

General Practitioner Attendance at Child Protection Conferences

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General Practitioner Attendance at Child Protection Conferences

Key Points

General Practitioners must attend all Initial Child Protection Conferences (ICPCs) and Review Child Protection Conferences (RCPCs) (GMC July 2012). Where this is not possible, it is essential that they should attend the ICPCs which fulfil one of the three distinctive criteria listed below (Leeds Safeguarding Children Board).

Purpose of this protocol

The purpose of this protocol is to ensure that GPs are able to contribute to child protection processes to meet the best interests of the child and that the GP's contribution to Child Protection Conferences fulfils their safeguarding responsibilities.

The protocol supports the approach that GPs should aim to attend all ICPCs as requested by Children's Social Work Service (CSWS) but acknowledges that this may not always be possible. It aims to help identify the ICPCs where GP attendance is essential for the sharing of clinical information and for critical analysis of that information to take place. It is also aimed to stress the requirement for GPs to always send a report to ICPCs and to send an update report to all RCPCs as requested.

It is clear that GPs hold key information about children, young people and their families who are registered with the practice and those who may attend for emergency care. The Strengthening Families approach to child protection conferences draws out both the risks and strengths within the family and GPs can hold positive information about children and their parents as well as concerns which should contribute to decision making around whether a child protection plan is required.

Background

The inspection of Leeds Safeguarding Children's Services in September 2011 (Ofsted Report October 2011) identified an area of concern in that there was a notable lack of General Practitioner attendance at Child Protection Conferences. The report required that this issue was addressed within six months following publication.

The wording within the inspection report was '**to improve the attendance of, and contribution from, General Practitioners at Child Protection Conferences**'.

Work has been undertaken with Primary Care and Local Authority Children's Services on:

- Understanding how many GPs attend Initial Child Protection Conferences (ICPCs)
- Whether reports are submitted by GPs for ICPCs
- Whether or not apologies are sent if GPs are unable to attend
- Raising awareness amongst GPs about the importance of their contribution to

the child protection process.

- Promoting conversations between the Case Conference Chair and GP and vice versa, particularly where a GP is unable to attend a conference
- Exploring options for teleconferencing and for holding conferences within GP practice premises

Work has also been underway within the Local Authority Integrated Safeguarding Unit (ISU) to:

- Ensure that GPs are invited to all ICPCs and informed of RCPCs and request GPs to provide an update from the ICPC to the Chair.
- Ensure that invites are sent in a timely manner
- Establish email access for: invites from ISU to GPs, GP report submission to ISU, and for sending of minutes of conferences from ISU to GPs.

The Initial Child Protection Conference

Following the initial safeguarding response where agencies judge that a child may continue to, or be likely to suffer significant harm, the local authority CSWS should convene an ICPC.

The aim of the ICPC is to enable the family and those professionals most involved with the child and family, to assess all relevant information and plan how best to safeguard and promote the welfare of the child following enquiries completed under Section 47 of the Children's Act 1989.

Its purpose is:

- to bring together and analyse, in an inter agency setting, the information which has been obtained about the child's physical and emotional health and development needs and the parents' or carers' capacity to respond to these needs to ensure the child's safety and promote the child's health and development.
- to consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning, make judgements about the likelihood of the child suffering significant harm in future and decide whether the child is continuing to, or is likely to suffer significant harm: and
- to decide what future action is required in order to safeguard and promote the welfare of the child, including the child becoming the subject of a child protection plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these. (Working Together 2013 p.40)

The General Practitioner role and attendance at Child Protection Conferences

The GP often holds a wealth of information concerning the child, siblings and parents or carers: both about the family's strengths and the risks or potential risks. Such information is often directly relevant to the assessment of risk within the child

protection arena.

Guidance published by the General Medical Council (GMC) Protecting children and young people: the responsibilities of all doctors (July 2012) and made available to all doctors highlights that:

'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' (paragraph 26, page 20).'

In regard to working in partnership, one of the key points within the document is that doctors should 'contribute to child protection procedures and provide relevant information to child protection meetings if you are not able to go to them' (page19).

