



Initial Child
Protection
Conference Audit
Health focus

GP Safeguarding forum

Initial Child Protection Conference (ICPC) Audit

Health focus

March 2023

Collaborative audit between Quality Assurance Unit and Named GP

All ICPCs identified, conference report, social worker report and GP report shared- 71 documents

All cases reviewed within following domains:

Threshold of need | Health element identified for children/parent/carer | Health professionals involved (outside of School Nurse/Health Visitor),

Social worker and Named GP view on 'Are there any medical needs in the case which would benefit from the GP being present in conference?'

Evidence GP invited to conference, reason for conference summarised invite

GP report –evidence of child's health or developmental needs consider, evidence of parental risk and protective factors, use of medical language, voice of child/parent,

Action for GP practice team in the plan

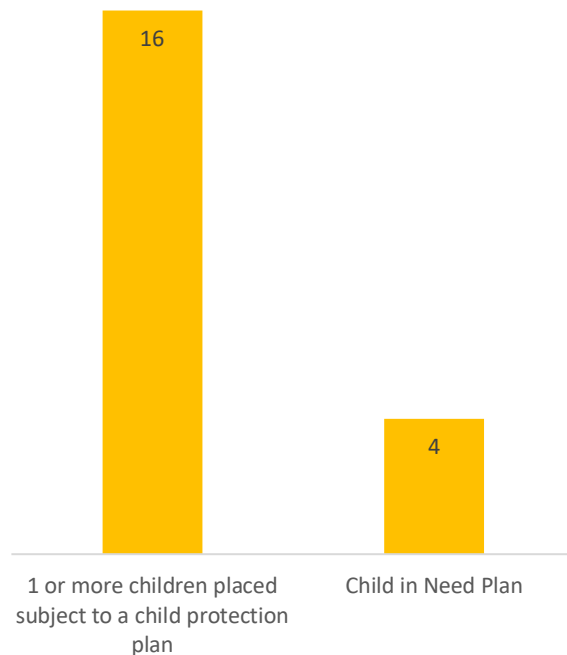
Summary

Total: 20 ICPC

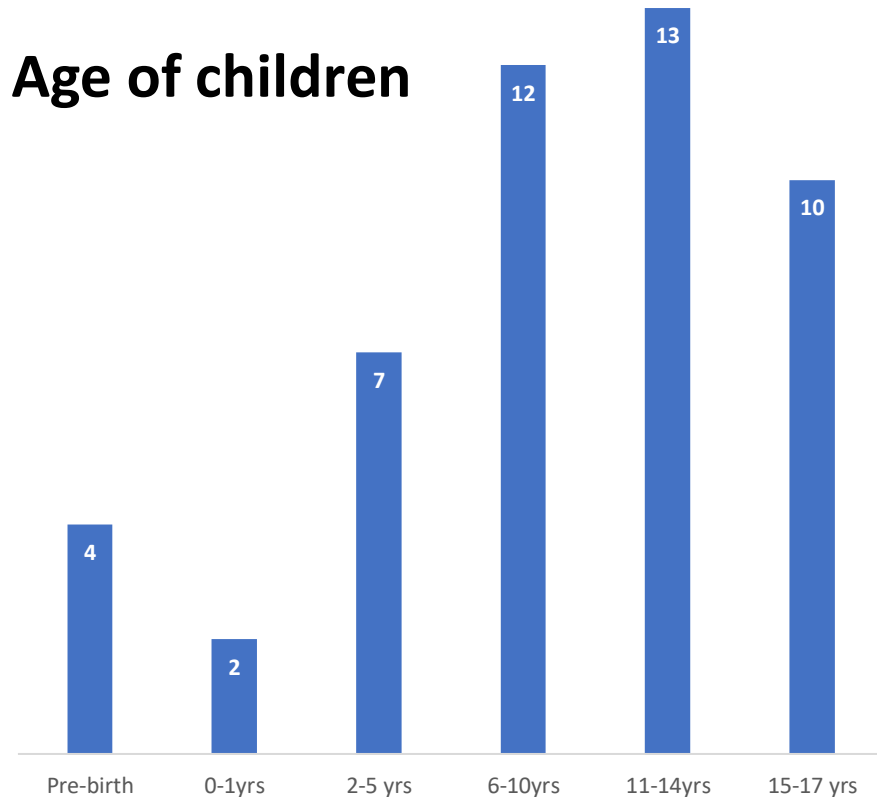
48 children- including 3 unborn children

