

# Failure to Thrive Policy

## SCOPE OF THIS CHAPTER

It is important to emphasise that in situations of failure to thrive, effective communication between involved professionals and families is essential if children are to be adequately protected.

In all circumstances where failure to thrive is thought to be due to a lack of appropriate care then child protection procedures must be followed.

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### 1. Definition

Failure to Thrive occurs when a child fails to achieve their expected growth and development for their age, having regard to their birth weight, medical history and family growth history.

Although there may be a medical cause, some children who fail to thrive have no organic disorders. This often occurs in the overall context of emotional deprivation and [Neglect](#); therefore, the child not only fails to grow but fails to develop intellectually and emotionally.

Children with medical disorders, which affect their growth, may also be neglected.

### 2. Recognition

Recognition that a child is failing to thrive depends upon regular monitoring of the child's growth and the alertness of professionals and carers to the realisation that growth is not progressing normally.

In a proportion of cases, this may be associated with other features such as developmental delay.

Older children can also fail to thrive. Health assessments of school age children, for example by Public health nurse (school nurses) or Healthy Child Programme Nurse (HCPN), may reveal impairment of a child's growth. Medical checks are less frequent for older children and, therefore, professionals need to be very alert to the problem in this age group. (If the weight falls over 1 major percentile, this constitutes a cause for concern and the weight should continue to be checked. If the weight falls over 2 major percentiles on two consecutive occasions - a referral for a medical opinion must be made).

### **3. Referral for Medical Assessment**

Preschool children who are failing to thrive will initially come to the attention of a Public Health Nurse (health visitor). The PHN (HV) should consider, after discussion with the parents, referring the child to the GP for a medical assessment.

When failure to thrive comes to the attention of staff working with children, for example, in a Children's Centre, nursery or school, after discussion with the parents, the child should be referred to the GP for a medical assessment. The Public Health Nurse (HV or SN) or HCPN should also be informed of the referral.

If at any stage there is significant concern on the part of any staff working with children about a particular child's growth or development, then early referral for a medical assessment must take place.

The GP will arrange to see the child and assess from a medical point of view, whether there is any obvious cause for the child's failure to thrive. This will include an assessment of the child's growth and development, and may involve a referral for a specialist paediatric assessment.

If a child is referred to, or presents to a Paediatrician with failure to thrive, he/she should undertake an assessment of the child, including assessment of the child's growth and development, to determine whether there is any obvious cause for the child's failure to thrive.

If, at any time, there are concerns that the child has suffered or is likely to suffer [Significant Harm](#) as a consequence of the failure to thrive, the situation should be discussed with the relevant Children's Social Care Services Team Manager and a referral made in appropriate cases under the **Referrals Procedure** (All professionals must confirm verbal and telephone referrals in writing within 24 hours of being made).

#### **4. Management of Risk**

If it is considered that a child's failure to thrive is not severe and that advice to the parents or carers regarding diet and support to the family should result in an improvement in the child's growth, then it is appropriate for this action to be taken. Progress must be monitored within a set timescale. Prolonged monitoring should not take place at primary care level if no significant progress is being made. In this situation the opinion of a Paediatrician should be sought.

When continued monitoring of a child's growth and development takes place because of concerns about failure to thrive, there must be effective sharing of information and it must be clear to all professionals concerned and parents/carers what action they are required to take and when. This monitoring will usually take place under the **Early Help Assessment Procedure**.

Close monitoring and regular review should take place and specific timescales should be set. The younger the child, the more critical the timescales - as brain growth is occurring at a significant rate, and therefore, longer timescales may not be adequate to safeguard and promote the child's welfare.

#### **5. Communication and Liaison**

It is essential that when children are seen outside the primary care setting including where children are seen by Paediatricians, that a letter recording the assessment and discussion with parents and plans for future management is sent to the GP, and copied to other involved professionals and if relevant, Children's Social Care Services.

Effective management of children who are failing to thrive requires timely and effective communication between professionals and family.

#### **6. Child Protection Referral**

If at any time there is concern that failure to thrive is, or may become, a child protection issue and that the child has suffered or is at risk of suffering Significant Harm, then the situation should be discussed with Children's Social Care Services and if appropriate a referral to Children's Social Care Services must be made under the **Referrals Procedure**.