Read Codes for Safeguarding Children

A standard approach to coding is essential. Where there is a safeguarding concern it is also good practice to flag the notes of the whole family so any other professionals are aware of concerns if the family splits or moves.

The CCG would like to use a standardised approach to coding using the identified codes that based on a three stage approach to coding Child Maltreatment:

So, if I have a concern about a child and would like to record this, what could I do?

o **Stage 1**: the main area of consensus was to 'red flag' children with considered maltreatment   (as defined by NICE) using one single code, 'Cause for Concern'.

o **Stage 2** is what the consensus came up with as most important to code after the minimum red flag.

o **Stage 3** is the longer list of recommended codes.

What is the minimum Red Flag code we should be using for stage 1 coding?

Health care professionals should flag whenever maltreatment is considered using the term:

'Child is cause for concern' which would be coded as either Read version 2 term: 13If or Read 3:XaMzr

What if I want to use a code that is not in this list of provided codes?

This is not a problem. We envisage that through an iterative process stage 2 and stage 3 code lists will be revised through a regular process of review where we can discuss all the suggested codes particularly for stage 3.

Are the templates and feedback form available online?

All the materials mentioned above are downloadable through the following web link: **http://www.clininf.eu/maltreatment**

So what are the key messages?

1. This recommended approach for recording maltreatment concerns was generated from a systematic analysis of current practice and builds on evidence that use of data entry forms and/or standardised coding in primary care settings can improve recording.

2. Improved recording allows the GP to rapidly identify any previous maltreatment concerns during a consultation.

3. At a practice level, searches for children with maltreatment concerns can be used to ensure rate review in team meetings or early intervention (e.g. targeted health visiting and parent training).

4. We recommend that GPs flag whenever maltreatment is considered using the code 'child is cause for concern' (Read version 2 term: 13If Read 3: XaMzr) and an optional data entry form (template) for key elements of the case.

Who should I contact if I need any other information?

In the first instance please contact Dr K McDonald (**ken.mcdonald@nhs.net**) Named Doctor for Safeguarding in Barnsley CCG.

This has been extracted from a document published by the RCGP

29/10/2013

1. What is the cause for concern?		Read v2	Read v3	Snomed Concept ID
Non-specific	Child is cause for concern *1*	13If	XaMzr	162596006
	Child no longer vulnerable *2*	*13IW*	*XaLqv*	*247661000000106*
	Suspected child abuse	1J3.	1J3	162596006
	History of abuse	14X.	XaEFq	313214000
Specific	At risk of neglect	13ZV	XaKbS	417716002
	At risk of emotional abuse	13ZR	XaKbP	416142000
	History of emotional abuse	14X2	XaEFt	313217007
	At risk of physical abuse	13VF	XaKbR	416936003
	History of physical abuse	14X0	XaEFr	313215004
	At risk of sexual abuse	13ZW	XaKbT	417361000
	History of sexual abuse	14X1	XaEFs	313216003
	a/n care: social risk *3*	625	625	169591002

2. Is the family a cause for concern?		Read v2	Read v3	Snomed Concept ID
Family Cause for concern?	Family is cause for concern	13Ip	Ub1Go	300731000000106
	Family member no longer subject of a child protection plan	*13Iz*	*XaPkG*	*375071000000106*
	Paternal drug misuse	12X2	XaPDT	354881000000104
	Maternal drug misuse	63C6	63C6	169941005
	Both parents misuse drugs	12X1	XaPDU	439138006
	Maternal alcohol abuse	63C7	63C7	169942003
	Alcoholic in family	1282	XM1Jq	275115007
	At risk violence in the home	13VF	13VF	161051006
	History of domestic violence	14X3	XaJhe	412732008

3. Child protection / Children's Social Care Services involved?		Read v2	Read v3	Snomed Concept ID
Protection procedures	Child protection procedure	64c	Ub0ex	134187008
	No longer on child protection plan	*13Iw*	*XaOtl*	*342891000000105*
	Child protection investigation	Z352	Ub0ez	301831000000106
	Social services case conference	3875	3875	165199000
	Child subject of a child protection plan	13Iv	XaOnX	342191000000101
	Family member subject to a child protection plan	13Iy	XaPkF	375041000000100
Contact with social services	Social worker involved	13G4	13G4	309630000
	Refer to social worker	8HHB	XaBva	309630000
	Report received from social services	9NDA	XE2NS	22451000000100
	Child in Need *4*	13IS	XaIO8	135891007
	Child no longer in need	*13IT*	*Xa1087*	*135890008*
Looked after	Child in care	13IB	13IB	160870005
	Foster care	8GE7	8GE7	183431002
	Fostering medical examination	6982	6982	171383005
	Child lives with another relative	13Ic	XaMFL	248201000000109
	Child lives with unrelated adult	13Iu	XaOin	438507006

4. What other professionals are involved?		Read v2	Read v3	Snomed Concept ID
Healthcare or other professional involved	Health visitor visits	13G2	13G2	160762007
	Under care of paediatrician	9NNG	XaAPa	305500009
	Seen by community paediatrician (v2=seen in paed' clinic)	9N1V.	XaASU	305648004
	Seen by child and adolescent psychiatric services	9No0	XaAXM	305866006
	Under care of school nurse	9NNP	XaAQt	305581006
	Police record	13JN	XE0pJ	266948004

Notes:

1. ALWAYS CODE to flag concern in all children in whom maltreatment is 'considered' (as defined in NICE guidance). This is the minimum coding we recommend for any child with concerns.

2. Use "*Child is no longer vulnerable*" to indicate the end of a period of professional concern.

3. Use *"a/n care social risk"* to indicate any child who was identified as a cause for concern before birth, including maternal drugs/ alcohol use, domestic violence or child protection concerns during pregnancy.

4. Use for children assessed by CSC as needing extra service to meet full potential and avoid impairment (section 17, Children Act 1989).

5. Use no longer in need when appropriate.

Copies available from:
www.clininf.eu/maltreatment/

This coding list is recommended by

RCGP, Institute of Child Health & University of Surrey Multisite Audit Group