14 GP practices - 3 practices had 2-3 cases, 2 GP not identified, 1 practice Lambeth

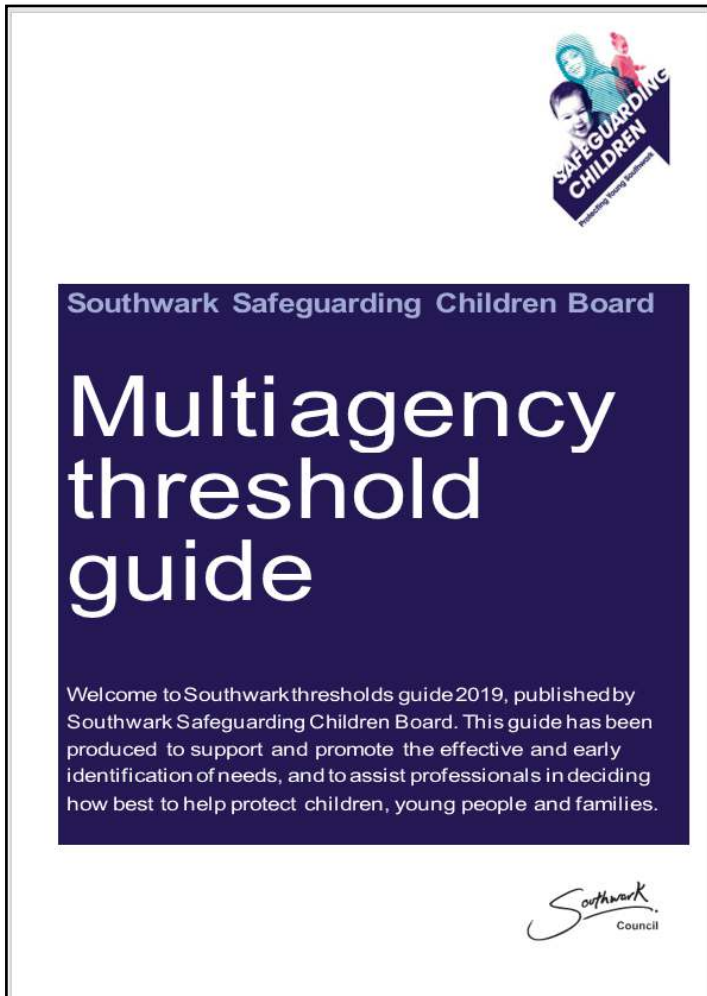
Outcome



Age of children



Threshold Guide



DEVELOPMENT OF THE BABY, CHILD OR YOUNG PERSON

This includes the child’s health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child’s age. These are guidelines to support practitioners in their decision-making. This is not intended to be a ‘tick box’ exercise and practitioners should use their professional judgement.

PARENTAL FACTORS

Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child’s physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a ‘tick box’ exercise and practitioners should use their professional judgement.

FAMILY AND ENVIRONMENTAL FACTORS

Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making.

<p>Tier 1</p> <p>Children with no additional needs whose health and developmental needs can be met by universal services.</p>	<p>Tier 2</p> <p>Children with additional needs. Universal services and/or support from Family Early Help</p>	<p>Tier 3</p> <p>Children with complex multiple needs. Statutory and specialist services.</p>	<p>Tier 4</p> <p>Children in acute need</p>
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<http://www.londoncp.co.uk/>

<https://www.londonsafeguardingchildrenprocedures.co.uk/files/threshold.pdf>

Newly Adopted -

Continuum of need matrix



HEALTH			
Level 1	Level 2	Level 3	Level 4
The child appears healthy, and has access to and makes use of appropriate health and health advice services	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result. Diagnosed with a life-limiting illness.	The child has complex health problems which are attributable to the lack of access to health services. Carer denying professional staff access to the child.
All child's health needs are met by parents.	Additional help required to meet health demands of the child including disability or long term serious illness requiring support services.	With additional support, parent not meeting needs of child's health. Carer displays high levels of anxiety regarding child's health.	Carers' level of anxiety regarding their child's health is significantly harming the child's development. Strong suspicions / evidence of fabricating or inducing illness in their child.
Carer does not have any additional needs	Needs of the carers are affecting the care and development of the child	Needs of the carer / other family members significantly affect the care of child.	
Parent accesses ante-natal and/or post-natal care	The carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The carer is not accessing ante-natal and/ or post-natal care, significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment.	The carer neglects to access ante-natal care and there are accumulative risk indicators.
The parent is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent is struggling to adjust to the role of parenthood, post-natal depression is affecting parenting ability.	The parent is suffering from post-natal depression. Infant / child appears to have poor growth - Growth falling 2 centile ranges or more, without an apparent health problem. Newborn affected by maternal substance misuse.	The carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.
Pregnancy with no apparent safeguarding concerns	Pregnancy in a young person / vulnerable adult who is deemed in need of support.	LAC or Care Leaver or vulnerable young person who is pregnant.	Pregnancy in a child under 13 or parent with significant learning needs. Young inexperienced parents with additional concerns that could place the unborn child at risk of significant harm.

