Child Protection and the GP

Level 3 Safeguarding Children

Michael Plunkett
Named Dr for Child Protection
Heart of England NHS Foundation Trust

HEART of ENGLAND
NHS Foundation Trust

What we will cover

- Drivers and documents which help
- Reviews of the processes and what they tell us
- Situations where safeguarding should be the consideration
- Challenges and human factors which impede us

HEART of ENGLAND
NHS Foundation Trust

RCGP Child Health Strategy 2010-15

- *"The RCGP firmly believes that general practice occupies a central position in children and young people's health, particularly in the diagnosis and management of illness and the promotion of health and wellbeing. We are concerned that unless the profession acts now to protect this important and trusted role, it will become eroded and lead to serious fragmentation of care for this vulnerable group of patients."*

RCGP Child Health Strategy 2010-15

- The role of the GP in safeguarding is wide ranging: recognition of patterns of neglect, referring in a timely and appropriate manner to secondary health care colleagues or social care, responding to inter-agency requests, supporting families and giving **context** at case conferences.

HEART of ENGLAND
NHS Foundation Trust

Why are we here?

- Responsibility
- CQC
  - Training logs (levels, date, non-attenders)
  - New staff induction
  - Safeguarding lead (who, how, when, where)
  - Concern about a colleague/professional
  - External contact points
- Pivotal role

HEART of ENGLAND
NHS Foundation Trust

GP's pivotal role

- First opportunity to observe carers (and child interaction)
- Disclosure (first opportunity)
- First opportunity to uncover "unusual or unexplained" signs
- Healthy inquiring attitude to child's situation

HEART of ENGLAND
NHS Foundation Trust

Good Practice identified:

- GMC-Protecting children and young people: the responsibilities of all doctors (here)
- RCGP – Safeguarding Children Toolkit for General Practice (here)
- Safeguarding children and young people: roles and competences for health care staff – Intercollegiate Training Document (2014). (here)

HEART of ENGLAND
NHS Foundation Trust

ople

The responsibilities of all doctors

General Medical Council

HEART of ENGLAND
NHS Foundation Trust

Royal College of General Practitioners

Cruelty to children must stop. FULL STOP.

Safeguarding Children & Young People

A Toolkit for General Practice

2011

GMC-Protecting Children and Young People

- All children and young people are entitled to protection from abuse and neglect. This guidance aims to help doctors keep children and young people safe, and to support doctors in what will always be a difficult area of practice.

HEART of ENGLAND
NHS Foundation Trust

GMC-Protecting Children and Young People

- Identifying children
- Working in partnership
- Confidentiality and sharing information
- Keeping records
- Child Protection Examinations
- Training and development
- Communication and support

HEART of ENGLAND
NHS Foundation Trust

GMC-Protecting Children and Young People

Key points

- Be aware of risk factors that have been linked to abuse and neglect and look out for signs that a child or young person may be at risk.
- If you are treating an adult patient, consider whether your patient poses a risk to children or young people.
- Keep an open mind and be objective when making decisions. Work in partnership with families where possible.
- If you are not sure about whether a child or young person is at risk or how best to act on your concerns, ask a named or designated professional or a lead clinician or, if they are not available, an experienced colleague for advice.

HEART of ENGLAND
NHS Foundation Trust

GMC-Protecting Children and Young People

Working in partnership

- Understand the roles of other professionals and agencies responsible for protecting children and young people and work in partnership with them.
- Contribute to child protection procedures and provide relevant information to child protection meetings if you are not able to go to them.
- Know who your named or designated professional or lead clinician is and how to contact them.

HEART of ENGLAND
NHS Foundation Trust

Surgery Scenarios

- 5 yr old boy brought by mother with concerns about bruises following collection from father's house
- 2 yr old girl presented by father with sore vulva

HEART of ENGLAND
NHS Foundation Trust

Types of maltreatment

Physical	Bruising, fractures, burns, severe injuries
Sexual abuse	Rape/indecent assault including sexual assault and internet abuse
Emotional Abuse	Sustained or repeated demeaning, critical and unloving behaviours, verbal abuse
Neglect	Failure to thrive, missed health care and/or educational opportunities. Non Engagement / non compliance
Induced illness	Suffocation, poisoning, interference with feeding tubes and IV lines
Fabricated illness	Falsifying histories, exaggerating disability, interfering with tests

HEART of ENGLAND
NHS Foundation Trust

- Consider:
  - missed appointments with GP, practice nurse and midwife
  - failed immunisations
  - missed hospital appointments
  - education: discuss with school nurse or health visitor
  - parental mental health or substance abuse
  - ability of the carers to parent [disability, physical or intellectual]
  - evidence of domestic violence
  - cruelty to animals in the family
  - are both parents registered with your practice?
  - who has parental responsibility?
  - sharing the report with the child if old enough and the parents where appropriate

Consider and Suspect:

CONSIDER means maltreatment is one possible explanation for the alerting feature or is included in the differential diagnosis.

