

Child Safeguarding

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Learning objectives

- ▶ Understand the key role the GPs can play in safeguarding of children.
- ▶ Understand the role of SBNI and Case Management reviews
- ▶ Understanding importance of communication with other agencies.
- ▶ Understand the issues regarding sharing information and duty of confidentiality.
- ▶ Understand the issues when documenting safeguarding concerns
- ▶ How to consider safeguarding in daily practice and show evidence for CPD/Appraisal.

How Practice Changes

- ▶ Hypertension- ASPIRIN, ABCD
- ▶ COPD- new inhalers
- ▶ Asthma- new recent guidance no step 1
- ▶ Prescribing- Bisphosphonate holidays
- ▶ Palliative care- Dying at home.



General Practice- Key Piece in the Jigsaw

- ▶ Most children are registered with a practice
- ▶ May be the only professionals in contact with infant or preschool child or carer.
- ▶ Unique insight into family dynamics, and overview of services involved with a child and family. Best placed to seek a coherent response from other professionals.
- ▶ May be first to recognise behaviour/health issues which may impact on care givers ability to parent eg alcohol, domestic violence.



Safeguarding

Definitions:

- ▶ Child: Anyone under the age of 18yr (2004 Children's Act)
- ▶ Safeguarding: Action taken to promote welfare of all children, protecting them from harm.
- ▶ Child Protection: Activity to protect children who are at risk or potential of suffering significant harm.
- ▶ Child in need:
 - ▶ child unlikely to achieve/maintain health or development Or be impaired without provision of services or is disabled.

(Children (Northern Ireland) Order 1995.

Some Facts..... From Children's Social Care Statistics for Northern Ireland 2017/18

Trust	Children in Need		Children on CPR	
	Number	Per 10,000	Number	Per 10,000
Belfast	4331	566.7	317	41.5
Northern	5113	489.8	467	43.0
South Eastern	3796	467.9	333	41.1
Southern	4686	483.4	557	57.5
Western	5584	762.3	408	55.7
Northern Ireland	23,510	538.7	2,082	47.7

Types of abuse

- ▶ Physical
- ▶ Emotional
- ▶ Neglect
- ▶ Sexual
- ▶ FGM
- ▶ Fabricated/induced illness
- ▶ SEXUAL EXPLOITATION/
GROOMING
- ▶ TRAFFICKING

*Childhood Maltreatment : When to suspect maltreatment un under 18s.
Clinical Guideline 22ng July 2009, updated July 2017*

Child Sexual Exploitation

Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them

- ▶ Trafficking
- ▶ Gangs
- ▶ Often vulnerable children
- ▶ Age 10+
- ▶ Online
- ▶ No specific legislation
- ▶ Go missing from home/school
- ▶ Involved in petty crime
- ▶ Antisocial behaviour- gangs
- ▶ Older partners
- ▶ Change in appearance
- ▶ Change in behaviour and mood

<http://www.safeguardingni.org/sites/default/files/sites/default/files/imce/CSE%20professional%20definition%20and%20guidance.pdf>

https://www.youtube.com/watch?v=sC4Nn_mYKu0&feature=youtu.be

Female Genital Mutilation

The partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting

- ▶ Criminal offence (Female Genital Mutilation Act 2003)- abuse
- ▶ Reporting is increasing
- ▶ 4 different types.
- ▶ Dangers- bleeding infection recurring UTI difficulty in labour
- ▶ Ethnic groups- African and middle east- Asia
- ▶ Mother or family member undergone FGM
- ▶ Little social integration of family
- ▶ Child away for long periods of time

<https://www.health-ni.gov.uk/sites/default/files/publications/health/Multi-Agency%20Practice%20Guidelines%20on%20Female%20Genital%20Mutilation.pdf>

