

# Neglect of Medical Care Guideline

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## 1. The Purpose of this Guideline

This guideline sets out the agreement between the District Health Board (DHB), Oranga Tamariki—Ministry for Children (Oranga Tamariki) and New Zealand Police (Police) relating to the management of Neglect of Medical Care for children and young people aged 0 – 17 years of age, that is up to but not including the 18<sup>th</sup> birthday. The parties agree to reflect the terms of this guideline in their own policies and procedures.

## 2. Parties to the Agreement

The parties to the agreement are DHBs, Oranga Tamariki and Police.

## 3. Background

This guideline is a schedule associated with the *Memorandum of Understanding between Oranga Tamariki—Ministry for Children, New Zealand Police and District Health Board*, and is to be read and implemented in conjunction with that memorandum and other schedules.

This guideline operates alongside the:

- DHB policies and procedures for child protection/suspected child abuse or neglect
- Oranga Tamariki policies and procedures for suspected child abuse or neglect
- *Child Protection Protocol: Joint Operating Procedures (CPP)* agreed between Oranga Tamariki and the New Zealand Police.

The *Neglect of Medical Care Guideline* was developed following a number of child protection case reviews associated with neglect of medical care. Findings from these case reviews indicated that:

- there was no clear definition of Neglect of Medical Care
- DHBs, Oranga Tamariki and Police often do not work together effectively on these cases
- there was a need for a Neglect of Medical Care guideline and a shared understanding between DHBs, Oranga Tamariki and Police in case management.

This replaces the *2016 Schedule 3: Neglect of Medical Care Guideline*.

## 4. Purpose

Outcomes for children and young people experiencing or at risk of serious child abuse and/or neglect are improved with effective interagency collaboration and agreed practice guidelines.

The Neglect of Medical Care Schedule should ensure Health Practitioners, Oranga Tamariki, and Police use a collaborative approach for the management of neglect of medical care, which should improve outcomes for children and young people with medical needs which may go on to have serious consequences.

An effective response requires a well-co-ordinated, timely and comprehensive assessment of the:

- child's or young person's need
- family/whānau situation.

This is followed by a multi-agency case management plan agreed with family/whānau.

## 5. Definition of Neglect of Medical Care

Several factors are considered necessary for the diagnosis of medical neglect<sup>1</sup>:

- A child or young person [age 0 – 17 years of age, that is up to but not including the 18th birthday] is harmed or is at risk of harm because of lack of health care (including care for dental and hearing problems).
- The recommended health care offers significant net benefit to the child or young person.
- The anticipated benefit of 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, but not used.
- The caregiver understands the medical advice given.

Neglect of medical care (including dental health and hearing problems), usually takes one of two forms and either of these situations has the potential to cause harm, lead to chronic disability, or be fatal:

- Failure to heed obvious signs of serious illness.
- Failure to follow the health care plan from the Health Care Team, once medical advice has been sought.

**NOTE:** It is critical to understand why parents are appearing to resist and/or not engage with the recommended treatment plan. There could be a number of reasons why parents do not follow through on the treatment plan and these should be fully understood prior to considering their behaviours as neglect of medical care.

Reasons for not following the treatment plan could include:

- not understanding the need for the treatment and the consequences for the child or young person of not receiving this treatment (interpreter or support person may be required or perhaps a fuller explanation of the presenting issues for the child or young person)
- difficulty with transport to appointment
- financial barriers to getting the treatment
- not being aware of appointments
- cultural or religious objections to the treatment plan i.e. blood transfusions, surgery
- not believing that the recommended treatment option is in their child's or young person's best interests
- choosing an alternative treatment plan.

<sup>1</sup> Recognising and Responding to Medical Neglect in Paediatrics Vol. 120 #6 December 2007 - Carole Jenny MD, M

Once the reasons have been fully explored and a belief is formed that neglect of medical care is occurring, this guideline should be implemented.