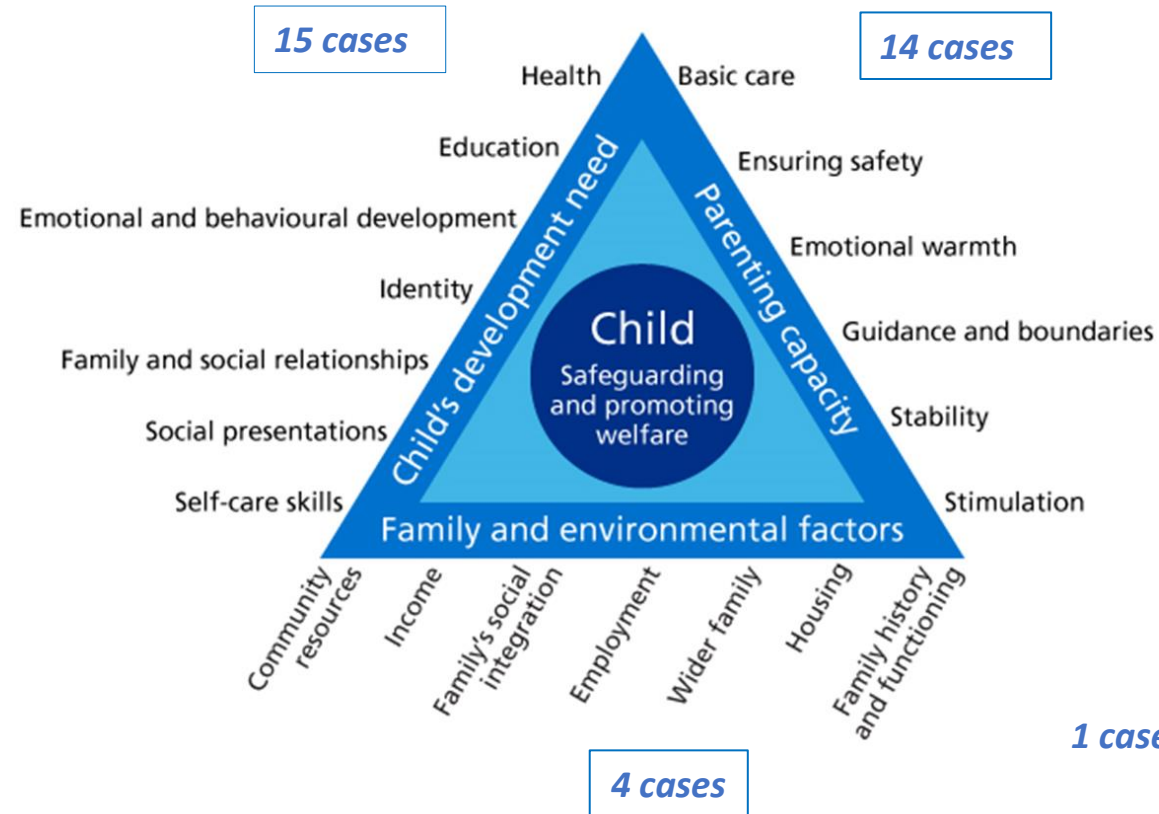
MENTAL/EMOTIONAL HEALTH
EDUCATION
ABUSE AND NEGLECT
SEXUAL ABUSE/ACTIVITY
POLICE ATTENTION
HARMFUL PRACTICES
EXTREMISM AND RADICALISATION
DRUG /SUBSTANCE MISUSE
DISABILITY
YOUNG CARER
DOMESTIC ABUSE
SOCIAL DEVELOPMENT
EXTRA-FAMILIAL HARM