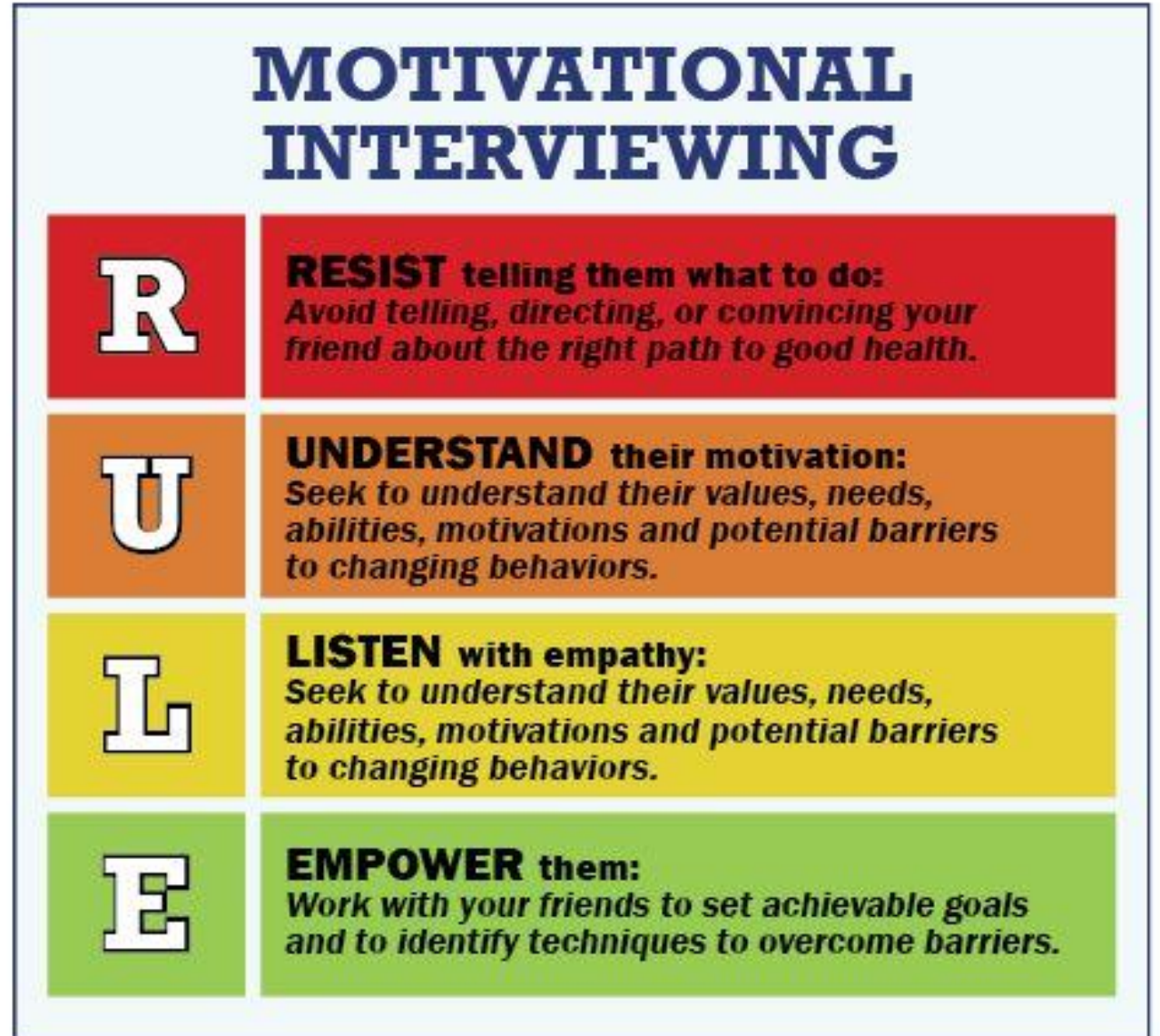
Fabricated or induced illness

A child suffers harm through the deliberate action of her/his main carer and which is attributed by the adult to another cause

- ▶ Unusual
- ▶ Signs and symptoms not in keeping with a medical condition
- ▶ Poor response to medical treatments
- ▶ Recurring symptoms when one is treated
- ▶ Signs and symptoms not observed in absence of carer
- ▶ Multiple presentations to different clinicians