SUSPECT means serious level of concern about the possibility of child maltreatment but not proof of it

- ***Listen and observe***
- ***Seek an explanation***
- ***Record***

- http://www.nice.org.uk/nicemedia/live/12183/44872/44872.pdf

HEART of ENGLAND
NHS Foundation Trust

Environmental stressors

- Living in poverty
- Domestic violence
- Parental drug and alcohol abuse
- Living in environment of high anti-social
  behaviour, crime, poor housing
- Parental mental health disorders
- Parental learning disability
- Social isolation including that due to racism racism.

HEART of ENGLAND
NHS Foundation Trust

Increased vulnerability: parental factors

- Alcohol and substance misuse
- Poor and unstable parental relationship
- Poor parenting skills
- Parents abused as children
- Post-natal depression
- Poverty and social exclusion
- Male in house-hold not father
- Young, immature and socially isolated
- Learning disabilities
- Aggression and poor impulse control
- Mental health problems including depression, psychopathic and personality disorder
- Domestic violence

HEART of ENGLAND
NHS Foundation Trust

Parental Substance Misuse

- 1 in 10 children affected by parental substance use across UK
- 1.3 - 2 million children affected by parental alcohol misuse
- 250,000 - 350,000 children affected by parental drug misuse in UK

HEART of ENGLAND
NHS Foundation Trust

Challenges - Systemic

- Inter-agency working
- Normalisation
- Hidden children
- Over-optimistic
- ‘Start again’ phenomena
- Drift
- Capacity

Challenges – personal 1

- Operating in isolation
- Concern about missing a treatable disorder
- Unmanageable workload resulting in fatigue/burnout/overwhelmed
- Personal feelings / Discomfort of disbelieving / Attitudes & Beliefs / Doubts about child protection service
- Fear for personal safety
- Collusion/over identification with parents

Challenges – personal 2

- Rule of optimism
- Belief that the parents meant no harm
- Certainty about one point of view
- Focusing on one ‘identified’ problem to the exclusion of others
- Lack of clarity about roles, responsibilities & procedures
- Prejudices-working on stereotypes
- Poor Communication

HEART of ENGLAND
NHS Foundation Trust

Learning from Safeguarding Reviews

- Munro
- SCRs

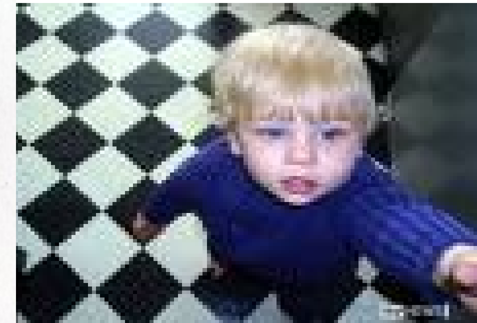
1. The role of the practitioner & the manager
2. Professional rigour and managerial oversight
3. Ensuring the right information is provided to make decisions
4. Creating a safe system/ safe environment

HEART of ENGLAND
NHS Foundation Trust

Previous Reviews of Child Protection Arrangements

Driven by:

- Individual cases
- Fear
- Press/ media
- Public outrage



Resulted in:

- Seeking to eliminate risk
- Increase in bureaucracy
- Changes with part of the system that had unintended consequences elsewhere in the system

- **Whole systems** v part of system approach
- The **child's journey** v other indicators
- Rise in **professionalism** v 'proceduralism'
- Importance of **organisational culture & management – double loop learning**
- **Quality** of assessment v achievement of timescales
- Critical of **blame culture**/ role of the media
- Promotion of timely **(early intervention)** help to families from **universal** agencies
- Inevitability of **risk** & **uncertainty**
- Reduction of **'false positives'**

