



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 child 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. See below.

A safeguarding referral may be needed if families are unable to accept help and make changes. Health professionals should ensure that concerns about the impact on the child, and the medical evidence regarding potential risk arising from neglect are clearly communicated.

Escalating concerns ([Case / Conflict Resolution Protocol](#)) about a child is an expected part of partnership working in Northamptonshire. There is often no right or wrong answer when it comes to safeguarding children and decisions should be made by way of robust challenge, discussion and debate about the most effective way forward to ensure the child receives the best possible outcome.

Children's cases can only be successfully escalated or conflicts resolved if those involved are willing for that to happen and genuinely want resolution to be the outcome

School, social care and other professionals

If you are concerned that a child's medical needs are not being met, it is normally appropriate to discuss concerns with the family and seek consent to share concerns and seek advice from the health visitor, school nurse or GP. As part of this discussion, share any relevant information about wider family support needs, vulnerabilities and risks with health professionals.

Contribute as appropriate to a support plan via EHA, CIN plan or child protection plan.

Where neglect of medical needs becomes a potential safeguarding concern, whether via a referral to MASH or because concerns are identified for a child who is already supported via a CIN or CP plan, social workers will need to identify and make contact with the health professional with lead responsibility for the child's clinical management. Health named and designated professionals can facilitate this if necessary.

A shared understanding of the neglect concerns, support already offered, current impact on the child and potential risks will allow safe decision making on the level of social care intervention which is required.

Early Help Assessment

The EHA is a simple way to help identify the needs of children and families and make a plan to meet those needs. Its purpose is to provide a co-ordinated response so no-one misses out on the support they need. It is used by all agencies in Northamptonshire who are delivering early help to the families they work with.

The EHA can be used to support children and young people between 0 to 19 years, including unborn babies, and can also be used with consent up to the age of 24 (where a young person has a learning difficulty or disability).

If you need help or advice you can contact an Early Help Coordinator at earlyhelpadvice@nctrust.co.uk or complete the online request for advice form [here](#). Once submitted an Early Help Coordinator will contact you to discuss what support may be available.

Child Safeguarding Practice Reviews

For further reading see the Birmingham CSPR [7-minute briefing](#) into the case of Hakeem a 7 year old boy who died from an asthma attack and where there were significant concerns of Neglect of Hakeem.