Prevent

- ▶ Think of safeguarding
- ▶ Talk to colleagues
- ▶ Promote safeguarding in your practice
- ▶ Think Child Think Family
- ▶ Motivational interviewing
 - ▶ <https://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/>



Think of Safeguarding

- ▶ Barrier is thinking of child abuse in the first place
- ▶ disbelief
- ▶ Concern about being wrong 'creating a fuse/overreacting'
- ▶ Anxiety about putting things on paper
- ▶ Unsure who to report to
- ▶ Afraid of possible consequences of abuser
- ▶ Afraid of possible personal consequences
- ▶ Not enough time- forms too long

You can spend a lifetime trying to forget a few minutes of your childhood.



HealthyPlace.com

Quick fire questions

- ▶ What age is it legal to give children alcohol?
- ▶ What age is it legal to buy alcohol for a child?
- ▶ What age is it OK to leave your child(ren) alone at home?
- ▶ What age does a babysitter have to be?
- ▶ What age can you marry in Northern Ireland?
- ▶ what age can you consent to sexual activity?

What is function of a case conference ?

Concern-referral to Social services
Unocini

No concerns- no further action

Child(ren) considered to be at risk of significant harm: proceed to Case Conference and possible outcome: Placed on Child protection register
Statutory

Considered child in need-referred to additional supportive services but not at risk of significant harm.
Voluntary

Child remains at home.
Child Protection Care Plan
Significant input from services and regular follow up to ensure plan is being followed.
3 mthly meetings

Care Order- Looked after child.
1) In own home with supervision
2) Child removed. - interim or full time care order.

*Family Homes and Domestic Violence (Northern Ireland) Order 1998
Articles 49, 63 and 65 of the Children (Northern Ireland) Order 1995*

Safe Guarding Board of NI

- ▶ Statutory body
- ▶ Strategic
- ▶ Policies and procedures
- ▶ Multiagency
- ▶ App
- ▶ Case Management Reviews

<http://www.safeguardingni.org>



Case Management review -SBNI

(Significant Case Review England)

- ▶ abuse or neglect is known, or suspected, to have been involved
- ▶ the child, or a sibling, was at any point in their life on the child protection register (CPR) and subject to a care protection plan
- ▶ the child was in care

Children (Northern Ireland) Order 1995
Safeguarding Board Act 2011

SBNI

- ▶ the details of each CMR undertaken
- ▶ what each CMR found
- ▶ the way in which the learning is shared in each CMR
- ▶ how the learning is put into action
- ▶ any follow-up action taken by the SBNI to ensure that learning has been applied

Case Management Review

June '13

Parents left 3 kids alone in car- hot day

Aug '13

Child protection case conference- ON REG

Feb '14

Mother started antidepressants

March '14

Review case conference- remain on REG

5th June '14

Child A- ?burns on forearm

Case Management Review

10th June '14

Parents convicted of cruelty

11th June '14

Case Conference- removed from register.

June '14-
Oct'15

3 further concerns with Social Services

6th Oct '15

Mum brought to A&E-suicidal

12th Oct '15

Mother attempted strangulation of child C

Themes

- ▶ Case conference participation by GP's
- ▶ Communication with other professionals
- ▶ Documentation of concerns



Case Conference participation

GMC:

If you are asked to take part in child protection procedures, you must cooperate fully. This should include going to child protection conferences, strategy meetings and case reviews to provide information and give your opinion. You may be able to make a contribution, even if you have no specific concerns (for example, general practitioners are sometimes able to share unique insights into a child's or young person's family).

*Protecting Children and Young People:
Doctors responsibility GMC Guidance*



What can we do?

