



# Neglect Policy

## *Recognising and Responding to Neglect*

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**i) Consultation and Distribution Record**

<b><u>Consultation and Distribution Record</u></b>	
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ii) Change Record

<b><u>CHANGE RECORD</u></b>			
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## 1. Introduction

This policy is designed to provide all health professionals within NHSGGC with a framework and consistent approach to identifying, assessing and supporting babies, children, young people and vulnerable adults, where neglect may be a concern.

NHSGGC recognises its responsibility about the care, protection and wellbeing of vulnerable people across the lifespan. NHSGGC has an essential role in preventing and reducing the risk of abuse or neglect. There is a commitment to ensuring that all staff are confident and competent to undertake their role in identifying and responding appropriately to neglect.

This policy adheres to the **8** Public Protection Principles and **6** Strategic Aims set out within 'Safeguarding – It Matters To Us' - NHSGGC Public Protection Strategy 2023.

It is designed to promote the rights of unborn babies, children, young people and adults acknowledging that all have the right to best possible health and be protected from harm.

A complex presentation may have both child protection **and** adult support and protection concerns.

NHS GGC recognises that it is vital that its staff work with their partners within Local Authorities, Police Scotland and Third Sector, towards providing protection for vulnerable individuals where they are or thought to be at risk of harm.

Enactment of this policy must be done in conjunction with NHSGGC Children and Young People Neglect Guidance or Adult Support and Protection Neglect Guidance.

## 2. Policy Statement

To assist NHSGGC to fulfil its responsibilities and duties for keeping the unborn child, children, young people and vulnerable adults at risk, safe from neglect, it observes the principles within Getting It Right<sup>1</sup> approach and that there is a particular focus on primary prevention, early identification and support, to mitigate harm and escalation to child protection or adult support and protection.

This policy is underpinned by NHSGGC core values and objectives and is focussed on prevention.

## 3. Scope

This policy applies to all staff employed by NHSGGC including independent contractors, and volunteers, regardless of whether they come into contact or work directly with vulnerable people. Specific operational procedures and guidelines are in place for child protection and adult support and protection.

## 4. Aims and objectives

This policy is intended to set out key principles and best practice for all health professionals who have identified an unborn baby, child, young person or vulnerable adult where neglect may be a concern. It is intended to increase knowledge of neglect and improve early recognition to ensure risk of harm is reduced and to achieve best outcomes when neglect has been identified.

## 5. Policy Context

### 5.1 Child Protection

*Every child and young person has a fundamental right to an adequate standard of living so they reach their full physical, mental, spiritual, moral and social potential (Article 27: United National Charter on Rights of the Child (UNCRC))<sup>2</sup>.*

The National Guidance for Child Protection (2021)<sup>3</sup> sets out expectations and responsibilities for all agencies and those who work with children, young people and their families. It recognises that prevention, early identification and support are the most effective way of protecting children and young people. As with all policy and guidance for child protection in Scotland it is based on the application of the United Nations Convention on Rights of the Child (UNCRC). The Children's Rights and UNCRC in Scotland; An Introduction (2021)<sup>4</sup> states consideration of the 42 articles within the children rights should be evident across all public service delivery. The general principals and 4 articles that support this work are;

- Rights should be applied without discrimination (Article 2)
- Best interests of the child to be primary consideration (Article 3)
- Right to Life, survival and development (Article 6)
- Right to express views and have that view taken into account. (Article 12)

Furthermore, to this - those articles that cover aspects of a child's life that are relevant to this policy are;

- Freedom from violence, abuse and neglect (Article 19)
- The right to proper house, food and clothing (Article 27)
- The right to play and to rest (Article 31)

This guidance applies to all children and young people up to the age of 18 years (National Guidance for Child Protection 2021)<sup>3</sup> and supports health professionals to work in partnership with other agencies and families to ensure best outcomes for children.

## 5.2 Adult Support and Protection

The Adult Support and Protection Act 2007<sup>5</sup> gives greater protection to adults at risk of harm or neglect.

The act defines adults at risk as those aged 16 years and over who:

- are unable to safeguard their own wellbeing, property, rights or other interests
- and are at risk of harm.
- and because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

In addition, public authorities have a legal duty under the Human Rights Act 1998 to act compatibly with the rights enshrined in the European Convention on Human Rights ('ECHR').

