



Supporting GPs in Child Protection Work

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Date: 2nd March 2015

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Introduction

The identification and responding to children and young people where there are child protection concerns is a responsibility for all health staff. The purpose of this document is to describe areas of good practice that can be integrated within the GP practice to strengthen both the identification and potentially improve outcomes for vulnerable children and young people.

This document is intended to be helpful to all GPs on the performers list in NHSGGC- including those undertaking sessional work or out-of-hours activities. The principles within this document are based on good practice as identified within the following documents-

1. GMC-Protecting children and young people: The responsibilities of all doctors

http://www.gmc-uk.org/static/documents/content/Protecting_children_and_young_people_-_English_0914.pdf

2. *Safeguarding children and young people: roles and competences for health care staff* – Intercollegiate Training Document (2014).

http://www.rcn.org.uk/_data/assets/pdf_file/0008/474587/Safeguarding_Children_-_Roles_and_Competerences_for_Healthcare_Staff_02_0....pdf

3. RCGP -Safeguarding Children Toolkit for General Practice

<http://www.rcgp.org.uk/clinical-and-research/clinical-resources/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx>

4. Child Protection National Guidance (2014)

<http://www.scotland.gov.uk/Resource/0045/00450733.pdf>

It is intended to support GPs with their professional requirements within the current appraisal process and contribute to on-going Personal Development Plans (PDPs).

Support both for training and wider practice development will be available from the GPwSI in Child Protection within the Child Protection Unit (CPU) and from local CH(C)Ps/HSCPs.

Areas to be covered within this document-

1. Child protection training
2. Practice self-audit and assessment
3. Practice child protection policy development
4. Child protection case conference management
5. Read coding and use of child protection templates

1. Child Protection Training

All practice staff both clinical and non-clinical should be trained in child protection to a level appropriate to their role. The *Safeguarding children and young people: roles and competences for health care staff* - Intercollegiate Document (2014) advises that GPs should be trained to Level 3.

In addition practices will receive any information regarding changes in legislation, policy and practice and relevant child protection up-dates.

Each CH(C)P/HSCP will commit to delivering regular Protected Learning Events (PLE) to provide GPs access to child protection training.

Additionally practices have a responsibility to ensure that attached practice staff including new staff at induction are appropriately trained. For reception and administrative staff this would be Level 1 training and practice nurses to Level 2.

Health visitor training requirements are also at Level 3.

Appendix 1 describes in detail child protection training requirements for GPs and access to appropriate training opportunities including face-to-face bespoke training and access to on-line child protection training via Learnpro.

2. Practice Self-audit and Assessment in Child Protection

The attached audit tool (Appendix 2) enables practices to assess what arrangements they currently have in place, identify any organisational, educational and development needs, problems and challenges and allows practices to draw up a plan for addressing identified issues. This tool has been adapted from the RCGP Toolkit to be relevant to NHSGGC and allows practices to identify whether they are up-to date with current recommended requirements.

3. Practice Child Protection Policy Development

The development of a practice Child Protection Policy can help the practice demonstrate its commitment to keeping children and young people safe. The practice can acknowledge its duty to respond appropriately to any allegations, reports or suspicions of abuse or neglect. It is important that the content of the policy is understood and known to all practice staff and that they are up-dated to reflect new changes in either legislation or policy.

As sample policy (Appendix 3) is attached for reference based on the RCGP Safeguarding Toolkit but practices may wish to develop one relevant to their needs or requirements.

4. Child Protection Case Conference (CPCC) Management

Following a child protection referral to SW a multi-agency CPCC may be held. GPs have a responsibility to attend or contribute to such meetings. GPs often have specific, relevant information and knowledge about children and families that should be shared for this purpose. This includes case conferences for unborn babies.

They are called often at short notice which makes attending difficult. In such situations a report (Appendix 4- template report) should be written and submitted to the chair of the meeting for consideration.

Practices should make sure that have processes in place to respond effectively to such requests.

5. Record Keeping, Read Coding and use of Child Protection Templates

In General Practice where patients can see a number of different health professionals over a period of time, it is essential that accurate up-to-date records are kept. Good record keeping helps to protect the welfare and safety of patients by providing effective communication between members of the Primary Health Care Team. An accurate account of patient encounters, assessments and management can improve clinical outcomes and allow problems to be detected at an early stage.