## 6. Traffic Light Review Process

Once it has been determined that there is a possibility of neglect of medical care the principles and actions for best practice when assessing and responding to neglect of medical care should be used. There are detailed in Appendix 1. [Appendix 1 "Neglect of Medical Care Guideline" page 7.](#) This includes a child and family/whānau focussed assessment tool using a 3 category Traffic Light Review process:

- **Green** – indicates parents or caregivers are having some difficulty in meeting a child's or young person's health care needs and focusses on how health professionals and/or services may provide additional support for the family/whānau<sup>2</sup>.
- **Orange** – indicates all actions in Green have been implemented by health practitioners, but ongoing concerns continue requiring further monitoring, assessment and consultation with DHB child protection services, Oranga Tamariki/DHB liaison social worker. Options for support by a community service could be considered.
- **Red** – belief formed that child or young person is being or is likely to be harmed and a Report of Concern is made to Oranga Tamariki, consistent with DHB Child Protection Policy. The neglect of medical care has reached the tariff for a comprehensive Oranga Tamariki child protection assessment.

## 7. Roles and Responsibilities

### Health Professionals

Health professionals have a responsibility to ensure that children and young people receive the medical care they require and to act in accordance with the DHB's Child Protection Policy. When there are concerns identified regarding neglect of medical care, they should use the traffic light review process to respond to these concerns.

### Oranga Tamariki

Oranga Tamariki are responsible for promoting the wellbeing of tamariki and their whānau, and iwi which includes ensuring that children and young people are safe from harm, abuse and neglect.

### Oranga Tamariki DHB/Liaison Social Worker

Oranga Tamariki/DHB liaison social workers are a critical point of contact between DHBs, Oranga Tamariki and Police.

### Oranga Tamariki/DHB Liaison Social Workers are to ensure:

- discussion with Oranga Tamariki and DHB about Oranga Tamariki involvement starts at the "**Orange**" phase to determine if a Report of Concern is required. The decision to refer remains with the DHB
- the Supervisor at the Oranga Tamariki site is informed of the pending Report of Concern where necessary

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<sup>2</sup> Children and young people's missed health care appointments: reconceptualising Did not Attend to Was not Brought C. Powell & J. Appleton [2012]

- a consistency of agreed approach across the DHB and Oranga Tamariki Site/s
- effective communication occurs and are to address any difficulties which may arise between agencies.

**Note:** Where there are differing opinions about strengths, risks and needs, of a family/whānau, the Oranga Tamariki Child and Family consult tools (one for children and one for young people) may be helpful. These can be downloaded from the Oranga Tamariki practice centre<sup>3</sup>.

Once the situation has reached the 'Red' phase and a Report of Concern has been made Oranga Tamariki will:

- consult with Police as set out in the CPP
- ensure liaison occurs with health professionals
- commence an investigation/assessment
- ensure immediate safety.

### **Police**

Police will generally become involved once the situation has reached the 'Red' phase. At that point they will:

- liaise with Oranga Tamariki as per the CPP
- ensure liaison occurs with the health professionals involved
- investigate and take the appropriate action if an offence is identified.

When Police are involved with a family/whānau and are concerned about neglect of medical care they will ensure Oranga Tamariki and the DHB are aware of the situation.

## **8. Agreed Interagency Process/Management**

When the DHB completes and sends a Report of Concern to Oranga Tamariki, they will document:

- Details of child's or young person's medical condition (in lay terms) and the risk of serious harm.
- Details about the degree of cumulative harm.
- How long there has been concern about neglect of medical care.
- Assessments/interventions completed by health practitioners to address the concern.
- An outline of what other actions are required and consequences for the child or young person if these do not occur.
- Why a Report of Concern is being made.
- The key contact person from the reporting DHB.

The DHB will also provide Oranga Tamariki/DHB liaison social worker with a copy of the Report of Concern made to the Oranga Tamariki National Contact Centre.

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<sup>3</sup> <https://practice.orangatamariki.govt.nz/our-work/practice-tools/other-practice-and-assessment-tools/childyoung-person-and-family-consult/> - see Resources

Oranga Tamariki will consider whether the information in the Report of Concern meets the CPP criteria and, if so, will make a referral and consult with Police accordingly.

The DHB will provide some suggested dates and times for Oranga Tamariki and Health Professionals to meet face to face, within 5 - 10 days if urgent or if less urgent 20 days at most. For serious situations response time to be negotiated as required. Which health professionals need to attend this meeting will generally be arranged through the key DHB contact person on the Report of Concern, but would include key personnel involved, e.g. the paediatrician and/or charge nurse and the health social worker(s).

