

MEDICAL NEGLIGENCE

minimising or denying illness or health needs of children; failure to seek medical attention or administer treatments.

What could that look like?

This type of neglect would see parents/ carers failing to seek medical opinions when their child has a health need, they may even attempt to 'treat' the child's condition themselves, when professional attention is needed. They may not follow up any recommended treatment, medication requirements or ongoing appointments when required. The child may be expected to manage their own health condition without appropriate support and encouragement. They may not take their child for health and development checks, including anti-natal, birth visits, neonatal, vaccinations and others for things like hearing, eyesight and oral health.

What are the impacts on the child?

A lack of adequate medical care may result in long-term health problems, such as hearing or sight loss for example. It can also have a major impact on the quality of life a child has; someone living with pain, for example may regret the low quality of their life, this may make them anxious, or depressed, they may become angry at others, they may blame themselves, they could develop post-traumatic stress disorder. Compliance with health-related advice can mean the difference between life and death for a child. This can be even more important for those children who have long-term chronic health conditions; ranging from asthma, eczema to life limiting of life affecting conditions.

What action can be taken?

Each situation will require careful consideration of the impact, severity and duration of possible harm a child is experiencing from medical neglect. It is very likely that other types of neglect or abuse may occur simultaneously. Professionals should consider the guidance for the threshold of need of the child and take the appropriate action. The [neglect screening tool](#) may be of assistance.

It should not be recorded that a child has not attended a medical appointment, it should be recorded as was not brought and this should prompt a review of what action is needed.

Some parents have clear reservations based on their own research and beliefs that vaccinating their child would not be in their best interest. If the parent's rationale is sound and well-researched this should be noted and should not necessarily be seen as neglectful if there are no concerns for the rest of the child's care.

Children should be taken to the dentist at least once per year – more if there are issues.

Children's eyes are checked by health visitors or GPs in the first two years of their life. After that they should go at least every two years to the optician.

Children should have their hearing checked within a few weeks of birth and checks for any concerns from 9 months to 2.5 years from health visitors or GP. Some children may have hearing tests at around 4 or 5 when they start school. Parents/ carers should speak to the GP if a child shows signs of possible hearing problems:

- Inattentive or poor concentration
- Not responding when their name is called
- Talking loudly and listening to television at high volume
- Difficulty pinpointing where sound is coming from
- Mispronouncing words
- A change in their progress at school

Disability and chronic illness - there is a time when parents are coming to terms with new diagnosis of conditions that will affect the life of their child in a major way and what this means for the child and themselves. It is good to provide coordinated multi-agency support and access to accurate information to parents and any professionals working with the child, as the parents will need to explore and understand what their child needs and why. This exploration should not prevent the child's needs being met. See learning from a Solihull Rapid Review of [Medical Neglect and Diabetes Management](#)

