



Royal Brompton & Harefield

NHS Foundation Trust



Safeguarding and Difficult Asthma

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Background

- Approximately 40 children a year are referred to the RBH for assessment of problematic severe asthma (PSA).
- The aim of the assessment is to determine which children have contributing remedial factors which if identified can;
 - Prevent more invasive investigations
 - Prevent ‘beyond guideline’ treatment
 - Prevent hospital admissions
 - Improve quality of life



Background cont.

- Increasing amount of time is being spent safeguarding children including;
 - Liaison with social workers, schools, other professionals
 - Completing referrals
 - Coordinating / attending professionals meetings
 - Completion of chronologies
 - Coordinating admissions for observation



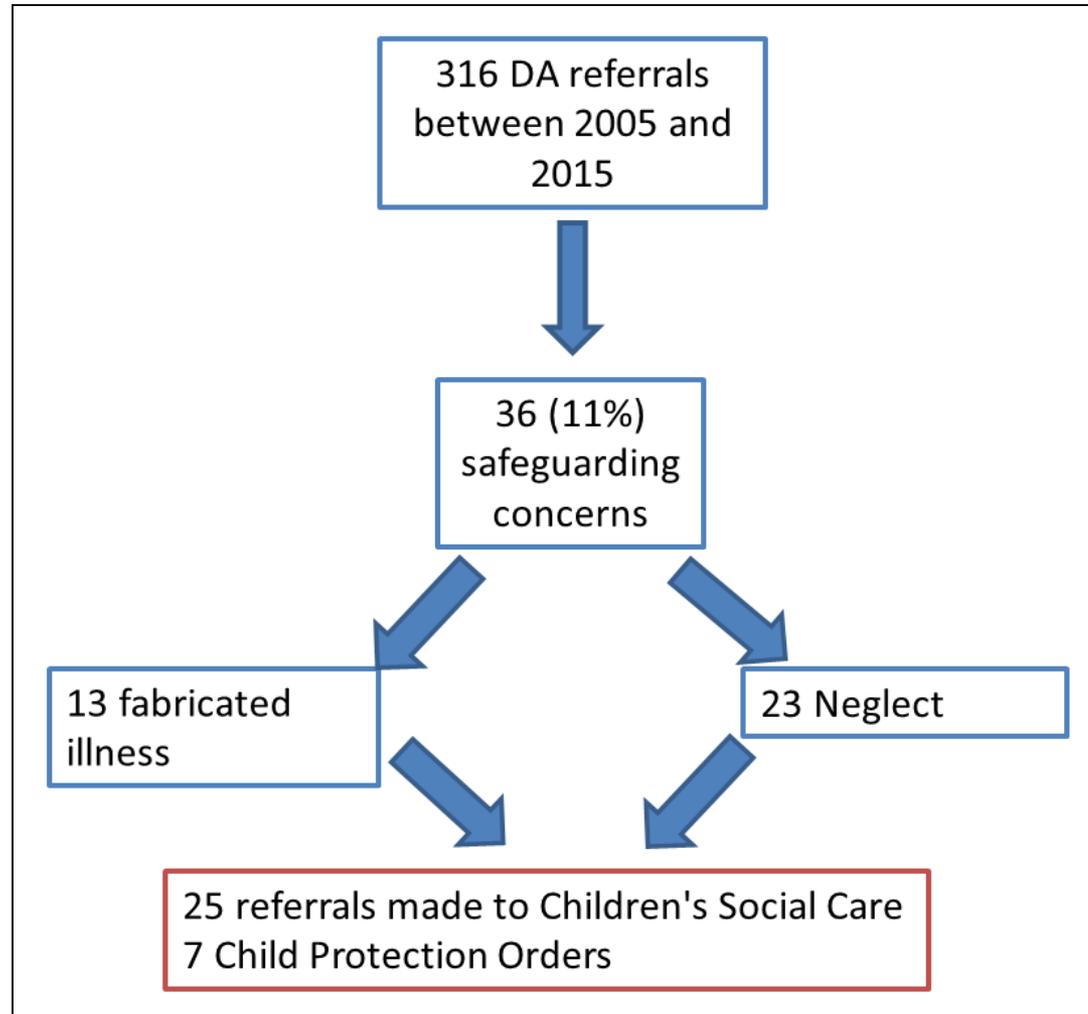
Aim of audit

- To retrospectively review 316 children who have undergone assessment for difficult asthma at RBH
- We categorised the reasons for safeguarding concerns into risk factors for Fabricated Induced illness (FII) and Neglect
- Neglect to include
 - Poor engagement with professionals
 - Poor symptom perception
 - Symptom over reporting
 - On-going smoke exposure
 - Obesity
 - Poor school attendance

Aim of audit cont.

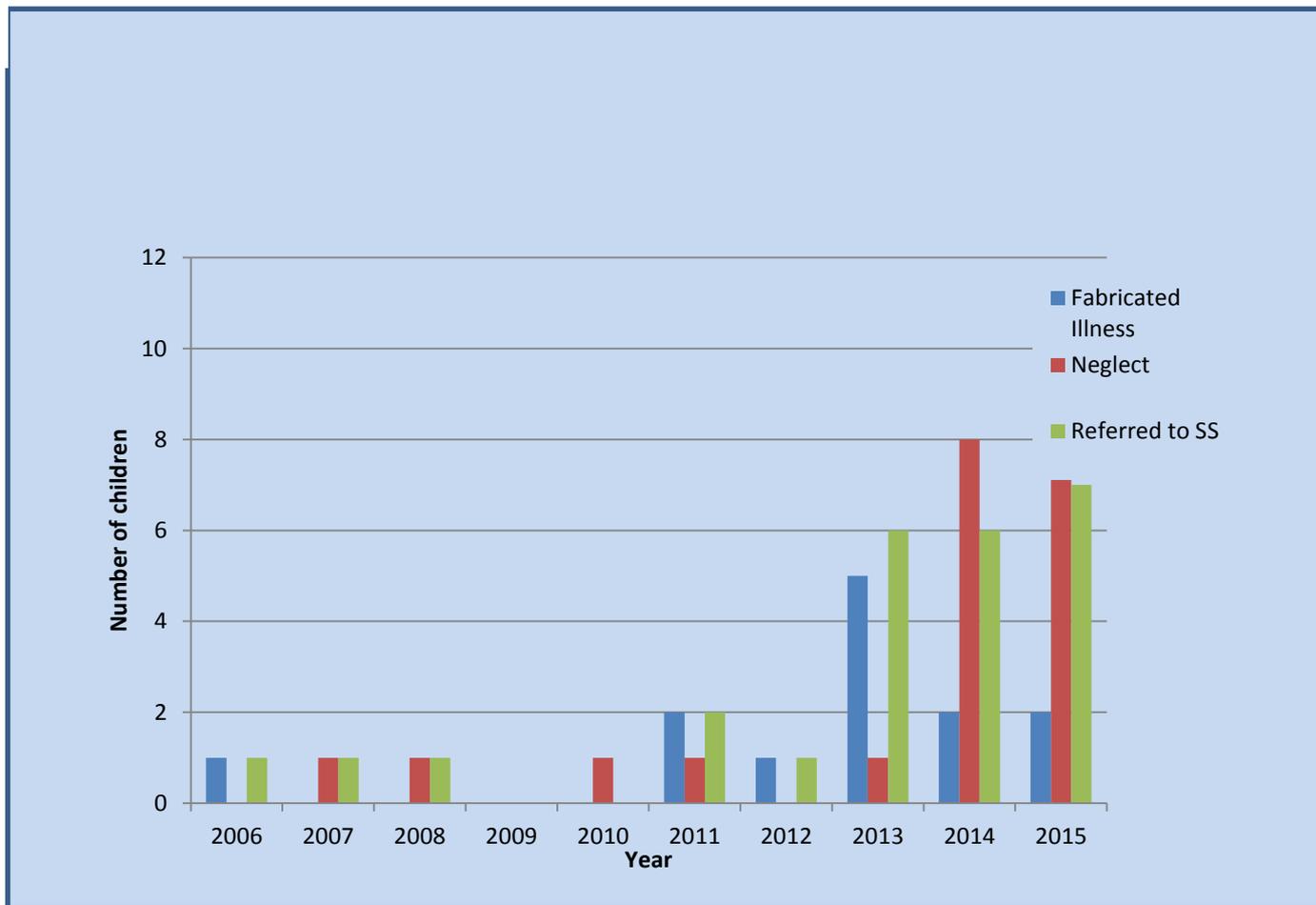
- Risk factors for FFI
 - Asthma symptoms/severity don't fit with objective measures
 - Multiple different hospitals and professionals involved with the same family
 - Story doesn't fit with what school / other professionals report
 - Reluctance to attend for more specialist tests and admissions
 - Poor school attendance or home schooling

