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Child HN Case Review: A Safeguarding Practice Report

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1. Introduction

In the article Local Child Safeguarding Practice Review (LCSPR) Child HN, it is indicated that the organization of chronic health conditions, especially Type 1 diabetes, among adolescents is crucial and requires improvement unequivocally. The review examines the shortcomings of various agencies that were engaged in treatment and support of Child HN who was a young boy diagnosed of Type 1 diabetes and was subsequently hospitalized with an almost fatal condition. The review will help to obtain insights into the gaps in the multi-agency response, specifically, issues with the family, the problem of medical neglect, and the significance of early and effective intervention (Townley, Grace, and Keidar). Child HN has Type 1 diabetes, which was diagnosed at the age of 11. His health was hard to control, especially on the fact that he is a teenager and there is dynamic relationship in his family. In spite of the activities of different professionals aimed at the assistance, the delays and failures of timely coordination of services occurred and contributed to the mismanagement of his diabetes (Firmin et al.). The case study can serve as a valuable learning experience on practice protection and how important it is to have strong engagement between agencies and be better acquainted with the lived experiences of children living with chronic conditions (Malomo).

2. Background of the Case

Child HN starts his story in Worcestershire where he lived with his mother, Ms. HN, and his siblings. The family had been seeing continuous instances of domestic abuse and the Class A drug use and verbal disputes by the father puts the children in a stressful and volatile situation (Copeland). The influence of such a domestic environment on the emotional states and health of Child HN cannot be overestimated. In addition, the COVID-19 pandemic also complicated the situation by ensuring that professionals could not develop significant relationships with the family, thus making it challenging to assess their needs (Baginsky and Manthorpe). Child HN was diagnosed with Type 1 diabetes at the age of 11 and this is a disease which he must manage his whole life and watch every day. Nevertheless, according to the usual pattern with teenagers, the treatment plan compliance became problematic. The frequent problems included absenteeism in healthcare appointments, insulin injection refusal, and the lack of ability to manage his ailment at home (Ball et al.). These problems were compounded by the already poor state of the family in which Ms. HN felt overwhelmed by her duties and was having trouble with sustaining a regular care regime towards her son (Dixon et al.). On July 2022, the family took refuge in Herefordshire because the safety concerns started to grow. The agencies in Herefordshire were not promptly informed about the arrival of the family, and the medical and social needs of the Child HN were not met within the needed time despite the move (Lin). Inability to inform concerned agencies of the movement of the family led to serious lapses in supplying the family, making the challenges that the family was going through even more problematic (Race and Frost).

3. Key Learning Areas

3.1 Management of Type 1 Diabetes

One of the greatest problems with this case was the inappropriate treatment of Type 1 diabetes that Child HN developed, and this situation has culminated in the near-fatal case of Diabetic Ketoacidosis (DKA) in March 2023. Additionally, it could have been prevented by more regular observation and timely actions (Malomo). The review emphasizes the need to be engaged early and continuous in dealing with the child and the family in the event of chronic conditions (Baginsky and Manthorpe). The interagency model involved in the management of the diabetes of Child HN was not well coordinated leading to poor response and poor care provided (Firmin et al.). Lack of proper communication between health professionals and social workers caused a disjointed strategy, writing down the necessity to provide children with chronic conditions with the holistic and consistent support (Tuakli-Wosornu et al.).

3.2 Cross-Border Working and Information Sharing

One of the significant issues in this case was that communication between Herefordshire and Worcestershire agencies across the border did not work. The transfer of the vital information did not take place when the family of Child HN relocated to a refuge at Herefordshire which led to delays in attending to the needs of the child. The children services in Worcestershire were notified that they could still offer supportive services to Herefordshire, but Herefordshire Children Social Care (CSC) was not informed early enough in order to make the required interventions. This poor

coordination meant that the medical and social needs of Child HN were poorly satisfied (Baginsky and Manthorpe). The review suggests that the multi-agency transfer protocols need to be reinforced so that the timely information transfer across the limits of local authorities is performed to guarantee that the children with chronic health problems, such as diabetes, acquire the necessary care promptly and regularly (Ball et al.; Lin).

3.3 Medical Neglect and Parental Barriers

The problem that is examined in the review is the question of medical negligence concerning the case of Child HN. Although it was evident that Ms. HN was not able to manage the diabetes of her son because of the stressful situations such as domestic abuse and emotional fatigue, it was not clear whether her problems amounted to medical neglect or not. There were divided opinions among the professionals, some considered her negligent, and others felt that the reason was as a result of several obstacles, such as the fact that she also had psychological health (Dovigo). The case focuses on the necessity of the comprehensive knowledge of medical neglect in children with chronic diseases (Race and Frost). When collaboration with families, professionals will have to be more investigative, particularly in dealing with irregularities in the management of the health of a child, and find the root to the problem, that is, parental barriers (Russell and Higgins). The review established that the problem of the medical neglect was not acknowledged, and future training and awareness were required to detect and address medical neglect in all children with long-term health issues (Firmin et al.; Tuakli-Wosornu et al.).