The following legislation is relevant:

- Adult Support and Protection (Scotland) Act (2007)<sup>5</sup>
- Mental Health (Care and Treatment) (Scotland) Act (2003)<sup>6</sup>
- Adults with Incapacity (Scotland) Act (2000)<sup>7</sup>

## 6. **Public Protection Accountability and Assurance**

The Public Protection Accountability and Assurance Framework (2022)<sup>8</sup> identifies that health staff require to be aware of the early signs of neglect, that health boards promote a children's rights-based approach and that health professionals demonstrate an ability to work in partnership.

It will provide a consistent approach to assessment and potential interventions to support families with evidence-based practice being promoted and developed.

## 7. **Definitions**

### 7.1 Babies, Children & Young People

The National Guidance for Child Protection 2021<sup>3</sup> defines neglect as:-

*'Neglect consists in persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty and is an indicator of both support and protection needs.'*

Different forms of neglect can be described within this definition and includes medical neglect, emotional neglect, nutritional neglect, educational neglect, physical neglect and failure to provide supervision and guidance. The impact of neglect is also experienced across all age ranges from pre-birth through to adolescence and can

manifest in different ways depending on the age and stage of the child or young person.

## **7.2 Types of Neglect**

### **7.2.1 Physical Neglect**

The child has inadequate or inappropriate clothing (e.g., for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of sufficient resources or as a consequence of not having access to sufficient resources. The child may also be abandoned or excluded from home.

### **7.2.2 Emotional Neglect**

This involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent and, that while the parent might be responsive toward the child, it is not contingent to the signals from the child and not meeting child's emotional needs. This pattern of parenting is harmful to the developing attachment relationship and to the child's health and development.

### **7.2.3 Medical Neglect**

The child's health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident. This can also mean the child is not taken regularly to the dentist, failure to attend essential follow-up appointments and failure to administer, or inconsistent administration of, essential prescribed medication for chronic health problems.

### **7.2.4 Educational Neglect**

The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance and failing to respond to any special educational needs.

### **7.2.5 Nutritional Neglect**

The child is given insufficient calories to meet their physical/ developmental needs; this is sometimes associated with 'weight/ growth faltering. The child may be given food of insufficient nutritional value (e.g., crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences.



### 7.2.6 Lack of supervision and guidance

The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.

### 7.2.7 Children with disability and/or complex needs

Children with disabilities may be at higher risk for abuse or neglect than children without disabilities. Added to this they are also higher risk of experiencing multiple abuses or enduring length.

## 7.3 Vulnerable Adults

### 7.3.1 Types of Neglect

Most forms of neglect or abuse are perpetrated by another person and the law generally presumes there is a perpetrator as well as a victim. Neglect includes ignoring medical, emotional or physical care needs; failing to provide access to appropriate health or care and support; or withholding the necessities of life, such as medication, nutrition and heating (whether intentional or not). Not enabling access to assistive equipment like hearing aids, walking aids, or dentures may be neglect and can also indicate coercive control.

The impact of this is also experienced across all age ranges and can manifest in different ways depending on the wellbeing of the adult. Older adults are particularly at risk.

### 7.3.2 Elder Abuse

Abuse of Older Adults (World Health Organisation 2002)<sup>9</sup> defines elder abuse as the abuse of older people, also known as elder abuse, as a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

### 7.3.3 Institutional Abuse

What is institutional abuse (Thomas 2021)<sup>10</sup> defines institutional abuse, also known as organisational abuse, is when an individual or group of individuals are neglected or suffer because of poor care practices within an organisation or care setting. It can be

a one-off incident or happen regularly over a long period of time. Sometimes there can be more than one abuser involved and many individuals being abused might not realise that it's also happening to others in the same institution.

#### 7.3.4 Learning Disability

A learning disability is a life-long, reduced intellectual ability and difficulty with everyday activities such as reading, cooking or communicating. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people. The level of support someone needs depends on the individual. For example, someone with a severe learning disability may need full-time care and support with every aspect of their life – they may also have physical disabilities. This exposes the person to the same threats discussed within elder abuse.

#### 7.3.5 Self-Neglect

Self-neglect is a complex, multi-dimensional concept. The behaviours are hard to define, measure and address and, as a result, there are many definitions of self-neglect, but no accepted standard. Gibbons (2006)<sup>11</sup> defined it as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of those who self-neglect and perhaps too to their community”.