- ▶ Can you attend a case conference? Barriers? Is there need to attend?
- ▶ Can you communicate information to other colleague? Health Visitor or Social worker?
- ▶ Information given verbal or written?
- ▶ What information can you write in a report?
- ▶ Confirm if not able to attend- in writing

Key information:

- ▶ Personal details of children
- ▶ Health conditions or concerns of children
- ▶ Parent/carer health issues- domestic violence, alcohol, drugs, mental health issues and how they may impact on parenting ability.
- ▶ Any specific safeguarding concerns.

Communication with other professionals

Information sharing:

1. Data protection Act
2. Open and honest with family
3. Seek advise- colleague, Defence Union
4. Share with consent, share without consent- but need to justify
5. Consider safety and well being
6. Necessary, proportionate, relevant, accurate, timely and secure
7. Record your decision and reason for it.



Communication with other professionals

When releasing information-

- ▶ Identity
- ▶ Purpose
- ▶ Consent
- ▶ Proportionate and relevant
- ▶ Record.

If making a referral to Social services- ensure clear and precise information is given.

Ensure to escalate a concern if you feel the issue hasn't been dealt with adequately.



Documentation of Concerns

Management of case conference notes:

- ▶ lack of coding recurring theme
- ▶ system to read and code Case conference notes.
- ▶ History code and correct priority code.
- ▶ Scan relevant document, redact third party information.

The screenshot displays a medical software interface for a patient named Baby TEST 12/05/1999 (F). The main content area lists various concerns and codes, including:

- complete vaccination schedule 2015
- NI Prescribing Formulary Link
- Q&P Pathways 2014/2015
- Risk Stratification
- Diabetic Education Programme
- Diabetic Retinopathy Screening Results
- Smoking status
- Asthma Consultation
- Depression Consultation
- NI Les Monitoring of Red/Amber Drugs
- Ante-Natal Care Information
- Medical care plan
- Annual Health Checks - ADMIN
- Medical Referrals
- Surgical Referrals
- Warfarin Monitoring
- Chronic Kidney Disease
- Child Protection Codes

The 'Child Protection Codes' section is highlighted with an orange oval and includes the following categories:

- At Risk of Neglected by Others
- At Risk of Sexual Abuse
- Fostering a Child
- Child in Foster Care
- Vulnerable Child in Family
- Child no Longer in Need
- At Risk Violence in the Home
- At Risk of Physical Abuse
- Child at Risk
- Family Member on Protection Register
- Family Member Removed From CP Register
- SS Case Conference
- On CP Register
- Removed From CP Register
- Child in need
- Child in Care

Other visible concerns include Rheumatoid Arthritis, Emergency Admission Discharge Letters, and Medical Care Plan. The right-hand panel shows 'Outstanding Tasks' and 'Reminders' for the patient.

Useful Read Codes

- ▶ At risk of neglect by others
- ▶ At risk of sexual abuse
- ▶ At risk of violence at the home
- ▶ At risk of physical abuse
- ▶ Child at risk
- ▶ Social Services case conference
- ▶ On Child Protection register
- ▶ Removed from child protection register
- ▶ Family member on child protection register
- ▶ Family member in foster care
- ▶ Looked after child

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

Alerts on Patients Notes

Put alert on patients notes. Amend but not remove if taken off CPR.

The screenshot displays a medical software interface for a patient named Baby TEST 12/05/1999 (F). The main window shows a list of medications with columns for Last Issued, Drug, Iss, Max, Dosage, Q, Preparation, Pro..., Authorised, Repeat Until, and Prescrib. A dialog box titled "Patient Warning" is open, showing a warning: "on Child Protection Register" with a "Close" button. The interface also includes a left-hand navigation pane with various medical categories, a top menu bar, and a right-hand panel with "Outstanding Tasks" and "Reminders".

