

# 7 Minute Briefing- What is medical neglect?

Medical neglect involves carers minimising or ignoring children's illness or health (including oral health) needs, failing to seek medical attention or improper administering of medication and treatments.

This is equally relevant to expectant mothers who fail to prepare appropriately for the child's birth, fail to seek ante-natal care, and/or engage in behaviours that place the baby at risk through, for example, substance misuse.

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## Am I witnessing medical neglect?

In order to determine whether a child is being neglected, professionals need to consider:

- Severity – the actual or estimated potential harm as well as the degree of harm involved.
- Likelihood of harm – both the potential medical and psychological ramifications should be considered.
- Frequency – measuring the frequency or chronicity of a problem.

## Signs of medical neglect

- Poor growth or weight gain or being overweight
- Poor record of school attendance
- Lack of appropriate attention for medical, dental or psychological problems or lack of necessary follow-up care
- Not having vaccinations.
- Being regularly ill/tired.
- Untreated injuries or illnesses.
- Poor dental hygiene.
- Failure to meet age-related expectations (possibly due to missed diagnoses such as hearing or visual impediments).



## As practitioners, how can we respond effectively to medical neglect?

- Use clear and explicit language in relation to risks associated with medical/health conditions.
- Seek expert advice if you are not sure of the potential risks to the child.
- Ensure Early Help 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 the Graded Care Profile 2 to assess the level of concern and this information can influence the plan of support
- Use medical chronologies and medication reviews where appropriate within assessments to provide clarity to all involved of the extent, pattern, and severity of concern.
- 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 to an appointment on the child's treatment and potential safeguarding risks.
- The voice of the child and their lived experience needs to be strongly evidenced in Early Help Assessments, inform planning and be present in meetings.
- Be concerned if a parent places age inappropriate expectations on the child to look after their own medical needs.
- Maintain professional curiosity and do not allow the empathy you feel for the parent to cloud your understanding of what impact their behaviour has on the child.
- Develop and maintain good multi agency communication through the life of the case to ensure that all relevant information is shared and understood.
- Ensure that reflective supervisions are held and keep the child at the centre of the discussion
- Consider whether the case needs to be brought to case clinic for advice from a social worker.

## Further reading and resources.

### **NSPCC report**

**No one noticed, no one heard - No one noticed, no one heard | NSPCC Learning**

### **Lancashire's multi-agency neglect strategy 2019-21**

<https://www.lancshiresafeguarding.org.uk/what-is-safeguarding/neglect/>

**NSPCC parents guide - neglect matters neglect-matters.pdf (nspcc.org.uk)**

