

**7. What should I do next?**

- [Link](#) to Birmingham Right Help, Right Time
- [Link](#) to Solihull Threshold document
- [Link](#) to Request for Support form – Birmingham
- [Link](#) to Multi-Agency Referral form - Solihull

**6. What else should I consider?**

Professionals need to be aware of the correlation between poor parental management of medication for children with chronic health conditions such as asthma, and wider childhood neglect.

Parents (or carers) who misuse substances may have a range of complex needs and may also be experiencing mental health problems or domestic abuse. This “multiplicative” impact of factors can increase risk of harm to children and even result in a child’s death.

If a parent is funding an addiction or is under the influence of drugs or alcohol, they are unlikely to be able to meet a child’s physical, emotional, developmental, or medical needs consistently and this requires a holistic assessment of the child’s health and social care needs. A referral to Children’s Services is required in this situation.

Professionals must communicate their concerns with each other to promote safety and wellbeing of all members of the household.

Professionals should seek timely safeguarding / child protection advice if they are concerned about a child.

**5. Learning for Primary Care**

If a parent requests nebulas for a child GPs need to ask where the nebulizer came from and discuss the treatment and risks with the family.

Prescribed Nebules for children should only form part of an agreed asthma plan with the child’s local hospital.

When children frequently attend hospital with poorly controlled chronic illnesses and / or are not brought for check-ups and treatment this should prompt further discussion with other professionals including health visitors, school nurses, the hospital, and children’s social care.

Children with asthma need an annual face to face asthma review and a personalised asthma plan including how to recognise an asthma attack and what to do.

A “think family” approach is required taking into consideration a parent’s mental health and / or addictions and potential impact upon the child

**1. Background**

Hakeem, a 7-year-old boy died alone in the back garden from an asthma attack. There were concerns about significant neglect of Hakeem – he didn’t go to school often; he was unkempt and “shabby”. He wasn’t taken to hospital appointments, and he was often not taken to his GP appointments.

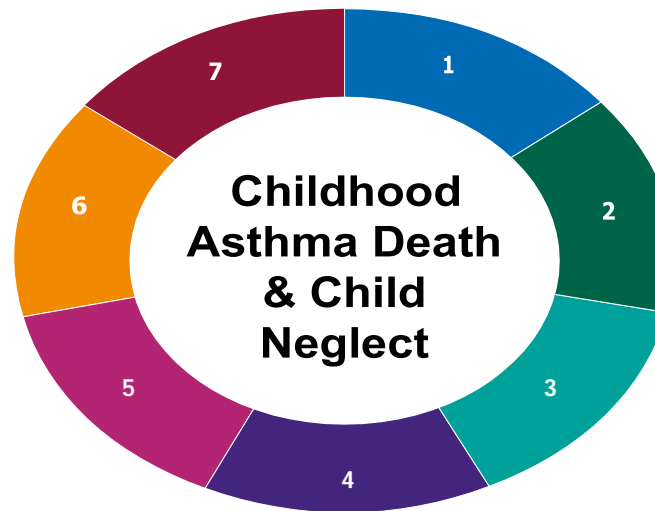
Hakeem’s mother was a drug user, and this impacted upon her ability to care for him safely and manage his asthma.

Hakeem’s mother collected daily supervised methadone from the pharmacy but there was a pattern of missing methadone doses which were not communicated with other professionals.

Hakeem’s mother repeatedly requested emergency medication (inhalers) from the pharmacy without Hakeem being reviewed at either the Hospital or the GP. Hakeem’s mother was using the inhalers to make a homemade pipe to smoke crack.

Hakeem’s mother often presented to professionals as challenging and obstructive, and this was a barrier to Hakeem having his asthma properly assessed and managed. Hakeem’s mother could be “volatile”, and this prevented engagement.

**7-minute briefing – 01.09.2022**



**Childhood Asthma Death & Child Neglect**

**4. Learning for Pharmacists**

When a parent repeatedly requests emergency medication for chronic health conditions think about the reasons why? Are there wider issues for the parent such as drugs or alcohol misuse and / or mental health which is impacting upon the parent’s capacity to safely parent the child?

If a parent is also attending the pharmacy for supervised methadone the impact of missed doses and a broader “think family” approach needs to be taken:

Contact: [SIAS - Solihull](#) / [CGL - Birmingham](#)  
Or your local Drug / Alcohol Addiction Service.

Communication between the pharmacist and the child’s GP is essential if there are any patterns or concerns about under prescribing or over prescribing or frequent requests for emergency medication.

**2. Childhood Asthma**

Whilst asthma can be managed through medication, poorly managed asthma can be serious and sometimes fatal for a child.

Involving parents is key to medicines optimisation.

Parents who use drugs, drink excessive alcohol and / or have chaotic lifestyles may struggle or be unable to adhere to a medication regime.

There needs to be timely, robust information sharing amongst professionals who are involved and working with the child and their parents / carers. There must be an asthma treatment plan in place which is regularly reviewed.

**3. The Lived Experience of Hakeem**

What did Hakeem say to professionals?

- “I am 5% happy, 100% angry and 1000% scared.”
- “I do not get dinner, sometimes breakfast or lunch but not on a weekend.”
- “I am hungry and scared.”
- “I don’t wash as there is no money for gas and electric.”
- “Mom sleeps all day, and no one takes me to school, I look after myself most of the time.”

Consider what was life like for Hakeem day to day? Who managed his asthma and kept him safe?

**For advice and support, contact your organisation’s Safeguarding Team**