When a child is seen it is good practice to record who accompanies the child and the relationship, if any, of the individual to the child. Modern families are complex and may consist of a number of related or unrelated individuals with different surnames living within the same or different households and addresses. It is important wherever possible to develop a system of linkage to include natural parents, step-parents, siblings and significant others providing care to children.

Poor record keeping and communication are significant factors frequently raised in Significant Case Reviews.

Where there is any concern of a safeguarding nature or any situation within the child's family or environment which are considered likely to impact on the child's health or well-being or contribute to risk of harm or maltreatment, this should be documented in the main body of the record and also coded.

There are a number of read codes available that are relevant to child protection (Appendix 5). However the following are thought to be the minimum practices could use-

Child is cause for concern/vulnerable	13lf	Every relevant child record
On Child protection register	13IM.	Every relevant child record
Child no longer on child protection register	13IO.	Every relevant child record
Child protection Case Conference	3875	Every relevant child record
Family is cause for concern	13lp	All relevant family members

In addition all practices have been sent EMIS and VISION Child Protection templates to help practices record information about vulnerable families. This additionally can help improve communication about vulnerability when referring to secondary care as well as flagging vulnerability within the practice.

Practices who wish access to such templates should contact their local GP I.T. Facilitator or GPwSI Child Protection (kerrymilligan@nhs.net)

Appendix 1

Child Protection Training for GPs

1. Introduction

The training all of doctors in child protection is identified in a number of key professional documents.

The GMC document *Protecting children and young people –The responsibilities of all doctors* states-

- You must develop and maintain the knowledge and skills to protect children and young people at a level that is appropriate to your role.
- If you work with children and young people, you should reflect regularly on your own performance in protecting children and young people, and your contributions to any teams in which you work. You should ask for, and be prepared to act on, feedback through audit, case discussion, peer review and supervision
- If you work with adults, you should make sure you are able to identify risk factors in their environment that might raise concerns about abuse or neglect and whether patients pose a risk to children or young people close to them.
- Learning from others
- If opportunities are available, you should learn from other colleagues and professionals – for example, by taking part in multidisciplinary training or by sharing best practice and skills.

The Intercollegiate Document- *Safeguarding children and young people: roles and competences for health care staff*, which includes contribution from the Royal College of General Practitioners (RCGP), sets out minimum training requirements for health staff including doctors. It describes training requirements for all health staff who come into contact with children and young people who have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about children. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carers health or behaviour. This document identifies five levels of competence, and gives examples of groups that fall within each of these. In conjunction with the RCGP, it states that GPs are expected to demonstrate **Level 3** competencies for purposes of appraisal and revalidation.

Training competencies and content

The following describes a summary of the main competencies that are required in order for GPs to effectively protect and promote the welfare of children and young people. The full description of level 3 competencies can be found at

[http://www.rcpch.ac.uk/system/files/protected/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20\(3\).pdf](http://www.rcpch.ac.uk/system/files/protected/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20(3).pdf)

Knowledge

- Aware of relevant legislation, inter-agency policy and national guidance
- Understand the importance of children's rights in the child protection context
- Understand information sharing, confidentiality, and consent related to children and young people
- Understand inter-agency frameworks and child protection assessment processes

- Understand the processes and legislation for Looked After Children including health assessments
- Understand the assessment of risk and harm
- Understand the effects of parental/carer behaviour/risks and family factors on children and young people and the inter-agency response
- Have an understanding of Fabricated or Induced Illness (FII)
- Have an understanding of emerging evidence on child sexual exploitation and FGM
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- Understand processes for identifying whether a child or young person is known to professionals in social work and other agencies
- Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families
- Know what to do when there is an insufficient response from organisations or agencies
- Know the long-term effects of maltreatment and how these can be detected and prevented
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult health services who miss outpatient appointments
- Understand and contribute to processes for auditing the effectiveness and quality of services for child protection, including audits against national guidelines

