

Learning from Rapid Reviews

Medical Neglect and Diabetes Management

Review Background

A rapid review was undertaken following a Serious Incident Notification in which a child was admitted to hospital in a critical condition suffering an episode of Diabetic Ketoacidosis (DKA). Although the young person was currently living with family, the child was known to Childrens Services and had spent time in foster care. This was not the first DKA episode.

Learning: Professional Knowledge

- A greater understanding is required for non-medical professions of Type 1 Diabetes and Diabetic Ketoacidosis including the significance of its effects both physically and mentally on the child and their family and the level of care required. Particularly when there are already concerns regarding the quality of the parenting.
- Medical neglect as a risk factor is less developed than neglect more generally. It is important that for any child or young person where there are medical needs, that this is an essential part of the discussion.
- Grade Care Profile 2 assessment should be considered where neglect is a feature, including potential medical neglect, as a support aid for parents.
- A 'Think Family' approach should always be taken to ensure the needs of all members of the household are supported, which in turn improves outcomes for the children.
- Care planning and support plans must be outcome focussed, based on a shared understanding of the situation for the child.

Learning: Foster Carer Support

- First time foster carers (prior to placement and ongoing) should receive high level training and support, particularly when a child has complex medical needs.

Learning: Effective Escalation

- Professional challenge should be used when there are concerns around medical management, including an understanding of worries, and when to escalate.
- Where there are repeat hospital admissions for any child and young person, there needs to be a multi-agency meeting to discuss the situation, in line with multi-agency child protection procedures. Colleagues should challenge if this does not happen.



Learning: Effective Communication

- Medical professionals should provide clear information to the multi-agency network particularly when there are complex medical needs to ensure all professionals can understand the gravity of the situation and the lived experience of the child/young person.
- Local Health Trusts will review and discuss handover procedures for complex cases of children and young people, to ensure that responsibilities are clear, and that full, and detailed conversations take place to enable colleagues to fully understand the historic and current situation for the family, especially where there is children's social care involvement.
- Consideration must always be made to initiate a Strategy Meeting, even if a child is known to Children's Services (and on a Child in Need Plan or Child Protection Plan) if additional information is provided or an additional incident occurs. A timely multi-agency conversation should take place to ensure the multi-agency team understands the impact on the child.

Information and Resources for Practitioners

- [SSCP Website - Neglect](#) (Strategy, Pathway and Tools)
- [West Midlands Regional Procedures - Neglect](#)
- [West Midlands Regional Procedures – Strategy Meetings](#)
- [SSCP Escalation Procedures](#)

For up-to-date safeguarding advice and guidance:

- [SSCP Website](#)
- [West Midlands Child Protection Procedures](#)