HEART of ENGLAND
NHS Foundation Trust

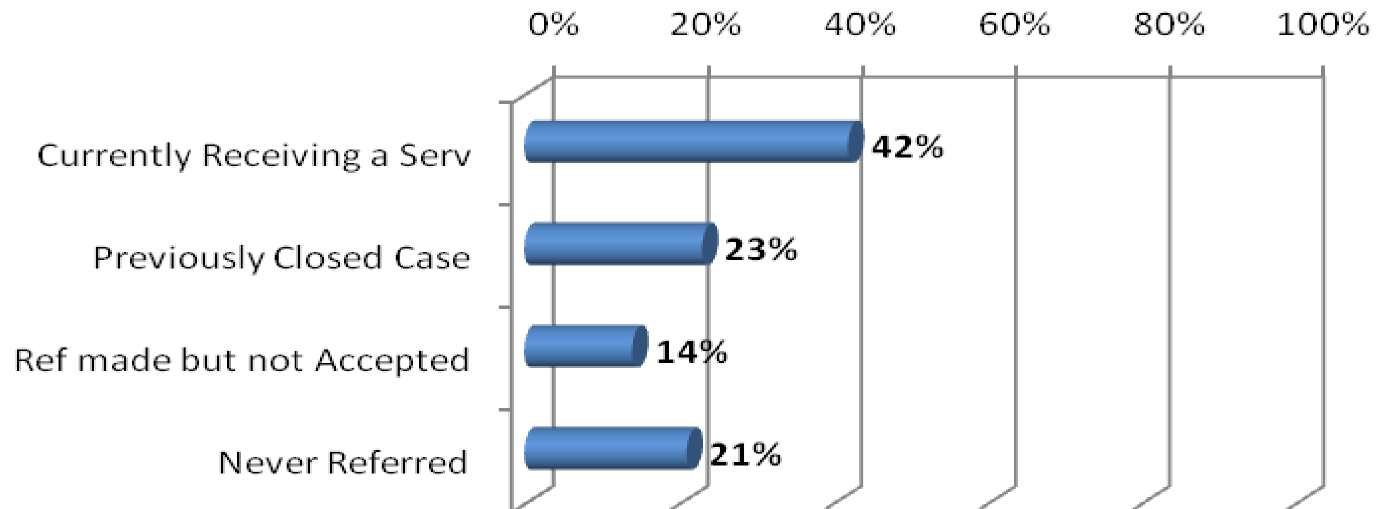
Ages of Concern 2011

- Thematic review of 482 SCRs
- Shortcomings in timeliness and quality of pre-birth assessments
- Risks resulting from parents' own needs was underestimated
- Insufficient support for young parents
- Role of fathers was marginalised
- Need for improved assessment of, and support for, parenting capacity
- Lessons for agencies who only provided for care in first months
- Practitioners underestimated baby's fragility

HEART of ENGLAND
NHS Foundation Trust

Serious Case Reviews

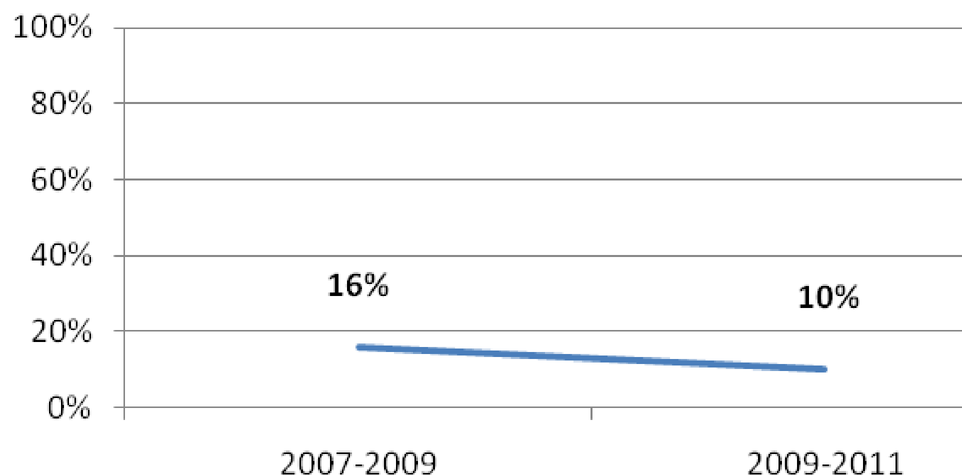
- Under half the children were receiving a service from Children's Social Care at the time of their death/ injury
- 1:5 children had never been referred