Last Issued	Drug	Iss	Max	Dosage	Q	Preparation	Pro...	Authorised	Repeat Until	Prescrib
11/09/2017	Humira 40mg/0.8ml solution for injection pre-filled syringes (AbbVie Ltd)	1	1	RED LIST DO NOT DISPENSE	999	pre-filled disposable injection		11/09/2017		PL
02/08/2017	Setraline 50mg tablets	1	3	ONE IN THE MORNING	28	tablet		02/08/2017		CLI
10/08/2017	Omeprazole 20mg gastro-resistant capsules	1	6	1 IN THE MORNING	28	capsule		07/06/2017		NW
05/08/2015	Warfarin 3mg tablets		1	AMBER SUB-GROUP DRUG	28	tablet		07/06/2017		NW
09/12/2015	Methotrexate 2.5mg tablets		1	10 MG (FOUR TABLETS) TO BE TAKEN WEEKLY ON WEDNESDAYS	16	tablet		07/06/2017		NW
04/09/2017	Amlodipine 5mg tablets	1	12	1 TABLET ONCE A DAY DISPENSE WEEKLY	84	tablet		16/05/2017		PL
23/12/2015	Salbutamol 100micrograms/dose inhaler CFC free	6	6	4-6 PUFFS AS NEEDED	200	dose		05/08/2015	20/01/2016	AMAC
02/06/2017	Lansoprazole 15mg gastro-resistant capsules	3	4	ONE IN THE MORNING	84	capsule		05/08/2015		AMAC
11/08/2015	Ramipril 1.25mg capsules	3	3	TAKE ONE DAILY	28	capsule		30/06/2015	01/09/2015	JSTW
02/03/2015	Paracetamol 250mg/5ml oral suspension	5	5	TAKE ON DAILY	10	ml		18/06/2014		JW
08/06/2015	Salbutamol 2.5mg/2.5ml nebuliser unit dose vials							18/06/2014		JW
17/06/2016	Aspirin 75mg dispersible tablets							08/10/2013		PL



DID NOT ATTEND

Did not attend/ was not brought

- ▶ Recurring theme in Case reviews
- ▶ Potential indicator for neglect.
- ▶ Is there a system in practice to identify pts not being brought to medical appointments?
- ▶ Three monthly audits of codes- recurring DNA-
- ▶ How are hospital letters coded- scanned documents
- ▶ Meetings with health visitors- virtual meetings
- ▶ Meetings with partners identifying high risk patients/families.

Case 1

- ▶ New patent registration
 - ▶ 24yr old lady, pregnant at 34/40 just moved into the area- family near by.
 - ▶ 2 other children, girls age 3 and 2
 - ▶ Hx depression and self harm as teenager. On citalopram 20mg.
 - ▶ Currently feels not coping, mood low, difficulty managing the kids
 - ▶ During the consult you notice
 - ▶ Mum flat affect, crying , not watching the 3 yr old as she plays with equipment
 - ▶ 3 yr old in nappies
 - ▶ 2 yr old in pram, clothes and face unkempt
1. What areas do you explore in the consultation
 2. Are there areas of concern?
 3. What would your next steps be?

Case 1 cont...

2 weeks later:

On AM list- Social worker calling in regards to the older child. Keen to discuss case

▶ What are the issues you have here?

1) You speak with the SW who explains referral in from the nursery in relation to the elder daughter:

▶ Unkempt

▶ Hungry

▶ Difficulty toilet training

▶ Late pick up from nursery, grandfather. Hasn't seen mum in a week.

SW asks if you have 'any concerns about the child'

What can you do?

2) No partner in practice today- what would you do as a locum?

Case 1 cont...

Monday Lunchtime and reviewing post- invitation for initial case conference for the children and antenatal for unborn child.

- ▶ Next Monday- 7 days notice
- ▶ No reason for case conference in the notes of children

What do you do?

- A. Nothing
- B. Send letter saying not attending and no relevant info
- C. Send report on info available
- D. Phone SW for more info/speak with HV-

Case 1 cont...

New information:

- ▶ 2 yr old presented to OOH with cough, GP noted bruising along lateral chest walls- ?fingertip bruising and was assessed by Paediatrics- concern re NAI
- ▶ HV has concerns re 2 yr old speech development
- ▶ 3 yr old not toilet trained and no progress with same
- ▶ Maternal grandparents had been helping out but nursery raised concerns could smell alcohol on his breath

What would you do now- what are the areas of concern??

