Recognising and Responding to Neglect in Children:
A Primary Care Perspective

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Session Plan

Brief review of newly updated RCGP Safeguarding Standards for General Practice from Oct 2024

Recognising and Responding to Neglect in Children:
A Primary Care Perspective

- Consequences of Child Neglect: Why focus on child neglect?
- Definition and Types of Neglect
- Risk Factors
- Barriers to identifying neglect: Professional vs Child-related
- Alerting Signs
- Risk Assessment, Monitoring and Taking Action

Cases: Application to Practice

Questions

RCGP Safeguarding Standards for General Practice

Published 1st October 2024

‘Level 3’ Curriculum made up of 5 areas of knowledge and capabilities

1. Professional safeguarding responsibilities
2. Identification of abuse and neglect
   - Child abuse and neglect
   - Adult Abuse
   - Mental Capacity
   - Domestic Abuse
   - Organisation or Institutional Abuse or Neglect
   - Supporting victims and survivors of abuse
   - Working with Perpetrators of Abuse
3. Responding to abuse and neglect
4. Documenting Safeguarding Concerns and Information
5. Information sharing and multi-agency working

https://www.rcgp.org.uk/learning-resources/safeguarding-standards-level-3

GP Safeguarding Requirements

Induction to a new practice:

- **Safeguarding induction**
- **Level 3 eLearning update** e.g. RCGP module: Core safeguarding in general practice (Level 3) https://elearning.rcgp.org.uk/course/info.php?id=807
- **Meet with the practice safeguarding lead within one month** to:
  - discuss the safeguarding structure, policies and procedures
  - identify any areas of safeguarding professional development need

Annual Update:

- **UPDATE: Level 3 safeguarding knowledge update** to include topics across the five key areas of the safeguarding standards. FtoF, Virtual or Pre-recorded.
- **IMPACT: Learning from Practice with Reflection** e.g. Completion of the Safeguarding Structured Reflective Template. Must include both child and adult safeguarding issues

Recording and reflecting for appraisal

https://elearning.rcgp.org.uk/pluginfile.php/205139/mod_book/chapter/986/Safeguarding%20Reflective%20Practice%20-%20Structured%20Template%201.docx

RCGP Safeguarding Case Review - Structured Template

The RCGP Safeguarding Standards, published in 2024, sets out the safeguarding knowledge and capabilities as well as safeguarding training requirements for anyone working in a general practice setting in the UK and/or working as a GP in any setting.

This safeguarding case review structured template can be completed annually to demonstrate safeguarding reflection and learning across the breadth of all the areas of safeguarding knowledge and capabilities.

Name of professional
Date of completion
Date of case
Anonymised identifier for clinician (if appropriate/needed)
Summary of case
What went well?
What would you do differently next time?
Actions/learning that you have identified/undertaken as a result of this case

RCGP Safeguarding Reflective Practice - Structured Template

The RCGP Safeguarding Standards published in 2024, sets out the safeguarding knowledge and capabilities as well as safeguarding training requirements for anyone working in a general practice setting in the UK and/or working as a GP in any setting.

This safeguarding reflective practice structured template can be completed annually to demonstrate safeguarding reflection and learning across the breadth of all the areas of safeguarding knowledge and capabilities.

Name of professional
Date of completion
Describe how safeguarding works in your work environment
Describe your role in this (e.g. as lead, a general clinician etc.)
Have these changed in the last year? If so, how?
Describe your safeguarding CPD activities, quality improvement activities and significant events that you have undertaken or been involved with in the past year
DEMONSTRATION OF REFLECTION AND LEARNING ACROSS THE BREADTH OF AREAS OF SAFEGUARDING KNOWLEDGE AND CAPABILITIES 1. Professional safeguarding responsibilities 2. Identification of abuse and neglect 3. Responding to abuse and neglect 4. Documenting safeguarding concerns and information 5. Information sharing and multiagency working
Looking at your last review's development themes/objectives in relation to safeguarding, to what extent did you get to fulfil these?
In relation to safeguarding, what do you consider you did well in the last year?
What difficulties/barriers have you come across with regards to safeguarding in the past year?
Personal development themes in relation to safeguarding

https://elearning.rcgp.org.uk/pluginfile.php/205139/mod_book/chapter/986/Safeguarding%20Case%20Review%20-%20Structured%20Template%201.docx?time=1729086504605

Child and Adult Safeguarding Level 3 Learning Record
Appraisal Year 2024-2025

Name of Clinician:
Practice:

RCGP Safeguarding Standards for General Practice 2024
Level 3 Curriculum made up of 5 areas of knowledge and capabilities
https://www.rcgp.org.uk/learning-resources/safeguarding-standards-level-3

1. Professional safeguarding responsibilities
2. Identification of abuse and neglect
    a. Child abuse and neglect
    b. Adult Abuse
    c. Mental Capacity
    d. Domestic Abuse
    e. Organisation or Institutional Abuse or Neglect
    f. Supporting victims and survivors of abuse
    g. Working with Perpetrators of Abuse
3. Responding to abuse and neglect
4. Documenting Safeguarding Concerns and Information
5. Information sharing and multi-agency working

My Annual Training Requirements: Level 3 + Safeguarding Lead Additional Level 3 Requirements
ANNUALLY: SAFEGUARDING UPDATE. Level 3 safeguarding knowledge update to include topics across the five key areas of the safeguarding standards. F2oF, Virtual or Pre-recorded.

1. ANNUALLY: SAFEGUARDING FORUMS. Demonstrate regular attendance at local practice safeguarding lead forums
2. ANNUALLY: REFLECTION AND LEARNING.
    a. Demonstrate impact of learning in practice with reflection e.g. Completion of the Safeguarding Structured Reflective Template. Must include both child and adult safeguarding issues.
    b. Demonstrate an example of reflection / learning aligned with the practice/organisational role specific knowledge and capabilities. Can include case review, significant event analysis, supporting a colleague with a safeguarding case, provision of advice and guidance to a colleague, liaison with external safeguarding professionals about a case, learning from practice safeguarding lead forums, implementation of a change in practice regarding a safeguarding issue

YEAR	2024 / 2025
GENERAL UPDATE	
e-learning Adult Level 3	
e-learning Child Level 3	
SPECIFIC TOPIC UPDATE AREAS HIGHLIGHTED BY SECTION 11 SAFEGUARDING AUDIT	
PREVENT	
Child criminal and sexual exploitation	
Modern Slavery	
Mental Capacity Act	
Female Genital Mutilation	
Domestic Abuse	
Hate Crime	
Serious Violence	
Honour-based violence	
LENSFIELD POLICIESREAD OR UPDATED	
Safeguarding Adult policy	
Safeguarding Child policy	
Safeguarding Admin Policy	
Other safeguarding policy	
SAFEGUARDING TEACHING SESSIONS LED	
IN-HOUSE SAFEGUARDING MEETINGS	
Child and Family Meetings Adult Safeguarding meeting	
EXTERNAL TRAINING AND CONFERENCES	
SAFEGUARDING AUDITS	
Section 11 Safeguarding Audit administered by ICB Safeguarding Team	
ICB SAFEGUARDING LEADS FORUM OR DROP-IN SESSIONS ATTENDED	
Dates attended:	
LEARNING LINKED TO SAFEGUARDING REPORTS, SUPPORTING COLLEAGUES AND LEARNING EVENTS	

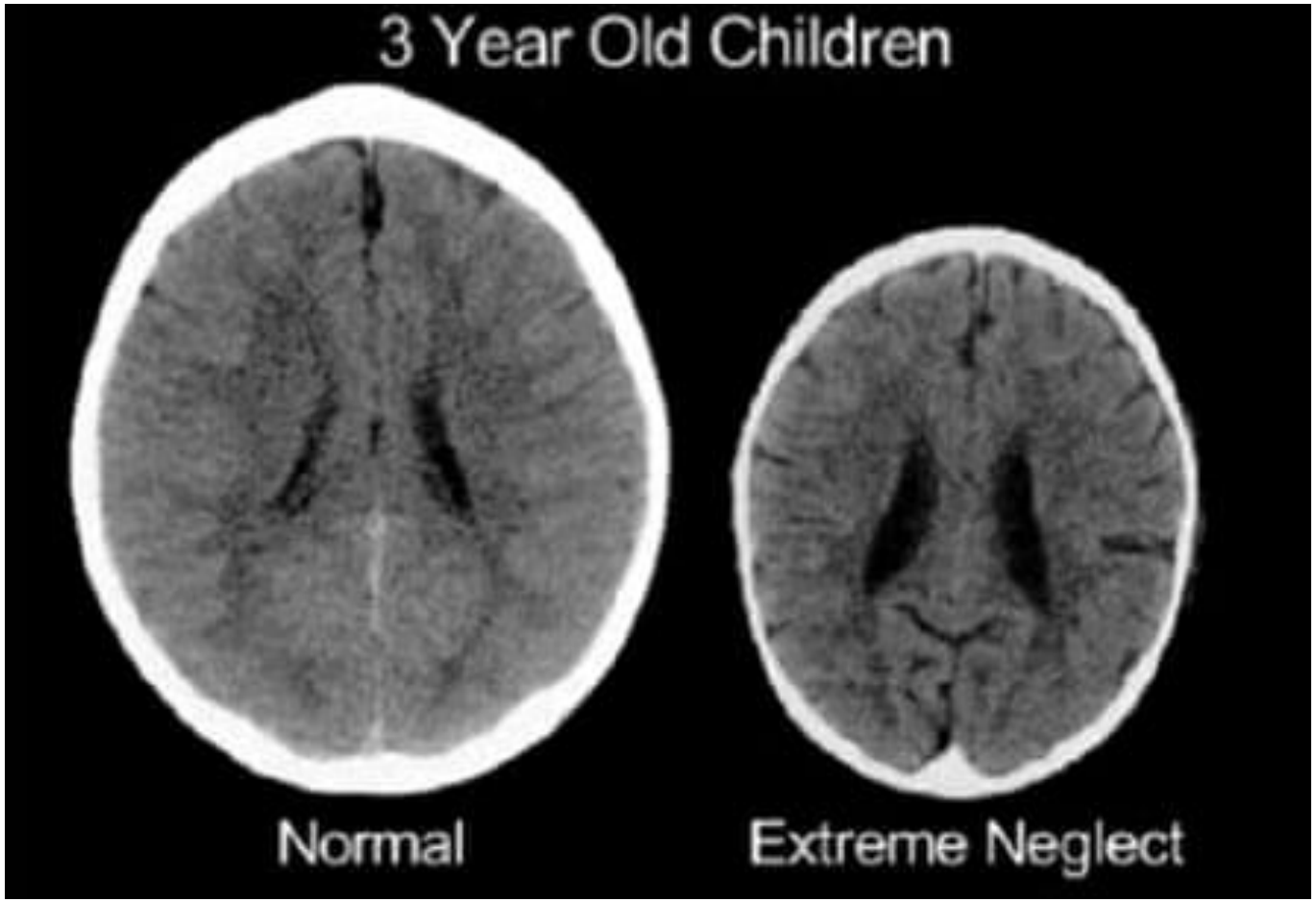
Learning Objectives (Level 3 GP Curriculum, RCGP Oct 2024)