Skills

- Able to contribute to, and make considered judgements about how to act to protect a child or young person and contribute to risk assessments
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- Able to present child protection concerns verbally and in writing for professional and legal purposes as required (and as appropriate to role, including case conferences, court proceedings, core groups and for children, young people and families)
- Able to communicate effectively with children and young people, ensuring that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability
- Able to identify associated medical conditions, mental health problems and other co-morbidities in, children or young people which may increase the risk of maltreatment, and able to take appropriate action
- Able to assess as appropriate to the role the impact of parental, carer and family issues/risks on children, and young people, including mental health, learning difficulties, substance misuse and domestic abuse
- Able to provide clinical support and supervision to junior colleagues and peers
- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- Able to identify and outline the management of children and young people in need
- Able to act proactively to reduce the risk of child/young person maltreatment occurring
- Able to apply lessons from serious case reviews/case management reviews/significant case reviews
- Able to write and contribute to chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources

2. Training Requirements

GPs in Training

The Intercollegiate Document- *Safeguarding children and young people: roles and competences for health care staff* suggests over a three year period GPs should undertake a minimum of 8 hrs training to attain relevant knowledge, skill and competence required to reach level 3.

All GPs

Should be trained to level 3. The Intercollegiate Document- *Safeguarding children and young people: roles and competences for health care staff* suggests over a three-year period GPs should receive refresher training equivalent to a minimum of 6 hours (this equates to a minimum of 2 hours per annum).

3. Training available

Training currently provided by Child Protection Unit-

- On-line training via Learnpro – topics include Foundation Training (Level 2), Child Sexual Exploitation, Neglect and Domestic Abuse
- Face-to-face calendar training- topics include Learning from Enquiries and Neglect
- Bespoke face-to-face training - designed and delivered to groups of staff to meet their particular needs. Can be delivered to large groups of GPs or to individual practices and aligned staff.

Further information can be found on the CPU website or by telephoning 0141 201 9225

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Child%20Protection/Page/s/CPUTrainingInformation.aspx>

Interagency Child Protection Training

The Child Protection Committee in each local authority provide interagency training opportunities and information can be accessed through above web link.

Other Training Opportunities

GPs may access other training and learning opportunities that can be used to develop and maintain skills to keep children safe.

Appendix 2

The RCGP/NSPCC Safeguarding Children Toolkit for General Practice

Safeguarding Children Self-Assessment Tool- Adapted for NHSGGC

1. Introduction

This tool is for practices to help determine whether they are currently up to date with recommended requirements. It could be considered as part of a child protection training session and allow practices to plan for future development.

Some practices may already have a number of systems and processes in place. It is not expected that all practices will be at the same stage and advice and support from the Child Protection Unit is available for those who wish it.

The list below identifies the key areas and will allow practices to prioritise tasks.

The 11 steps are:

1. Be aware of, understand and recognise child abuse.
2. Develop and maintain a culture of openness and awareness.
3. Identify and manage the risks and dangers to children and young people in your practice and activities.
4. Develop a child protection policy.
5. Create clear boundaries for example with the limits to confidentiality
6. Follow safe recruitment practice including obtaining references for all team members.
7. Support and supervise staff and volunteers.
8. Ensure there is a clear procedure for addressing concerns.
9. Know your legal responsibilities.
10. Have a practice policy which welcomes and encourages children and young people to participate in your practice.
11. Provide safeguarding/child protection education and training to all members of the team.

2. Audit of General Practice systems and procedures

The tool is based on the RAG (Red Amber Green) scoring definitions.

Red- not achieved yet or little action taken to date

Amber- some action undertaken but further work needed to complete

Green- completed, procedures in place and up-dated as required.

Policies and Procedures	Task(s)	Progress notes	Red Amber Green
1. The practice has a child protection policy in place (an example is provided). This could include a nominated child protection lead person within the practice.	Develop a practice child protection policy, which is regularly reviewed and accessible to all staff.		

