Childhood Asthma Death and Child Neglect

Safeguarding Bulletin

Integrated Care System
Nottingham & Nottinghamshire

Childhood Asthma and Neglect

- Asthma is one of the most prevalent long-term conditions for children in the UK, with 1 in 11 children being diagnosed
- The UK has one of the highest prevalence, emergency admission and death rates for childhood asthma in Europe
- In 2015, The Royal College of Physicians, looked at deaths from asthma between 1 February 2012 and 31 January 2013 in the UK and published a report (NRAD4) **This report found that two in three deaths from asthma could be prevented.**
- Whilst asthma can usually be managed with medication, poorly controlled asthma can be serious and sometimes fatal for a child. Involving parents is key to management
- Child maltreatment, including medical neglect, is a known contributor to the development of asthma and a barrier to its proper management. Parents with multiple vulnerabilities such as substance misuse or chaotic lifestyles may struggle or be unable to adhere to a medication regime.
- Where there are concerns there needs to be timely, robust information sharing amongst professionals who are involved and working with the child and their parents / carers.

Every child should have an asthma treatment plan in place which is regularly reviewed and available to all carers and professionals who care for the child.

What should I do next?

Contact a child's GP or asthma clinician if you are concerned that their asthma is not being managed / that they are missing school because of their asthma.

- If you come in contact with a child (or children) who have asthma, there is free national training available: Supporting Children's Health and Young People with Asthma (educationforhealth.org)
- If you are worried about the safety of a child or young person in Nottingham City: Worried about a child
- If you are worried about the safety of a child or young person in Nottingham County: Worried about a child
- Complete the Nottingham and Nottinghamshire Child and Young Person's Neglect Toolkit For assisting in the identification of Child Neglect: toolkit

Considerations for all agencies involved with the child / young person

- All professionals need to be aware of the correlation between medical neglect, including poor parental management of medication and / or not being brought for appointments, and wider childhood neglect
- A 'Think family' approach is paramount to consider parents factors which may be impacting on the child including mental health, domestic violence, and substance misuse. Whatever the parental needs focus on the child must not be lost, including understanding their daily lived experience
- Professionals must communicate their concerns with each other to promote safety and wellbeing of all members of the household. Parental consent should usually be sought but should not be a barrier to information sharing if there are safeguarding concerns
- Professionals should seek timely safeguarding / child protection advice if they are concerned about a child.
- Professionals should always consider if concerns about harm reach the threshold for a new referral to Childrens Social Care, this includes children who already have a social worker

Consider what life is like for a child or young person day to day. Who manages their asthma, or supports them to develop their own skills to manage their own condition as they head towards adult care? Who keeps them safe?

Local children said about their asthma:

"Living with asthma and growing up with asthma was horrible",
• "I was always afraid of getting in the ambulance. I was always scared of it. It would make me panic, which would make the asthma attack worse"
• "I missed a lot of school. I missed 2 weeks every time I had an asthma attack and went to hospital."

For advice and support, contact your organisation's Safeguarding Team

Learning for Health

- Children with asthma need at least an annual face to face asthma review in primary care and a personalised asthma plan including how to recognise an asthma exacerbation and what to do. This should be copied to anyone who has caring responsibilities for the CYP and school. They should also be reviewed soon after discharge if they are admitted with an exacerbation.
- Primary care should have a system for reviewing prescription compliance with preventer medication and / or frequent requests for reliever medication
- CYP with ongoing asthma symptoms not controlled by initial treatment steps should be referred for a secondary care review (see Nottingham/shire referral guidelines for paediatric outpatients from primary care)
- When children attend hospital with a poorly controlled long term condition and /or are not brought for appointments this should prompt further consideration and communication with other professionals which may include health colleagues, school designated lead, and / or children's social care.
    - If a parent requests nebules for a child, GPs need to discuss the treatment and risks with the family and liaise with secondary care paediatrician to ensure prescribed nebules form part of an agreed asthma plan

Learning for schools

- Every child with asthma should have an asthma action plan, including what to do if symptoms worsen in school, that has been developed with a trained clinician and this should be shared with the school.
- Staff should receive training by a school nurse or asthma nurse on how to deliver this plan including any inhalers used by children in their school.
- If a child has poorly controlled asthma, they should be under a paediatrician and school should be able to access advice from a paediatric asthma nurse who can support with management in school.
- If children are frequently missing school, or symptomatic, as a result of long-term condition school should have professional curiosity and work with other professionals to consider if there are other indicators to suggest abuse or neglect

Learning for pharmacists

- When a parent repeatedly requests emergency medication for long term health conditions think about the reasons why? E.g., frequent requests for Salbutamol
    - Are there wider issues for the parent such as substance misuse and / or mental health which is impacting upon the parent's capacity to safely parent the child?
- 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.
- 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:
    - Consider contacting your local Drug / Alcohol Addiction Service.
- Salbutamol Nebules for a child should be questioned to ensure there is a secondary care plan to endorse these.