

## Pioneer Scheme Day-release programme

Wednesday 2<sup>nd</sup> August 2017

Horselethill Road, Glasgow

## Child protection in the Deep End

With Dr Kerry Milligan, GPwSI in child protection

Neglect is the most common form of child abuse in the UK. All 4 countries in the UK have seen an increase in the number of recorded child sexual offences in the last year. The 'State of Child Health' RCPCH <http://www.rcpch.ac.uk/state-of-child-health> shows there are stark inequalities in child health with 1 in 5 children in the UK living in poverty.

### Neglect

Neglect is the persisting failure to meet a child's basic physical and physiological needs. Almost half (43%) of all child protection (CP) plans are due to neglect. It is potentially the most damaging form of maltreatment with the impact being far reaching, difficult to overcome, chronic and often overlooked. Neglect co-exists with other forms of abuse and factors in at least 60% of significant case reviews (SCR). It can affect children of any age group although adolescents are most affected with the NSPCC estimating that 20% of young adults experienced inadequate supervision.

Neglect is much more prevalent in SCRs:

- 56% of those who died had child protection plans for neglect
- 37% of those who died had CP plans for physical abuse
- Physical abuse and neglect found together in almost half of serious injury cases where children suffered grave harm but didn't die

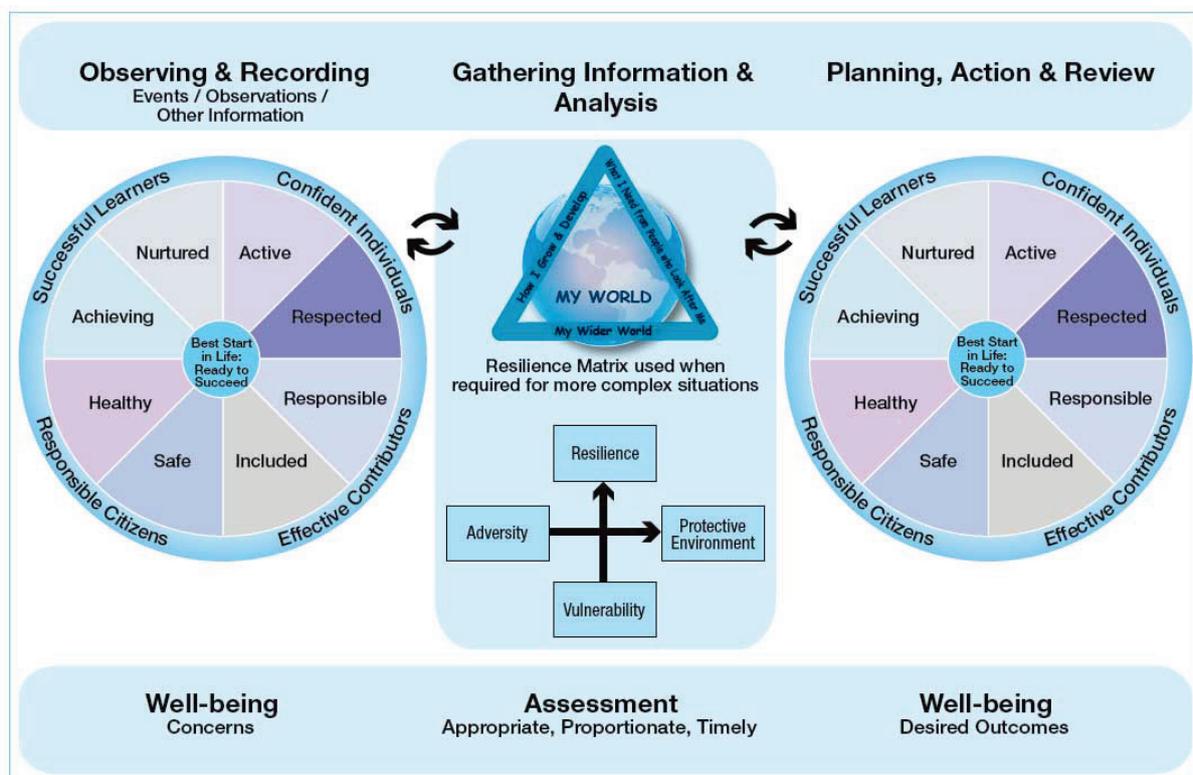
A detailed study of 46 cases of severe neglect by the NSPCC (2005-2011) found 6 common themes:

- Severe deprivation neglect
  - o Life threatening loss of weight or failure to gain weight/failure to feed
  - o Isolation adds to invisibility of child so malnutrition not recognised
  - o Changes in parents behaviour can signal life threatening harm
- Medical neglect
  - o Professionals tend not to challenge parents behaviour when medication given erratically

- Undue professional optimism about impact of medical neglect and danger for child
- Changed family circumstances not noticed by health team
- Accidents with some elements of forewarning
  - More likely in unsafe or precarious housing
  - Link between chronic and long term neglect and unsafe environment
- Sudden unexpected deaths in infants (SUDIs)
  - In context of neglectful care and hazardous environment
  - Dangerous living conditions are especially risks for vulnerable young babies
  - Good relationship with baby and parent can keep infant safe
- Neglect in combination with physical abuse
- Suicide among young people
  - If a child experiences chronic neglect and rejection they can find it difficult to trust and may present as hard to help with multiple DNAs or self harm attempts

### Responding to neglect in Glasgow

While support is appropriate often action to help children suffering from neglect is delayed for too long. New measures of assessment introduced for health visitors from National Practice Module – Getting it Right for Every Child (GIRFEC). This involves having a Named Person for every child – usually health visitors for those not at school and teacher for those in school.



### Role of GP:

- Enhanced role in health provision
- Provide child health surveillance
- See most childhood illness and are 1<sup>st</sup> point of contact for health concerns

- Knowledge of family
- Unusual not to be registered with GP
- Extended role of primary care team

A pilot programme was carried out with a GP practice in Clydebank and the 2 local high schools there. The schools have Joint Assessment Teams (JATs) which are meeting at schools between education, SW and educational psychology about vulnerable children present at the schools. The local GPs were invited to attend to provide extra input and gain extra knowledge regarding children registered with their practice. This was deemed to be a successful programme.

### **Child Protection in Glasgow**

There are 6 CCPs in NHS GGC. CCPs are made up of members from SW, education, police, PF and medical staff and they have a responsibility for child protection in local authority. Any of these agencies can request a significant case review (SCR) which is meant to be about reviewing process rather than apportioning blame. SCRs are not always related to child deaths – roughly ¼ of reviews – but are routine for child death in a child who is looked after or accommodated.

A statutory supervision order gives SW the legal right to enforce care however being on the CP register doesn't carry any legal requirements from the parents.

Unborn babies can be placed on the CP register if there are concerns from a pre-birth case conference.

There are 3 pathways for referral:

- Acute sexual abuse
  - o <13yrs to CP unit
  - o >13yrs to Archway services at Sandyford
- Acute NAI
- Neglect
  - o Comprehensive medical assessment (CMA)
  - o Done within 28days of referral and is planned review in the community

### **KEY SUMMARY**

- Neglect is common – often unintentional harm
- Better to have difficult conversations with parents/caregivers prior to child protection involvement – early support can avoid referral
- Monthly 'vulnerable family' meetings, Read coding, and investing in relationships (e.g. with health visitor, school nurse) can help