The first response by Oranga Tamariki is to meet (face to face) with referrers from the DHB to gain insight into the health concerns, discuss these, and agree on an action plan. Because these cases are frequently very complex in terms of medical needs and social concerns the allocated Oranga Tamariki social worker must be accompanied by their Supervisor and wherever possible the Oranga Tamariki/DHB liaison social worker. It is also preferable to have the Practice Leader in attendance. If the case is being managed under the CPP, Police should also be in attendance.

At the first meeting it is desirable for the Health Professionals to develop a risk statement based on their involvement with the child or young person and their family/whānau. This should clearly outline the severity of the health concerns which have led to a Report of Concern.

The Oranga Tamariki Child and Family consult tool may be helpful when Health Practitioners and Oranga Tamariki meet. This is a useful tool if there are differing opinions about strengths, risks and needs of a family/whānau<sup>3</sup>. The Oranga Tamariki Practice Leader should also be involved where there are differences of opinion.

If Oranga Tamariki are already involved with the child or young person, it is important for both agencies to share information about their respective involvement, to promote the well-being of the child or young person and their family/whānau. If it is established that the medical concerns are new information and require Oranga Tamariki assessment of those concerns, then a new Report of Concern must be completed by a Health Professional.

At the appropriate time Health Professionals, Oranga Tamariki staff, and the family/whānau need to meet together to share information and communicate the concerns held for the child or young person, and develop a plan that ensures the health needs of the child or young person are being met.

## **9. Multi-Agency Safety Plans**

In very urgent/critical situations a joint planning meeting will be held within 24 hours of receiving the Report of Concern.

In less urgent situations, it is recommended that a joint planning meeting with Health Practitioners, Oranga Tamariki, Police, family/whānau, and other supports, is convened once Oranga Tamariki have completed a child and family assessment using the Tuituia framework. This meeting should use the Multi-Agency Safety Plan template to update information, review the situation, and agree on an action plan with a specific review date and feedback loops between the parties, including family/whānau.

## **10. Dispute Resolution/Escalation Process**

From time-to-time disputes may arise between Health Practitioners, Police and/or Oranga Tamariki. If this occurs, the dispute resolution process as set out in section 15 of the *Memorandum of Understanding between Oranga Tamariki–Ministry for Children, the New Zealand Police and the District Health Board* should be followed.

## **11. Continuous Quality Improvement**

Continuous quality improvement principles underpin all schedules to the *Memorandum of Understanding between Oranga Tamariki–Ministry for Children, the New Zealand Police and the District Health Board*.

Regional and national meetings between the parties as set out under the *Memorandum of Understanding between Oranga Tamariki–Ministry for Children, the New Zealand Police and the District Health Board* will have quality improvement as a standard agenda item. That includes but is not limited to audit, lessons learnt, and formal evaluation research.

## **12. Process for Review of Schedule**

If at any point any party identifies quality improvement issues/trends/initiatives that could enhance the guidelines these matters can be referred through for discussion via the regional and or national meeting process as per section 9 of the *Memorandum of Understanding between Oranga Tamariki–Ministry for Children, New Zealand Police and District Health Board*.

## Appendix A: Health Practitioners Neglect of Medical Care Guideline

This is a child or young persons focussed practice framework which is intended to be used as a guide.

Child Protection Services, *Memorandum of Understanding between Oranga Tamariki—Ministry for Children, Police and District Health Boards 2021* and personnel involved in its implementation will vary from DHB to DHB.

### Definition of Neglect of Medical Care<sup>4</sup>

Several factors are considered necessary for the diagnosis of medical neglect:

- A child or young person [age 0 – 17 years of age, that is up to but not including the 18th birthday] is harmed or is at risk of harm because of lack of health care (including care for dental and hearing problems).
- The recommended health care offers significant net benefit to the child or young person.
- The anticipated benefit of 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, but not used.
- The caregiver understands the medical advice given.

Medical neglect care (including dental health and hearing problems) usually takes one of two forms and either of these situations has the potential to cause harm, lead to chronic disability, or be fatal:

- Failure to heed obvious signs of serious illness.
- Failure to follow the treatment plan from the Health Care Team, once medical advice has been sought.

