

18 October 2016

Schedule 3

Neglect of Medical Care Guideline

The Purpose of this Guideline

1. This guideline sets out the agreement between the District Health Board (DHB), Child, Youth and Family and New Zealand Police (Police) relating to the management of Neglect of Medical Care for children and young people aged 0 – 16 years of age that is up to but not including the 17th birthday¹ The parties agree to reflect the terms of this guideline in their own policies and procedures.

Parties to the Agreement

2. The parties to the agreement are DHB's, Child, Youth and Family and Police.

Background

3. This guideline is a schedule attached to the *Memorandum of Understanding between Child, Youth and Family, New Zealand Police and District Health Board August 2011*, and is to be read and implemented in conjunction with that memorandum and other schedules.²
4. This guideline operates alongside:
 - DHB policies and procedures for child protection/suspected child abuse or neglect
 - Child, Youth and Family policies and procedures for suspected child abuse or neglect
 - the Child Protection Protocol (CPP) agreed between Child, Youth and Family and the New Zealand Police (September 2013).
5. 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:
 - there was no clear definition of Neglect of Medical Care
 - DHBs, Child, Youth and Family 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 DHB's, Child, Youth and Family and Police in case management.

Purpose

6. 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.
7. The Neglect of Medical Care Schedule should ensure Health Practitioners, Child, Youth and Family, and Police use a collaborative approach for the management of medical neglect, which should improve outcomes for children and young people with medical needs which may go on to have serious consequences.

¹ From 1 April 2017 the age will increase to 0- 17 years of age that is up to but not including the 18th birthday

² Memorandum of Understanding between Child, Youth and Family, Police and DHB 2011

8. An effective response requires a well-co-ordinated, timely and comprehensive assessment of the:
- Child or young person's need
 - Family whānau situation.

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

Definition of neglect of medical care

9. Several factors are considered necessary for the diagnosis of medical neglect³:
- a child or young person [age 0 – 16 years of age that is up to but not including the 17th birthday⁴] 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.
10. 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 or
 - 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 that parents do not follow through on the treatment plan and this 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 or young person's best interests
- choosing an alternative treatment plan.

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

³ Recognising and Responding to Medical Neglect in Paediatrics Vol. 120 #6 December 2007 - Carole Jenny MD, M

⁴ From 1 April 2017 the age will increase to 0- 17 years of age that is up to but not including the 18th birthday

Traffic light review process

11. 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](#)

12. 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 or young person’s health care needs and focusses on how health professionals and/or services may provide additional support for the family whānau⁵.
 - **Orange** – indicates all actions in Green have been implemented by health practitioners, but on-going concerns continue requiring further monitoring, assessment and consultation with DHB child protection services, Child, Youth and Family/DHB Liaison. Options for community service such as Children’s Teams 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 Child, Youth and Family, consistent with DHB Child Protection Policy. The neglect of medical care has reached the tariff for a comprehensive Child, Youth and Family child protection assessment.

Roles and responsibilities

Health professionals

13. 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.

Child, Youth and Family

14. Child Youth and Family are responsible for ensuring that children and young people are safe from abuse and neglect.

Child, Youth and Family / DHB Liaison Social Worker

15. Child, Youth and Family/DHB Liaison Social Workers are a critical point of contact between DHB’s, Child, Youth and Family and Police.
16. Child, Youth and Family/DHB Liaison Social Workers are to ensure:
- discussion with Child, Youth and Family and DHB about Child, Youth and Family 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 Child, Youth and Family site is informed of the pending a Report of Concern where necessary
 - a consistency of agreed approach across the DHB and Child, Youth and Family Site/s
 - effective communication occurs and are to address any difficulties which may arise between agencies.

