

Medical Neglect Practitioners Briefing

Definition of Child Neglect - The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment.
- provide suitable education.

It may also include neglect of, or unresponsiveness to, a child/young person's basic emotional needs. (Working Together 2023).

Neglect usually happens over time although sometimes it is a one-off event. A child/young person who is neglected will often suffer from other abuse as well, both inside and outside of the home. It is the cumulative effect of neglect which has the most impact.

Medical neglect can have grave consequences, including the death of a child or young person.

Medical Neglect may involve parents/carers' minimising or ignoring children's illness or health needs (including oral health) and failing to seek medical attention or inappropriate administration of medication and treatments. (Horwath 2007)

Parents/carers may deny their child's illness or health needs. It includes neglect of all aspects of healthcare including emotional wellbeing, dental, optical, speech/language therapy, and physiotherapy. It is the responsibility of a parent/carer to ensure their child receives adequate health and dental care; failure to do so is neglect.

Here are some examples of medical neglect.

- Dental Neglect – leading to impairment of oral health and poor dental hygiene.
- Medication being given incorrectly or not at all. Not using medical equipment provided (e.g. hearing aids)
- Not being brought in for medical appointments.
- Parents/carers ignoring the advice of a doctor or dentist. Not following medical advice leading to worsening condition.
- Not enabling access to mental health support. Repeat hospital admissions for poorly controlled chronic conditions (i.e. asthma)
- Blocking a child/young person from talking about their health/medical issues.
- Parental conflict and disagreement resulting in necessary treatment being delayed/omitted.
- The child/young person may suffer from repeated illnesses and conditions such as skin sores, ringworm, or rashes.
- They may be anaemic or always tired,
- They may be small for their age and could lag behind their peers with literacy and social skills.
- Child/young person not having vaccinations - refusal to vaccinate might be a strand of lots of issues of neglect but it is not 'significant harm' on its own)
- Failure to meet age-related expectations (possibly due to missed diagnoses such as hearing or visual impediments).



Neglectful care of a child or young person may not necessarily be deliberate or wilful. It may occur due to lack of parenting capacity (e.g. due to parental learning disability) or be a consequence of poverty (e.g. due to lack of transport for medical appointments, unavailability of NHS dentistry, fuel poverty, etc). Such issues may have similar consequences for the child/young person but may require different approaches to assessment and action required.

Practitioners should always consider 'what is the impact of medical neglect on this child/young person?'

HIGH Risk - Risk of Death/Serious Harm

MEDIUM Risk - If left untreated could lead to serious harm.

LOW Risk - Some concerns where there could be a health impact on the child/young person.

IF IN DOUBT ALWAYS ASK A SUITABLE HEALTH/MEDICAL PROFESSIONAL FOR AN OPINION TO HELP YOU UNDERSTAND THE IMPACT AND RISK TO THE CHILD/YOUNG PERSON.

What can prevent practitioners from effectively responding to medical neglect?

- Empathy with the parent/carer allows them to overlook risks to the child/young person.
- Focus on parental/family issues rather than impact on child/young person.
- Over-reliance on parent/carers self-reporting
- Non-medical practitioners may
 - not fully understand the extent and complexity of the health issues
 - feel more equipped to focus on other issues, rather than addressing medical conditions.
 - feel reassured that specialist medical staff are involved with the child, rather than seeing this as an indication of the severity of the medical condition.

How can practitioners respond effectively to medical neglect?

- Use clear and explicit language in relation to risks associated with complex medical conditions.
- Seek expert advice if you are not sure of the potential risks to the child/young person.
- Ensure assessments are very clear about needs arising from medical conditions, and the risks associated with any failure by the parent to engage or comply with treatment.
- Use chronologies and medication reviews where appropriate to support referrals to Children's Social Care and within assessments to provide clarity to all involved of the extent, pattern, and severity of concern.
- Consider discharge planning meetings for children/young people with complex medical conditions where there is a pattern of admissions to hospital.
- Think differently about the established term 'Did Not Attend' and consider it within a framework of 'Was Not Brought.' Consider the impact of not being brought on the child/young person's treatment and potential safeguarding risks.
- The voice of the child/young person and their lived experience needs to be evident in assessments, inform planning and be present in meetings.
- Be concerned if a parent/carer places age-inappropriate expectations on the child/young person to look after their own medical needs.
- Practitioners must maintain professional curiosity and not allow the empathy they feel for the parent/carer to cloud their understanding of what impact their behaviour has on their child/young person.
- Consider a multi-agency meeting to develop a better shared understanding of the level of risk.



Further reading and resources...

Access the following guides to assist practitioners work with children/young people and their families.

[Children not brought to appointments practitioner briefing](#)

[Guidance on Children Not Brought to Appointments.](#)

[Chronologies and Genograms Guidance](#)

[Practitioner Briefing - The importance of history to safeguard children and young people](#)

[Pan Bedfordshire Multi-Agency Chronology Practice Guidance](#)

Watch the Rethinking 'Did Not Attend' animation and discuss the impact of saying the child '**Was Not Brought**' to an appointment, rather than 'Did Not Attend' or 'DNA'.

[NSPCC website](#)

[Safeguarding Bedfordshire website](#)