



## TEA-BREAK GUIDE



When a child has a long term medical condition or disability such as asthma, cerebral palsy, epilepsy, diabetes, or chronic constipation, they and their parents need information and advice to help understand and manage the condition, and to receive the right treatment. Where necessary they should receive clear written management plans and well-coordinated support from health professionals including the GP, paediatrician, nursing teams and therapists.

Even with the best care, some children's needs are complex and they may have periods of ill health or hospital admissions, but in some cases children become unwell because parents find it hard to understand and prioritise their children's medical needs. This happens most often in families with additional needs and vulnerabilities, and often with a background of broader neglect concerns.

### When to consider neglect of medical needs:

- Frequent Out of Hours (OOH) or Emergency Department (ED) attendances or hospital admissions
- Inappropriate delay in seeking medical attention
- Frequent non-attendance at scheduled health appointments. Remember - Was Not Brought (WNB) rather than Did Not Attend (DNA)
- Not taking medications as prescribed (e.g. not requesting repeat prescription)
- Frequent school absence due to illness, or child often has symptoms/feels unwell and can't participate in normal activities.
- Professionals observe emotional and social impact of health problems (such as chronic constipation with soiling) on the child.
- Family unable to make recommended lifestyle changes that would improve the child's health (e.g. no smoking in the house)

### Health professionals:

Health professionals should take steps to ensure that parents are fully informed about their child's condition and how to manage it. This should be documented. Records should be reviewed to see if there is a pattern of emergency attendances and WNB to planned appointments, or any previous welfare or safeguarding concerns.

Where appropriate, parents should have a written management plan, which should be shared with relevant health professionals including the GP. If the child may require access to medication in school, or guidance on emergency management, the plan should be shared with school.

Health professionals should be aware of family and social factors which may underlie repeated hospital presentations. If neglect is a possible concern, advice should be sought from health safeguarding leads. There must be effective communication between paediatricians, GP's, and the health visitor/school nurse to build up a full picture of concerns for the child e.g. whether repeat medications are being requested appropriately, and of wider family concerns such as parental learning difficulties or mental health problems.

If a family needs additional support this may be best done via an Early Help Assessment (EHA). This could be led by school staff, or the health visitor/school nurse.