As a GP- what information do you have which may help the Panel at the case conference??

Case 2

- ▶ 14 yr old male. Down's Syndrome .
- ▶ Well known to the practice.
- ▶ Mum registered also. Usually sees another partner. Hx depression but is stable.
- ▶ While doing scripts- note no thyroxine for 3 months.
- ▶ Overdue Thyroid tests

What are the issues here?

What can you do?

Case 2 cont.....

Review notes and see

- ▶ DNA last hospital clinic
 - ▶ Mum has been in recently- breakdown of marriage, financial strains and depression poor. Has needed sleeping tablet and increase in antidepressant.
 - ▶ Reception have commented that mum has been complaining about small things at the practice- unusually irritable
- 1) Are there any issues here
 - 2) Is there anything you can do? need to do?

Case 2 cont....

- ▶ Mum presents 3 weeks later
 - ▶ Suicidal thoughts- just going to sleep
 - ▶ Financial difficulties
 - ▶ Just cant see a way out of feelings
 - ▶ Doesn't want to leave son
-
- ▶ What issues does this present
 - ▶ What steps can you take to help mum?

Key Themes in Other Case Reviews- 2012

Risk Factor	Percentage with Risk Factor (N=139)
Domestic violence/abuse	63%
Parental Mental Health	58%
Substance misues	42%
Alcohol	27%
Drugs	29%
None of the above	14%

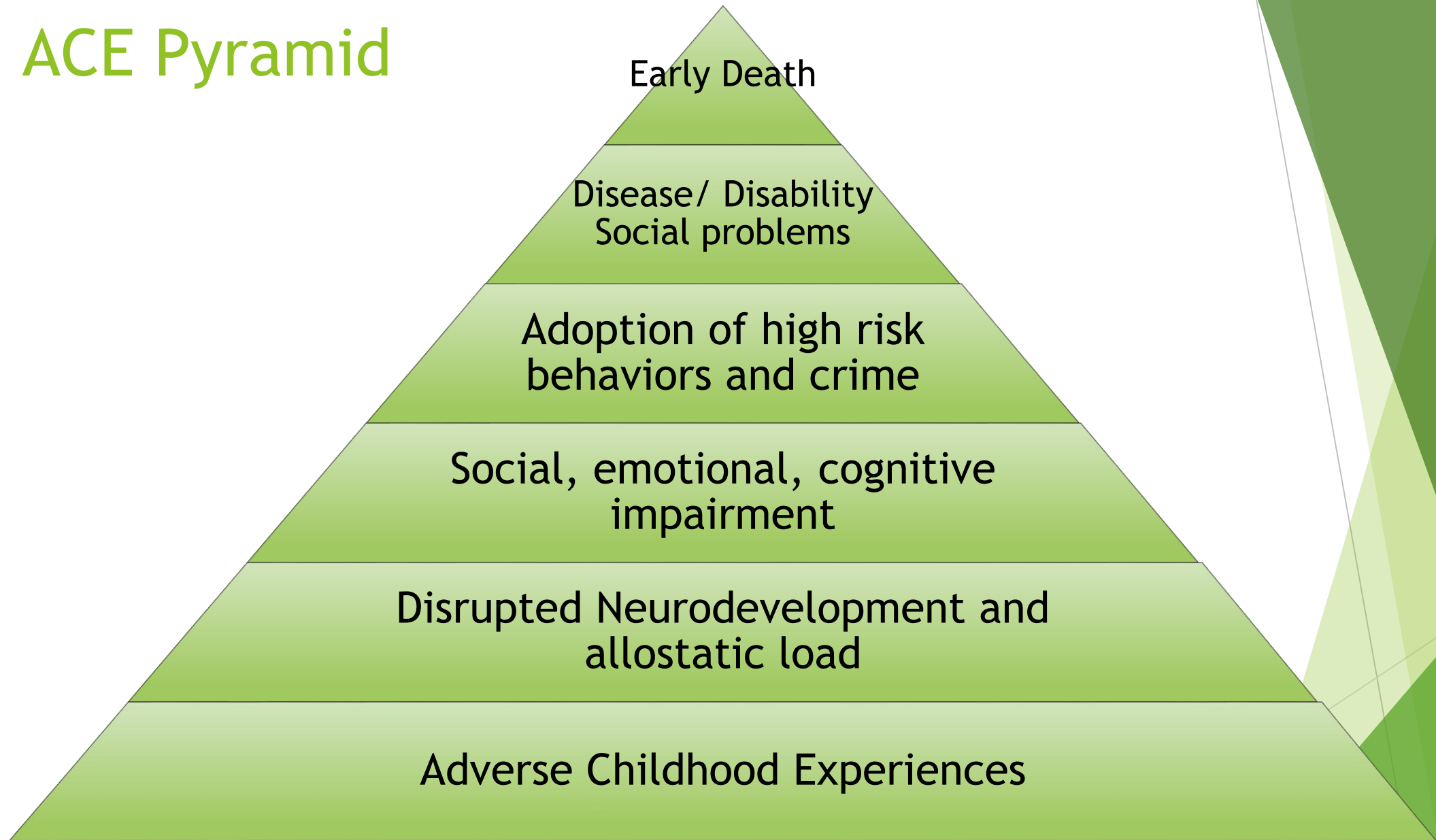
*Department for Education 2012 England.
RCGP Toolkit section 5*