- Knowledge of the alerting signs and risk factors of the different types of child neglect
- Awareness of Adverse Childhood Experiences (ACEs) and their lifelong impact
- Knowledge of the impact on child wellbeing of parental issues e.g., parental behaviour, mental health and substance misuse
- When treating adults, be able to take appropriate action to safeguard any children who may be at risk of harm due to the adult's health or behaviour
- Awareness that children not in education or training (NEETs) or those who are home schooled may not be visible to the usual range of services
- Awareness of the potential implications to children and young people of not being brought to health appointments
- Understand when a child safeguarding referral is needed
- Awareness of local referral processes for child and adult safeguarding including early help services

Pre-webinar video

Childhood neglect and the brain. Trauma focus.

https://www.youtube.com/watch?v=xYBUY1kZpf8



‘The Still Face’ Experiment

https://www.youtube.com/watch?v=f1Jw0-LExyc

Dr Edward Tronik, Director of Child Development Centre

Harvard University. Sept 2022.

Think back to the UK Trauma Council video and your own experience.

What are the **consequences of child neglect** for a young person as they grow up?

1 minute – type into chat

Why focus on child neglect in Primary Care?

Common and under-recognised

- most common reason for CPP. 50% neglect, 33% emotional (NSPCC 2016)
- A factor in 60% of child deaths investigated through Serious Case Reviews

Negative impact on the child's future.

- persistent cognitive abnormalities, esp hypothalamic-pituitary-adrenal axis
- persistent behavioural and emotional problems.
- poor educational achievement
- addictions
- mental health problems
- criminal behaviour
- early mortality

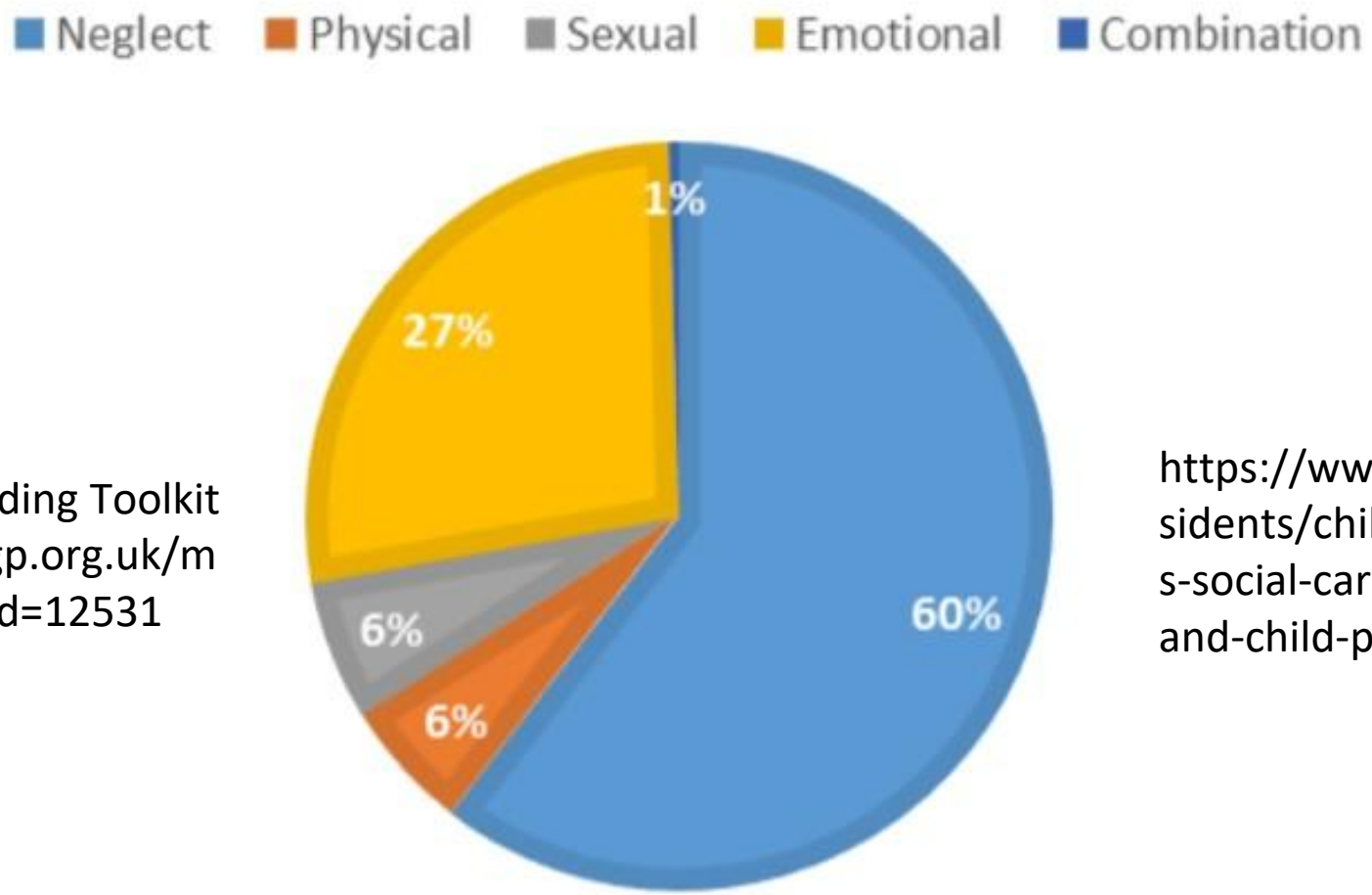
GPs have access to extensive privileged information about families as the data controllers of the healthcare record - important info re other risk factors

Earlier identification of Alerting Signs. Identified a key learning factor in SCRs

Early intervention can help. Mixed results of parenting interventions

Type of child abuse: Reason for CPP

(C&P 2017 / 2018)



RCGP Child Safeguarding Toolkit
https://elearning.rcgp.org.uk/mod/book/view.php?id=12531

https://www.cambridgeshire.gov.uk/residents/children-and-families/children-s-social-care/safeguarding-children-and-child-protection

Definition: Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Working Together to Safeguard Children 2018

Types of Neglect

A methodical way of addressing 'failure to meet need' will assist in identifying and planning interventions in neglect.
(Howarth 2007)

Medical neglect

Minimising or denying illness or health needs of children; failure to seek medical attention or administer treatments.. This includes dental care.

Physical neglect

Failure to provide appropriate clothing, food, cleanliness, living conditions

Nutritional neglect

Failure to provide adequate calories for normal growth (possibly leading to failure to thrive); not providing sufficient food of reasonable quality; recently there have been discussions about obesity being considered a form of neglect.

Lack of supervision and guidance

Failure to provide for a child's safety, including leaving a child alone; leaving a child with inappropriate carers; failure to provide appropriate boundaries.

Educational neglect

Failure to provide a stimulating environment, to show interest in education or support learning. Not responding to any special learning needs or statutory requirements regarding attendance.

Emotional neglect

Being unresponsive to a child's basic emotional needs; failure to interact or provide affection; failure to develop child's self-esteem or sense of identity. This could be through ignoring, humiliating, intimidating or isolating them.