All those in attendance at conferences should be there because they have a significant contribution to make arising from professional expertise, knowledge of the child and family, or both.

It is acknowledged that attending every ICPC and RCPC can create practical difficulties, therefore this protocol identifies those critical ICPCs where it is essential that GPs attend as well as submit a written report.

General Practitioners should make every effort to attend ICPCs where:

- They have made the initial request for a service/ referral to Children's Social Work Service because they believed that the child was at risk of, or suffering significant harm. E.g. the GP witnessed an assault or has seen a child with a significant injury.
- The child and/or other family members have complex health needs that will impact on the care of the child. In these cases the GP will be one of the key professionals in a position to provide an overview of the key issues.
- The GP is likely to have a role on any future Core Group. E.g. cases of Fabricated and Induced Illness

This list is not exhaustive, and there may be other specific cases where it is essential for the GP to attend, this may be identified following a telephone discussion between the Chair of the case conference and the GP.

General Practitioners must always send a written report for ICPCs and RCPCs in the format provided (see attached). The report format for ICPC and RCPC are currently being set as standard electronic templates for GPs to use.

If they are unable to attend and hold significant information they should ensure they speak to the Chair of the Conference or Social Worker. It is best practice for GPs to also speak to another health professional eg the health visitor ,who is likely to be attending the meeting, and who maybe in a position to 'speak to the GP report' should the need arise. The contact details of the Chairs are available on the Map of Medicine, on the safeguarding children section.

Process in place within General Practice

All GPs should ensure that they have a process in place to manage invites to child protection conferences and that they are clear about:

- which conferences they must attend
- the system to ensure that an apology is sent to the ISU when they are unable to attend a child protection meeting
- the template on which to provide a report for conferences and review meetings
- speaking to the Case Conference Chair, the Social Worker or other health colleague (Health Visitor, School Nurse or Paediatrician) they know will be attending the conference if they are unable to attend especially if they hold vital significant knowledge or information about the family
- Electronic system to receive invites and minutes of reports, and to send off completed reports and apologies

Agreement and Review of this Protocol

This protocol will need to be agreed by the Local Medical Council (LMC), the Designated Doctor and the members of the Leeds Safeguarding Children Board Policies and Procedures sub group. Once agreed the protocol will be highlighted to all GPs via existing mechanisms such as newsletters and training. The protocol will be reviewed one year following agreement.

Audit

NHS Leeds South and East, West and North Clinical Commissioning Groups' Safeguarding Team have commenced an audit of GP attendance at ICPCs and RCPCs, s the number of apologies sent and number of conference reports provided.

This rolling audit will continue.

References:

HM Government (2013) Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children: HM Government

General Medical Council: Protecting children and young people: The responsibilities of all doctors (July 2012).

GP Report

Initial Child Protection Conference

There is no time allocated in the conference to read reports. Therefore please ensure that this report is shared with the family and young person, if appropriate, prior to the conference. This is in line with Section 3.5, 12.2 of the West Yorkshire LSCB safeguarding procedures.

Date of ICPC:	
Date received invite to ICPC:	
Name of person completing this form:	
GP Practice:	
GP will be able to attend the ICPC :	YES / NO (<i>delete as appropriate</i>)

Details of the child or young person known :

Name :	D.O.B:

Family's Details:

Name :	Relationship

1. Details of your agency's involvement with the child/young person and family

2. What is your analysis of the historical and current risks to the child/young person and the impact it is having on their physical and emotional health and development, now or in the future?

(Think about the information you have and what effect it is having or likely to have on the child/ren)

3. What is your analysis of the strengths and protective factors the child/young person has and within their family, their extended family and social networks?

(Think about the information you have – do you feel it will protect the child/ren and keep them safe)

4. Are you aware of any views of the child/young person or parents/carers which could be appropriately shared at the conference?

5. What do you think the desired outcomes for the child/young person should be with regard to their physical and emotional health and development?

(A desired outcome is what safety will look like for the child/ren if the plan is successful)

6. What do you think should be in a plan to support the child/young person and their family and what can you contribute to this plan?

7. Do you think there is a need for a child protection plan? If so, please state why you feel the threshold for significant harm has been met.

