely or unlikely cause of the child's presentation.
- To support multi-agency planning and decision-making.
- To establish if there are unmet health needs, and to secure any on-going health care (including mental health), investigations, monitoring and treatment that the child may require.
- To listen to and to reassure the child.
- To listen to and reassure the family as far as possible in relation to longer-term health needs.

5.2. **The decision to carry out a medical examination** and the decision about the type of medical examination is made by a paediatrician; informed by multi-agency discussion with police, social work and other relevant health staff.

Through careful planning, the number of examinations should be kept to a minimum.

5.3. The decision to conduct a **medical examination** may follow from:

- An Inter-agency Referral Discussion (IRD) or Multi Agency Safeguarding Hub (MASH) discussion whereby there is agreement about the timing, type and purpose of assessment required.
- A practitioner identifying a concern – Appendix 1 details the process that should be followed when a practitioner identifies a mark or injury of potential concern in a mobile child in the community, this includes instances where the practitioner is unsure if it is a child protection concern.
- The child presenting to health services. This includes the possibility of self-referral for victims of rape and sexual assault who are over 16 years of age and described below.

6. Types of Medical Examination

6.1. The main types of medical examination that may be undertaken within Child Protection process in Dumfries and Galloway are:

a. Joint Paediatric Forensic Examination (JPFE)

6.2. Examination by a paediatrician and a forensic medical examiner (FME) physician. This type of examination is undertaken when there are concerns about physical abuse/ assault and/or injury. Police will liaise with the paediatrician, FME and social work to arrange the timing of the examination.

6.3. Specialist Paediatric or Joint Paediatric Forensic Examination is appropriate when:

- The account of the injuries provided by the carer does not provide an acceptable explanation of the child's presentation.
- The result of the initial assessment is inconclusive, and a specialist's opinion is needed to establish the diagnosis.
- Lack of corroboration, for example by way of a clear statement from another child or adult witness, indicates that forensic examination, including the taking of photographs, may be necessary to support criminal proceedings against a perpetrator, and legal processes to protect the child.
- The child's condition (for example, repeated episodes of unexplained bruising) requires further investigation.

b. Single Doctor Examination

6.4. Single Doctor Examination for suspected physical abuse may also be undertaken by the Paediatrician. Such cases would normally be discussed in MASH and the Public Protection Advisor in MASH would liaise with the on-call Consultant Paediatrician.

6.5. Single Doctor Examination is mainly carried out as an initial examination by the Paediatrician to assess if the child has a medical need and to identify/ confirm any injuries which may be present. This will then inform the decision-making about whether a JPFE is required. In most cases where the single doctor examination identifies an injury which could have been inflicted, there will then be a JPFE.

6.6. The Paediatrician, dependant on the circumstances may ask the GP to review the child in the first instance and will also decide what further investigations are required.

6.7. For those young people aged 16-18 years (who are not care experienced) for whom non urgent medical follow up may be required the GP and/ or dentist would be the most appropriate health professional.

c. Examinations Following Sexual Assault

6.8. Examinations following sexual assault or alleged sexual assault, including forensic examination, children below 13 years of age are seen at Wishaw General Hospital (WGH). Police will liaise with WGH to arrange the examination. These children are not followed up by Sexual Health services in NHS Dumfries and Galloway (D&G). For those cases that do not proceed to forensic examination and where health screening may be required, direct liaison can be made with WGH by health and social work colleagues.

6.9. For children aged 13-15 years, examinations following sexual assault, or alleged sexual assault, including forensic examination, are undertaken at Archway Glasgow and Police will liaise with Archway to arrange the examination. Further follow-up is undertaken at Sexual Health in NHS D&G. For those cases that do not proceed to forensic examination and where health screening may still be required, direct liaison can be made with Sexual Health in NHS D&G by health and social work colleagues.

6.10. Any young person aged 16-18 years can be seen locally by D&G Sexual Assault Response Co-ordination Service (SARCS).

6.11. NHS D&G - Switchboard (Tel: 01387 246246) has a SARC rota and the on-call doctor can be called for advice. Please note this service is not for those young people less than 16 years of age.

6.12. Further information on this service can be found at: https://www.nhsinform.scot/sarcs

Telephone Numbers:

Wishaw General Hospital - 01698 361100 (Ask for on- call Child Protection Paediatrician - 24 hours).

Archway- 0141 211 8175 (24 hours)

Sexual Health D&G - 0345 702 3687- Monday - Friday not out of hours service.

d. Comprehensive Medical Assessment for Neglect

What is Neglect?

6.13. Neglect is the persistent failure to meet a child's basic physical and/ or psychological needs, which is likely to result in the serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. *(National Guidance for Child Protection in Scotland 2021)*.

What is a Comprehensive Medical Assessment and why might it be required?

6.14. A Comprehensive Medical Assessment (CMA) is recommended as part of a multi-agency assessment for all children where chronic neglect is a concern and where there is concern regarding significant unmet health needs.

6.15. Assessment and planning must be co-ordinated, collaborative and practical, addressing specific risks and the way risks interact. Plans should also be clear about the transfer of professional responsibilities at times of transition.

