

This briefing has been produced for all multi-agency staff working with children and their families. This briefing sets out to share important information and learning from the Child LW Serious Case Review (SCR) carried out in Lancashire in 2019/20. The full SCR report is available [here](#).

This SCR was in response to an adolescent who died due to poor compliance of the management of Diabetes Mellitus.

The child's journey

- Experience of domestic abuse and split family from an early age.
- Child LW living between 2 homes with half sibling on a Child Protecting Plan (CPP) as living with domestic abuse at mother's house and 3 children at father's house on CPPs for neglect.
- When living with father Child LW was subject of an unsubstantiated criminal assault.
- Child LW developed Diabetes Mellitus age 15 years – parents not fully engaged with health plans and poor treatment compliance resulted in a number of emergency hospital admissions. Referrals to Children Social Care (CSC) were not responded to and not escalated.
- Child LW not in school or any other form of education and continued to witness domestic abuse.
- Child seriously ill at final admission and referral made to CSC for poor compliance and homelessness.
- Homelessness addressed but poor compliance is left unresolved with concerns not escalated.
- Child LW was found unresponsive in the early morning of his 17th birthday by a family friend and died 3 days later in hospital

Main Key Learning Themes:

Diabetes mellitus in adolescents.

- **Diabetes is a life-threatening illness** which requires treatment management to promote wellbeing.
- Child and family assessment should form part of the initial medical assessment when first diagnosing life threatening conditions to ensure that treatment plans will be effective.
- Parental support in situations where an adolescent is dealing with a life-threatening condition is essential and children have a legal right to expect this.
- Beware of and recognise disguised compliance. Good record keeping essential to reflect agreements.
- Schools should escalate safeguarding issues to a more senior level in Children Social Care when there is a difference of opinion.
- When children have contrasting behaviours between hospital and home, with hospital being the most positive, this should alert staff that all is not well at home and Early Help Assessment (CAF) should be commenced.
- In cases where parents refuse consent for a CAF, this should be an alert to escalate concern and to convene a multiagency professionals meeting to consider if threshold for intervention has been met.
- It is essential that medical neglect is understood and taken seriously in all situations. Good communication between Specialist Consultants and social workers is essential.
- The support of Designated Doctor and Nurse is also essential in cases where there is agency conflict around meeting section 47 threshold.

Medical neglect

Medical Neglect can be defined as a parent's failure to provide adequate medical or dental care for their child, especially when it is needed to treat a serious physical injury or illness. In some cases, this can also include a failure to provide for psychiatric care if the child needs it.

Impact of adverse childhood experience (ACE).

- ACE's are stressful or traumatic experiences that can have a huge impact on children and young people throughout their lives.
- **Finding the ACE's** and being aware of parental, children/adolescents past trauma can help professionals to work with children and their parents and alleviate toxic stress.
- Social Workers should check out new information about any child (including adolescents) where there are rising concerns about their health and/or wellbeing when they are part of a family network where their siblings have child protection plans in place.
- **Working with ACE's** - There are 6 key principles to a trauma informed approach:
- Safety/ Trustworthiness and Transparency/ Peer Support/ Collaboration and Mutuality/ Empowerment Voice and Choice/ Culture, Historical and Gender Issues.
- It is important for schools to understand the nature of a child's poor school attendance in order to effectively address it.
- The rights of children to receive an education should be preserved in the best interest of the child.
- **Hear the voice of the child** - Agencies must plan together and work together to improve the chances of making a difference for vulnerable adolescents and younger children.

Adolescent Neglect and Safeguarding

- Cases of suspected medical neglect should not be managed by any one agency alone.
- A referral of medical neglect to MASH should automatically trigger a multiagency strategy discussion/meeting.
- **The problem with adolescents** is that they can present as an "imperfect victim" and may be hard to engage, uncooperative and appear ungrateful, which makes addressing their needs complex.
- **Adolescents are entitled to the same levels of protection** as any other child and this includes the accommodation of a child.
- Any form of prejudice based on age should be challenged and avoided.
- When parents refuse support from CSC, this should be viewed with caution and a risk assessment of "no further action" should be considered taking other agency views into consideration.
- **Domestic abuse** should be considered alongside other forms of risk which coexist with the child and family before referrals to MASH are closed.
- The accumulative impact of persistent ongoing domestic abuse should be viewed as high risk.

Adolescent Safeguarding Top Tips:

- Expect adolescents to be difficult, challenging and minimising or they may use disguised compliance – *Remember it is not personal, it is to do with their stage of development.*
- Hear the voice of the adolescent and explore what they are telling you. When they say they are fine their world may be falling apart - *Be professionally curious they expect it of you.*
- When asking important questions ask more than once and check out on another occasion - *By the time you've asked multiple times they may be ready to tell you what is happening or how they feel.*
- Show willingness to stick by them and to see or speak to the child again - *Adolescents need you to show you care and are available for them on their terms*
- Adolescents with life threatening illness and concerns of medical neglect are extremely vulnerable – *Consider their need for protection as one would for a baby with a possible non accidental injury.*

Thank you for the work that you do every day to support and safeguard children