⁵ Children and young people’s missed health care appointments: reconceptualising Did not Attend to Was not Brought C. Powell & J. Appleton [2012]

Note: Where there are differing opinions about a family whānau's strengths, risk and needs, use of Child, Youth and Family's Child and Family consult tools (one for children and one for young people) may be helpful. These can be downloaded from the Child, Youth and Family practice centre⁶

17. Once the situation has reached the 'Red' phase and a Report of Concern has been made Child, Youth and Family will:

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

Police

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

- liaise with Child Youth and Family 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 Child, Youth and Family and the DHB are aware of the situation.

Agreed Interagency Process/Management

19. When the DHB completes and sends a Report of Concern to Child, Youth and Family, they will document:

- details of child or young person's medical condition (in lay terms) and the risk of serious harm,
- details in regard to the degree of cumulative harm,
- how long there has been concern about neglect of medical,
- 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.

20. The DHB will also provide Child, Youth and Family/DHB Liaison with a copy of the Report of Concern made to the Child Youth and Family National Contact Centre.

21. Child Youth and Family 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.

22. The DHB will provide some suggested dates and times for Child, Youth and Family and Health Professionals to meet face to face, within 5- 10 days if urgent or if less urgent 20 days at most. For

⁶ <http://cyf-practice-centre.ssi.govt.nz/policy/assessment-and-decision-making/resources/childyoung-person-and-family-consult-guidelines.html>

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).

23. The first response by Child, Youth and Family 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 Child, Youth and Family Social Worker must be accompanied by their Supervisor and where ever possible the Child, Youth and Family/DHB Liaison. 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.
24. 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.
25. Use of Child, Youth and Family's Child and Family consult tool may be helpful when Health Practitioners and Child, Youth and Family meet. This is a useful tool if there are differing opinions about a family's whanau's strengths, risk and needs⁷. The Child, Youth and Family Practice Leader should also be involved where there are differences of opinion.
26. If Child, Youth and Family 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 Child, Youth and Family assessment of those concerns then a new Report of Concern must be completed by a Health Professional.
27. At the appropriate time Health Professionals, Child, Youth and Family 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.

Multi-Agency Safety Plans (MASP)

28. In urgent/critical situations a joint planning meeting will be held within 24 hours of receiving the Report of Concern.
29. In less urgent situations, it is recommended that a joint planning meeting with Health Practitioners, Child, Youth and Family, Police, family whānau, and other supports, is convened once Child, Youth and Family have completed a child and family assessment using the Tuituia framework. This meeting should use the MASP 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.

⁷ <http://cyf-practice-centre.ssi.govt.nz/policy/assessment-and-decision-making/resources/childyoung-person-and-family-consult-guidelines.html>

Dispute resolution / Escalation Process

30. From time to time disputes may arise between Health Practitioners, Police and/or Child, Youth and Family. If this occurs, the dispute resolution process as set out in section 15 of the *Memorandum of Understanding between Child, Youth and Family, the New Zealand Police and the DHB 2011* should be followed.

Continuous Quality Improvement

31. Continuous quality improvement principles underpin all schedules to the *Memorandum of Understanding between Child, Youth and Family, the New Zealand Police and the DHB 2011*.
32. Regional and national meetings between the parties as set out under the *Memorandum of Understanding between Child, Youth and Family, the New Zealand Police and the DHB 2011* will have quality improvement as a standard agenda item. That includes but is not limited to audit, lessons learnt, and formal evaluation research.

Process for Review of Schedule

33. 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 Child, Youth and Family, New Zealand Police and District Health Board August 2011*.