6.16. A Comprehensive Medical Assessment can be achieved through the following routes:

1. Through an Interagency Referral Discussion (IRD) or Multi Agency Safeguarding Hub (MASH) discussion – This would include extreme cases of neglect that require urgent discussion with the on-call Consultant Paediatrician
2. Through a Child Protection Planning Meeting (CPPM) - A child is on the Child Protection register and a Comprehensive Medical Assessment is required as part of the Child Protection plan.
3. Through a Looked after child assessment - If a child is looked after either at home or away from home a comprehensive medical assessment can be requested as part of the Child's Plan
4. Through a practitioner identifying a concern regarding neglect.

6.17. The process for requesting Comprehensive Medical Assessments (CMA) is outlined in Appendix 2.

6.18. In all cases whether urgent or non-urgent contact should always be made with the **on-call** Consultant Paediatrician who can be contacted via DGRI on Telephone: 01387 246246.

6.19. Where a practitioner (usually a Social Worker, may also be Police or health professional) has a concern about neglect of a child or young person out with working hours and believes that a more urgent medical assessment is necessary, the on-call Consultant Paediatrician should be contacted via the hospital switchboard to discuss the concern and agree when the child should be seen. These cases are expected to be rare and are for requests for the child to be seen within 48hrs. If the Paediatrician does not feel that the child needs to be seen urgently, the Social Worker and Paediatrician should agree an interim safety plan and the Paediatrician will arrange for the child to be seen within working hours.

6.20. When a CMA for chronic neglect is agreed at MASH discussion or IRD, this can be requested by a Public Protection Advisor (PPA) by referral to the on–call Consultant Paediatrician. The advisor undertakes a telephone

conversation with the Paediatrician to help them understand the concern and prioritise accordingly. The Paediatrician should aim to undertake the assessment prior to any initial Child Protection Planning Meeting (CPPM).

6.21. Where an urgent medical assessment is felt necessary by the MASH officers, the on-call Consultant Paediatrician should be contacted by the PPA on MASH to request the medical assessment and to invite the paediatrician to attend the IRD. Paediatricians may also be invited to IRD's where there are concerns about chronic neglect.

6.22. On occasion, significant new information may arise from a medical examination that requires the reconvening of an IRD. In these cases, the Paediatrician and/ or locality Social Worker would request an IRD as per established referral pathways.

6.23. In those situations where the request to undertake a CMA is non urgent the practitioner makes a request via email with an accompanying RFA (Request for Assistance) to the on-call Consultant paediatrician. Telephone discussion should also occur between the practitioner and the Paediatrician to clarify information and inform timescales.

7. Other Health Assessments of Children and Young People

7.1. Other types of assessments which may be undertaken out with Child Protection processes include:

a. Assessments of Care Experienced Children and Young People.

7.2. When a child becomes" Looked After" a health and wellbeing assessment should be completed within 4 weeks of the health board being notified (CEL16 2009). The notification should be sent to the Care Experienced Team by the allocated Social Worker. The assessment seeks to identify unmet health needs and ensure there is a multi-agency plan in place to meet these needs.

7.3. If children are under 5 years old these assessments are usually carried out by the Health Visitor and repeated on a 6 monthly basis. If the child is attending school and is under a compulsory supervision order, but living with parents, or if the child is in a kinship care arrangement, this will be completed by the School Nurse. This will usually be reviewed at least annually.

7.4. All children who are in Foster Care or residential care, including those placed in Dumfries and Galloway by another Local Authority, will have this assessment completed by the Specialist Nurse for Care Experienced Children. These are often reviewed more frequently but at a minimum, on an annual basis.

b. Mental Health Assessments of Children and Young People

7.5. Child and Adolescent Mental Health Services (CAMHS) is a specialist provision offering a service for children and young people who are experiencing persistent, complex or severe mental health difficulties.

7.6. CAMHS accepts referrals from anyone who knows the child/ young person, including self-referrals. Children over 12 years of age can self-refer to

CAMHS or they can ask a parent/ carer/ professional to make a referral for them, however, the young person will need to give their permission for this.

7.7. Referrals to CAMHS are considered urgent if there are:

1. Concerns that a child/ young person is actively suicidal
2. Concerns that a child/ young person has an acute psychosis
3. Concerns that a child/ young person had rapid weight loss and/ or significantly underweight for their age and stage of development and or presents with serious medical complications associated with an eating disorder.

7.8. Some reasons a child/ young person may be referred to CAMHS:

- Anxiety
- Panic Disorders
- Depression
- Phobias
- Eating Disorders (e.g. anorexia/ bulimia)
- Post Traumatic Stress Disorder (PTSD)
- Psychosis
- Self-Harming (e.g. overdoses, cutting, hanging, burning)
- ADHD (attention deficit hyperactivity disorder)
- Autism Spectrum Disorder with evidence of Mental Health
- Substance misuse issues with or without mental health difficulties.

c. Wellbeing Assessments of Children and Young people

7.9. The wellbeing indicators illustrate the basic requirements for all children and young people to grow and develop so that they can reach their full potential. The wellbeing indicators are: Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible and Included. Collectively they are often referred to as **SHANARRI.**

7.10. Using the GIRFEC principles, the approach to considering children's wellbeing should be rights based, strengths based, holistic and adaptable enough to take account of stage of development and the complexity of each child or young person's individual life circumstances.