<p>2. The policy is known to all staff members, who are aware of where in the practice or within the IT system the policy and relevant child protection documents are.</p>	<p>Ensure all staff are made aware of the policy and where relevant child protection documents are stored. That new members of staff at induction are informed of policy and that it is reviewed regularly.</p>		
<p>3. The practice is aware of local policies for managing domestic abuse</p>	<p>a) Ensure domestic abuse policy is understood and used by all GPs and practice staff b) Ensure that information is made available for inter-agency meetings where domestic abuse is discussed c) Information from Police Scotland is appropriately inserted and recorded into records d) Disclosures about domestic abuse by adults should be recorded in children's records.</p>		
<p>4. The practice has regular vulnerable children and family meetings where such families are discussed, information shared and children on the child protection register reviewed.</p>	<p>a) Practice holds regular meeting attended by both clinical and non-clinical staff b) Practice communicates effectively with HVs, school nurses, SW and others where appropriate any information from such meetings that is relevant c) Decisions and relevant information obtained at meeting is inserted into children's records</p>		
<p>5. Practice has a system in place to ensure requests from SW for information when conducting child protection investigations are dealt with timeously</p>	<p>Administrative staff are able to recognise such request and forward to appropriate GP as soon as received. Dates of receipt and response should be recorded in records. If a decision is made not to respond (for example child not registered with the practice) SW is immediately informed with reasons provided and reasons documented.</p>		
<p>6. The practice has a system in place for dealing with invitations to attend Case Conferences and providing reports</p>	<p>a) Practice policy should set out how such requests are handled and recorded b) GPs should provide written reports when unable to attend- these should be included in children's records</p>		
<p>7. The Practice has a system in place to ensure that if another healthcare provider communicates any concerns about children on the CPR that they are followed up urgently rather than routinely</p>	<p>All communications to the practice about children on the CPR are recognised by administrative staff and followed up urgently.</p>		
<p>8. Practice has a system in place for addressing</p>	<p>The practice uses appropriate templates for recording such events and lessons</p>		

significant events including child protection incidents	shared with staff		
9. At time of registration, children receive a holistic assessment to include- in addition to usual health and immunisation history- information about main carers, details of natural parents and siblings, first language, school if school age, SW involvement and housing circumstances	Practice sets up a system to ensure all new child patient registrations receive base-line assessment of health and social needs at registration.		
10. When a vulnerable child leaves the Practice information is shared with all relevant professionals	The Practice has a system to ensure that when a vulnerable child is leaving the practice the HV and others involved such as SW are informed.		
11. Information and concerns, either direct or indirect about children not registered with the Practice should be shared or forwarded to the registered GP. This may be children seen as a temporary patient where there are concerns or adults registered with the practice who pose and risk and children in their care are registered elsewhere.	The Practice has a system for sharing information when there are concerns about children not registered with the practice		
12. Appropriate read codes and alerts are added to children's records.	A) The Practice has a facility for flagging 'vulnerable children's' records. b) EMIS/VISION CP templates are used to facilitate recording of vulnerability		
13 When a child is seen, name of accompanying adult is noted in record and relationship with child	Practices could consider auditing the records of vulnerable children (see record keeping Toolkit)		
14. Children reported as not attending routine hospital or practice appointments should be followed up.	The Practice has a system to identify and deal with children who default from attendance at routine appointments		
15 Children with more than expected unscheduled attendances at the practice or other healthcare providers are monitored and followed up.	The Practice has a system in place for monitoring unscheduled child attendances		
16 When a woman whose existing children are subject to child protection processes, known to SW or have in the past have had	a)Practice should use appropriate sections in SCI gateway referrals to highlight vulnerabilities/concerns when referring for ante-natal care b) Practice should have systems in place		

<p>involvement with SW become pregnant this information should be shared with relevant professionals- HV and SW and recorded in any ante-natal referral. This also applies to situations where a woman's existing children have been taken into care</p>	<p>to allow appropriate sharing of relevant information and notification of pregnancy with SW and HVs</p>		
<p>17. Reports received from other health providers regarding vulnerable families should be examined to consider whether further action is required or information requires to be shared with HV/SW</p>	<p>a) Practices should consider information they receive about adults who present to OOH services with concerns such as overdoses, episodes of DSH, violence b) Minor presentations to OOH services for children may be part of wider concerns and practices should share information with other professionals when required.</p>		
<p>18. Practices try to link family members from vulnerable families in records- especially if different names/addresses.</p>	<p>There is system in place to ensure family members medical records are flagged to indicate vulnerability/links. This is essential if children on CPR. Known gaps in information are also recorded- for example parent registered with another practice. Practices should be mindful of kinship care arrangements.</p>		
<p>19. When a child's name is placed on the CPR- this is recorded within the child's record plus associated documentation- case conference minutes – scanned into child's record</p>	<p>a) Practices have system where appropriate read codes are attached to record when child's name placed on CPR b) Any information/reports/minutes from meetings are all fully scanned into records.</p>		
<p>20. Locums/sessional Drs and trainees have access to relevant practice child protection information and a system is in place for them to share/follow up concerns</p>	<p>Practices have systems in place that a) Allow trainees to know who to speak to if they have a child protection concern b) Allow locums in the practice to have access to practice child protection information and know who to communicate with if any concerns are raised.</p>		