### Principles for Best Practice when Assessing Neglect of Medical Care

Health Professionals (HP) must ask some key questions - is the child's or young person's health compromised by neglect of medical care and what are the potential consequences for the child or young person? Focussing on a child's or young person's needs rather than parental/caregiver omissions, is considered less blaming and more constructive.

An effective response requires a comprehensive assessment of the child's or young person's needs, the parents' resources/understanding of basic health information and services to make appropriate health decisions (Health Literacy Kōrero Mārama, 2010), cultural/religious beliefs, parental effort to provide for the needs of the child or young person and options for ensuring optimal health for the child or young person. Such an assessment requires clear communication between parent/caregiver/family/whānau and involved health care providers/other professionals.

Adequacy of care falls on a continuum from optimal to grossly inadequate. Neglect of medical care can place a child or young person at minor risk of harm or at the other extreme high risk of severe disability or even death. Oranga Tamariki are most often involved when the threshold has crossed into the severe end of this continuum. Neglect of medical care may become apparent over time and it is for this reason consideration of severity includes assessing and documenting all the contributing factors, including missed appointments for

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<sup>4</sup> Recognising and Responding to Medical Neglect in Paediatrics Vol. 120 #6 December 2007 - Carole Jenny's MD, M

chronic/serious conditions and identifying a pattern when there are repeated episodes of neglect of medical care.

### **Assessment/Checklist Tool for Health Professionals**

The 3 category 'Traffic Light' review process should be used to assist HPs to collectively decide if neglect of medical care is occurring and when action is required.

- **Green** – indicates parent/s or caregivers are currently meeting child's or young person's medical needs, but support is required for them to fully understand child's or young person's health needs -this section flags that there could be concerns, if appropriate support is not implemented.
- **Orange** indicates all actions in Green have been implemented but there continues to be an ongoing need for HP to pay attention, assess and monitor situation.
- **Red** indicates a need for action, consistent with your DHBs Child Protection Policy.

## The Traffic Light Review Process

### Green

Parent/s or caregivers are currently meeting their child or young person's medical needs, but support is required for them to fully understand their child or young person's health needs -this section flags that there could be concerns, if appropriate support is not implemented.