3.4 Understanding the Child's World

An important thing about this case is that there is no paper that understands what Child HN lived. As the review progresses, it will appear that professionals did not take full interest in getting to know Child HN and would categorize him as being difficult to engage or uncooperative without enquiring as to the cause of his actions. Children affected with chronic conditions that face teenagers and adolescent children, find it hard to articulate their needs, especially when they are dealing with emotional distress. In the given case, Child HN should not use services and prefer to continue without interactions, but his choice pointed to more profound emotional and psychological challenges, such as his diagnosis of diabetes and his poor household environment (Driscoll et al.). This review is significant in the fact that constructing useful relationships with children is important, especially in situations where a child tends to hide his/her emotions. Professionals should always be persistently flexible, and creative by engaging with the teenagers by taking time to know their world and their viewpoint (Race and Frost). There is possible to do this via often and diverse interactions, such as one-on-one sessions and home visits, as well as communication with the child in settings that these children feel secure (Ball et al.).

3.5 Working with Families

The issue of butting heads with agencies increased the difficulties Ms. HN was facing in the management of her son to treat diabetes. Although Ms. HN has made more than one attempt to seek help, such as calling the GP, and dialing 999 in the response to the health status of her son, she believed that her appeals to receive help were not responded to promptly. The consequence of this slow reaction and unclear support offered to the family led to the disappointment of the system in the eyes of the family members (Firmin et al.). The review celebrates the value of collaborating with the families to learn about their special needs, and to extend customized help. Practitioners need to support a family-centered approach where they consider the nature of the situation in the family as multi-faceted and offer more responsive, flexible support (Dixon et al.). This can involve alteration of services to suit the family needs, giving practical advice and being proactive in resolving barriers to care (Malomo). To cope with the health and well-being of their children, families with various stressors require prompt and quality aid (Porter et al.).

4. Case Review Findings

The results presented in this review highlight the tremendous inadequacies in coordination and service delivery to Child HN and his family. The most important findings are bad communication between agencies, ineffectiveness in understanding the complexities of the needs of Child HN, and the delay in responding to his health problems. Another aspect of medical neglect that is pointed out in the review concerns the ignorance of medical neglect when it comes to chronic conditions and the necessity of a more detailed method of measuring and remedying the parents (Baginsky and Manthorpe). The review proven that the agencies involved did not ensure the successful management of the family move to Herefordshire and they did not share information on important aspects of the medical history of Child HN on time. This culminated into failures in treating his diabetes management demands before it was too late to do so, would have been achieved with better organized care. It was also discovered in the review that the professionals could not interact well with Child HN and his family and missed important chances of knowing their needs and offering right support in time (Lin).

5. Recommendations for Improvement

The review offers some suggestions that should be better in enhancing practice and systems to protect children with chronic health conditions. There is a recommendation that the procedures of information sharing between local authorities on cross boundaries should be reinforced to making sure the needs of children are taken care of at once when cross-border families are involved. Moreover, medical workers should be more proactive and inquisitive when examining cases of medical neglect in children with chronic illnesses and make sure that every obstacle to effective treatment is detected and eliminated (Ball et al.). As another suggestion made by the review, agencies should have a more integrated approach to children and family engagement and have the voice of the child heard and the experienced version acknowledged (Tuakli-Wosornu et al.). There is a need to make the practitioners to understand more the families, and one ought to provide them with flexible and personalized support to meet their individual requirements. The value of multi-agency interventions can hardly be overestimated as they are critical in ensuring that the needs of children are satisfied without causing any needless delays (Russell and Higgins).

6. Conclusion

Child HN case is a valuable example that shows a sobering fact about the plight of children in the situation of chronic illnesses, especially when they have to live in the hardships of given family circumstances. The communication and support breakdowns, along with coordination, proved devastating to Child HN in this scenario, as it would have been averted and handled with more time to avoid it. The lessons out of this review should be used to enhance better protection practice and systems so that every child gets to grow with the care and support he or she needs. By being more comprehensive, coordinated, and empathetic, we will be able to prevent such cases in the future and make sure that every child, especially chronic ones will be provided with the care and means that they need to live healthy and happy lives. The recommendations given in the review are a clear roadmap on the way to improve the safeguarding and health management of the children with chronic conditions and how to create a better system to know and fulfill the needs of the vulnerable children and their families.

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