Appendix 3

Specimen Child Protection Policy for General Practice

Name of Practice	
Date Approved	
Version	
Revision Date	
Responsible Lead	

Contents

1. Policy statement
2. Basic principles
3. Responsibilities
4. Child protection: sources of advice and support
5. Immediate actions
6. What to do with allegations of abuse from a child
7. Confidentiality
8. Attitudes of parents or carers
9. Record keeping

1. Policy statement

- The United Nations Convention on the Rights of the Child states that each child:
 - has a right to be treated as an individual
 - can form a view on matters affecting him or her and has the right to express those views if he or she wishes
 - has the right to protection from all forms of abuse, neglect or exploitation
- Under the Children (Scotland) Act 1995 a child means a person under the age of 16 yrs or under 18 yrs if remain looked after or accommodated by the social work services. Some vulnerable 16-18 yr olds will also be considered until child protection processes when required.
- Child Protection refers to the activity that is undertaken to protect specific children who are suffering or at risk of suffering significant harm.
- The Practice recognises that all children have a right to protection from abuse and neglect and the Practice accepts its responsibility to safeguard the welfare of all children with whom staff may come into contact.

We intend to:

- Respond quickly and appropriately where information requests relating to child protection are made, abuse is suspected or allegations are made.
- Provide children and parents with the chance to raise concerns over their own care or the care of others.
- Have a system for dealing with, escalating and reviewing concerns.
- Remain aware of child protection procedures in NHSGGC
- The Practice will ensure that all staff are trained to a level appropriate to their role, and that this is updated appropriately.

2. Basic principles

- The welfare of the child is paramount.
- It is the responsibility of all adults to safeguard and promote the welfare of children and young people. This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with children and young people.
- The Practice must have safe recruitment practices
- Staff who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Staff should work and be seen to work, in an open and transparent way.
- The same professional standards should always be applied regardless of culture, disability, gender, age, language, racial origin, religious belief and/or sexual identity.
- Staff should continually monitor and review their practice and ensure they follow the guidance contained in this document and elsewhere.
- The Practice will ensure regular meetings are held to discuss vulnerable children and families and to ensure early recognition of circumstances leading to abuse and neglect and early intervention to help prevent abuse and neglect.
- The Practice will ensure children and their families are able to share concerns and complaints and that there are mechanisms in place to ensure these are heard and acted upon.

3. Responsibilities

Practices may choose to have a specific GP who is responsible for supporting child protection work within the practice.

4. Child protection: sources of advice and support

Contact information

Child Protection Unit no - 0141 201 9225
OOH Child Protection Paediatrician via RHSC switchboard 0141 201 0000

GPwSI Child Protection kerrymilligan@nhs.net

Local SW number- xxxxx
Glasgow Social care Direct no- 0141 287 0556

Social Work Standby no- 0141 305 6706 for all areas in NHSGGC

Child Protection Unit Website-
<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Child%20Protection/Pages/ChildProtectionHP.aspx>

5. Immediate Actions

Common presentations and situations in which child abuse may be suspected include:

- Disclosure by a child or young person.

- Physical signs and symptoms giving rise to suspicion of any category of abuse and/or inconsistent with the history provided.
- A history which is inconsistent or changes over time.
- A delay in seeking medical help.
- Extreme or worrying behaviour of a child, taking account of the developmental age of the child.
- Self-harm.
- Accumulation of minor incidents giving rise to a level of concern, including frequent A&E attendances.