7.11. Within NHS Dumfries and Galloway both Health Visitors (HV) and School Nurses (SN) will undertake wellbeing assessments on children and young people using locally agreed criteria. Practitioners should carefully consider each of the wellbeing indicators (SHANARRI) in collaboration with children, young people and their family. This is achieved through the delivery of the Universal Health Visiting Pathway to preschool children and their families and the Specialist School Nursing: Priority Areas Pathway.

7.12. The Universal Health Visiting Pathway in Scotland: pre-birth to pre-school sets out the minimum core home visiting programme to be offered to all families by Health Visitors. Parent/ carers may also request additional wellbeing assessments out with the minimum standard.

7.13. The SN Service will provide health services to meet the needs of school aged children and young people (C&YP (children and young people)), aged 5-19yrs

and in education. The model and interventions will allow the specialist SN role and wider SN team to focus services on the nine identified priority areas.

Children and young people affected by:

1. Mental health and wellbeing issues
2. Substance misuse
3. Child Protection
4. Domestic abuse
5. Looked after (Care Experienced) children
6. Homeless children & families
7. Sexual health & wellbeing
8. Young Carers
9. Transition points for vulnerable population groups
10. Children known or at risk of involvement in the Youth Justice system.

7.14. The SN will deliver targeted interventions with vulnerable groups and respond to requests for assistance from the Named Person. The wider SN team will remain a universally accessible service and the SN will be required to adopt the GIRFEC National Practice Model to assess the health and wellbeing needs of Children and Young People in conjunction with the Named Person and other partners providing the health assessment component to the child plan. Parent/ carers may also request additional wellbeing assessments.

8. Equality and Diversity Statement

8.1. NHS Dumfries and Galloway recognise that some communities within society are more likely than others to experience discrimination, prejudice and inequalities. The Equality Act 2010 specifically recognises the protected characteristics of **age, disability, sex, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, and marriage and civil partnership**. The Fairer Scotland Duty also requires NHS Dumfries and Galloway to actively consider how socio-economic disadvantage can be reduced when making strategic decisions.

8.2. NHS Dumfries and Galloway is committed to promoting and advancing equality, removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those who do not. This applies both in the provision of services and as our role as a major employer. NHS Dumfries and Galloway believe that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discrimination practice.

9. Monitoring

9.1. The Public Protection Team and senior clinical staff in the relevant clinical departments will be responsible for monitoring and reviewing the effectiveness of this guideline.

10. Reference List

Scottish Government. 2021, *National Guidance for Child Protection in Scotland 2021.* [Online] National Guidance for Child Protection in Scotland 2021 (www.gov.scot) [Accessed 18th October 2023]

Appendix 1 – Injuries of Concern in Mobile Children

(Includes babies who can crawl, pull to stand, "cruise" around furniture, or are toddling)

Where a concern relates to a non-mobile child, follow the **Multi-Agency Protocol for Injuries to Non-Mobile Children**

Where a concern relates to Equal Protection, follow the local **Equal Protection Guidance**

Practitioner identifies a mark or injury of potential concern in a mobile child in the community **If GP, phone Consultant Paediatrician direct**

If urgent medical care is required, phone emergency services on 999

Practitioner believes mark or injury to clearly be of a child protection concern e.g. inflicted injury

Unsure

Yes

Practitioner calls on-call Consultant Paediatrician via hospital switchboard on 01387 246246 (24/7) (asking for the on-call Consultant Paediatrician) to explain findings and request medical review
Also practitioner calls Social Work on 030 33 33 3001
Practitioner, Social Worker, Paediatrician and where appropriate, Police, should consider safe transport to hospital/ GP and interim safety for any other relevant adults or children

Prompt telephone call to Social Work to refer concern followed by written submission of a Request for Assistance referral form within 24 hours

Paediatrician decides if child should be seen by a Paediatrician or GP. If GP, Paediatrician calls GP, explains scenario and requests same day medical review

Social Work bring to MASH to coordinate multi-agency response. MASH (or OOH SW if outwith MASH hours) liaise with Paediatrician (and Police as appropriate) to arrange single doctor exam/ forensic medical, consider safe transport to hospital or GP and interim safety for any other relevant adults or children

Child reviewed by GP or Paediatrician. If seen by GP, GP calls Consultant Paediatrician following their review via switchboard on 01387 246246 to discuss findings

Consultant Paediatrician feeds back findings of Paediatric or GP review to Social Work via one of the following routes:

- Paediatrician attendance at an IRD
- Feedback to a PP Advisor who would update SW/ Police in MASH during working hours
- Paediatrician call to OOH SW if outwith working hours on 030 33 33 3001

Interim safety plan reviewed by relevant agencies following medical opinion

MASH and Paediatrician consider IRD as appropriate

Seek guidance from your own agency child/ public protection team/ safeguarding lead at any stage but do not delay reporting your concerns

Appendix 2 - Comprehensive Medical Assessment Flow Chart