Self-neglect is a difficult area due to the human right to private life. If someone chooses to live in a particular way, however worrying that is, there are limited circumstances when the law can intervene. This consideration must be balanced with the right to safeguarding, which is also based on human rights protections. Self-neglect covers a range of behaviour related to neglecting to care for one's personal hygiene, health, or surroundings and includes behaviour such as hoarding. Evidence of self-neglect may not prompt a formal ASP referral (AP1) but may lead to other forms of social care intervention. Assessments must be on a case-by-case basis and key to service response can be in relation to the person's capacity to make decisions.

#### 7.3.6 Physical Neglect

This can include being hit, slapped pushed or restrained. It could involve being denied food or water or not being given the right kind of food. It includes not being helped to go to the bathroom when you need to or leaving you without help to wash or change dirty or wet clothes, not getting you a doctor when you need one or not making sure you have the right medicines.

### 7.3.7 Emotional Neglect

This involves a carer being unresponsive to an adult's basic emotional needs, including failing to interact or provide affection, and failing to maintain an adult's self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the carer and, that while the carer might be responsive toward the adult, it is not contingent to the signals from the adult and not meeting adults' emotional needs.

### 7.3.8 Medical Neglect

The adult's health needs are not met, or the adult is not provided with appropriate medical treatment when needed as a result of illness or accident. This can also mean the adult is not taken regularly to the dentist, for routine appointments at the GP, hospital appointments and is not taken for routine vaccinations where they require assistance to do so.

### 7.3.9 Nutritional Neglect

The adult is given insufficient calories to meet their physical needs; this is sometimes associated with weight loss. The adult may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); obesity as a result of an unhealthy diet has serious long-term consequences.

## 8. **Roles and Responsibilities**

8.1 All NHSGGC staff have a duty to act, report concerns and comply with statutory agencies in terms of enquiries and investigations.

All NHSGGC staff have a professional duty to recognise and respond to concerns about children, young people and vulnerable adults in accordance with the Multi-Agency Child Protection and Adult Support and Protection procedures where they know or believe that a child, young person or vulnerable adult is known or believed to be at risk of significant harm by from neglect.

8.2 **All staff have a responsibility to ensure they comply with any:-**

- Public Protection mandatory and training within professional requirements /bespoke training.
- Have the opportunity to attend interagency child protection training on request.
- A responsibility to identify any public protection learning needs as part of their continuous professional development.
- Contact the Public Protection team for any advice/support around public protection that is required.
- Request supervision in relation to child protection if required.

### 8.3 Dissent and Escalation

If a staff member disagrees with the decisions made following submission of a concern (NOC, or AP1) then they should communicate further with the relevant social work professionals to understand their rationale and perspective. Should the practitioner continue to disagree once this discussion has taken place, they should formally lodge dissent. Following a dissent being lodged practitioners should seek advice from their line manager and the Public Protection Service.

### 8.4 Corporate Responsibility

The Chief Executive of NHSGGC has overall responsibility and is accountable to the Scottish Government for Public Protection. The Board Nurse Director is the delegated Executive lead for Public Protection and is supported By Chief Nurse, Head of Public Protection Service with their overall Public Protection responsibilities which include:

- Robust governance and accountability reporting frameworks.
- Robust arrangements for participation with Chief Officer Group (COG)
- Ensure all health staff within NHSGGC have access to expert professional leadership, training, advice and supervision.
- Robust processes in place for learning lessons from cases where children or adults die or are seriously harmed and abused and neglect is suspected.

## 9. Staff Support

- 9.1 It is fundamentally important that staff are supported to access advice and guidance; supervision and learning and education, so that they are not only competent and capable practitioners but also have the necessary underpinning to be resilient.

Working with patients who are at risk of harm, and making decisions to protect them, can be stressful and have an emotional impact on the practitioner, and managers and professional leaders need to be attuned to those stressors and take the necessary steps to protect staffs well-being.

## 10. Information Sharing and Data Protection

- 10.1 It is important that patients remain confident that their personal information is kept safe and secure. Practitioners must be confident to share information appropriately when protecting vulnerable individuals. Information sharing is crucial in child protection and adult support and protection. Failures of communication lie at the heart of many Learning Reviews. At the same time, care should be taken to maintain the right to privacy of individuals when it is appropriate to do so.

10.2 Professionals should refer to their own professional body's advice regarding information sharing. For example, the GMC<sup>12</sup> offers this information on Confidentiality and sharing information, the NMC<sup>13</sup> has this Code for nurses and midwives.