Some other situations which need careful consideration are:

- Repeated attendance of young baby under 12 months of age.
- Any bruising or injury in child under 24 months of age.
- Very young girls or girls with learning difficulties or known vulnerabilities requesting contraception, especially emergency contraception.
- Girls under 16 presenting with pregnancy or sexually transmitted disease, especially those with learning difficulties, chronic long term illness, complex needs or disability.
- Situations where parental factors such as mental health problems, alcohol, drug or substance misuse, learning difficulties, domestic abuse may impact on children and family life.
- Unexplained or suspicious injuries such as bruising, bites or burns
- The child says that she or he is being abused, or another person reports this
- The child has an injury for which the explanation seems inconsistent, delayed presentation, or which has not been adequately treated or followed up.
- The child's behaviour changes, either over time or quite suddenly, and he or she becomes quiet and withdrawn, or aggressive.
- Inappropriate sexual awareness or behaviour for the child's age.
- Fear of going home or parents being contacted.
- Disclosure by an adult of abusive activities, including activities related to internet and social media use.
- Reluctance to accept medical help.

This list is not exhaustive and practices may wish to add to this list or consider other situations.

What to do:-

- Any individual staff member must know how to make direct referrals to the child protection agencies (SW and Child Protection Unit) and should be encouraged to do so if they have directly witnessed an abuse action or been told something that is a concern. Staff should be aware that SW is the lead agency for accepting child protection referrals
- Certain staff within the practice- reception/administrative staff may wish to discuss first with a senior member of staff any concerns they may have and agree a plan. However this should not unduly delay making a referral to SW if required or staff can contact the Child Protection Unit (CPU) for advice/support if senior members of the team are not available
- If staff feel the action taken is inadequate, untimely or inappropriate they should report the matter directly themselves or discuss with CPU.
- If emergency medical care is required this should be given or referred directly to emergency paediatric services. This should be followed up with a referral to SW.
- In situations where there is significant risk to the child or member of staff Police Scotland should be contacted

- Practice staff are not responsible for investigating any allegations of abuse and neglect and should pass all information to SW and/or police

Practices should make sure all staff members are aware of what to do if they have a concern about a child or young person.

6. What to do with allegations of abuse from a child

- Keep calm
- Reassure the child that they were right to tell you, and that they are not to blame and take what the child says seriously.
- Be careful not to lead the child or put words into the child's mouth – ask questions sensitively
- Do not promise confidentiality.
- Fully document the conversation on a word by word basis immediately following the conversation while the memory is fresh.
- Fully record dates and times of the events and when the record was made, and ensure that all notes are kept securely.
- Inform the child/ young person what you will do next.
- Discuss further with other professionals responsible for the child's care-named person/HV
- When you have concerns about a child or young person being abused or neglected make a referral to SW
- Decide if it is safe for a child to return home to a potentially abusive situation. It might be necessary to immediately refer the matter to social services and/or the police to ensure the child's safety.

7. Attitude of parents or carers

Parental attitude may indicate cause for concern:

- Unexpected delay in seeking treatment.
- Reluctance to have child immunised.
- Failure to take child for dental care.
- Failure to attend scheduled appointment with GP or other healthcare providers.
- Denial of injury, pain or ill-health.
- Incompatible explanations, different explanations or the child is said to have acted in a way that is inappropriate to his/her age and development.
- Reluctance to give information or failure to mention other known relevant injuries.
- Unrealistic expectations or constant complaints about the child.
- Alcohol misuse or drug/substance misuse.
- Domestic Abuse or Violence between adults in the household.
- Appearance or symptoms displayed by siblings or other household members.

8. Record keeping

Practices may wish to nominate someone to be responsible for child protection record keeping

- All information received regarding children from SW and any other associated services should be regarded as strictly confidential.

- Child Protection Reports are as important as records of serious physical illness and should be recorded in the same way and with the same degree of permanence.
- Case Conference Reports should be ideally be scanned into that individual child's electronic General Practice records.
- Appropriate coding and templates should be used in Active and Past Problem Lists and priority lists
- Child's records should be linked in some way to parents even if not living at the same address, siblings and others in household by use of appropriate templates and codes.
- Read codes expressing that a child is on a Child Protection register should be entered into notes of all individuals living at same address.
- It is vital that when a child who is or has been on a Child Protection register moves to another area that the full clinical record including Case Conference Reports be sent to the next GP. Therefore they must **NOT be kept separate or isolated from the child's written or computer records.**

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3. Are there any health issues that would mean this child is vulnerable or difficult to care for (for example any disability or chronic disease)?

4. Please provide information about the parent/carer's health which would impact on their care of the child/children (include comment on mental health/substance misuse/non-compliance with medication/domestic violence/learning disability or any other issue deemed relevant).