<http://www.londoncp.co.uk/>

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Threshold domain

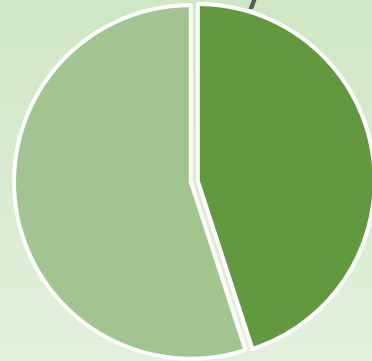
Some traversed and had multiple factors



*1 case- London Child Protection
Procedure threshold*

Health Needs

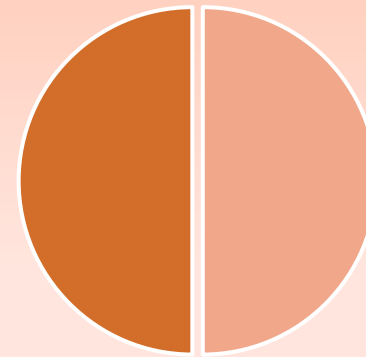
Health Factor Identified in one or more child in the family



- Child-health issue identified
- Child-no health issue identified

9 Total health issues reported for children, including:
3 Autism, 4 Mental Health, 1 Global Developmental Delay,
2 other medical issues, not significant long term conditions

Health Factor identified in one or both parents/carers



- Parent/Carer- health issue identified
- Parent/Carer- no health issue identified

10 Total health issues reported including:
3 Mental Health, 3 alcohol abuse, 3 drug abuse,
2 physical health 2- Inc. palliative end of life care,



Wider health input

Health professionals involved (outside of School Nurse/Health Visitor),

Total 13

- Midwifery- 4,
- CAMHS-4,
- Adult Mental Health- 3
 - (Perinatal, SLAM, IAPTS),
- Speech and Language Therapy -1

'Are there any medical needs in the case which would benefit from the GP being present in conference?'

Children Social Worker

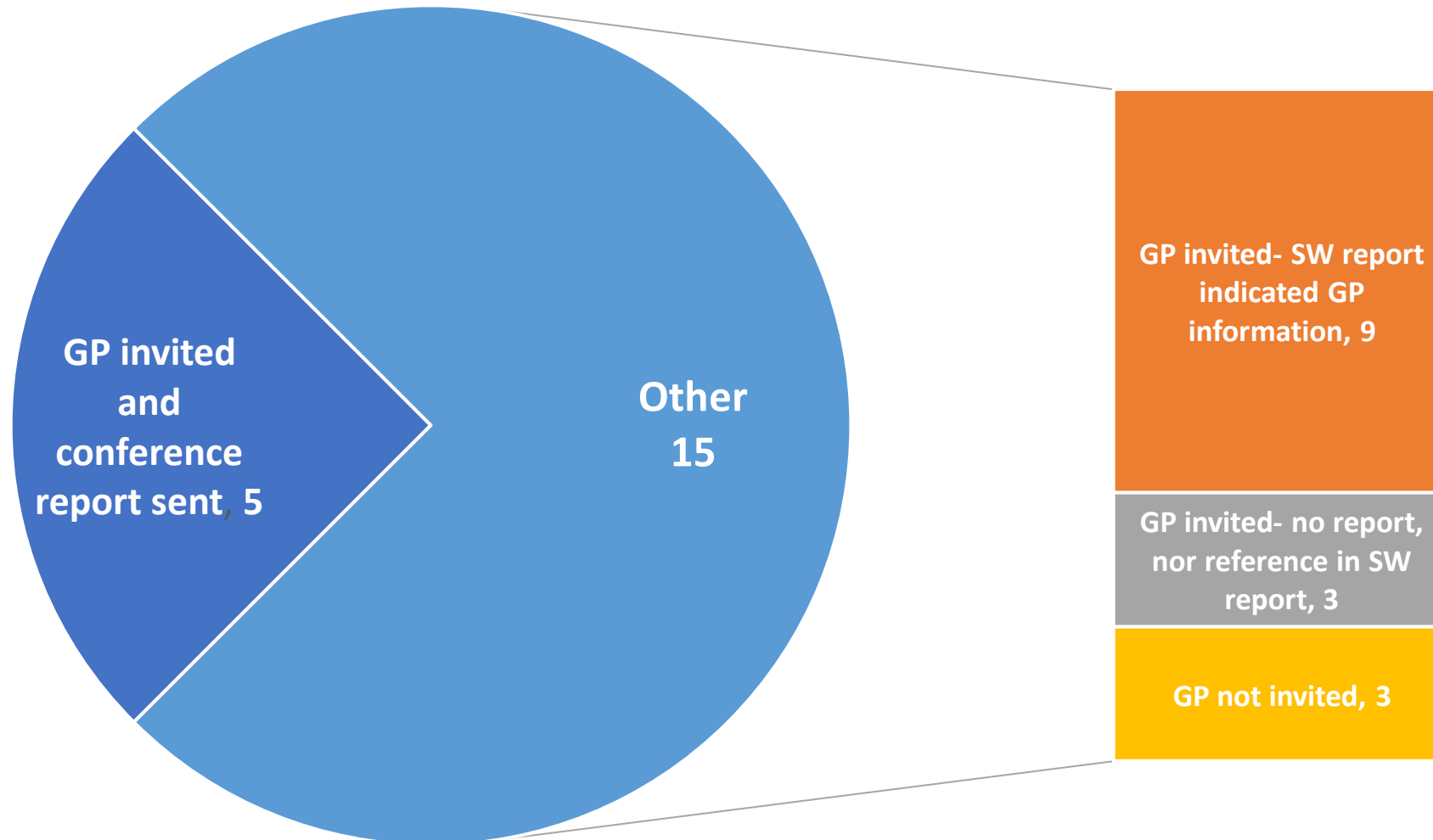
12- not answered, 5- required invitee, 3 -no