Adverse Childhood Experiences

Stressful experience affecting physical health or environment

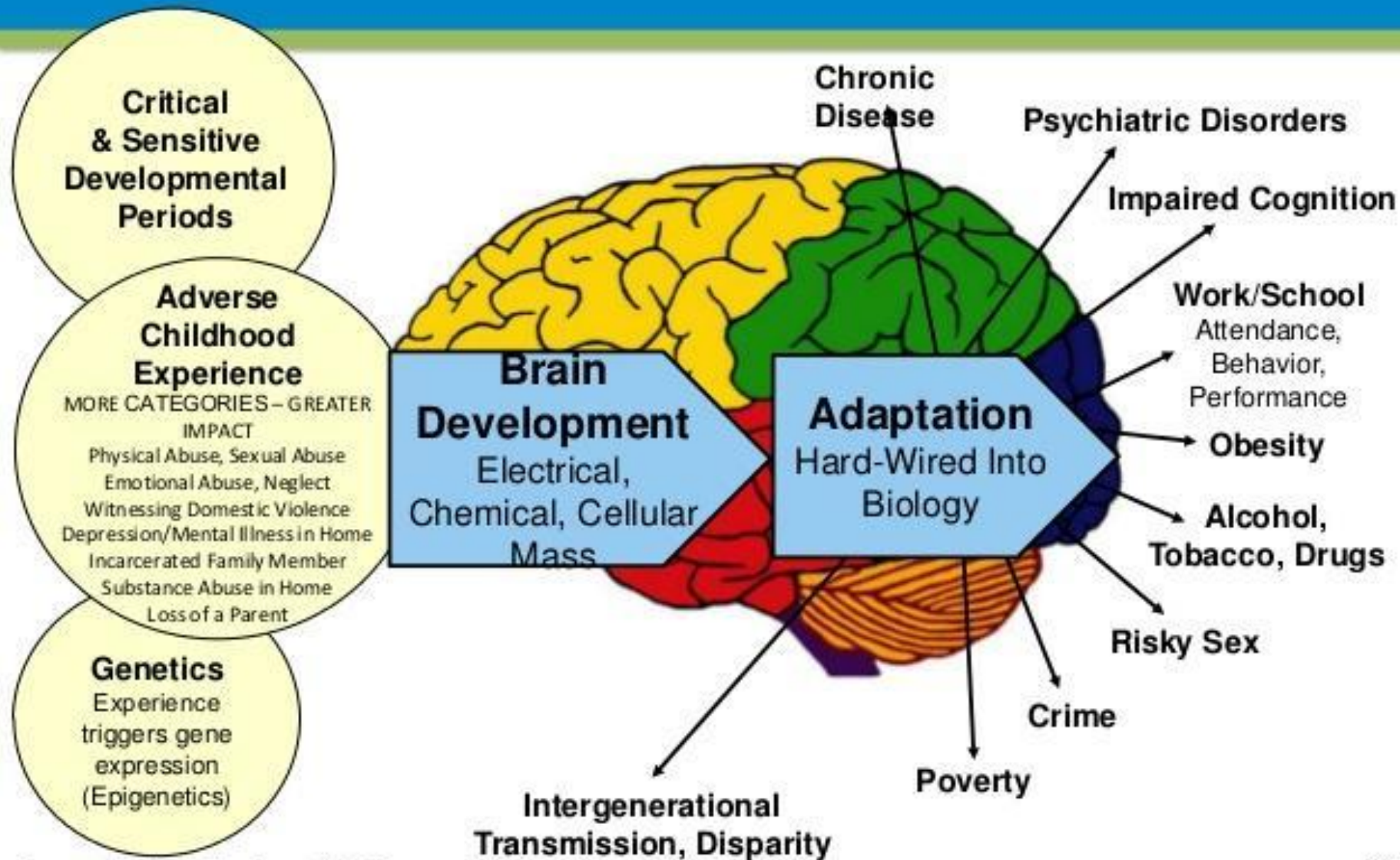


ACE Pyramid



ACE pyramid <http://www.cdc.gov/violenceprevention/acestudy>

Lifespan Impacts of ACEs



[http://www.aces.me.uk
/in-england/](http://www.aces.me.uk/in-england/)

The Pair of ACEs

Adverse Childhood Experiences

Maternal
Depression

Physical &
Emotional Neglect

Emotional &
Sexual Abuse

Divorce

Substance
Abuse

Mental Illness

Domestic Violence

Homelessness

Incarceration

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing
Quality &
Affordability

Community
Disruption

Lack of Opportunity, Economic
Mobility & Social Capital

Trauma Informed Care

TIC vs. Non-TIC

TIC

- Provides safety
- Offers choice
- Embraces collaboration
- Rooted in trust, consistency and transparency
- Respects the person

Non-TIC

- Labels/pathologizes
- Sees individuals as manipulative/attention-seeking
- Fosters culture of secrecy, poor monitoring
- Staff sees their role as “rule enforcer”
- Emphasizes compliance rather than collaboration.

Luest, 2011

CPD and appraisal

- ▶ Requirement to show up to date with safeguarding
- ▶ Many ways
- ▶ Record
