DEFINITION OF MEDICAL NEGLECT (2014, FLORIDA STATUTES)

“Medical neglect” means the failure to provide or the failure to allow needed care as recommended by a health care practitioner for a physical injury, illness, medical condition, or impairment, or the failure to seek timely and appropriate medical care for a serious health problem that a reasonable person would have recognized as requiring professional medical attention. Medical neglect does not occur if the parent or legal guardian of the child has made reasonable attempts to obtain necessary health care services or the immediate health condition giving rise to the allegation of neglect is a known and expected complication of the child’s diagnosis or treatment and:

(a) The recommended care offers limited net benefit to the child and the morbidity or other side effects of the treatment may be considered to be greater than the anticipated benefit; or
(b) The parent or legal guardian received conflicting medical recommendations for treatment from multiple practitioners and did not follow all recommendations.

MEDICAL NEGLECT IS A MEDICAL DIAGNOSIS

• How to interpret the meaning of this definition is a medical decision
• If there is a conflict, use the DCF-CPT 2nd opinion system for resolution
• Medical neglect is a mandatory referral for CPT
• Florida definition is directly from the American Academy of Pediatrics
• As with general neglect, seldom is there a single cause of medical neglect

Medical neglect is a subset of general neglect
Medically complex children are a subset of medical neglect
**MEDICALLY COMPLEX:**
**LEAST RESTRICTIVE & MOST NURTURING ENVIRONMENT**
The child protective investigator (CPI) does not have to determine if a child is “medically complex” – the health care professionals do this. However, it is very important for the CPI to understand that the statute now says a child who is medically complex must be provided supports and services as necessary to be maintained in the least restrictive and most nurturing environment.

**CONSEQUENCES OF MEDICAL NEGLECT:**
- Death
- Frequent Hospitalizations
- Physical Suffering
- Emotional Suffering
- Poor Quality of Life
- Long-term Adverse Effects

**FAMILY ENGAGEMENT & THE REFERRAL TO THE CHILD PROTECTION TEAM**
All cases involving allegations of medical neglect must be referred to the local child protection team. The law specifies that the investigator must “promptly contact and provide information” to the CPT and that the child must be evaluated by the CPT “as soon as practicable.”

The CPI must try to build rapport and trust with the family and people who know and support the family. The CPI must seek information about their strengths and resources and demonstrate respect as they exist in their community and culture.

The CPI must empower them with information about the local child protective team, what the team’s role is, and how the team will help to identify if the child has any immediate medical needs, with the priority of maintaining the child in the home if the parents are able to meet the child’s needs with additional services.

If the family refuses involvement with the CPT, then the Children’s Legal Services (CLS) attorney may need to consider a motion to compel.

**CASE STAFFING**
The CPI must convene a case staffing upon receipt of the CPT report. The purpose of the staffing is to consider, at a minimum, available services. There are mandated participants for this staffing:
- CPI
- CLS
- CPT member who evaluated the child
- Children’s Medical Services
- Agency for Health Care Administration
- Community-based care lead agency
- And providers associated with the child
INFORMATION GATHERING

Maltreatment
• What has the parent done to treat the injury/condition?
• Why did the parent not seek care or did not follow medical advice for on-going treatment?
• Does the child have a primary care physician?
• Are primary care records available? (child’s growth and development, past medical history, concerns for noncompliance by the primary care physician, missed appointments, delay in immunizations)
• Does the child have prescribed medication? And does the child take non-prescribed medication?
• What are the emotional and physical symptoms?
Note: All medical neglect allegations must be referred to the local child protection team. Medical neglect is a medical diagnosis and a medical decision.
Note: The local CPT has access to hospital records related to the alleged abuse and/or neglect. CPT can access any child in a hospital. CPIs can assist by obtaining other non-hospital related records.

Circumstances Surrounding the Maltreatment
• What is the history of maltreatment?
• What is the parent’s expectation of outcome without quality medical care?
• What is the parent’s insight into child’s medical issues and the parent’s willingness to compromise?
• Does the parent trust medical professionals?
• Is the parent aware of the specific signs or symptoms in the child that could indicate follow-up medical care is needed for the injury or illness?
• Does the parent have belief systems inconsistent with Western medicine?
• Is there a pattern of neglect (chronic, multiple priors, were services provided, did family make any changes)?
• How does the parent explain the maltreatment?
• What contributors to neglect are present?
  ➢ Child: young age, chronic illness, disability, difficult temperament, teen rebellion
  ➢ Parent: mental health, substance abuse, low IQ, limited parenting skills
  ➢ Family: single parent, father uninvolved, poor housing, overcrowding, poverty, family chaos
  ➢ Professionals: doctors, social services, courts
  ➢ Community: social isolation, not safe, lack of transportation, lack of available health care
  ➢ Society: lack health insurance, lack of enforcement of laws, cultural, religious beliefs

Parent Functioning
• What information about parent functioning can be learned from collateral contacts (teachers and school staff, neighbors, other family members, reporter)?
• What are the strengths of the parent?
• What is the parent’s willingness to accept services?
• Is the parent experiencing guilt or fatigue?
• Is mental illness and/or substance abuse interfere with normal caregiving?
• Can the parent read? What is the parent’s level of intellectual functioning?
• Do they seem to have the capacity and willingness to change?
• Is the parent anxious, overprotective, limit child’s contact, fearful of child getting sick, injured?
• Are there language barriers?

**Child Functioning**
• How is child functioning in school? Among peers?
• Is the child bonded with the parent?
• Does the child reject or refuse medical care (particularly relates to adolescents)?
• Does the child use illness to gain attention?
• Does the child use illness to deflect family conflict?
• Does the child believe he/she will “fit in” better with peers if they are not ill?

**Parenting General**
• What other neglect issues might be in play?
• What is the physical environment of the home (home safety checklist)?
• Is there lack of access to health care professionals?
• Is the parent experiencing conditions of poverty and economic hardship?
• Are there geographic constrains to care (long distances and lack of transportation)?

**Parent Discipline**
• How does the parent discipline the child when the child is well? When the child is ill?
• What approach does the parent use to manage the child’s behavior that could be symptomatic of the illness or a side effect of medication?
• Does the parent’s use of discipline associate with the child’s developmental stage?
• How does the parent discipline the child if the child rejects or refuses medical treatment?