

Learning Lessons from Serious Cases Briefing Note for Team Meetings

“I take care of myself whilst mum is asleep!”

September 2022

Background



This briefing focuses on chronic childhood neglect and parental substance misuse, which tragically led to the death of a seven-year-old child following an asthma attack in November 2017. Three older children had previously been removed from the care of the mother due to drug misuse, poor home conditions and domestic abuse being an ongoing feature in the children's lives. Throughout the child's life there was sporadic multi-agency involvement with the family resulting in him and his older siblings previously having been made the subject of Child Protection Plans. The last Child Protection Plan for this child commenced two days prior to his death. In April 2022, the child's mother was convicted of manslaughter by gross negligence and four further counts of child cruelty and was sentenced to 20 years imprisonment.

Key Learning

- There was confusion by professionals around significant harm thresholds for neglect where a child has a chronic medical condition that is being poorly managed by a parent.
- There was a lack of joined-up thinking and communication between the school addressing the child's non-attendance with children's social care, which resulted in the organisations not being sighted on the daily lived experience and extent of the neglect that the child was experiencing.
- Professionals failed to consult the birth father or inform him of the growing concerns for his child's welfare resulting in them not adequately taking account of his ethnicity and background, alongside the potential for extended family support or wider engagement and support from the family's wider community.
- There was a lack of professional awareness around the risks and appropriate use of medication for children with asthma resulting in a failure to identify patterns of over-prescribing of inhalers and use of asthma medications that may indicate parental drug misuse.

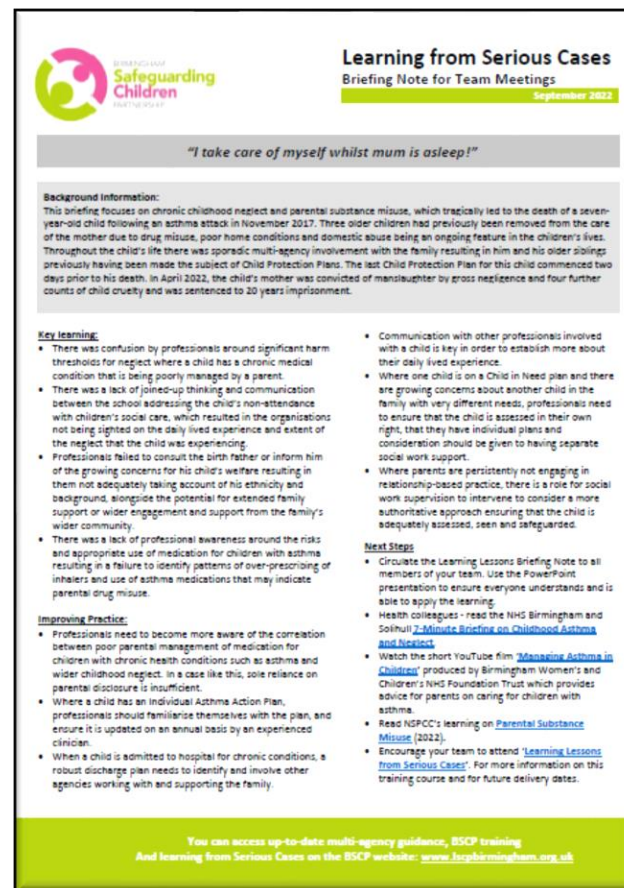
Improving Practice




- Professionals need to become more aware of the correlation between poor parental management of medication for children with chronic health conditions such as asthma and wider childhood neglect. In a case like this, sole reliance on parental disclosure is insufficient.
- Where a child has an Individual Asthma Action Plan, professionals should familiarise themselves with the plan, and ensure it is updated on an annual basis by an experienced clinician.
- When a child is admitted to hospital for chronic conditions, a robust discharge plan needs to identify and involve other agencies working with and supporting the family.
- Communication with other professionals involved with a child is key in order to establish more about their daily lived experience.
- Where one child is on a Child in Need plan and there are growing concerns about another child in the family with very different needs, professionals need to ensure that the child is assessed in their own right, that they have individual plans and consideration should be given to having separate social work support.
- Where parents are persistently not engaging in relationship-based practice, there is a role for social work supervision to intervene to consider a more authoritative approach ensuring that the child is adequately assessed, seen and safeguarded.

Next steps

- Circulate the Learning Lessons Briefing Note to all members of your team. Use the PowerPoint presentation to ensure everyone understands and is able to apply the learning.
- Health colleagues - read the NHS Birmingham and Solihull [7-Minute Briefing on Childhood Asthma and Neglect](#).
- Watch the short YouTube film '[Managing Asthma in Children](#)' produced by Birmingham Women's and Children's NHS Foundation Trust which provides advice for parents on caring for children with asthma.
- Read NSPCC's learning on [Parental Substance Misuse](#) (2022).
- Encourage your team to attend '[Learning Lessons from Serious Cases](#)'. For more information on this training course and for future delivery dates.



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Key learning:

- There was confusion by professionals around significant harm thresholds for neglect where a child has a chronic medical condition that is being poorly managed by a parent.
- There was a lack of joined-up thinking and communication between the school addressing the child's non-attendance with children's social care, which resulted in the organisations not being alerted on the daily lived experience and extent of the neglect that the child was experiencing.
- Professionals failed to consult the birth father or inform him of the growing concerns for his child's welfare resulting in them not adequately taking account of his ethnicity and background, alongside the potential for extended family support or wider engagement and support from the family's wider community.
- There was a lack of professional awareness around the risks and appropriate use of medication for children with asthma resulting in a failure to identify patterns of over-prescribing of inhalers and use of asthma medications that may indicate parental drug misuse.
- Communication with other professionals involved with a child is key in order to establish more about their daily lived experience.
- Where one child is on a Child in Need plan and there are growing concerns about another child in the family with very different needs, professionals need to ensure that the child is assessed in their own right, that they have individual plans and consideration should be given to having separate social work support.
- Where parents are persistently not engaging in relationship-based practice, there is a role for social work supervision to intervene to consider a more authoritative approach ensuring that the child is adequately assessed, seen and safeguarded.

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You can access up-to-date multi-agency guidance, BSCP training and learning from Serious Cases on the BSCP website: www.lscpbirmingham.org.uk