Situation	Child and young person	Parent, Caregiver, Family/ Whānau	Considerations	Recommended Action
<p>Parents/whānau/caregiver having some difficulty communicating and engaging with health professionals [HP].</p> <p>HP identifies some signals, indicating medical care is not proceeding optimally for the child's or young person's health.</p> <p>Parents/caregivers may require support to fully understand child's or young person's medical needs ** Health Literacy.</p> <p>Involvement will be:</p> <ul style="list-style-type: none"> <li>• Child focussed</li> <li>• Family/whānau led</li> <li>• Culturally appropriate</li> <li>• Strengths and evidenced based and promote the following key outcomes for the child: <ul style="list-style-type: none"> <li>○ Safe</li> <li>○ Belong</li> <li>○ Healthy</li> <li>○ Achieving</li> <li>○ Participating.</li> </ul> </li> </ul>	<p>Vulnerability of child or young person to be kept foremost in assessment and planning.</p> <p>Assess wellbeing of child or young person and develop trust. Take steps to ensure fears are alleviated and appropriate supports from family/whānau and health services (e.g. such as Consult Liaison Team [CLT] or play specialists and other inpatient/outpatient/community services/well child providers, within your specific DHB are available or are currently involved i.e. Child Mental Health.</p> <p>Tapa Whā is a model of health widely accepted by Māori. This model compares health to 'the four walls of a house, all four being necessary to ensure strength and symmetry, each wall representing a different dimension of health –</p> <ul style="list-style-type: none"> <li>• taha wairua [spiritual],</li> <li>• taha tinana [physical],</li> <li>• taha hinengaro [mental]</li> <li>• taha whānau [social, extended family/whānau].</li> </ul> <p>Where possible - gain child's or young person's view of the</p>	<p>Develop trust with the family/whānau and take steps to ensure they are able to focus on child's or young person's needs and fully understand the diagnosis and treatment options.</p> <p>If HP have worries, discuss these with family/whānau ASAP and identify if extra support is required and ensure where possible this is provided.</p> <p>Identify who else may be able to support family/whānau [extended family, friends, community services].</p> <p>Is there a need for a home assessment or a lead agency in the community available to support family/whānau?</p> <p><b>Enable intervention access and engagement for family/whānau by ensuring</b></p> <ul style="list-style-type: none"> <li>• Contact phone numbers and address are correct</li> <li>• Identify family/whānau preferred method of contact</li> </ul>	<p>Consider barriers preventing a successful working relationship with the family/whānau and take steps ensure these are addressed i.e.:</p> <ul style="list-style-type: none"> <li>• Family Violence</li> <li>• Health literacy</li> <li>• Cultural/religious beliefs</li> <li>• Family/whānau emotional state;</li> <li>• Language, practical barriers or other competing needs such as disability, cognitive impairment impacting upon parental capacity to understand.</li> <li>• Need for interpreters, sign language etc.</li> <li>• If parents/family/whānau are involved with other services, i.e. Mental Health etc. ensure those services are consulted and included if appropriate, in discussion and planning.</li> </ul> <p>Identify what extra support or additional services, child or young person may need; such as - therapy, family/whānau/cultural/religious/community support, well child provider etc.</p> <p>Is there a need for a lead clinician to co-ordinate services?</p> <p><b>Self-Discharge by parent or caregiver for a child or young person against medical advice or If a child or young</b></p>	<p>Any early identified concerns - refer to Health Social Worker for a comprehensive psycho-social assessment, or another HP for a social assessment to identify family/whānau strengths and issues which may be impacting upon the capacity for parents to manage their child's or young person's needs; such as:</p> <ul style="list-style-type: none"> <li>• cultural and religious beliefs;</li> <li>• level of understanding, disability and ability to absorb complex information;</li> <li>• language barriers for child or young person and family/whānau;</li> <li>• state of acceptance of the medical condition such as the family/whānau response; grief/denial;</li> <li>• family/whānau finances;</li> <li>• whether family/whānau able to commit to appointments;</li> <li>• the extent of support from the family/whānau community and community agencies – how can this be strengthened?</li> <li>• Any other environmental factors?</li> </ul> <p><b>Plan:</b></p> <ul style="list-style-type: none"> <li>• Ensure on going assessment of child's or young person's</li> </ul>

Situation	Child and young person	Parent, Caregiver, Family/ Whānau	Considerations	Recommended Action
	situation and assess if other community supports or well-child providers are required.	<ul style="list-style-type: none"> <li>• Child or young person is registered with GP and other identified health providers</li> <li>• Next of Kin identified</li> <li>• Transport options provided. Determine if family/whānau qualify for National travel assistance</li> <li>• Petrol vouchers</li> <li>• Taxi Chits</li> <li>• Credit on mobile phone</li> <li>• Flexible appointments offered</li> <li>• Primary caregiver or guardian has received all relevant information</li> <li>• Key clinician identified.</li> </ul>	<p>person <b>was not brought [WNB] for an Appointment or Assessment [2]</b></p> <ul style="list-style-type: none"> <li>• Consider this in the context of the child's or young person's medical condition</li> <li>• Consider wider service options</li> <li>• Discuss with Key Clinician and MDT</li> <li>• If key clinician is concerned about WNB episodes - consider further assessment.</li> </ul>	<p>progress is documented and discussed with MDT and family/whānau.</p> <ul style="list-style-type: none"> <li>• Clinical team continue to support the child or young person and family/whānau.</li> </ul> <p><b>Consider if there is a need to:</b></p> <ul style="list-style-type: none"> <li>• Appoint a Lead clinician to co-ordinate services and monitor child's or young person's progress?</li> <li>• Arrange a meeting with extended family/whānau to ensure all support is available.</li> </ul>

Refer also to [Children's Act, 2014](#)

\*\*Health Literacy has been defined as:

“the degree to which individuals have the capacity to obtain, process and understand basic health information and services in order to make informed and appropriate health decisions” ([Kickbusch et al., 2005](#); [Kōrero Mārama, 2010](#))

## Orange

All actions in Green have been implemented but there continues to be an on-going need for HPs to pay attention, assess and monitor situation.