Signature:

Name:

Address:

Telephone Number:

Note on completion of report

The template report contains four sections to be completed; these will be considered below with suggestions as to what information should be considered or included in each. GPs may use another format to provide a report- the issues and concerns highlighted below would be equally relevant to consider.

1. Please provide a short summary of the child's present health and indicate any current significant health issues including those not yet addressed.

GP should consider:-

- Frequency of contact with GP practice
- Summary of main health needs
- Interventions provided (referrals, prescriptions etc) or planned including compliance with this
- Consider over use of emergency appointments both within primary and secondary care
- Does child attend with an appropriate adult
- Level of engagement – is there a pattern of non-engagement to meet health needs or for routine surveillance/immunisations
- History of any missed hospital appointments
- Child's view of issues facing them or concerns that the child has voiced
- Are you aware of any behavioural or emotional needs the child(ren) may have
- Have other members of the primary care team expressed any concerns about the child
- Has another agency contacted you as they are concerned about the health of the child(ren)

2. Please specify any concerns, including historical concerns in relation to the child's care or well-being.

GP should consider:-

- Any specific incidents they have been involved with where they have had concerns i.e. seeing a child with an injury, a parent presenting intoxicated, parents being threatening or aggressive to staff, children who have made direct disclosures to primary care staff about potential abuse or neglect, HV raising concerns about possible abuse or neglect within the family home
- Periods of kinship care- in particular 'informal' arrangements where grandparents (or other family members) have provided care for parents/main carers
- Have you previously made a referral to SW or raised concerns about the well being of the child(ren) with SW

3. Are there any health issues that would mean this child is vulnerable or difficult to care for (for example any disability or chronic disease)?

- Disabled children are not only vulnerable to the same types of abuse as their typically developing peers, but there are some forms of abuse to which they are more vulnerable.
- GPs should consider noting children or young people with a comprehensive range of disabilities including physical, emotional, developmental, learning, communication and health care needs.

- Neglect and emotional abuse are the most frequently reported concerns for children with any disability and therefore non-compliance with treatment plans and non-engagement are of particular importance.
4. Please provide information about the parent/carer's health which would impact on their care of the child/children (include comment on mental health/substance misuse/non-compliance with medication/domestic violence/learning disability or any other issue deemed relevant).

GP should consider:-

- Are both parents/carers registered with the practice
- GPs should consider risks from parents/main carers and other family members registered with the practice who have contact with the child(ren)
- Is there a history of substance misuse- drugs and alcohol or other prescription medicines. Are they attending a specialist service or substitute prescribing from the GP practice? What is the impact of this on the child(ren)?
- Is there a history of mental health difficulties in either parent or main carer? Are they attending or have they been referred to a mental health team? Are you prescribing anti-depressants or other medications for a mental illness? What is the impact of this on the child(ren)?
- Do you have any concern about their compliance with treatment or engagement with services?
- Are you aware of any disclosures of domestic violence- in particular incidents that may not have been reported to the police or other agencies.
- Have you got concerns about the ability of the parent/main carer to provide care?
- Are you aware of any disability that may impact on a parents/main carers ability to care for a child(ren)?
- Do you feel they are young unsupported parents?
- Have they experienced poor parenting themselves- you may be aware of previous family difficulties.
- Are you aware of any new relationships that may impact on the child(ren)
- Has another health service or other agency written to you about concerns they have about the parent/carer?
- Have they attended A&E with presentations that may indicate that there may be concerns within the household- i.e. injuries secondary to drug and alcohol misuse, episodes of self harm, violence both domestic and community
- Are you aware of any environmental factors that may impact on the child- quality of housing, frequent moves, living in poverty, socially isolated, frequent changes of health staff

This is not an exhaustive list and children and families can be vulnerable for many reasons and GPs should record any information they feel is relevant.

In families where there is more than one child, each child as part of the child protection process will have their own multi-agency care plan and therefore consideration should be made to considering the needs of each child individually. Although the risks that the children live with may be similar, the impact on the child may be different and they may have varying health requirements.

GPs should also be prepared to be part of a multi-agency risk assessment for the family and be willing to contribute to the recommendations and care plan for the family including the child's name being placed on the child protection register.

Child protection reports and minutes from case conferences should in most cases be filed in the child's electronic GP record.

Advice

For any child protection advice contact the Child Protection Unit on 0141 201 9225.