

Circumstances – What Happened

- A 10-year-old was admitted to hospital with significant constipation and later deteriorated. They were taken to theatre where it was found that they had perforated their bowel and a stoma was required. They required subsequent paediatric intensive care support. Whilst constipation is common in children, perforation is extremely rare. There was no underlying medical cause for the constipation and in the context of appropriate treatment and advice being offered by health care professionals, this represented neglect. Had appropriate medication been given, this life altering event could have been avoided
- They had been treated for constipation for a number of years and intermittently presented to urgent care services or the GP with exacerbations including abdominal pain and sometimes vomiting. Appropriate treatment was offered but non-compliance with the management plan did not appear to be considered
- Referrals were made to the continence service, but the young person was not brought and was subsequently discharged.
- It was evident within education that the constipation was impacting on their day-to-day life. A number of referrals were made to Social Care raising concerns that the young person was not being given their medications. Assessments were undertaken but did not seek the views of the GP directly or from the referrer. It was not felt that there was any evidence to support the concerns and the case was closed.

Links to National/ Themed Guidance

[National review into the murders of Arthur Labinjo-Hughes and Star Hobson](#)

highlighted similar concerns around information sharing, robust critical thinking and understanding the daily life of children.

[Child Safeguarding Practice Review Panel: annual report 2022 to 2023](#)

Case studies and key messages with relevance to parental capacity, children with medical conditions and professional curiosity.

Partnership Learning Points

- MASH health and Primary Care (GP's) should have an information sharing agreement in place so that information can be shared by GPs.
- Agency checks lacked analysis by both the providers and the receivers. The LA request for information sharing form will be reviewed and modified to ensure that analysis is provided.
- There was a lack of recognition that the condition was not being managed appropriately, including medications not being given and a lack of curiosity surrounding the impact on the child, including their education.
- The neglect toolkit will be reviewed to ensure that it prompts consideration of the relevant factors regarding medical neglect and the partnership will consider a training event on medical neglect. The partnership will seek to strengthen links and develop the working relationship between education (schools) and Primary Care (GP's) to improve understanding of sharing information around health concerns.
- There was an inadequate response to Was Not Brought/Non-Engagement and this will be explored further by the partnership.
- Carer accounts were accepted without challenge or further exploration (more weight given to accounts by non-resident parents)

Agency Specific Learning

Generic: If agencies are aware of barriers to using the neglect toolkit, this should be feedback to

*** If you require an audio descriptive version of this Learning Brief, please contact the NCSCP business office:**

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