Situation	Child and young person	Parent, Caregiver, Family/whānau	Considerations	Recommended Action
<p>Deterioration in child's or young person's health and well-being.</p> <p>Consider if this is a disease related process or neglect of medical cares.</p> <p>If not disease related and no indication of an improvement, ensure all supports recommended in Green section have been implemented.</p> <p>Discuss concerns with family/whānau.</p> <p>An intervention may need to be considered; further assessment, monitoring required and extra support may need to be provided.</p> <p>What would make a difference to the child or young person right now to improve their situation?</p> <p>Specify a review date to determine if child or young person is improving and can be re-classified as Green.</p>	<p>What are the consequences for the child or young person if:</p> <ul style="list-style-type: none"> <li>parent/family/whānau/caregiver does not               <ul style="list-style-type: none"> <li>heed obvious signs of serious illness</li> <li>follow through on medical advice</li> <li>bring child or young person for follow up appointments, blood testing, dental appointments etc</li> <li>pick up prescriptions.</li> </ul> </li> <li>they have on-going missed health care appointments<sup>5</sup>.</li> </ul> <p>Where possible gain child and young person's view of the situation.</p>	<p>Inform parent/s, caregivers or family/whānau regarding concerns and consult / or refer to - health social worker, DHB Child Protection Team.</p> <p>If it is determined that the DHB Child Protection Team is to have direct involvement - agree roles and responsibilities for the:</p> <ul style="list-style-type: none"> <li>primary health team</li> <li>child protection team</li> <li>key co-ordinating clinician.</li> </ul> <p><b>Transfers</b> <b>NB</b> for transient families and out of area cases requiring a transfer from one DHB and/ or community service, to another.</p> <p>An effective and quality handover is important to support the transfer of all critical information associated with a child and young person's:</p> <ul style="list-style-type: none"> <li>care and treatment</li> <li>well-being, and</li> <li>details of:</li> </ul>	<p>Assessment of all the contributing factors are important for planning and intervention.</p> <p>A comprehensive psychosocial assessment to determine parents/caregiver's –</p> <ul style="list-style-type: none"> <li>family/whānau support, need for extra support</li> <li>capacity to understand and respond to their child or young person's needs [health literacy]</li> <li>perception, interpretation, response and implementation</li> <li>poverty/economic hardship</li> <li>lifestyle and other stress factors</li> <li>trust or lack of trust in medical care or is treatment plan inconsistent with cultural – religious belief system</li> <li>denial of the seriousness of medical state.</li> </ul> <p>Consider if the nature of the child's or young person's disorder maybe influencing parents' response. HP to clearly state what they are worried about and the situational impact on the child or young person – and discuss with their DHB child protection team, Oranga Tamariki/DHB Liaison Social Worker, Child Protection Co-ordinator.</p>	<p>Clinical MDT should document:</p> <ul style="list-style-type: none"> <li>incidence, prevalence and patterns of repeated episodes of failure to provide appropriate medical care and how long has this been a problem?</li> <li>what action has already been taken?</li> <li>document the anticipated harm to the child or young person as a result of this, including a timeframe.</li> </ul> <p>Once full psychosocial assessment is completed by health social worker:</p> <ul style="list-style-type: none"> <li>plan for all professionals involved to meet with parents/family/whānau [and other supports] to raise and discuss concerns, outline risk to the child or young person and develop a collaborative action plan with a specific review date.</li> <li>if Oranga Tamariki is already involved with the child or young person it is important for both health and Oranga Tamariki to gain a shared understanding regarding their respective involvement, to promote the wellbeing of the</li> </ul>

<sup>5</sup> [2] Children and young people's missed health care appointments: reconceptualising Did not Attend to Was not Brought C. Powell & J. Appleton [2012]