Neglect as an ‘Act of Omission’ makes it tricky to recognise and respond to

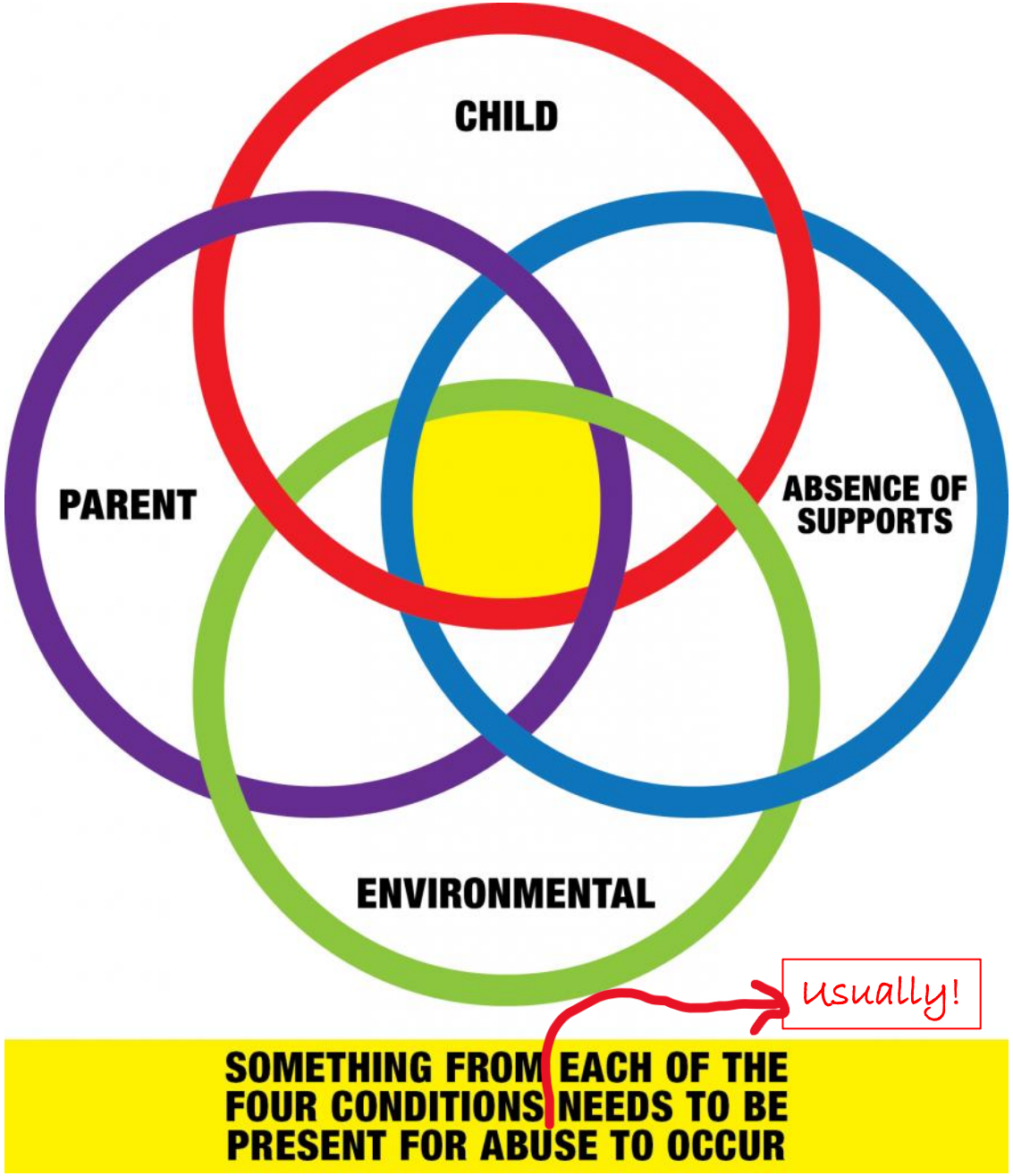
Neglect is **complex and multifaceted in cause, how it presents and how to respond** – multiple definitions

- a failure to do something, to act or to care adequately for a child or young person.

  Chronic neglect: ‘sustained and chronic breakdown in the relationship of care’ (Tanner and Turney 2003)

  Physical, sexual and emotional abuse are acts of commission with a degree of intentionality
- Children often recognised to be ‘vulnerable’ but **uncertainties how to respond**
- collecting reliable **data** on an ill-defined phenomenon is a challenge
- **Intractable, intergenerational nature** of neglect - professional overwhelm, normalisation and inaction
- **‘Indirect Consultation’** - child comes into focus via encounter with the parents or wider family
- **Accumulation of concerns** over time
- **‘Never the presenting complaint’** –a ‘potential problem’ for an unborn child or an unseen child
- Barriers to inter-agency **information sharing**
- **Fragmentation of information** between different medical records and between agencies

Risk Factors for Neglect



Parental Risk Factors for Neglect 1

Past history of abuse and neglect

Intergenerational Neglect
Lancet 2021: 63% of children whose mother had had Social Care involvement as a child, had social care involvement themselves age 4 years, and 84% by age 13 years.

Mental health and substance misuse

- significant impact on parenting
- Emotional volatility or problems managing anger
- Prison, dealing drugs or criminal activities.
- anger directed at authority figures e.g.doctors and social workers.
- trouble forming and maintaining relationships with children

Domestic Abuse

1 in 5 children in UK have experienced domestic abuse

- Physical and psychological impact on child
- Parent may be emotionally dependent on an abusive partner and fail to protect a child from abuse or harm – a form of neglect.

Relationship breakdown

60-70% off children with Social Care involvement have experienced parental separation.
Wide impacts on children: emotionally, poor sleep, schooling changes, parents can neglect their children while absorbed in own issues, new partners on the scene, financial pressures

Parental Risk Factors for Neglect 2

Learning difficulties and ASD

Difficulties in interpreting signs from the child and anticipating their needs

Lack of education

Previous Educational neglect of parent in childhood -> missed education -> no qualifications -> benefits dependency -> increased risk of poverty
Lacking knowledge to equip them in raising children and lack of basic skills to provide a supportive home environment.

Unemployment and Poverty

Even in extreme poverty, there should always be enough assistance that children should not be neglected, if care is made a priority

Low income is associated with poor diet, housing and poor health

Unemployment leading to loss of self-worth and ability to provide for the family emotionally and physically

Physical Health Problems

Including obesity and physical disabilities and the effect of pain on caring role

Intergenerational Neglect

Parental Psychological Background behind Neglect

Emotionally-motivated neglect:

- **Parental overwhelm** - difficult to cope with demands, therefore dismiss them.
- child provided for materially, but relationship lacks emotional bond
- Parents awkward and anxious.

Disorganised neglect:

- **Parental needs prioritised over needs of the child**
- parent as the centre of affection, linked to emotionally deprived in childhood
- Often able to cope with babies but as child grows up, parental responses can be unpredictable and insensitive. Ambivalent patterns of attachment.
- Demanding and dependant with professionals, but amenable to services.

Depressed neglect:

- Parents often been severely abused/neglected themselves as children
- no smacks, no shouting, no deliberate harm but no hugs or emotional warmth.
- 'given up' thinking and feeling - a **learned helplessness**
- unmotivated, listless and unresponsive to children's needs
- Irritability, displeasure or anger in dealings with children and professionals
- no structure, poor supervision and lack of consistent care

Child Risk Factors for Neglect

Special educational needs, disabilities or ASD

- more vulnerable due to challenges in communication and self-advocacy.

Age

- Younger children, particularly those under 6, may be at higher risk of neglect.

Difficult temperament or health issues

- may require more care and attention, potentially increasing the likelihood of neglect if caregivers are unable to meet those needs.

Past history of abuse or neglect

- Children who have experienced previous abuse or neglect may be at greater risk of future maltreatment.

Low birth weight or perinatal problems

- increased need for specialized care can lead to neglect if caregivers are not adequately prepared.

LGBTQ+ and Gender identity issues

Lack of support

Risk Factor for Child Neglect

Lack of support from the extended family

- absence of grandparents, aunts and uncles, ‘no back-up’, no one to child mind whilst they go shopping, or to work
- parents can see no alternative but to ‘leave their children to fend for themselves’
- Absence of extended family support often a major factor in child neglect SCRs
- Lack of ‘role model’ - extended family members may reinforce poor **parenting practice**

A lack of knowledge and skills in bringing up children

- If parents themselves are victims of parental neglect, challenging to recognise this and parent differently
- If large parts of education have been missed - deprived of useful sources of knowledge / equipping skills

Loneliness and social isolation

- Psychological impact of isolation – huge challenge to have responsibility of raising a child alone, and in difficult circumstances
- Transition into parenthood can be isolating, 10-15% women - postnatal depression

Environmental Risk Factors for Child Neglect

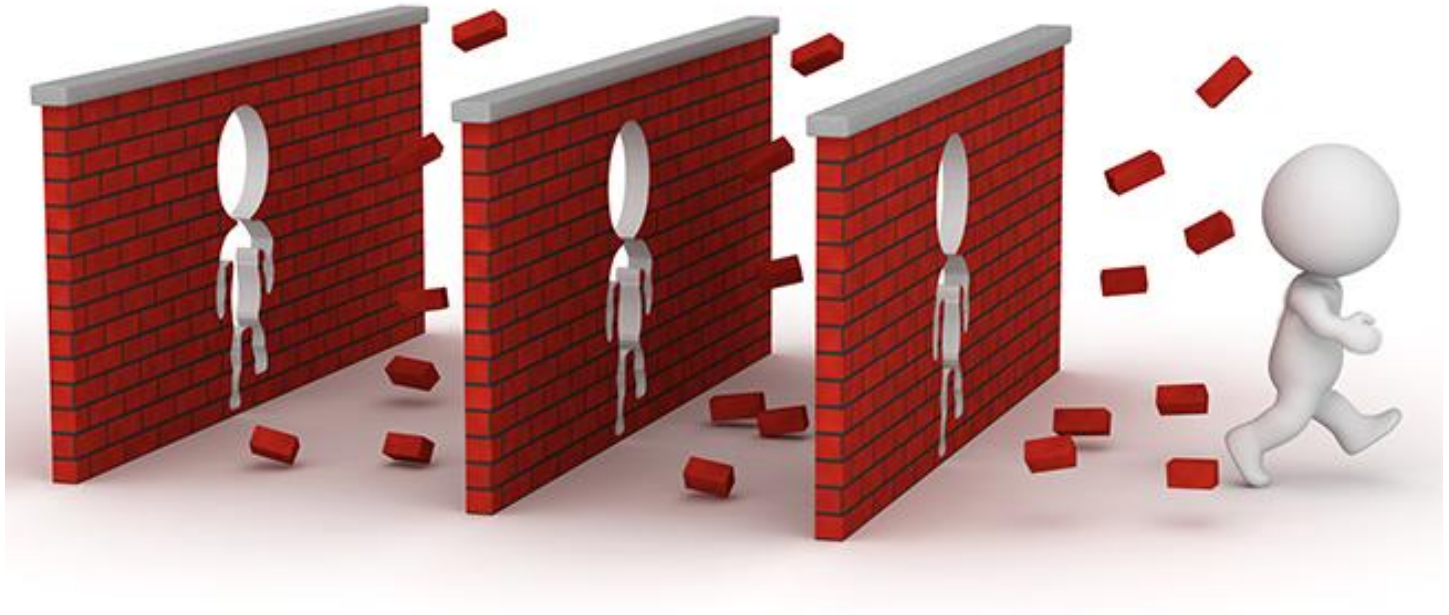
Inadequate housing

- Badly insulated and poorly constructed and maintained properties are often expensive to heat, and to keep clean and dry.

