Protocol for health assessment as part of enquiries into suspected Neglect

1. Background

1.1 Neglect is one of the most common forms of child maltreatment. Although rarely a direct cause of death, neglect is found in as many as 40% of children who die of maltreatment. Neglect is also recognised to have serious long-term impacts on a child's growth, development, health and emotional well-being. Neglect commonly co-exists with physical and emotional abuse.

1.2 Children who are found to be suffering neglect have a high risk of co-existent health problems, both as a consequence of the neglect, and as an associated finding.

1.3 In view of the above, any child with suspicions of neglect should have a full health assessment, and if indicated, a more detailed paediatric medical assessment.

2. Protocol

2.1 Where there are suspicions that a child or children in a family have been neglected or may be at risk of neglect, there should be a strategy discussion, chaired by Children's Safeguarding Team care, and involving a health practitioner, to consider what is known about the case, and determine an appropriate course of investigation and management.

2.2 As part of the full assessment, each child should be seen by a health practitioner. This may be the health visitor, school nurse, general practitioner, or a paediatrician who already knows the child.

2.3 Where a police investigation is underway, a full paediatric assessment should always take place at an early stage.

2.4 The initial health assessment should ideally take place within 7 days of the child becoming looked after or subject to a Child Protection Plan.

2.5 This initial health assessment should include a review of the child’s medical history, including details of the pregnancy and delivery, early health, feeding, growth and development, noting any expressed concerns. The health professional should check the child’s personal child health record or other clinical
records, noting all previous child health surveillance, immunisations, and health attendances.

2.6 The health assessment should include measurement of the child’s height/length and weight, and for babies under 1, the head circumference. These should be plotted on a centile chart. The child should be examined for any physical signs of neglect, noting particularly the state of hygiene (including hair, teeth and nails), and any injuries.

2.7 The health practitioner undertaking the initial health assessment should provide a written report to Children’s Safeguarding Services within 7 days of seeing the child. This report should include full details of the child’s current and past health status as detailed in paragraphs 2.5 and 2.6, and a summary of the practitioner’s opinion on any indicators of possible abuse or neglect. If a police investigation is underway, the paediatrician carrying out the initial health assessment should provide a written statement for the police.

2.8 If the initial health assessment identifies any health issues requiring further assessment or intervention, the child should be referred on to the GP, a paediatrician or other specialist for further assessment. The health professional carrying out the initial health assessment is responsible for making these referrals. This may include identified significant faltering growth, developmental delay, or untreated conditions. The referral should be in writing, detailing the findings of the initial health assessment, the background concerns, and any specific health issues needing to be addressed.

2.9 If the initial health assessment identifies that the child is acutely unwell, or in need of urgent medical attention, the child should be referred to hospital for immediate assessment and treatment.

2.10 If a health professional is uncertain as to whether or where the child should be referred on, (s)he should seek advice from the named or designated professionals for safeguarding children.