HEART of ENGLAND NHS Foundation Trust

Serious Case Reviews

- Number of children subject to a CP plan at time of their death/ injury reduced



HEART of ENGLAND
NHS Foundation Trust

Risk factors - families

- **Mental Health/ learning difficulty**
- **Domestic Abuse**
- **Substance misuse**
- **Evasive families** – frequent movers, aggressive behaviour, disguised compliance, failure to attend (DNA, WNB)
- **Chaotic/ multi-factorial problems**
- **Negative family support**
- **Hidden/ invisible men**
- **Young mothers** (60% had first child under the age of 21%)
- **Disabled children** – 12% of SCRs
- **Neglect** – 60% of cases this was a feature

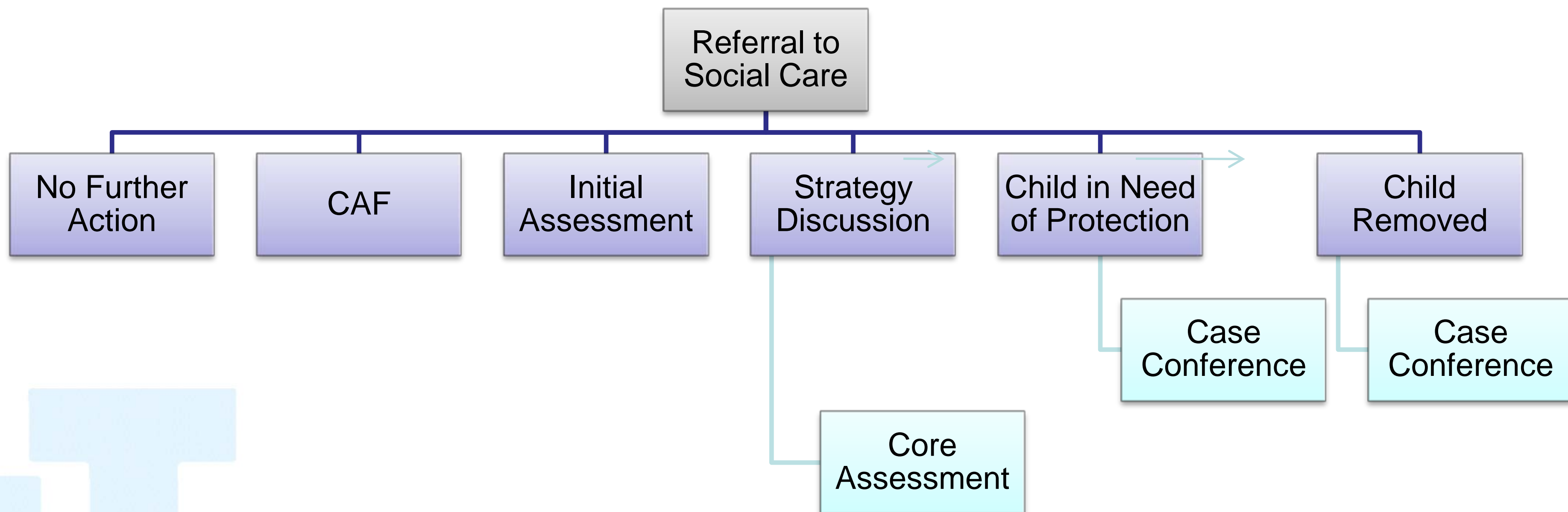
HEART of ENGLAND
NHS Foundation Trust

Professional Behaviours

- Poor assessments/ poor recording/ lack of rigour
- Lack of analysis/ understanding weighting of risk
- Overwhelmed
- Mirror chaos in families/ were effected by resistance
- Lose sight of the child – fail to speak to the child
- Start again syndrome
- Errors in human reasoning – failure to revise decisions, simplification of problems, focus on one area -neglect of others
- Lack of use of chronologies to understand ability to change, ignoring history
- Failure to challenge – need for respectful curiosity
- Lack of focus on male partners, information from non professionals not equally valued

HEART of ENGLAND
NHS Foundation Trust

What happens when you refer to CSC?



HEART of ENGLAND NHS Foundation Trust

Consider vs Suspect

- Plausible explanation?
- Site of NAI on body (esp non-mobile child)
- Quality of interaction between child and parent/carer
- Background knowledge of family & their circumstances

- Suspect - Act

- Document always

HEART of ENGLAND
NHS Foundation Trust

Summary

- Responsibility
- Research
- Recognise the Human Factors
- Practice the process
  - Conversation with parents
  - Conversations with professionals
- Understand where to get help

HEART of ENGLAND
NHS Foundation Trust