Antisocial behaviour and crime

- Poor role models and normalisation of mal-coping strategies
- Boredom and parental neglect leads to increased vulnerability to exploitation

What are the barriers for us as professionals in identifying child neglect?



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Child-related Barriers to disclosure

- feelings of confusion**, shame, guilt** and of being stigmatised
- may **not recognise** their own experiences as neglectful
- they may be being **coerced** by (or may be **attached** to) the person or people abusing or neglecting them
- they may **fear the consequences** of telling someone, for example that no one will believe them, the abuse or neglect might get worse, their family will be split up or excluded by their community, or they will go into care
- they may have **communication difficulties** or may not speak English fluently
- **Access** to healthcare professional is through the care-giver

Professional Barriers to disclosure

- ‘Act of Omission’ – **‘Does it meet the threshold?’**
- Fears about being considered **‘judgmental’**
- **Time pressure** as a barrier to professional curiosity - Focus on the parent, rather than the ‘child behind the parent’
- **‘Fixed view’** of the family
- **Disguised compliance** - parents or carers appear to cooperate with agencies and professionals to address concerns, but in reality, not making meaningful changes to improve a child's safety or well-being. A way to avoid raising suspicion, allay professional concerns, and ultimately weaken or delay professional intervention.
- **‘Uncontactable’** - difficulties with engagement
- **Reluctance to refer** – effect on doctor-patient relationship
- Difficulties seeing the **‘Lived Experience’ of the child** in a surgery environment

Alerting Signs in the GP Consultation:
Subjectively soft vs Objectively ambiguous

The family is Primary Care's strength – 'Think Family' 'Build up a picture'

- **Soft subjective signs** - ill-defined sense of discomfort in witnessing interactions between a parent and child.
  - Parental examples
    - Lack of verbal or non-verbal interaction
    - Rough handling
    - Negative comments about the child.
  - Child example: Indiscriminate friendliness
    - When a young child seeks proximity to a stranger, such as the GP, rather than the normal caregiver.
    - An important manifestation of insecure parent–child attachment and adaptive behaviour among children experiencing severe neglect
    - allows them to receive attention from alternative caregivers — BUT potentially risky
- **Objective signs of uncertain significance** - beware reductionist-diagnostic approach.
  - Child examples - failure to thrive, language delay, concerns about cleanliness or state of dress.
  - Parental examples - addiction, depression, learning difficulties, or adverse early experience.

Alerting Signs: Interactions

- Negativity or hostility towards child.
- Rejection or scapegoating of a child or young person.
- Developmentally inappropriate expectations of or interactions with a child, including threat or methods of disciplining.
- Exposure to frightening or traumatic experiences
- Using the child for the fulfilment of the adult's needs (for example, in marital disputes).
- Failure to promote the child's appropriate socialisation (for example, involving children in unlawful activities, isolation, not providing stimulation or education).
- Emotional unavailability and unresponsiveness from the parent or carer towards a child, particular towards an infant.
- Reported to punish a child for wetting or soiling despite practitioner advice that the symptom is involuntary.
- Parent or carer refuses to allow a child or young person to speak to a practitioner on their own when it is necessary

Alerting Signs: Physical

NICE Guidance NG76 Oct 2017

‘Suspect’ Neglect

- child repeatedly scavenges, steals, hoards or hides food with no medical explanation
- Reports of a poor standard of hygiene that affects a child's health
- Reports of inadequate provision of food
- Reports of a living environment that is unsafe for the child's developmental stage
- child seen at times of the day when it is unlikely that they would have had an opportunity to become dirty or smelly (e.g. early morning)
- if the dirtiness is ingrained

‘Consider’ Neglect

- severe and persistent infestations, such as scabies or head lice
- child's clothing or footwear is consistently inappropriate (for the weather or the child's size) but also consider ASD

Alerting Signs: Emotional and Behavioural (1)

1) Change in behaviour without clear cause

- recurrent nightmares containing similar themes
- extreme distress
- markedly oppositional behaviour
- withdrawal of communication
- becoming withdrawn.

2) Behaviour not consistent with child's age and developmental stage

- fearful, withdrawn, low self-esteem
- aggressive, oppositional
- habitual body rocking
- indiscriminate contact or affection seeking
- over-friendliness to strangers including healthcare professionals
- excessive clinginess
- persistently resorting to gaining attention
- demonstrating excessively 'good' behaviour to prevent parental or carer disapproval
- failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
- coercive controlling behaviour towards parents or carers
- lack of ability to understand and recognise emotions
- very young children showing excessive comforting behaviours when witnessing parental or carer distress

Alerting Signs: Emotional and Behavioural (2)

3) Extreme or disproportionate emotional responses

- anger or frustration expressed as a temper tantrum in a school-aged child
- frequent rages at minor provocation
- distress expressed as inconsolable crying
- Episodes of dissociation

(Consider also ADHD, ASD and LD)

4) Risk-taking behaviours and mental health concerns

- substance or alcohol misuse
- trouble at school and community
- eating disorders
- suicidal behaviours
- bullying or being bullied.
- Gang involvement
- Self harm

5) Situational concerns

- run away from home or care, or living in alternative accommodation, without the full agreement of their parents or carers or AWOL for periods
- regularly has responsibilities that interfere with the child's essential normal daily activities (for example, school attendance).
- child responds to a health examination or assessment in an unusual, unexpected or developmentally inappropriate way (for example, extreme passivity, resistance or refusal).

Alerting Signs: Medical / Developmental

- faltering growth because of lack of provision of an adequate or appropriate diet.

  NICE Faltering Growth Guideline NG75. 2017
- anaemia
- body issues, such as poor muscle tone or prominent joints
- frequent illness or infections
- repeated accidental injuries, often caused by lack of supervision
- skin issues, such as sores, rashes, flea bites, scabies or ringworm
- thin or swollen tummy
- Persistent tiredness, esp in a young child
- poorer than expected language abilities or social skills for their overall development
- Schooling?

Alerting Signs: Supervision

- Parents persistently fail to anticipate dangers and to take precautions to protect their child from harm
- an injury (for example, a burn, sunburn or an ingestion of a harmful substance) suggests a lack of appropriate supervision.
- parents fail to seek medical advice for their child compromising child's health and wellbeing
- Untreated injuries and delayed presentation of injuries
- dental caries and tooth decay
- missed medical appointments, such as for immunisations, health reviews and hospital appointments
- not given the correct medicines or inappropriate access to medication
- Fabricated or induced illness / perplexing presentations

Recognising Neglect in General Practice
Risk Assessment: Ongoing analysis of risk factors and alerting signs over time

Responding to Neglect in Primary Care

How can we identify unpresented risk?

Proactive Approach:

Case-finding Families at Risk

1) Risk profiling

i) Search adult records for 'Toxic Trio' (DA, MH, Substance misuse)

ii) Search adult records for inactive child protection codes

2) 'GP Touchpoint' routine reviews: Incorporating routine questions around risk factors

i) Parental MH / medication review

ii) Contraception / IUD or Implanon removal

iii) Pregnancy booking?

iv) 6 Week Check

v) Child Immunisations

vi) Smears?

3) School attendance: Proactively encouraging in children brought with minor illness ?timing of appointments

Reactive Approach:

Responding to Risk Inputs

External Risk Inputs

Appropriate coding, timely processing and patient follow-up of:

1) DASH reports

2) Ambulance and Police Safeguarding reports

3) Pregnancy booking 'safeguarding risk' assessments

4) Child A+E presentations

5) Early Help Module access

6) Liaison with HVs

Internal Risk Inputs

- Social prescriber / team input at Safeguarding Meetings
- Continuity and proactive follow-up of consultation concerns
- Systems in place for highlighting WNB / parental DNAs
- Use of 'Safeguarding Node' to summarise developing concerns

PRIMARY CARE SAFEGUARDING 'TOUCHPOINTS'

SAFEGUARDING INPUTS

Direct patient concern

Non-Clinician

- Observations by non-clinical staff
- Social navigator concern
- Family member / Carer concern
- Registration and deregistration

Clinician

- New disclosure
- Concern / observation when patient seen for unrelated issue e.g. at immunisations or leg dressing
- Online access request

Communication from local MDT

- Health Visitor
- School nurse
- Midwife
- District Nurse
- Charitable organisations e.g. Age Concern
- Pharmacists
- Mental health and substance misuse teams

Reports from External Organisation

- Domestic Abuse Reports (DASH)
- MASH communications
- Rosie Midwife Discharge Summaries
- Ambulance / Police reports
- Outcome reports: Child Protection / Child in Need Conferences, Adult Safeguarding and MARM Enquiries

External safeguarding information sharing request

- Section 17 enquiries
- Section 47 enquiries
- ICPC report
- RCPC report
- Section 42 Adult SG enquiries
- Serious Case Reviews

PROCESSES

1 RISK ASSESSMENT

- Mechanism of discussion within Clinical Team
- Discussion with Safeguarding Lead or Deputy
- Accessible contact information if advice from ICB Safeguarding Team or MASH needed
- 'Think Family' - consider risks to other family members

2 ACTIONING CONCERNS

- Accessible, up-to-date Practice Safeguarding Policies
- Quick reference flow chart
- Staff awareness of referral pathways
- Practice processes to share concerns with MDT
- Systems in place to ensure timely report-writing and cover for clinicians attending SG meetings

3 RECORDING AND CODING

- Detailed, factual recording of concerns
- Hiding consultation or document from online view
- Update of Safeguarding node
- Standardisation of coding
- Practice admin / coding policy
- Admin processes for safeguarding LIS claims

4 MDT MONITORING

- Standardisation of processes to add new concerns to safeguarding meeting agenda.
- Adult and Child safeguarding lists:
  - ⇒ Accessible, stored confidentially, easily updated
  - ⇒ Prioritised by risk level
- Admin processes to ensure meetings booked in advance, MDT invited and agenda shared securely
- Systems to ensure outcomes of MASH referrals known, recorded and monitored