Appendix 1

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, MoU⁸ and personnel involved in its implementation will vary from DHB to DHB

Definition of neglect of Medical Care⁹

Several factors are considered necessary for the diagnosis of medical neglect

- a child or young person [age 0 – 16 years of age that is up to but not including the 17th birthday¹⁰] 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 or
- 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 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 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 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

⁸ Memorandum of Understanding between Child, Youth and Family, Police and DHB 2011

⁹ Recognising and Responding to Medical Neglect in Paediatrics Vol. 120 #6 December 2007 - Carole Jenny's MD, M

¹⁰ From 1 April 2017 the age will increase to 0- 17 years of age that is up to but not including the 18th birthday

or even death. Child, Youth and Family (CYF) 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 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 or young person's medical needs, but support is required for them to fully understand child 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 on-going need for HP to pay attention, assess and monitor situation.
- **Red** indicates a need for action, consistent with your DHB's 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/ whanau / 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 or young person’s health.</p> <p>Parents/caregivers may require support to fully understand child or young person’s medical needs ** Health Literacy</p> <p>Involvement will be:</p> <ul style="list-style-type: none"> • Child focussed • Family whānau led • Culturally appropriate • Strengths and evidenced based and promote the following key outcomes for the child: <ul style="list-style-type: none"> ○ Safe ○ Belong 	<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 Wha^ā is a model of health widely accepted by Maori. 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"> • taha wairua [spiritual], 	<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>Enable intervention access and engagement for family whānau by ensuring</p>	<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"> • Family Violence • Health literacy • Cultural/religious beliefs • Family’s whānau emotional state; • Language, practical barriers or other competing needs such as disability, cognitive impairment impacting upon parental capacity to understand. • Need for interpreters, sign language etc. • 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 <p>Identify what extra support or additional services, child or young</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 or young person’s needs; such as: -</p> <ul style="list-style-type: none"> • cultural and religious beliefs; • level of understanding, disability and ability to absorb complex information; • language barriers for child or young person and family whānau; • state of acceptance of the medical condition such as the family’s whānau response; grief / denial; • family whānau finances; • whether family whānau able to commit to appointments;

<ul style="list-style-type: none"> ○ Healthy ○ Achieving ○ Participating 	<ul style="list-style-type: none"> ● taha tinana [physical], ● taha hinengaro [mental] ● taha whanau [social, extended family whānau]. <p>Where possible - gain child or young person's view of the situation and assess if other community supports or well-child providers are required</p>	<ul style="list-style-type: none"> - Contact phone numbers and address are correct - Identify family's whānau preferred method of contact - Child or young person is registered with GP and other identified health providers - Next of Kin identified - Transport options provided. Determine if family whānau qualify for National travel assistance - Petrol vouchers - Taxi Chits - Credit on mobile phone - Flexible appointments offered - Primary caregiver or guardian has received all relevant information - Key clinician identified 	<p>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>Self-Discharge by parent or caregiver for a child or young person against medical advice or If a child or young person was not brought [WNB] for an Appointment or Assessment [2]</p> <ul style="list-style-type: none"> - Consider this in the context of the child or young person's medical condition - Consider wider service options - Discuss with Key Clinician and MDT - If key clinician is concerned about WNB episodes - consider further assessment. 	<ul style="list-style-type: none"> ● the extent of support from the family's whānau community and community agencies – how can this be strengthened? ● Any other environmental factors? <p>Plan</p> <ul style="list-style-type: none"> ● Ensure on going assessment of child or young person's progress is documented and discussed with MDT and family whānau. ● Clinical team continue to support the child or young person and family whānau <p>Consider if there is a need to:</p> <ul style="list-style-type: none"> ● Appoint a Lead clinician to co-ordinate services and monitor child or young person's progress? ● Arrange a meeting with extended family whānau to ensure all support is available
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Refer also to [Vulnerable 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 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</p>	<p>What are the consequences for the child or young person if:</p> <ul style="list-style-type: none"> • Parent/ Family whānau /Caregiver does not <ul style="list-style-type: none"> ○ heed obvious signs of serious illness ○ follow through on medical advice ○ bring child or young person for follow up appointments, blood testing, dental appointments etc ○ pick up prescriptions. • Child and young person's on-going missed health care appointments¹¹ <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"> • primary health team • child protection team • key co-ordinating clinician <p>If Children's Team exists in your area – consider if this would be an appropriate referral</p> <p>Transfers NB 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>	<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"> • family whānau support, need for extra support • capacity to understand and respond to their child or young person's needs [health literacy] • perception, interpretation, response and implementation • poverty/economic hardship • lifestyle and other stress factors • trust or lack of trust in medical care or is treatment plan inconsistent with cultural – religious belief system • denial of the seriousness of medical state. <p>Consider if the nature of the child or young person's disorder maybe influencing parents' response</p>	<p>Clinical MDT should document:</p> <ul style="list-style-type: none"> • incidence, prevalence and patterns of repeated episodes of failure to provide appropriate medical care and how long has this been a problem? • what action has already been taken? • document the anticipated harm to the child or young person as a result of this, including a timeframe. <p>Once full psychosocial assessment completed by health social worker.</p> <ul style="list-style-type: none"> • 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. • if CYF is already involved with the child or young person it is important for both health and

