

## LETTERS

## FIVE YEARS AFTER BABY PETER

## GPs' role in safeguarding children

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The debate between Spence and Masters about whether the modern GP is a key player in safeguarding children from abuse and neglect risks polarising this discussion and wasting the opportunity to make better use of the systems we have.<sup>1</sup>

Child maltreatment is common and often chronic, but many affected children only occasionally, or never, reach the threshold for investigation or intervention by child protection services.<sup>2</sup> The health professional's role must therefore go beyond identification and referral to social care to include a breadth of responses. This includes recording concerns in the electronic health record, discussing the matter with colleagues, monitoring, information gathering, and, for GPs, regular practice meetings to discuss management of vulnerable families.<sup>3</sup> GPs, unlike teachers or other health professionals, see multiple family members and can identify risk factors in the parents, such as substance misuse or mental health problems. A Danish study found that more than half of the cases of a child in need discussed by participating GPs had come to their attention through consultations with the parents and subsequent reflection.<sup>4</sup>

Even if modern GPs do not know families in the way they used to, consistent data recording would support the continuity of

care and build up a cumulative picture of concern. On the basis of a collaborative project with the Royal College of General Practitioners, we propose a simple and feasible way to improve recording of safeguarding concerns in electronic GP records,<sup>5</sup> with a pragmatic and easy to use recommended coding list available at: [www.clininf.eu/childmaltreatment-codes.html](http://www.clininf.eu/childmaltreatment-codes.html).

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- 1 Masters NJ. What is the role of GPs in safeguarding children? *BMJ* 2012;344:e4123. (19 June.)
- 2 Gilbert R, Kemp A, Thoburn J, Sidebotham P, Radford L, Glaser D, et al. Recognising and responding to child maltreatment. *Lancet* 2009;373:167-80.
- 3 Royal College of General Practitioners. Safeguarding children and young people: a toolkit for general practice. 2011. [www.rcgp.org.uk/clinical\\_and\\_research/safeguarding\\_children\\_toolkit.aspx](http://www.rcgp.org.uk/clinical_and_research/safeguarding_children_toolkit.aspx).
- 4 Hølge-Hazelton B, Tulinius C. Beyond the specific child. What is "a child's case" in general practice? *Br J Gen Pract* 2010;60:e4.
- 5 Woodman J, Allister J, Rafi I, de Lusignan S, Belsey J, Petersen I, et al. Simple approaches to improve recording of concerns about child maltreatment in primary care records: developing a quality improvement intervention. *Br J Gen Pract* 2012;62:e478-86.

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