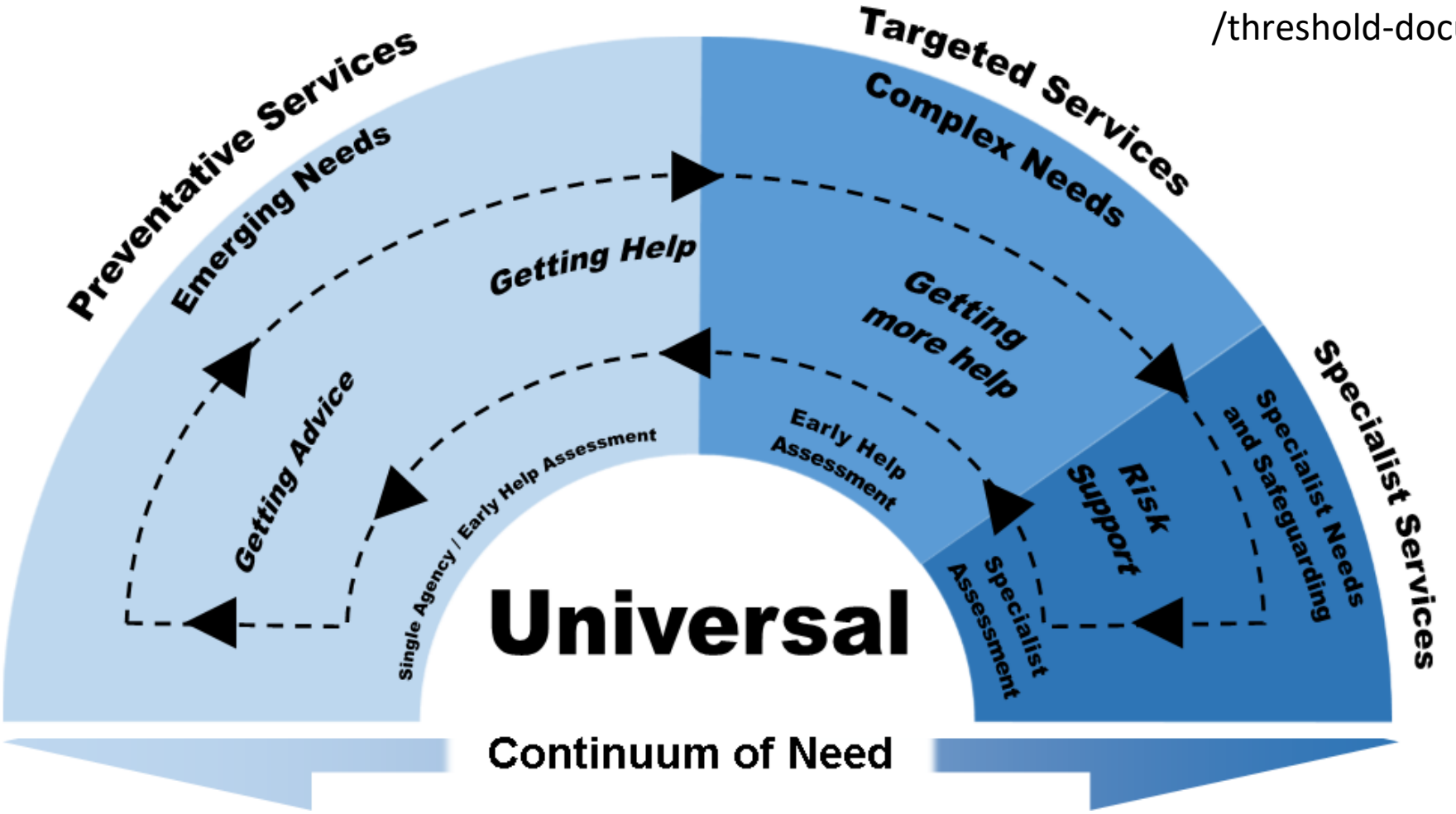
OUTPUTS AND QUALITY ASSURANCE

- Ongoing targeted follow-up of families and adults of concern
- Systems to prioritise frequency of monitoring
- Systems to consider inequalities in safeguarding particular populations
- Staff training and appraisal. Protected time for safeguarding lead.
- Embedding into practice learning from internal learning events, SEAs and SCRs
- Annual update of practice safeguarding policy and admin processes
- Section 11 and Adult Safeguarding Audits
- Feedback regarding practice systems by external organisations e.g. CQC

Risk Assessment in Child Safeguarding:

A ‘Continuum of Need’ approach

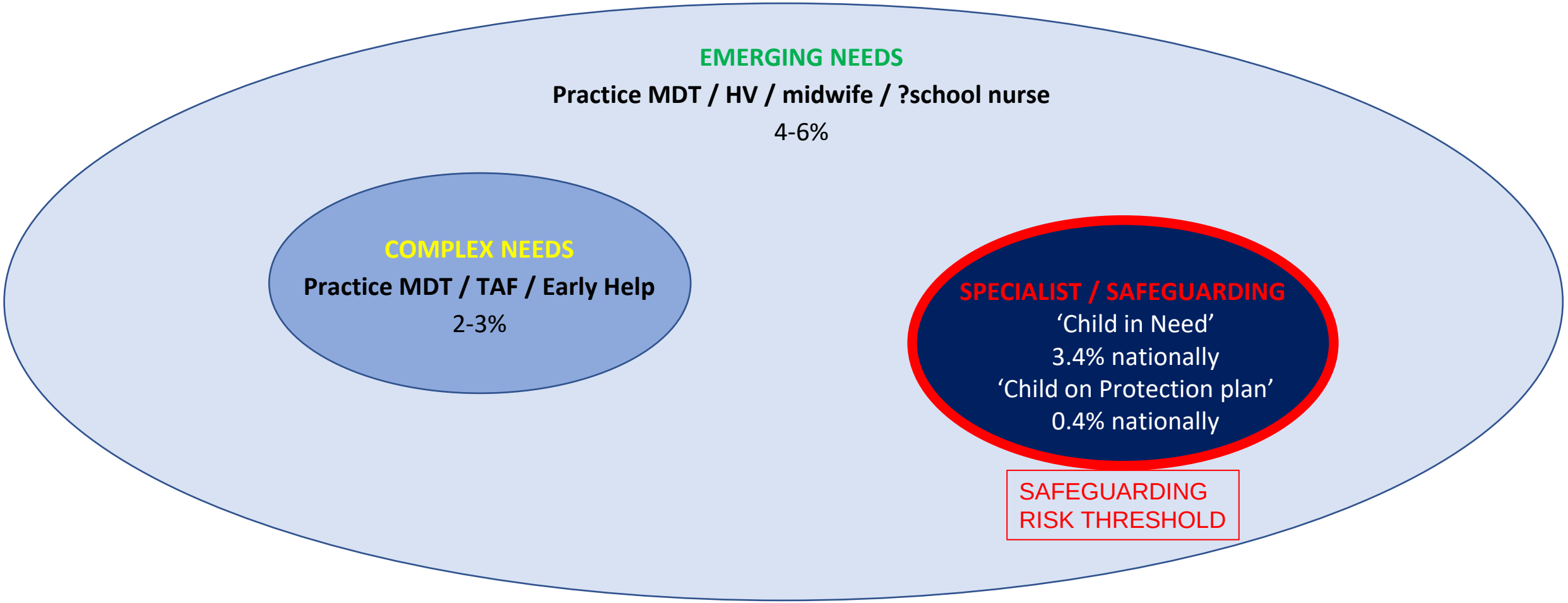
https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/threshold-document/



What does this mean practically?

All children in the practice will fall into 4 main flexible categories of risk across 'Continuum':

No concerns (92-94% of children)



Safeguarding Risk Thresholds

Children Act 1989

Section 47 Inquiry

Assessment for **Child Protection Plan:**

At risk of 'significant harm' and action may be needed to safeguard and promote the child's welfare.

Section 17 Inquiry

Assessment for **Child in Need Plan:**

'A child who is unlikely to achieve or maintain a satisfactory level of health or development without the provision of services; or a child who is disabled.'

‘Subthreshold’ Concerns: Consider Early Help

Early Help Assessment (EHA) is a holistic assessment of a family’s **strengths** and **needs**.

- Includes all the children and young people in the household **‘Think Family’**
- Completed **with the family** and only with their **consent**
- Family and the child given a voice **‘Lived experience’**
- **Shared with the family** once completed
- opportunity to identify a **plan to support the family** and **prevent needs escalating.**

Refer via Safeguarding Tab of Clinical Support Tool (NO form, just refer via email answering the key points requested in EH GP guidance)

EHM access? Read only: https://www.cambridgeshire.gov.uk/residents/children-and-families/parenting-and-family-support/providing-children-and-family-services-how-we-work/liquidlogic-system-early-help-module-for-partners

What happens next? TAF / Signposting to support / HV enhanced or routine follow-up

Objective Tools for Assessing Risk in Child Neglect

Child Neglect Screening Tool (Feb 2025):
https://safeguardingcambspeterborough.org.uk/download/child-neglect-screening-tool/

Child Neglect Screening Tool

This Screening Tool should be used in all cases where neglect is suspected. The tool is intended for practitioners working with children and families in all partner agencies to quickly identify areas of concern which may indicate a child is being neglected and enable practitioners, along with consulting the threshold guidance, to consider any further action or intervention which may be necessary, including completion of the Graded Care Profile 2, referral to Targeted Support or referral to Children's Social Care.

Please also refer to the Neglect Strategy for Cambridgeshire and Peterborough for further information regarding neglect. Neglect Strategy | Cambridgeshire and Peterborough Safeguarding Partnership Board.

