Multi Agency Learning Review
Briefing Note for Agencies in relation to Child S

1. Introduction

This is the fourth briefing note completed by the NCSCB in response to learning from a multi agency learning review process. The aim of the briefing is to share key learning across the NCSCB partnership to inform frontline practitioners of the issues identified by the review and learning that can be applied to improve practice.

2. How this document can be used

- Please read this document carefully and consider the learning in respect of current families you are working with.
- Keep this document in a handy place to support easy reference in future work.
- Take this document to team meetings and share with colleagues.
- Use this document in supervisions for reference and to support case management/reflective practice.

3. Case Summary

Child S died at the age of 7 years as a result of a severe medical condition. Several agencies were working with Child S and the family to offer support at home and with medical treatments. The family did not always attend medical appointments, or have medication available to Child S when it was needed. Child S was frequently rushed to hospital for emergency treatment. In the 12 months preceding death Child S had four admissions to hospital, two of which were to Intensive Care.

The family also faced other difficulties in relation to domestic abuse, resulting in instability, house moves and spending some time in a refuge. The sibling of Child S was considered to present difficult and challenging behaviour.

4. Findings

- The extent and complexity of the health issues in this case were not fully understood by all practitioners supporting the child and family. This created a different perception of risk and areas for priority in their work.

- The **impact** of the missed appointments was not considered within the case; the focus became more about the reasons, resulting in the impact being overlooked.

- The presence of a specialist medical professional served to reassure non-medical staff that the health needs were being addressed, rather than highlight the level of concern.

- Meetings conducted to support the family were not always as effective as they could have been and did not address the risk of Child S's medical needs not being met

- There was a lack of challenge of the parent and an over reliance on self reporting

- Extensive activity, input and support to the family was not achieving effective change.

- Assessments completed did not effectively address the individual needs of all children in the household or lead to a robust care plan for Child S.

5. Key Learning

The need for **clear and explicit language** to be used in relation to risks associated with complex medical conditions.

- The need for all assessments to be very clear about needs arising from medical conditions, and the risks associated with any failure by the parent to engage or comply with treatment. The use of a **Danger Statement** is a good tool for identifying the level of risk and communicating this to other non-medical practitioners and parents. More information about Danger statements can be found on the Children's Partnership website http://www.nottinghamcity.gov.uk/ics/index.aspx?articleid=23918

- The value of using **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.

- Effective, two way communication must occur between Children's Social Care staff and medical staff where there are concerns regarding the neglect of a child's medical needs

- Practitioners should consider the use of discharge planning meetings for children with complex medical conditions where there is a pattern of admissions to hospital.

- The need for practitioners to think differently about the established term '*did not attend'* and consider it within a framework of; '***was not brought.'*** For practitioners to consider carefully 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.

- There is a need for greater understanding across the workforce of medical neglect*. This need to be strengthened within the definitions set out in the NCSCB procedures.

Definitions:

Medical neglect *: This involves carers minimising or ignoring children's illness or health (including oral health) needs, and failing to seek medical attention or administrating 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)

* Neglect of a medical condition