Medical examination

Consideration should always be given to the need for a medical assessment of each child about whom there are concerns. Although a medical assessment is not a requirement in every case, it needs to be considered regardless of whether the child has any visible injuries or appears neglected.

The medical assessment should be dispensed with only if those managing the investigation are satisfied that injuries/neglect are minor and the purposes of the investigation can be achieved without it. The reasons for dispensing with a medical assessment should be clearly recorded.

In cases where a medical examination is necessary, it is essential that it be conducted by a doctor who has experience/training in the recognition of abuse and the carrying out of forensic medical examinations in respect of children – i.e. a Consultant Paediatrician, a Specialist Registrar or a Community Paediatrician.

Purpose of medical assessment:

To ensure the child’s condition is medically examined and treatment given as appropriate;

- To re-assure the child as to his or her well-being;
- To obtain an assessment about possible indications of abuse;
- To ensure that any injuries or signs of neglect or abuse are noted for evidential purposes;
- To secure forensic evidence where sexual abuse is suspected.

In cases of any alleged sexual abuse, which is reported to have recently occurred, a medical examination must be considered as a matter of urgency. This will be to protect the health of the child and to secure and preserve evidence. Consideration must be given to the gender of the doctor completing the medical examination. Consideration must also be given to the need for any other children in the household, or connected to the alleged perpetrator, to be medically examined.

If the referral concerns **physical injury or severe neglect** a medical assessment of all the children in the household should be arranged on the **same day**. Reasons for excluding any of the children must be considered as part of the strategy discussion/meeting and included in the record of that discussion.

Suspected sexual abuse

The examination for suspected sexual abuse is both clinical and forensic and should only be undertaken by a suitably qualified paediatrician and a forensic medical examiner. The forensic examination itself is not abusive and is important to secure forensic evidence and provide treatment (if required) and reassurance. The child’s welfare must be the paramount concern and consideration should be given to
the timing of the examination especially for non acute cases where forensic evidence will not be secured.

**Consent to medical examination**

Except in emergency/urgent situations, no medical examination can take place without the consent of a person with parental responsibility or the child/young person if they have sufficient maturity to understand its implications. People giving consent should be made aware that photographs might be taken.

Consent to medical treatment of a child should normally be sought from someone who has parental responsibility. Only one consent is required and the consent of the person with whom the child is living need not in cases of difficulty be preferred to that of others with parental responsibility. The local authority has parental responsibility for children subject to an interim or full care order.

Efforts should be made to confirm this consent in writing; if this is not possible, the giving of consent should be recorded.

It is for the doctor to decide whether the child is capable of giving informed consent using the Fraser Guidelines. Where the child is not of sufficient understanding, the consent of a person with parental responsibility is required.

Children of 16 and over can give their own consent.

A young person with learning difficulties even if over 16 years, may not be able to give informed consent. In exceptional cases, a court order may need to be obtained.

In cases where parental consent is sought and refused, and where urgent treatment is not thought to be necessary, the medical examination should be delayed until an appropriate order is obtained by the Local Authority. All actions and decisions should be recorded in detail.

An examination or treatment of a child of sufficient age and understanding to give consent (i.e. deemed to be Fraser Competent) may only proceed with the consent of the child even if the medical examination or any other assessment has been ordered by the court.

**The medical report**

It is essential that the findings of any medical investigations are made available at the earliest opportunity to those conducting the Section 47 enquiry. Where there has been a medical examination, the examining doctor must provide verbal feedback immediately to Children’s Social Care and the police, followed up by a written medical report to those agencies within 2 working days of the examination. Children’s Social Care must monitor that this report is received and record the date of receipt.
Children’s Social Care and the police must not delay their enquiries by waiting for the written report, but must take whatever action they deem necessary based on the verbal feedback.

**Should professionals not be able to agree** the nature and/or cause of incidents of suspected severe neglect or physical harm (including such harm caused by alleged sexual abuse), then a **strategy discussion/meeting** that includes the designated professionals should be re-convened by Children’s Social Care to discuss and plan how the enquiry should be taken forward. In the case of medical differences of opinion where a child is examined in hospital, this discussion must take place before the child leaves the hospital.

The purpose of the reconvened strategy discussion/meeting is to consider all information, assessments, and opinions and to jointly agree next steps. If there is no agreement, the senior managers/designated professionals of each agency should be consulted for further direction.