The screening tool does not replace Cambridgeshire's and/or your own agency's safeguarding policy and procedures. In cases where you are concerned that a child has suffered, or is at risk of, immediate and/or significant harm, all agencies should refer to the threshold guidance. Updated Threshold Documents for Cambridgeshire and Peterborough Children | Cambridgeshire and Peterborough Safeguarding Partnership Board

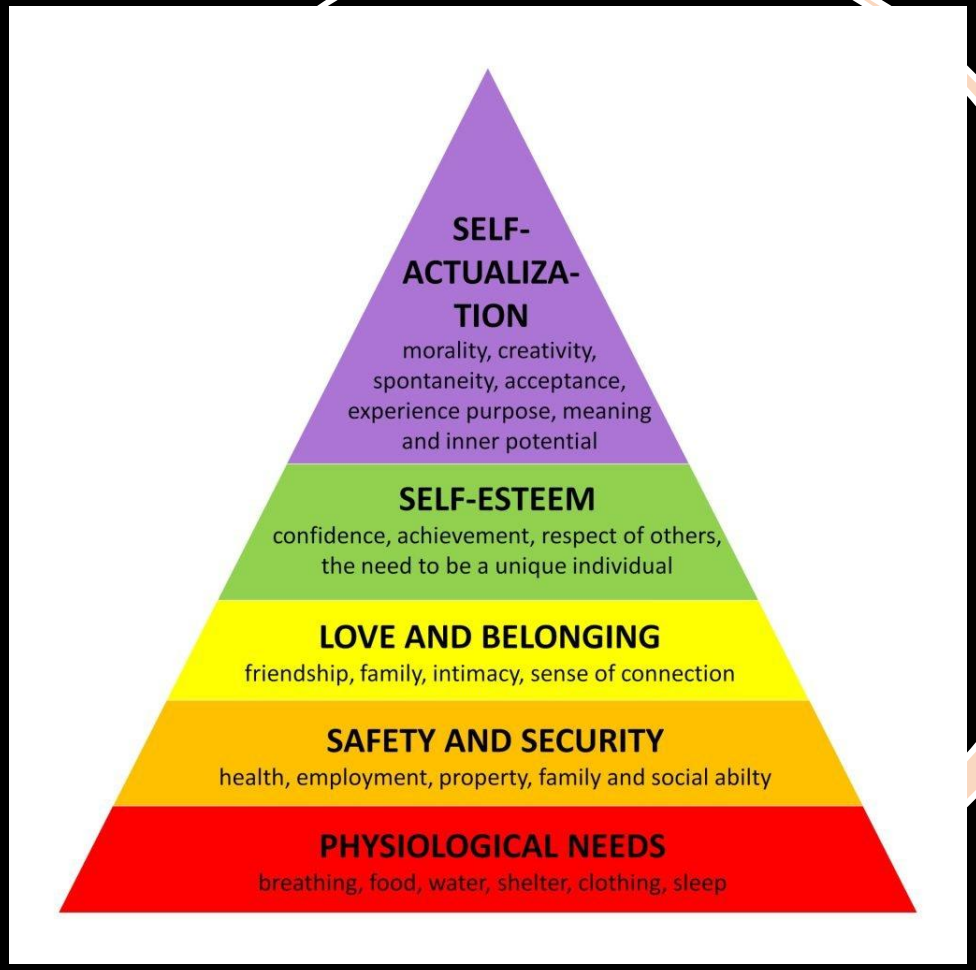
The screening tool lists indicators of neglect. However, the list is not exhaustive, therefore please use the additional concerns section to record any other neglect concerns which are not listed within the tool. For the purpose of the tool 'Child' refers to those under 18 – please consider the needs of all ages of children - young children through to adolescents.

Please only complete the sections where you can evidence what you have seen and/or heard.

Child(ren's) Names	
Child(ren's) Date(s) of Birth or EDD	
Does the child have any additional needs?	
Are any other professionals/agencies involved with this child? (Targeted Support /SEND services/Health services).	
Person Completing Form / Agency	
Are parents aware of the concerns?	

	Are You Worried About? (Categories taken from the Cambridgeshire and Peterborough Neglect Strategy)	**Yes**	**No**	**Comments / Evidence**
	Category: Physical Neglect			
1.	Conditions in the home (unhygienic/cluttered/ overcrowded/lack basic amenities/ inadequate safety measures/no safe place to sleep).			
2.	The child's presentation (unkempt/hygiene/weight)			
3.	The child not having clean/adequate/appropriate clothing (size/condition/hygiene/ for weather conditions)			
4.	A high level of instability for the child (frequent home moves/changes of school, changes to people living in the home/caring for the child).			
5.	A lack of age-appropriate stimulation/play/resources.			
6.	Are pets/animals sufficiently cared for? Do they pose a level of risk?			
7.	The child residing in unsecure/temporary accommodation or at risk of homelessness			
	Category: Emotional Neglect			
8.	A lack of emotional warmth and positive interaction between parent/carer and child. (Inappropriate behaviour management/frequent criticism/lack of interest in child).			
9.	Child feels or is excluded by family.			
10.	The child or young person's behaviour. (risk taking/anxious/ avoidant/socially unresponsive).			
11.	Non-biological partner/person involved in care giving appears to resent the child.			
12.	Child shows a reluctance to go home.			
	Category: Medical Neglect			
13.	The parent/carer is not seeking medical advice appropriately or attending routine appointments or is not registered with a G.P.			
14.	Frequent attendance at A&E or hospital admission.			
15.	Poor dental hygiene and/or not registered with a dentist.			
16.	Untreated or persistent head lice/other untreated health condition.			
17.	Substance abuse of child/adult/household member.			
	Category: Educational Neglect			
18.	Poor, declining or non-attendance at nursery/school/college (without explanation).			
19.	Parent/carer not supporting education/does not engage with nursery/ school/ college.			
20.	Child is not achieving academic potential.			
21.	Inadequately prepared for nursery/school/college.			
22.	Unexplained extremes of behaviour seen in nursery/school/college.			
	Category: Nutritional Neglect.			
23.	The child's access to adequate and nutritious food.			
24.	Poor weight gain/nutrition or obesity			
25.	The child is stealing/scavenging/ hoarding food.			
26.	The child presents at nursery/school/ college as unusually hungry.			
	Category: Lack of supervision (please ensure you consider the needs of all ages, including young children and adolescents).			
27.	A lack of age-appropriate supervision in the home and outside.			

Professional Tools for Assessing and Monitoring Risk in Child Neglect



Graded Care profile

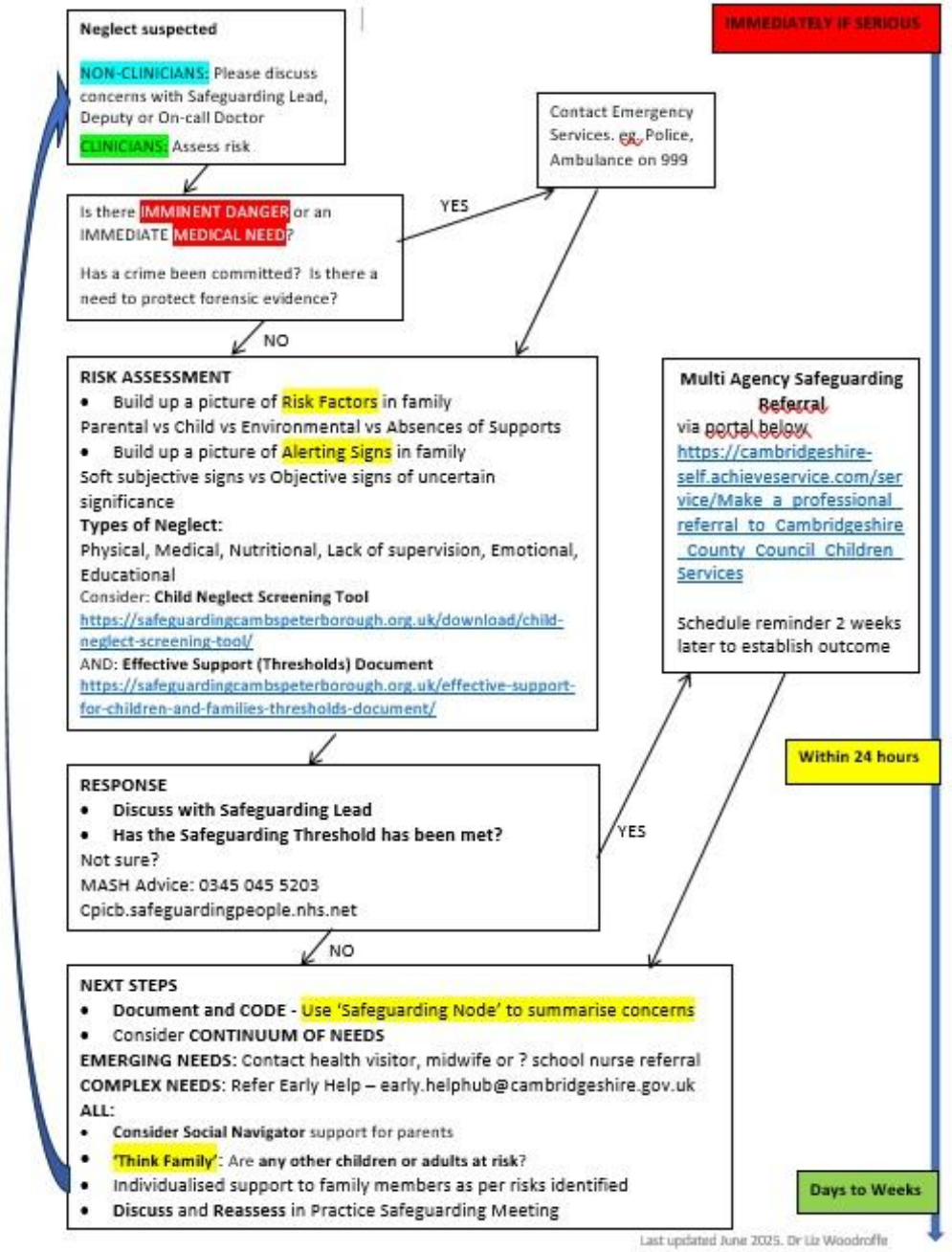
- Based on Maslow's Hierarchy of Needs
- Identifies four areas of care: Physical, Safety, Responsiveness and Esteem
- Broken down into sub-areas
- Safeguarding Partnership Board Identifies needs of each individual child within a family
- Can be used to 'work with' and to 'engage' the family as a 'Targeted' Action Plan'

https://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2017/12/Graded_Care_Profile_PDF_Sept_2016.pdf