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

<p>improving and can be re-classified as Green</p> <p>OR if there is an increase in concern and action into RED is required</p>		<ul style="list-style-type: none"> • care and treatment • well-being, and • details of: <ul style="list-style-type: none"> ○ family whānau and their social context ○ identified concerns ○ referrals made ○ supports which have been provided ○ services involved ○ assessments and current plans <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>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, CYF / DHB Liaison, Child Protection Co-ordinator</p> <p>When health have considered a Report of Concern to CYF is necessary, it is important to inform CYF/DHB Liaison social worker who will advise relevant CYF site office in advance.</p> <p>Reflect, and consider:</p> <ul style="list-style-type: none"> • the specific risk of harm to the child or young person • how long has this been a problem? • what action has already been taken? • have the extended family whānau been informed or involved? • if child or young person requires a long term treatment plan, explore family or community networks able to support child or young person and caregivers during periods of discharge home. • what further action should be taken by Key clinician and MDT 	<p>CYF to gain a shared understanding regarding their respective involvement, to promote the wellbeing of the child or young person and their family whānau.</p> <ul style="list-style-type: none"> • careful documentation of all meetings including the evidence for the identified concerns regarding non adherence 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 <p>Acute situations - 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 CYF/DHB Liaison regarding the need for Police involvement</p> <p>If agreed - CYF/DHB Liaison to consult with Police: consistent with Child Protection Protocol [CPP]</p>
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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 or young person’s medical condition serious and HP have made all attempts to address the situation</p>	<p>Child 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 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"> • accessed by family whānau or • followed or implemented by the family whānau – despite the fact that the anticipated benefit of treatment is significantly greater than its morbidity. <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 Child Youth and Family (CYF) - to alert CYF and trigger an investigation of the care and protection of the child-or young person to best ensure that the child’s medical needs will be met.</p>	<p>CYF meet with HPs as soon as possible after the CYF site have accepted the Report of Concern in order:</p> <ul style="list-style-type: none"> • for HP to explain the nature and criticality of child or young person’s health needs and the serious harm or risk of harm from not receiving treatment • to determine the level of intervention required which will ensure the immediate safety of the child or young person • to clarify roles, responsibilities, of Health, CYF and potentially Police. • to determine who else needs to be involved in the CYF and/or Police investigation • to develop a plan which will include family whānau • for relevant additional information to be provided by key clinician <p>HP to offer a number of meeting dates/times to CYF practitioner to ensure all key people attend</p>	<p>Health Report of Concern to CYF should include details of:</p> <ul style="list-style-type: none"> • the child or young person’s medical condition in lay terms • the cumulative harm as a result of multiple episodes of neglect and other factors which may be impacting upon the child or young person • how long it has been a problem • the consequences for the child or young person if an intervention does not occur • assessments completed by HP including the full psychosocial assessment completed by health social worker • what action has already been taken to address the concern • what actions are needed (with timeframe) to ensure child or young person does not suffer further deterioration in health and well-being • involvement of wider family whānau or other supports • all Family whānau / caregiver details • HP to provide copy of Report of Concern to CYF/DHB Liaison.