Neglect of medical needs by Dr Tammy Rothenberg Consultant Paediatrician, Homerton Hospital

- Neglect of medical needs can contribute to risk of harm or actual harm, particularly in children with long-term conditions, such as asthma, diabetes or epilepsy.
- Neglect of medical needs includes not seeking medical care, not attending or being brought to appointments, refusing treatment or not adhering to treatment plans.
- The first task is to explore why this may be the case; there are many reasons for the above that are not medical neglect and can be addressed through sensitive addressing of concerns and practical measures eg. appointments that accommodate parental work etc. When this does not work, ask:
  - Is this child at risk of harm?
  - Does this meet the definition of medical neglect?
  - Who can help me? Escalate your concerns to your safeguarding team.

Defining medical neglect:

- A child is harmed or is at risk of harm because of lack of health care
- The recommended health care offers significant net benefit to the child
- The anticipated benefit of the treatment is significantly greater than its morbidity, so that reasonable caregivers would choose treatment over non-treatment
- It can be demonstrated that access to health care is available and not used
- The care giver understands the medical advice given

Management of neglect of medical needs:

- Lead clinician- one person to coordinate
- Make a timeline
- Explore factors around * child * family and * health care services
- Discuss with named doctor for child protection
- Clarify level of harm or potential harm
- Formulate a management plan with the family
- Consider involvement of social care
- Document

- Be the child’s advocate and hear their voice

References:
https://becterearnetwork.org/sites/default/files/attachments/Neglect%20and%20Serious%20Cas%20Reviews.pdf

What are the safeguarding issues still being raised by Covid-19 and the new normal?

In addition to the first edition, safeguarding risks are rising but also still hidden. Potentially primary & junior school children maybe attending school from June but many are still unseen.

Childline has had the ear of children at this time and have shared what it is they are saying here: https://learning.nspcc.org.uk/research-resources/2020/childline-briefing-coronavirus

This BMJ editorial expands further on the wider collateral damage to children due to social distancing https://bmijaedopen.bmj.com/content/bmipo/4/1/e000701.full.pdf

The question remains - what else can we do to further the first edition?

1. Make contact with vulnerable families and those that you have low level concerns about via secure video calls. As GP Practices work through lists of sheltered patients, elderly patients etc. do not delay on check-in calls with vulnerable children and families.
2. Use closed as well as open questions when talking to young people as they may not be able to speak freely. See BE CURIOUS below.
3. Understand your local offers of support in regard to foodbanks and volunteers who can collect food and call to homes at these times. If you have a sense all may not be right, ask these organisations to feedback on what they found or arrange a face to face appointment in the practice or through windows at home – we are all finding innovative ways of working and inhalers have been demonstrated through windows, saturation probes have been put through letterboxes – think outside the box!
4. Don’t shoulder concerns alone. Talk to other professionals about families.

Guides about virtual consultations can be sourced here (NB: 5 separate hyperlinks)

When consulting, look beyond the person you are looking at to assess any signs of domestic abuse eg. broken doors. BE CURIOUS – ask:

1. Who else is at home?
2. Who do they normally care for?
3. Is everything okay at home?
4. Is everything really okay at home?
5. Do you feel safe at home at the moment?
6. Do you feel safe online?

Give people information about local support groups and national helplines.

We shared with you some resources to direct young people to in our 1st newsletter but there are new offerings coming weekly. Here are some more:

- The government’s advice on supporting children and young people’s mental health and wellbeing during the coronavirus is available here.
- Calm Zone provided by Childline allows children to try breathing exercises, activities, games and videos to help let go of stress. https://www.childline.org.uk/toolbox/calm-zone/
- Breathing exercise: https://www.youtube.com/watch?v=5_N98E5-7j

The latest published Serious Case reviews from the NSPCC library are here – have a look at this month featuring a number of issues including self-harm, child criminal exploitation, domestic abuse and home education.

New training from WP with mental health issues – what they want from us. This training is coming soon. A new training opportunity, co-developed by young people, hospital and CAMHS staff, can help all practitioners feel more skilled in dealing with children with mental health issues. It tells us what they want from us! Upskilling in this area means more young people will be safe on discharge from hospital, more likely to attend follow ups and more likely to attend again if needed!

Podcast recommendations about contextual safeguarding learning which can be logged for CPD/Reflections available from: https://www.bbc.co.uk/programmes/p086gh42/episodes/downloads and Contextual Safeguarding Network