

Child Protection Medical Assessment (CPMA) Audit

This briefing highlights key learning and areas for improvement from a multi-agency audit of children who had undergone a Child Protection Medical Assessment (CPMA) in line with the current BSol ICB (Birmingham & Solihull Integrated Care Board) multi-agency CPMA toolkit for practitioners.

Good Practice

Importance of multi-agency Section 47 strategy discussion, information sharing, and decision making

- For more than half of the audited cases, strategy discussions were held prior to a child being referred for a CPMA.

Key Learning

- MASH strategy meetings did not consistently evidence multi-agency discussions or decision making relating to a CPMA referral.
- Some strategy meeting minutes included evidence of attendance from police and children's services but it was unclear if health were present.
- Consent from parents/carers/children, prior to submission of a CPMA referral was not sought, causing delay of CPMA for over half of the children.
- Practitioners did not always consider transferable risk to siblings when a child disclosed physical abuse or neglect.
- On occasions, paediatricians were asked to review photographs of the injury(ies) to determine whether a CPMA referral was required.
- At times, MASH strategy recommendation for a CPMA referral was overridden by the allocated social worker team, however documentation did not evidence the rationale for this decision making.
- CPMA outcomes were not routinely shared with the relevant agencies, such as GPs.

Improving Practice

- Revision of the current BSol ICB multi-agency CPMA toolkit for frontline practitioners.
- Promoting use of the multi-agency CPMA e-learning training to enhance frontline practitioner understanding.
- Health, Police and Children's Services to be present at all MASH strategy meetings (open and new referrals). In the event of an agency being absent, a clear rationale needs to be recorded.
- Decision on whether a CPMA referral is required or not should be clearly documented within all strategy meeting minutes and multi-agency MASH feedback notifications.
- Use of photographs of any injury(ies) is not recommended in determining whether a CPMA is required or whether the injury is accidental or non-accidental.
- CPMA reports should be shared with relevant partner agencies in a timely manner.
- Development of a clear escalation pathway for practitioners to follow in the event of challenges with the CPMA referral process.

Next Steps

- Manager and supervisors to share the briefing with colleagues and discuss CPMA audit learning outcomes at team meetings.
- Practitioners to complete the [CPMA multi-agency eLearning](#).
- Practitioners to refer to the [BSol ICB multi-agency CPMA toolkit](#) during strategy meetings/discussions relating to new and open referrals.

You can access up-to-date multi-agency guidance, BSCP training and learning from Serious Cases on the BSCP website: www.lscpbirmingham.org.uk