



MANCHESTER SAFEGUARDING
CHILDREN BOARD

Manchester Safeguarding Children Board

Learning Report Child K1 SCR

December 2017

Learning Report

This report summarises the key learning points from the serious case review (SCR) of a child, referred to as Child K1, and has been written as a learning tool for agencies and practitioners.

An SCR is not an investigation intended to attribute blame, but rather to identify what went wrong in this case and how similar failures can be avoided by learning from this case.

Who is Child K1?

Child K1 was three years old at the time of death, following an asthma attack in June 2016. At the time, Child K1 had been diagnosed with brittle asthma and was on a Child Protection plan for neglect. Child K1 was living with father and paternal grandmother who was their main carer at the time of death.

Child K1 was a well-loved little child who developed asthma at an early age, becoming severely unwell very quickly on a number of occasions. Child K1's grandmother acted appropriately to those acute occasions, calling 999 and initiating CPR. Child K1's home environment however was not conducive to good asthma management, and whilst Child K1's grandmother was provided with the support to enable change to happen, professional attempts to promote that change were largely unsuccessful.

Why was the SCR carried out?

The criteria for a SCR – abuse suspected and serious harm to the child – were met and a commissioning meeting was held at which it was agreed that the review should cover the period from the 1st January 2016 to June 30th 2016. However, what was known of Child K1's history prior to that time was used to inform review findings where appropriate.

The SCR panel identified the following key areas to be explored as part of this review. They were:

- To gain an improved knowledge of neglect and the role of smoking and poor home conditions (dirt, clutter) in exacerbating illnesses such as asthma, thereby increasing the risks of illness and death.
- To gain an improved understanding of current research and findings around smoking and environmental factors and their effect.
- To gain an improved knowledge of the management of cases where neglect factors may impact on chronic health conditions.
- To gain a better understanding around the concept of when care is/is not good enough for the needs of a specific child and how this should inform case planning.

What did the SCR find?

Areas of good practice were identified within the analysis of practice; however of particular note is the prompt and very appropriate response by the ambulance service to Child K1's home conditions.

The report identifies what asthma is and the impact of Environmental Tobacco Smoke (ETS) (also called passive smoking second-hand or third-hand smoke) and dirty home conditions can have on a child's health.

The findings listed below deal with how this impacted on the management of Child K1's care:

- Professionals provided care in line with nationally agreed guidance, however this did not adequately take into account the safeguarding concerns (i.e. the impact of smoking and poor home environment) and the need to further escalate the case.
- Health professionals have a lead role to play in ensuring that professionals working with a specific family have a better understanding around the concept of when care is/is not good enough for a child who has a chronic illness or disability and how this should inform case planning.
- Neglect is a recognised category of abuse, however in this case the professional understanding was not sufficiently sophisticated as to the kind of behaviours that constitute neglect and their impact on children with chronic health conditions.

Further, the review concluded that:

The incidence of childhood asthma in Manchester is the highest in the country, an unsurprising statistic when one considers the social and economic deprivation and the high incidence of smoking. It is therefore important to consider the impact of this on both families and the services providing support when caring for children with asthma and concerns in relation to possible neglect.

Neglect is particularly difficult to manage, as it occurs over time and care can improve and then deteriorate. It is even more so when a child has a chronic illness or disability. In this case one aspect of neglect came from smoking. A habit that whilst socially unacceptable is not treated in the same way in the UK as many other harmful and addictive substances, the emphasis being on enabling smoking cessation.

The assessment of the risk of neglect in such cases needs to be clear and explicit between both professionals and the carers and between professionals themselves, taking into account the risk of smoking triggering or exacerbating asthma on a child by child basis. In Child K1's case unless there had been a period when they had not been exposed to ETS in particular it is impossible to identify the impact this had on their asthma.

Identified Learning Points:

- Role of fathers – Child K's father's role in caring for Child K1 was not seriously considered or supported resulting in professionals being unclear of his ability to care for his child or receiving the support he may have required.
- Information sharing between and within agencies was not always in line with good practice. This resulted in professionals not having all the information available when assessing the risk to Child K1.

Recommendations to MSCB:

- The MSCB ensure all agencies are aware of, and compliant with the current MSCB Neglect Strategy.
- MSCB and Public Health prioritise staff training thus increasing knowledge around the management of smoking cessation, including how to reduce the impact of ETS on vulnerable children and adults.
- Commissioners of Services ensure current education and advice in relation to asthma management be updated to comply with current NICE Guidance.
- NICE be contacted and asked to consider whether the impact of ETS could be more explicitly recognised and linked to safeguarding within their Asthma Guidance.
- Lead health professionals be identified for all children who have a chronic health problem or a disability in line with current good practice, with clear and robust communication systems in place to ensure effective sharing of information.
- Medical staff be reminded of the need to clearly identify the risks and impact on children when liaising with CSC; the need to provide clear evidence based reports which include parental strengths and weaknesses; and when unable to attend child protection meetings, ensure that their report and concerns are represented by another health professional.
- The MSCB include as part of their audit programme a review of professionals' engagement with all those with parental responsibility, with a particular focus on fathers' and whether they are always appropriately included and involved in decision making relating to their child/children.
- The MSCB to be assured that effective processes are in place to share and receive information from housing providers when any family assessments are being carried out.
- The MSCB to seek assurance that a robust pathway is in place to support practitioners in primary care to participate in the child protection process and that this audited to assess improvement.

Additional Resources:

1. NICE QUALITY STANDARDS FOR THE DIAGNOSIS AND MANAGEMENT OF ASTHMA
<https://www.nice.org.uk/guidance/qs25>

2. Further resources are available from the resource hub of the MSB website:
www.manchestersafeguardingboards.co.uk in particular resources on:

- Neglect
- Smoking related issues
- Acute health conditions
- Escalation
- Disguised compliance