10.3 The UK GDPR and the Data Protection Act 2018<sup>14</sup> are the main statutory controls governing data protection in the UK. Consideration should also be given to The Common Law Duty of Confidentiality and for health data the Caldicott Principles which provide guidance on how patient data should be used. The following are regarded as the 'seven golden rules' of information sharing:

1. Data Protection Law should not be regarded as a barrier to sharing information.
2. A record should be kept of what has been shared, with whom and for what purpose, and of every decision made and the reasoning behind it.
3. It is important to be open and honest with the individual concerned (and their family, where appropriate) from the outset, about why, what, how and with whom information will, or could, be shared, and to seek their agreement, **unless** it is unsafe or inappropriate to do so and may place the child or vulnerable adult at greater risk of harm.
4. Information may be shared without consent if it is believed, based on the facts of the case, that lack of consent can be overridden in the public interest or seeking consent would be harmful to an investigation. Consent should not be sought if the decision has already been taken to share the information. Base your judgement on the facts of each individual case.
5. If there is reasonable concern that a child is or is likely to be at risk of harm this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that children who may be at risk are protected from harm.
6. It is important to consider the safety and well-being of the individual concerned, as well as others who may be affected by their actions.
7. Information sharing should always be necessary, proportionate, relevant, accurate, timely and secure.

#### 10.4 Data Protection Officer

Contact the Board Data Protection Officer for advice. If you have any concerns or questions on data sharing contact the Board Caldicott Guardian if you have a specific query.

#### 10.5 Caldicott Guardian

The Caldicott Guardian is a senior role for an organisation which processes health and social care personal data. They make sure that the personal information about those who use the organisation's services is used legally, ethically and appropriately, and that confidentiality is maintained.

## **11. Media Interest**

- 11.1 Any safeguarding issue that may attract media interest should be shared with the Executive Nurse Director, the Head of Public Protection and Communications team.

## **12. Equality Impact Assessment**

- 12.1 NHSGGC aim to ensure that all staff members are treated in a fair and equitable manner and with dignity and respect in accordance with the Equality Act 2010<sup>15</sup> and the organisational values set out in the NHS Scotland Workforce 2020 Vision Plan<sup>16</sup>.

This Policy reflects NHSGGC commitment to developing and promoting policies and procedures to meet individual's needs in a positive supportive way. All procedures are implicit of people's rights not to be discriminated against regardless of race, gender, ability needs, sexual orientation, age or religion.

Implementation of the Policy will show due regard to the Equality Act and Public Sector Equality Duty in order to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity between groups of people with different protected characteristics.
- Foster good relations between groups of people with different protected characteristics.

## **13. Communication and Implementation**

- 13.1 This Policy will be shared through the general management scheme of delegation, as well as via the Public Protection reporting arrangements.

Implementation will be the responsibility of Chief Officers and Directors using existing local governance architecture.

## **14. Monitoring**

- 14.1 Implementation of the policy will be monitored as part of the Public Protection Quality Assurance Framework (QAF) which will align with NHSGGC Performance Review arrangements for its corporate objectives.

## **15. Review**

- 15.1 The Policy review cycle will be every 3 years unless there is a need to review outwith this timescale.

## 16. References

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10. Thomas (2021) What is institutional abuse?  
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[https://www.gov.scot/binaries/content/documents/govscot/publications/impact-assessment/2013/06/everyone-matters-2020-workforce-vision](#)



## 17. **Associated materials**

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[http://www.disclosurescotland.co.uk/pvg/316389\\_v6\\_20100628.pdf](http://www.disclosurescotland.co.uk/pvg/316389_v6_20100628.pdf)

Scottish Government (2013) Child Protection Guidance for Health Professionals- no longer used

<http://www.scotland.gov.uk/Resource/00411543.pdf>

Mencap (2021) What is a learning disability

[What Is A Learning Disability? - Reading Mencap](#)

Inter-agency Child Protection procedures – as per local area

[NHSGGC Child Protection Procedures](#)

NHSGGC Was Not Brought Policy

[NHS GGC Was Not Brought Guidance](#)

Bywaters et al. 2020; Daniel, National Guidance CPC Scotland Neglect document NICE

<https://www.childprotection.scot/wp-content/uploads/2021/10/CPCScotland-Child-Neglect-in-Scotland-October-2021.pdf>

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