Situation	Child and young person	Parent, Caregiver, Family/whānau	Considerations	Recommended Action
<p>OR if there is an increase in concern and action into RED is required.</p>		<ul style="list-style-type: none"> <li>○ family/whānau and their social context</li> <li>○ identified concerns</li> <li>○ referrals made</li> <li>○ supports which have been provided</li> <li>○ services involved</li> <li>○ assessments and current plans</li> </ul> <p>Important to identify services available and/or likely gaps in delivery of service in the transfer area.</p> <p>Consider how best to relay this information to family/whānau /child or young person/supports and all professionals and/or services involved.</p>	<p>When health have considered a Report of Concern to Oranga Tamariki is necessary, it is important to inform Oranga Tamariki/DHB liaison social worker who will advise relevant Oranga Tamariki site office in advance.</p> <p>Reflect, and consider:</p> <ul style="list-style-type: none"> <li>• the specific risk of harm to the child or young person</li> <li>• how long has this been a problem?</li> <li>• what action has already been taken?</li> <li>• have the extended family/whānau been informed or involved?</li> <li>• if child or young person requires a long-term treatment plan, explore family/whānau or community networks able to support child or young person and caregivers during periods of discharge home</li> <li>• what further action should be taken by Key clinician and MDT.</li> </ul>	<p>child or young person and their family/whānau.</p> <ul style="list-style-type: none"> <li>• careful documentation of all meetings including the evidence for the identified concerns regarding nonadherence to treatment plan for the child or young person; as an example: not collecting scripts; not administering treatment; not attending clinic appointments; not getting blood tests completed.</li> </ul> <p><b>Acute situations</b></p> <p>Consider if there is a need to involve the DHB Legal Advisor - for example, if a Treatment Order is required.</p> <p>When there is a serious concern regarding parental/caregiver intent and wilfulness. Consultation with Police is strongly advised. Discuss with Oranga Tamariki/DHB liaison social worker regarding the need for Police involvement.</p> <p>If agreed - Oranga Tamariki/DHB liaison social worker to consult with Police: consistent with Child Protection Protocol [CPP].</p>

**Red**

Need for action, consistent with your DHB’s Child Protection Policy.

Situation	Child and young person	Parent, Caregiver, Family/ Whānau	Considerations	Recommended Action
<p>Child’s or young person’s medical condition serious and HP have made all attempts to address the situation.</p>	<p>Child’s or young person’s health is being seriously compromised.</p> <p>The recommended treatment plan offers significant net benefit to the child or young person.</p> <p>Where possible – gain child’s or young person’s view of the situation.</p>	<p>It can be demonstrated with documented evidence that access to health care is available to child or young person, but is not being:</p> <ul style="list-style-type: none"> <li>accessed by family/whānau or</li> <li>followed or implemented by the family/whānau – despite the fact that the anticipated benefit of treatment is significantly greater than its morbidity.</li> </ul> <p>HP, after exhausting every effort to support parent/s, caregiver, family/whānau, have not been successful and there is a belief that reasonable parents or caregivers would choose treatment over non-treatment.</p> <p>Parents / caregivers informed about decision and reasons why clinical team is making a Report of Concern to Oranga Tamariki - to alert Oranga Tamariki and trigger an investigation of the care and protection of the child or young person to best ensure that the child’s or young person’s medical needs will be met.</p>	<p>Oranga Tamariki meet with HPs as soon as possible after the Oranga Tamariki site have accepted the Report of Concern in order:</p> <ul style="list-style-type: none"> <li>for HP to explain the nature and criticality of child’s or young person’s health needs and the serious harm or risk of harm from not receiving treatment</li> <li>to determine the level of intervention required which will ensure the immediate safety of the child or young person</li> <li>to clarify roles, responsibilities, of Health, Oranga Tamariki and potentially Police</li> <li>to determine who else needs to be involved in the Oranga Tamariki and/or Police investigation</li> <li>to develop a plan which will include family/whānau</li> <li>for relevant additional information to be provided by key clinician.</li> </ul> <p>HP to offer a number of meeting dates/times to Oranga Tamariki practitioner to ensure all key people attend.</p>	<p>Health Report of Concern to Oranga Tamariki should include details of:</p> <ul style="list-style-type: none"> <li>the child or young person’s medical condition in lay terms</li> <li>the cumulative harm as a result of multiple episodes of neglect and other factors which may be impacting upon the child or young person</li> <li>how long it has been a problem</li> <li>the consequences for the child or young person if an intervention does not occur</li> <li>assessments completed by HP including the full psychosocial assessment completed by health social worker</li> <li>what action has already been taken to address the concern</li> <li>what actions are needed (with timeframe) to ensure child or young person does not suffer further deterioration in health and well-being</li> <li>involvement of wider family/whānau or other supports</li> <li>all family/whānau/caregiver details</li> <li>HP to provide copy of Report of Concern to Oranga Tamariki/DHB Liaison Social Worker.</li> </ul>