

# NICE Child maltreatment: when to suspect maltreatment in under 18s (2017)

Is the child getting their regular preventer inhalers?

Is the child being brought to their asthma reviews?

Are they up to date with immunisations?

Has the child's asthma deteriorated as a result of treatment not given?

**Consider** neglect if parents or carers fail to administer essential prescribed treatment for their child.

**Consider** neglect if parents or carers repeatedly fail to bring their child to follow-up appointments that are essential for their child's health and wellbeing.

**Suspect** neglect if parents or carers fail to seek medical advice for their child to the extent that the child's health and wellbeing is compromised, including if the child is in ongoing pain.

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## **Consider** child maltreatment

- means that maltreatment is one possible explanation for the alerting feature or is included in the differential diagnosis.

## **Suspect** child maltreatment

- means a serious level of concern about the possibility of child maltreatment but is not proof of it.

# Neglect

- the persistent failure to meet the child or young person's basic physical or psychological needs
- can result in the serious impairment of their health or development.
- the most common reason for taking child protection action
- may or may not be deliberate
- Children at increased risk when there is also domestic abuse, alcohol and drug misuse and mental illness in the household
- difficult to establish thresholds for neglect – often delay taking action

# DNAs or WNBs?

## NSPCC Health: Learning from Serious Case Reviews 2015

- Case reviews have noted a tendency to record missed appointments but no collation of information or questioning its significance.
- Reviews criticised the system of flagging non-attendance at medical appointments as DNA (Did Not Attend) which in some cases led to a withdrawal of services.
- Children not being taken to appointments is a potential indicator of neglect.



DID NOT ATTEND

## DNA Protocol for Children and Young People in Primary Care

Hospital DNA letter received Or Appointment missed in Primary Care

Code DNA in EMIS notes

**Are there any safeguarding issues? Or indication of neglect?**

Read notes on EMIS. Consider:

- Have there been multiple DNAs in 1° & 2° care?
- Are there known family issues? i.e. Domestic violence, substance abuse & severe mental illness.

NO Document your reasoning in the notes.

YES Follow flow chart for child protection, support and advice

Think about who else needs to know e.g. secondary care, HV, CAMHS, school nurse.

**Does the child need re-referral?**

Consider clinical need.

<16yrs contact parents/carers, or

>16yrs contact YP directly

Make review and/or further referral if needed.

# NICE (2017) If you consider or suspect child maltreatment:

- 1. Listen and observe** – Piece together info from many sources to get a whole picture of the child
- 2. Seek an explanation**
  - Seek an explanation from **both** the parent or carer **and** the child or young person
  - In an open and non-judgemental manner.
  - **Disability:** Alerting features of maltreatment in children with disabilities may also be features of the disability, making identification of maltreatment more difficult.
- 3. Record** in the child's clinical record exactly what is observed and heard from whom and when. And why this is of concern.

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## **4. Consider, suspect or exclude maltreatment**

### **Consider**

- Discuss your concerns with a more experienced colleague – see flowchart
- Gather collateral information from other agencies and health disciplines
- Ensure review of the child or young person at an appropriate date.

### **Suspect**

- Refer the child or young person to children's social care – see flowchart.
- You will need to inform the parent unless you think that doing so may increase the risk of harm.

### **Exclude**

- Exclude maltreatment when a suitable explanation is found for alerting features.

## **5. Record**

- Record all actions taken and the outcome.



# TOWER HAMLETS GPs SAFEGUARDING CHILDREN: FLOW CHART FOR ADVICE AND REFERRAL

Updated MARCH 2018



**Tower Hamlets**  
Clinical Commissioning Group

GP staff / Practice nurses



Identified lead for safeguarding within the practice / colleague



**If you need advice from a health professional regarding a safeguarding concern**

### Urgent Telephone Advice

Lynn Torpey Designated Nurse (Tower Hamlets CCG ) (Mon to Fri 8.30-4.30pm)

Tel: 020 3688 2501

Barts Health Safeguarding Children Team (Community)

Tel: 020 8223 8879

On call paediatrician for child protection (Mile End Hospital)

Tel: 020 8223 8473/ 020 8223 8686

Out of hours and weekends – Barts Health safeguarding children on call advisor Tel: 0203 594 0440

### Non-Urgent Email Advice from Named GPs for Safeguarding Children

Dr Emma Tukmachi [emmatukmachi@nhs.net](mailto:emmatukmachi@nhs.net)

Dr Rebecca Scott [r.scott2@nhs.net](mailto:r.scott2@nhs.net)



**To discuss your concerns with a social worker in Tower Hamlets Children's Social Care**

Phone **Multi Agency Safeguarding Hub (MASH)**

Tel: 020 7364 5006 Option 3 or 020 7364 3444 or 020 7364 5601 / 5606

Outside Office hours Tel: 020 7364 4079

You may be referred to the **Early Help Hub** (020 7364 5744) if the concern does not require child protection procedures.



**To complete referral to Tower Hamlets Children's Social Care**

Complete **Inter-agency referral form** - see Safeguarding Children page on CCG website

<http://gp.towerhamletsccg.nhs.uk>

Email the form to MASH using the secure email address:

[MASH@towerhamlets.gcsx.gov.uk](mailto:MASH@towerhamlets.gcsx.gov.uk)