Recognizing and Responding to Neglect: A Primary Care Perspective

CHILD NEGLECT IN PRIMARY CARE

C&P Quick Reference Flowchart



Useful Neglect Support Resources

- Helpful Multi-agency Training Resources on Neglect https://www.gov.uk/government/publications/training-resources-on-childhood-neglect-exercises-and-guidance
- 'Core Info' Patient Support leaflets from NSPCC

Neglect and Emotional Abuse Support for teenagers https://learning.nspcc.org.uk/research-resources/2014/neglect-emotional-abuse-teenagers-core-info-leaflet

Neglect and Emotional Abuse Support for 5-14 year olds https://learning.nspcc.org.uk/research-resources/2014/neglect-emotional-abuse-children-aged-5-14-core-info-leaflet

Kirklees Resource on Loneliness https://homestart-kirklees.org.uk/wp-content/uploads/2024/08/action_for_children_it_starts_with_hello_report__november_2017_lowres.pdf

- Relate – provides relationship support, including help for children and young people and help with family life and parenting

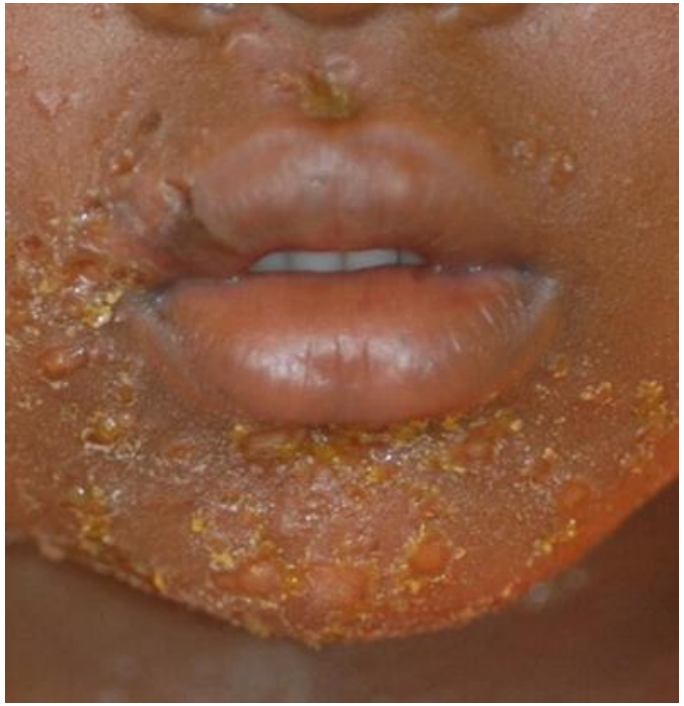
Parenting and Family Support

- Local Parenting Course Information https://www.cambridgeshire.gov.uk/residents/children-and-families/parenting-and-family-support/parenting-courses
- Family Lives – provides information, advice, guidance and support on any aspect of parenting and family life. Their helpline number is 0808 800 2222
- Gingerbread – provides single parents with advice and practical support. You can call the Gingerbread Advice Service on 0808 802 0925
- Single Parents – provides single parents with help, advice and support
- YoungMinds for Parents – provides advice about mental health and behaviour problems in children and young people. You can call the parents' helpline on 0808 802 5544
- Family Rights Group – provides parents or other relatives with advice about their rights and options when social workers or courts make decisions about their children's welfare. Their advice line number is 0808 801 0366
- Care for the Family: https://www.careforthefamily.org.uk/support-for-you/family-life/parent-support/

Child Neglect Risk Vignettes

Case 1: Tyler 15 months

- Attending for routine immunisations
- It's 3pm. Duty Doctor. Called in by practice nurse.
- Attended with Maternal Grandma
- Mum has sent a letter as she's too tired to attend today - she's 26 weeks pregnant
- Tyler's older sister, Lacy (aged 6) is also in the room. Grandma tells you she's off school with a cough.
- Lacy and Tyler both have chocolate spills down their T Shirts. Lacy tells you they spilt their ice creams in the park.
- Tyler responds well to Grandma when she tells him to keep still while you look at his face. Lacy repeatedly interrupts the consultation with lots of questions and stands next to you to 'do the mouse' as you make notes on the computer.
- You prescribe antibiotics for Tyler's impetigo and discuss contacting mum later regarding the plan



18.30pm onwards…..

- You make a coffee at the end of a long day and review Tyler's notes and those of Lacy and Mum. Dad no longer registered. Grandma not registered. No other children.

Mum (Grace 24 yrs)

- Domestic Abuse report scanned into record 2 yrs ago regarding 'previous partner'
- History of 'depression and anxiety' – on antidepressant, sertraline.
- Inactive code 'Child on protection plan'
- BMI 34

Lacy (6 years)

- Born at 33 weeks. Fully immunised. Recent attendance with viral URTI. No DNAs.

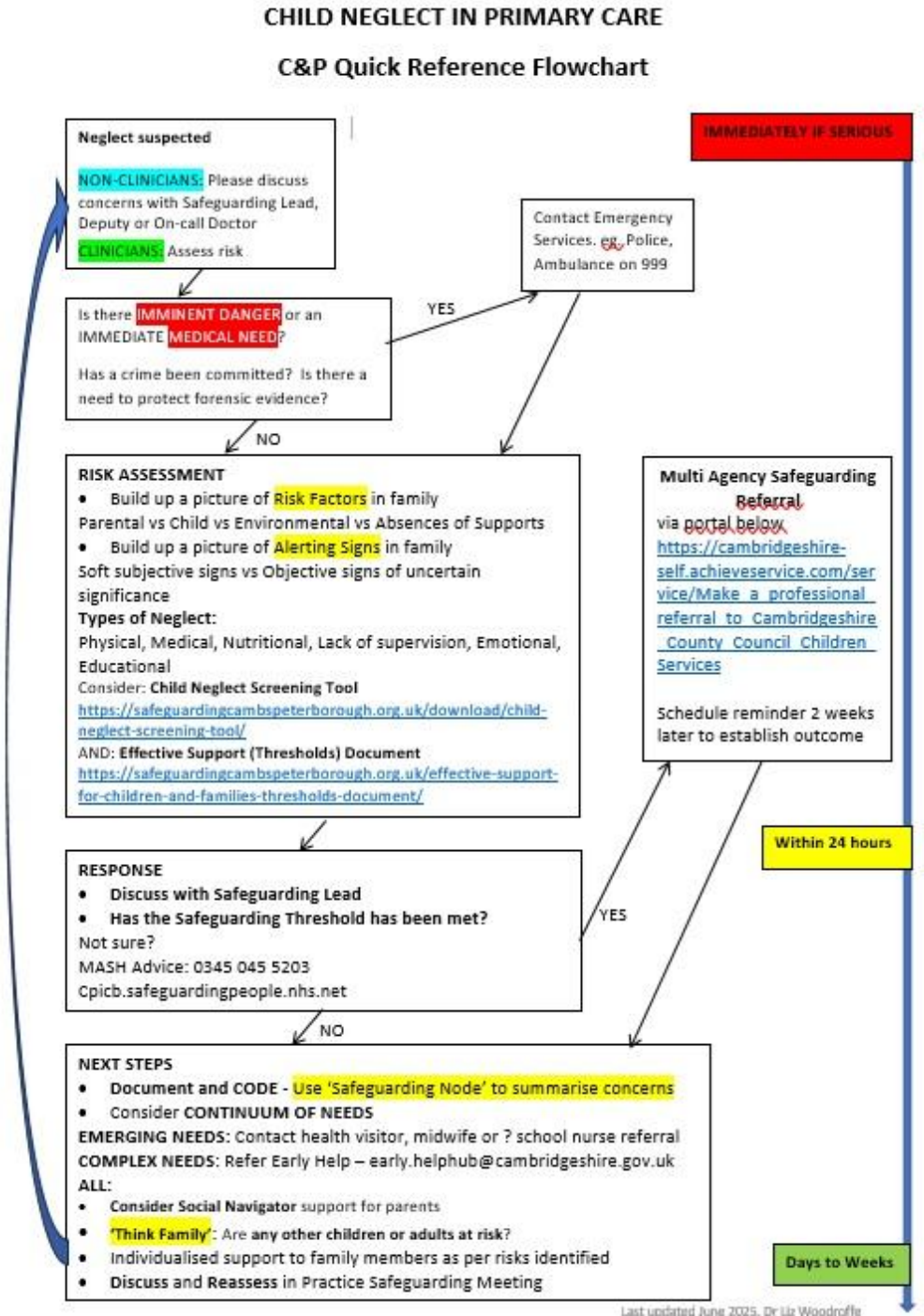
Tyler (15 months)

- Born at 38 weeks. 2 previous episodes of impetigo within the last 4 months. Noted to be late for imms on this occasion but will be up to date once had. Health visitor trying to contact to arrange 12 month developmental check.

Summary

- No immediate danger or medical need
- **Risk factors:**
  - **Parent:** Past Hx childhood abuse, Mental health, Previous DA, Obesity, relationship breakdown, currently pregnant, physically tired. Dad contact unknown.
  - **Child**: Age of both children, Lacy premature, SEND unknown.
- **Alerting signs** (soft subjective + objective ambiguous)
  - **Physical:** concerns re cleanliness?
  - **Emotional:** Lacy's overfriendliness, persistently attention-seeking.
  - **Medical**: late imms and developmental check, Tyler recurrent impetigo.
  - **Supervision:** attendance with Grandma?, mum herself on CPP – should we have concerns about Grandma's care?
  - **Educational:** school attendance uncertain.

Has the Safeguarding Threshold been met? Type in chat.