Results of Audit





Numbers of children with identified safeguarding issues





Case study

- 11 year old boy referred for DA assessment
- Poor lung function (FEV1 <50%)
- Although child attended routine clinic OPA's he DNA'd several stage 1 assessment dates
- Mother did not answer her telephone or reply to emails
- Opportunity taken to complete Stage 1 assessment at a routine clinic OPA
 - High BDR, Eno 100ppb,
 - Poor prescription uptake
 - Mother reported being depressed and anxious and previously know to social services due to domestic violence
 - Mother would not allow Home visit giving reasons of not being able to take time from work or that they were temporarily living with friends as she felt too unsafe at home

Case Study cont.

- School contacted
 - ‘mother not very caring’
 - Difficult getting mother to bring in inhalers
 - Concerns that child and younger sibling were often hungry
 - ‘Safeguarding concerns but not enough for a referral to CSC’
- Social Services Contacted
 - Confirmed that family previously known to SS for domestic violence
- Following MDT discussions referral to CSC made
 - Social worker assigned ascertained that mother was about to be evicted due to rent arrears
 - Mother was not seeking appropriate help to arrange alternative accommodation
 - Mother informed that she must engage with medical professionals and case closed

Case study cont.

- Continued to have poor asthma control
- 2 week planned admission arranged
 - Arrived with poor PEF and high eNO, BDR
 - Asthma symptoms improved during 2 week period
 - Mother visited twice during 2 week admission (she reported not being able to take time off work)
 - Ward and hospital school staff raised concerns about behaviour? Felt that he was a 'carer' for mother and younger sibling e.g. did all the cooking
 - Was seen by psychology
 - Mother advised that we continued to have concerns about her level of engagement esp. in view of her minimal visiting
 - Child was collected by grandmother at end of admission
 - Plan to do a home visit the following week as per the DA protocol and assess for any deterioration in PEF's and increase in symptoms
 - DOT arranged

Case study continued

- Home visit cancelled by mother
- Eventually re-scheduled and visit took place by CNS and clinical psychologist
 - Mother prioritised her needs during visit
 - School called during visit requesting anti-histamine brought into school as child suffering and had not taken it that morning
- Mother did not seek GP help for her anxiety / depression
- Mother did not bring anti-histamine into school
- Family were evicted and moved in with grandparents
- Child DNA'd 2 x OPA's (now 4 months since admission and not been reviewed)

Case study cont.

- Re-referral made CSC
- Social worker wasn't able to engage with Mother however Family is living with grandparents who are involved in child's care
- Social Worker will keep case open however feels there is a protective factor
- Recently reviewed in clinic. LF and Eno better



Conclusion

- It's important to consider safeguarding in the assessment of children with PSA
- Increasing numbers of children with safeguarding concerns amongst our DA cohort in line with increasing awareness?
- Increasing amount of time is being spent safeguarding children
- Addressing safeguarding issues is a time consuming but vital role in the management of PSA