Named GP

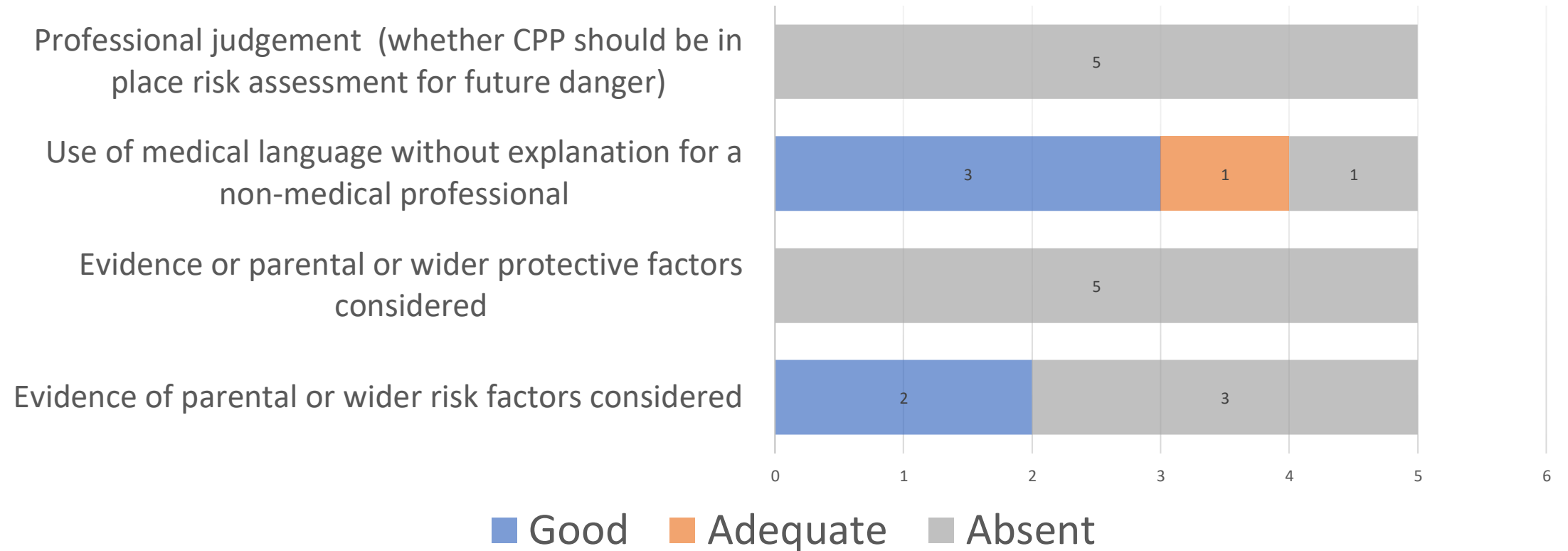
yes for 1 case, interestingly SW had stated no,

Conclusion- Mental Health- without SLAM involved (not IAPTS) , physical health impacting parenting, where GP presence of particular benefit

Conference invitation



GP report to ICPC



Action for GP

-7 conference reports contained direct action for practices

'Health
assessment'/'medical
review'

? Pseudoseizure- f/u
needed

Mother to continue
meds and onward
perinatal mental
health team referral

Maternal Mental
Health assessment

Review of nocturnal
enuresis

Consider CAMHS
referral

Change Grow
Live/Mental Health
referral

Review of 'abdo pain'
for a 12 year old

Conclusion

- Improvement to invitation process
 - reason, GP identification
- Work needed on reflection on parent/carer in reports
- Is work needed to ensure action for GP identified and completed?
- Evidence of good GP input to 'process'
- GP presence in conference
 - Funded by LIS
 - Based on audit ~1 every 1 to 2 years

