East Sussex Safeguarding Children Partnership

Learning from Reviews
Child T

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Introduction

- Sensitivity of the content
- Hindsight bias
- Move towards practitioner and manager involvement
- Increased focus on the ‘why’ and not the ‘what’
- No blame culture
- Purpose is to identify the learning to improve practice
- Seek a window on the wider system

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Child T

- Published June 2019
- Available on the ESSCP website - ESSCP Case Reviews

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Child T

- Child T died in hospital when he was 18 years old
- He lived with his Mother and was an only child
- Child T had type 1 diabetes, diagnosed at aged 13
- He was not in education, employment or training
- History of lack of engagement with diabetes treatment
- History of missed appointments
- Had been in hospital for three months
- Neglect and self neglect were identified
- His death was sudden and unexpected

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Learning areas

Child's Lived Experience

- Prior to admission to hospital there was limited consideration of the child's lived experience when professionals were working with the family. Trust was placed on what Mother was saying without considering the impact on Child T, and without speaking to him directly about his life.
- Mother's avoidant behaviour was not effectively identified or challenged. This was a risk in a case where Child T had a potentially life-threatening health condition.

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Transition

- At times of transition there can be increased risk for children with serious health needs. However it provides a good opportunity to seek and share information, reassess, re-engage and put plans in place for the child's future care and support.
- Professionals need to remember that a person is a child until they are 18 years old. Appropriate safeguarding supervision should be sought and children's procedures followed.

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Persistent DNA/WNB and neglect

- Despite processes being in place to identify neglect when a child is DNA/WNB, they were not used in this case, and a lack of professional curiosity and ownership of the case led to on-going neglect of/by Child T.
- All 16 and 17 year olds being treated within adult health services should be subjected to children's safeguarding procedures if the need arises.

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Persistent DNA/WNB and neglect

- Schools and colleges should seek information from health professionals and share concerns they have for a child's health. It is noted that NICE guidelines place the emphasis on health professionals, however education staff should also take the initiative and responsibility. A joined up approach is essential.
- Non-health professionals should understand more about the impact of diabetes on children, including the links between mood and blood sugar levels and the wider emotional impact of the condition.

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Self-neglect and capacity

- There is a need for all professionals to understand inherent jurisdiction and when it should be considered in relation to safeguarding concerns involving self neglect and coercion and control in adults.

- There is a need for robust application of the Mental Capacity Act with service users who are between 16-18 years old.

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Plans and working together

- Any unexpected death of a person, where neglect or abuse may have been a contributory factor, should be referred to the police.

- Where there is more than one agency involved with a child and there are concerns, the professionals involved have a responsibility to initiate a plan that is written down and reviewed as necessary that outlines the expectations of professionals and family.

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Plans and working together

- Where there are concerns regarding self-neglect, the hospital multi-disciplinary team (MDT) has a responsibility to implement the Safeguarding and Self Neglect procedures at the earliest opportunity and to consider the involvement of an independent advocate where coercion and control is suspected or known. Mechanisms and processes to enable this need to be considered and applied including provision by the MDT of case specific multi-agency planning and risk assessment meetings to develop an action plan to mitigate identified risks.

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Conclusions

- ‘Shocking’ level of neglect/self-neglect
- lack of willingness to accept support, but also the lack of professional persistence and awareness
- In hospital there was insufficient awareness of the gravity of this case
- Need for communication from and to health professionals
- 16-17 year old children

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Recommendations

- The report is shared with the ESSAB.
- The ESSCB and ESSAB must ensure that the learning from this review is extensively shared and, through a quality assurance process, ensure that the required improvements have been made. This could include the key single agency learning identified in the IMRs.
- That the ESSCB makes a formal request to the Department of Health that the NICE guidance regarding service provision for children with diabetes is reviewed to ensure that education providers are also invited to take responsibility and the initiative in ensuring that appropriate diabetes education and practical information is in place for school and college age children.

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Recommendations

- That the ESSCB makes a formal request to the Department of Education that the guidance for supporting children with medical needs in schools is reviewed to include clarity regarding the need for education providers to take responsibility and the initiative in ensuring that appropriate diabetes education and practical information is in place in school and colleges.
- The ESSCB and its partner agencies to ensure that any child with a serious health condition has a written down multi-agency plan to coordinate and review the child's health care and support needs.