8. Date you shared this report with the parents and child/young person (if appropriate)? If not shared please indicate why.

9. Is there any part of the information contained within this report which cannot be shared at the conference? YES / NO (*delete as appropriate*)

If YES, please write the details in this section, and / or if you feel appropriate, contact the Child Protection chair directly to discuss this additional information.

Signature

Name

Date

Please return this form to:
safeguarding@leeds.gcsx.gov.uk

If you are experiencing problems sending this back

GP Report

Review Child Protection Conference

There is no time allocated in the conference to read reports. Therefore please ensure that this report is shared with the family and young person, if appropriate, prior to the conference. This is in line with section 3.5, 12.2 of the West Yorkshire LSCB safeguarding procedures.

Date of Review :	
Date received invite to Review:	
Name of person completing this form:	
GP Practice :	
GP will be able to attend Review	YES / NO <i>(delete as appropriate)</i>

Details of the child or young person known :

Name :	D.O.B:
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Family's Details:

Name :	Relationship

1. Significant events since the last Conference

(Describe any events which have impacted on the child/young person or your ability to implement your part of the plan)

2. Progress made on the Plan:

(Detail the progress you have made on the plan and how this has improved outcomes for the child/young person)

3. What is your analysis of the current risks to the child/young person and the impact that it is having on their physical and emotional health and development

(Think about the information you have and what effect it is having or likely to have on the child/young person)

4. Are you aware of any views of the child or family which could be appropriately shared at the conference

5. What is your analysis of the current strengths and protective factors the child has and within their family, their extended family and social networks?

(Think about the information you have – do you feel it will protect the child/young person and keep them safe)

6. Have the desired outcomes for the child/young person been met by the child protection plan, if not, what needs to happen now.

(A desired outcome is what safety will look like for the child/young person if the plan is successful)

7. What do you think should be changed in the plan to support the child/young person and their family and what can you contribute to this plan?

8. Do you think there is a need for an on-going child protection plan?

YES / NO (*delete as appropriate*)

If YES, please state why you feel the threshold for significant harm has been met.

9. Date you shared your report with the family and the child/young person, if appropriate. If not shared please indicate why.

10. Is there any part of the information contained within this report which

Integrated Safeguarding Unit
Child Protection Chair Contact information

cannot be shared at the conference? YES / NO (*delete as appropriate*)

If YES, please write the details in this section, and / or if you feel appropriate, contact the Child Protection chair directly to discuss this additional information.

Name

Signature

Date

Please return this form to:
safeguarding@leeds.gcsx.gov.uk

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NAME	WORKING PATTERN	MOBILE	DIRECT LANDLINE (IF IN OFFICE)
EAST Team Reception phone number 3782844 Broomhill Centre, Nowell Court, LS9 6TW			
Caroline Sewell	Full Time	07891 273 149	37 82940
Catherine Ingram	Full Time	07891 274885	37 82941
Claire Ford	Full Time	07712 214190	37 82942
Sharon Thomas	Full Time	07891 274770	37 82943
SOUTH Team Reception Phone Number 3782833 Belle Isle Centre, Enterprise Way, LS10 3EZ			
Farrah Khan	Full Time	07712 214189	3782916
Fiona Cook	Part Time Wed / Thurs / Fri	07891 277333	3782917
Laura Critcher	Full Time	07712 214188	3782918
Maria McCaffrey	Part Time Mon / Tues / Wed	07891 278729	3782919
Sonia Kelly	Full Time	07712 215174	3782914
WEST Team Reception Phone Number 3951187 Merrion House, 110 Merrion Way, LS2 8 BQ (will be moving to a base in Headingley area at some point in 2014)			

Ashley Sheldon	Part Time Wed / Thurs / Fri	07891 274 819	3951187
Johny Blanc	Full Time	07891 274892	3951187
Jos Jopson	Full Time	07891 276431	3951187
Lynda Deacon	Part Time Mon / Tues / Wed	07891 275286	3951187
Vanessa Hudson	Full Time	07712 215004	3951187

Any Child Protection reports or further information needs to be sent to:-

safeguarding@leeds.gcsx.gov.uk