



Calderdale Safeguarding Children Partnership

Bite-size Briefing: Medical Neglect by Parent / Carer

June 2025

PATIENT RECORD APPOINTMENTS CONTINUATION SHEET

NAME Jade Udale ADDRESS 67 Wycroft Westley Nottingham

AGE 5y 2m

NHS No 19211/2377927

APPOINTMENT DETAILS NOTES

15/06 12:10 Dr. G.Stuttart	Patient did not attend
29/06 09:20 Dr. S.Crombie	DID NOT ATTEND
12/07 16:55 Dr. J.Talbeam	Did not attend

Was Not Brought



What is medical neglect?

Medical neglect: This involves parents or carers minimising or ignoring children's illness or health (including oral health) needs and failing to seek medical attention or administering 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; (*Horwath 2007*)

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.

(*Dubowitz 1999*)

What can prevent practitioners from effectively responding to medical neglect?

- Empathy with the parent allows them to overlook risks to the child
- Focus on parental/ family issues rather than impact on child
- Over-reliance on parents self-reporting
- Non-medical practitioners may
 - not fully understand the extent and complexity of the health issues
 - feel more equipped to focus on other issues, rather than addressing medical conditions
 - feel reassured that specialist medical staff are involved with the child, rather than seeing this as an indication of the severity of the medical condition

As practitioners, how can we respond effectively to medical neglect by parent /carer?

- Use clear and explicit language in relation to risks associated with complex medical conditions.
- Seek expert advice if you are not sure of the potential risks to the child.
- Ensure 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 medical chronologies and medication reviews where appropriate to support referrals to Children's Social Care and within assessments to provide clarity to all involved of the extent, pattern and severity of concern.
- Consider discharge planning meetings for children with complex medical conditions where there is a pattern of admissions to hospital.
- 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 on the child's treatment and potential safeguarding risks.
- The voice of the child and their lived experience needs to be evident in 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.
- Consider the need for a multi-agency meeting to develop a better shared understanding of the level of risk.

Examples of Medical Neglect

Professionals should be alert to signs including:

- Repeated non-attendance at GP, hospital or specialist appointments
- Failure to administer prescribed medication (e.g., insulin for diabetes)
- Delays in seeking urgent or routine medical attention.
- Ignoring or disregarding clinical advice (e.g., feeding plans, physiotherapy)
- Inconsistent or inaccurate monitoring of conditions (e.g., blood glucose levels.)
- Disengagement from health professionals or support services.

Professional Responsibilities

All professionals—health, education, social care, early help—must:

1. **Recognise the risk:** Understand that unmet health needs can amount to neglect and harm.
2. **Record and escalate:** Clearly document missed appointments, parental refusals, and outcomes. Escalate concerns using internal safeguarding procedures.
3. **Share information:** Use consent where possible but share relevant information without delay if risk of harm exists.

Neglect is rarely a single event—cumulative patterns are key. Spotting the pattern early saves lives.

Practical Steps to Safeguard a Medically Neglected Child

Step	Action
1. Identify concerns	Are appointments missed? Medication mismanaged? Child's condition worsening?
2. Engage parents	Explore reasons for non-engagement. Offer support, not blame.
3. Involve clinical experts	Liaise with paediatricians, diabetes nurses, disability teams, CAMHS.
4. Convene meetings	Use Team Around the Child (TAC) or Child in Need (CiN) meetings and include professionals with relevant medical expertise and knowledge to advise planning.
5. Escalate if needed	Consider Child Protection procedures where health is significantly at risk.
6. Ensure monitoring	Set clear expectations and review plans regularly.

Escalation and Dispute Resolution Process

Disagreements can arise in a number of areas of multi-agency working, as well as within single agency working.

The safety and wellbeing of a child is the paramount consideration in any professional disagreement.

The people involved in the disagreement should see the challenge as an opportunity for learning and increasing understanding to ensure the child receives the best response, thereby viewing this as a positive process. It is therefore vital that disagreements and disputes are not allowed to adversely affect the outcomes for children in need of services.

It is imperative that this process should fit within the child or adult's timescale. Timely action is paramount if there are concerns that a child or adult is at significant risk or in need of services.

Fabricated or Induced Illness (FII) and Perplexing Presentations

All professionals should familiarise themselves with the warning signs of FII found [here](#).

Fabricated or induced illness (FII) is a form of abuse where a parent or carer deliberately exaggerates, fabricates, or causes symptoms of illness in a child. This can involve lying about a child's health, interfering with medical treatments, or even inducing symptoms through harmful means. FII can lead to unnecessary medical procedures, emotional distress, and long-term harm. It is often difficult to identify, as the perpetrator may appear concerned and attentive. Professionals should remain vigilant and follow safeguarding procedures if they suspect FII.

For Further Information visit:

[Calderdale Multi-agency assessment tools for working with Neglect](#)

[Multi-Agency Professionals Meeting Guidance](#)

[Was Not Brought Guidance](#)

[Escalation and Dispute Resolution Process](#)

[Fabricated Illness / Perplexing Presentation Guide](#)

[Perplexing Presentations \(PP\) and Fabricated or Induced Illness \(FII\) in Children](#)

[Professional Curiosity and Challenge Guide](#)

Useful Links

Process for Outpatient Medical Assessments with Child Protection

Concerns: This guidance outlines the steps for arranging medical assessments when there are concerns about abuse or neglect. It details the referral process, necessary consents, and the roles of social workers and healthcare professionals. [Process for Outpatient Medical Assessments](#)

Reporting Concerns: If you suspect a child is being neglected or harmed, you can report your concerns to the Multi-Agency Screening Team (MAST) at 01422 393336 during office hours. Outside these hours, contact the Emergency Duty Team at 01422 288000. [Calderdale Council+1safeguarding.calderdale.gov.uk+1](#)

Child Safeguarding Practice Reviews: These reviews analyse serious incidents to identify learning and improve future safeguarding practices. [safeguarding.calderdale.gov.uk+1safeguarding.calderdale.gov.uk+1](#)

Training and Development: The CSCP offers training for professionals to enhance their understanding and response to safeguarding issues, including medical neglect.

The Specialist Inclusion Team focus on reducing and removing barriers to learning and education.

specialistinclusion@calderdale.gov.uk

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