Next Steps

- Ring mum to discuss today's consultation plan + assess other risks including school attendance, coping, ? financial situation and unknown risks around Grandma and Dad
- Consent needed for either MASH or Early Help Referrals
- Review mum's tiredness and MH in pregnancy – consider FtoF appointment
  - ? Refer Perinatal Mental Health Team
  - Inform Safeguarding Midwife (if not already aware) and consider whether any options for exercise in pregnancy / additional wellbeing support available
- Tyler
  - consider swab if not already taken, any medical reason for recurrent impetigo?
  - Consider liaising with HV re concerns prior to their next contact re 1 yr check
- Any role for social prescribers regarding benefits or housing or loneliness in pregnancy?

Case 2: Alice 14 years

- Nurse Practitioner. Appointment booked yesterday for ‘itching down below’.
- Down’s Syndrome with mild learning difficulties. Attends with Auntie Lou. Mum at work but has sent text and Alice tells you she is happy for Lou to stay.
- Alice is a happy girl and gives a history suggestive of thrush. She denies ever having been sexually active and looks embarrassed. When you suggest examining her she becomes upset and agitated and tells you ‘my body looks ugly’.
- Lou tells you that things have been difficult at home recently with Alice’s parent’s marriage. Alice has taken to ‘constantly snacking’ and comes over to Lou’s house for meals at times.
- Alice tells you she hit out at another child at her special school recently as he called her ‘smelly’. Lou tells you this is unusual behaviour for Alice.
- You opt to treat empirically for thrush and check Alice’s weight (5kg weight gain in 3 months).
- You note a ‘BO smell’ and discuss with Alice and Lou the importance of personal hygiene and thrush prevention. Will come back for examination / swab if symptoms don’t improve. Alice consents for discussion with mum.

You debrief with the safeguarding lead at lunchtime and review the records together:

Mum (Fiona aged 55 years):

- recent attendance acute stress reaction due to husband's unfaithfulness
- Counselling, citalopram 10mg and admits recent increase in alcohol intake as a coping mechanism.
- On methotrexate for Rheumatoid Arthritis and thyroxine for replacement post thyroidectomy for Graves Disease.

Dad (Mark aged 47 years):

- no recent attendances
- history of low mood around the time of Alice's birth 14 years ago.

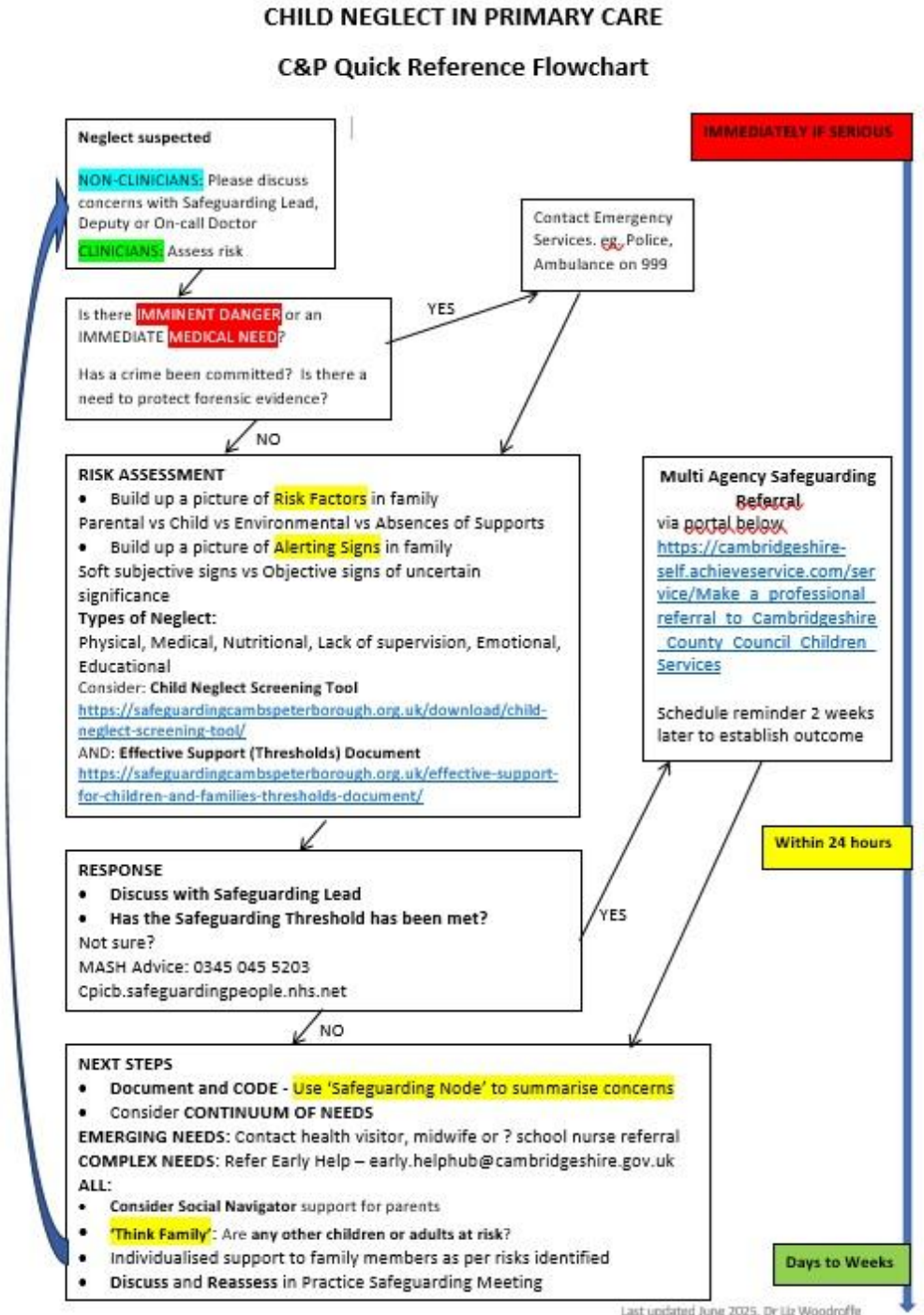
Alice (aged 14 years):

- Previously under Learning Disabilities Partnership
- Fully immunised
- Usual childhood illnesses only
- Dental caries noted – 'hates brushing her teeth'

Summary

- No immediate danger or medical need
- **Risk factors:**
  - **Parent:** Older parents, child with disabilities, recent marital unfaithfulness, mental health, ? Parental overwhelm
  - **Child**: Learning disability
- **Alerting signs** (soft subjective + objective ambiguous)
  - **Physical:** concerns re BO? But LD and young teen, excessive appetite – is there a medical cause e.g. thyroid disorder? Esp linked with Downs and Mother's history
  - **Nutritional**: Any concerns linked to snacking?
  - **Emotional:** probably natural embarrassment at examination, ? Bullying ? Eating disorder
  - **Medical**: dental caries ?linked with LD, possibility of sexual abuse?
  - **Supervision:** attendance with Lou?
  - **Educational:** school attendance uncertain.

Has the Safeguarding Threshold been met? Type in chat.



Next steps

- Phone Mum
  - Re-assess risks around mental health and ask about coping
  - Discuss plan re Alice and ask about any concerns re school / bullying / personal hygiene struggles / dental issues / risk of exploitation.
  - What is the current situation with Dad and any concerns re DA?
  - Additional support needs e.g. Relate?
  - Offer follow-up with own GP for continuity
- Consider referral for Alice back to Learning Disabilities Partnership +/- Early Help
- Consider GP follow up for Alice
  - ?Eating disorder / struggles coping with parent's situation
  - ?Medical reason for weight gain
  - Review vulval symptoms and assess wider risks
- Consider whether Dad needs any follow-up.

Local ‘Support in Practice’ Resources

- LSCB website: https://www.safeguardingcambspeterborough.org.uk/about-the-partnership-board/
- Cambridge Domestic Abuse: https://www.cambsdasv.org.uk
- NHS Safeguarding App (updated recently)
- ICB Safeguarding Team: cpicb.safeguardingpeople@nhs.net
- Designated Doctor Safeguarding Children: Emilia Wawrzkowicz emilia.wawrzkowicz@nhs.net

References

- NICE Guideline Child maltreatment: when to suspect maltreatment in under 18s: https://www.nice.org.uk/guidance/cg89 22 July 2009 Last updated: 2017
- NICE Guideline. Child abuse and neglect https://www.nice.org.uk/guidance/ng76 NICE Guideline. Child abuse and neglect. Oct 2017
- Child neglect: what does it have to do with general practice? Philip Wilson, Anne Mullin: https://pmc.ncbi.nlm.nih.gov/articles/PMC2801781/ Br J Gen Pract. 2010 Jan 1;60(570):5–7. doi: 10.3399/bjgp10X482031
- Beyond the specific child What is 'a child's case' in general practice? Bibi Hølge-Hazelton Charlotte Tulinius: https://pmc.ncbi.nlm.nih.gov/articles/PMC2801805/ Br J Gen Pract. 2010 Jan 1;60(570):e4–e9. doi: 10.3399/bjgp10X482059
- https://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2018/01/Safeguarding-Children-from-Neglect-For-Professionals.pdf
- https://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2016/09/Neglect-Information-Sheet-1-1.pdf
- Learning from Serious Case Reviews on Neglect: https://learning.nspcc.org.uk/media/1345/learning-from-case-reviews-neglect.pdf
- NSPCC resource :https://learning.nspcc.org.uk/child-abuse-and-neglect/neglect
- 'Still Face' experiment: https://www.youtube.com/watch?v=FaiXi8KyzOQ
- Further guidance on Home Education – current hot topic in safeguarding. https://www.gov.uk/government/publications/elective-home-education#full-publication-update-history
- https://www.pulsetoday.co.uk/views/guest-opinion/school-attendance-is-everyones-business-that-includes-gps/?gplogin=true

Questions?

CONSIDER RCGP SAFEGUARDING REFLECTION TEMPLATE

Clinicians - don't forget to reflect on learning in appraisal portfolio too

REFLECTION

'Looking back so that the view looking forward is even clearer' (Unknown)