- ▶ ?how many hours- intercollegiate guidance 12-16 hrs every 3 yrs
- ▶ Staff training
- ▶ Activity and type
- ▶ What did you learn
- ▶ What steps will you take to change your thinking/practice?
- ▶ How has this changed your practice?

Activity name and type	What was learnt	What steps will be taken to change thinking/practice	What are effects of change	CPD

Resources

- ▶ NIMDTA
- ▶ RCGP website
- ▶ NICE guidance Child Maltreatment; when to suspect maltreatment in under 18's (2009 updated Oct 2017)
- ▶ Factual books= ABC
- ▶ TED Talks- attachment, Adverse Childhood Experiences.
- ▶ SBNI Website and app
- ▶ RCGP events
- ▶ BMJ, Online learning portals.
- ▶ Fictional books and films-
 - ▶ History of loneliness
 - ▶ Through the eyes of a child

Hot of the Press...

- ▶ Info on to ECR
- ▶ Community Record section
- ▶ If on CPR- will be at top, in red
- ▶ Looked after child- at top in red.
- ▶ SW will be able to access more information
- ▶ Other social work involvement- listed in chronological order
- ▶ Trying to get CCG referrals to SW and possibly case conference reports also.

Organisation	Telephone number
The Rowan Centre	0800 3894424

Helping one
person might not
change the whole
world, but it could
change the
world for
one person.

