

Learning from SCRs/LCSPRs -Part 2

# COMPLEX HEALTH NEEDS

Managers workshop 19 May 2021



# Programme

9.00-9.10	Introduction - complex health needs
9.10-9.30	Case review exercise (break out groups)
9.30-9.45	Feedback
9.45-9.55	Medical neglect
9.55-10.00	Next steps

*Links to resources are in the presentation*



# What are complex health needs?

Generally, a child or young person may have a complex health needs for one of the following reasons:

- **Congenital**

In instances where a child is born with either a diagnosed or an undiagnosed congenital condition that is likely to necessitate a continuing care need.

- **Long-term deteriorating conditions**

Children and young people with complex, deteriorating conditions.

- **Life-limiting and life-threatening conditions**

Can be defined by the following four categories:

1. Life-threatening conditions for which curative treatment may be feasible but can fail - such as cancer or congenital heart disease.
2. Conditions where premature death is inevitable but where there may be prolonged periods where the child is well - such as Duchenne muscular dystrophy.
3. Progressive conditions without curative treatment options, such as Batten disease.
4. Irreversible but non-progressive conditions causing severe disability, leading to susceptibility to health complications and likelihood of premature death – such as severe brain injury

# contd/complex health needs

- **Sudden unexpected need**

Accidents or after-effects of serious illness or injury can result in a child or young person suddenly developing complex health needs, requiring a package of continuing care to return home.

- **Learning disabilities**

A learning disability may mean that the child/young person has a significantly reduced ability to understand new or complex information or to learn new skills, with a reduced ability to cope independently (impaired social functioning), which has a lasting effect on development.

- **Rare / genetic conditions**

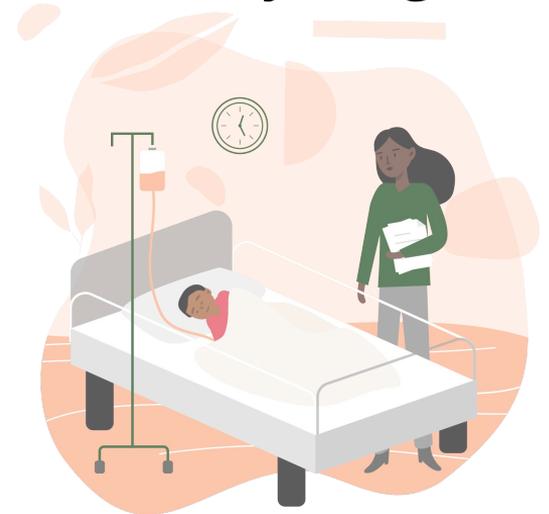
There will be cases where there is a lack of definitive clinical diagnosis (or a definitive diagnosis cannot be made in a timely way).

- **End-of-life care**

Where a child or young person has complex health needs that require the input of end-of life services, and may need the support of specialist palliative services.

# contd/complex health needs

- Pre- birth diagnosis
- Health and medical care needs - continuing care packages and integrated health and social care support
- Advances in medicine, more disabled children and young people with severe complex needs are surviving to adulthood.



# Exercise - in breakout groups

- 1) Pick a complex health need case scenario
- 2) What are your immediate thoughts on the reasons for the referral/incident?
- 3) What do you think were the messages of learning and recommendations to improve practice?

# Feedback

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- 1) What were your immediate thoughts on the reasons for the incident?
- 1) What do you think were the messages of learning and recommendations to improve practice?

# Reflections

- Lived experience of the child
- Additional parenting and different skills
- Engaging with hostile and difficult to engage parents

# Medical neglect -definition

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The child's health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident.

Infancy: 0-2 years

Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.

Pre-school: 2-4 years May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints

Primary: 5-11 years

Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention

Adolescent: 12+ years

Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services.

# SCR learning on complex health needs

- The lack of an allocated Lead Professional a recurring theme
- Information sharing within and between services.
- Lack of direct outcome focussed interventions.
- Insufficient consideration of whether presenting factors were evidence of non-compliance or neglect.
- Seemingly low level concerns are difficult to assess as a single agency and in isolation, making the use of supervision and multi-agency approaches essential.

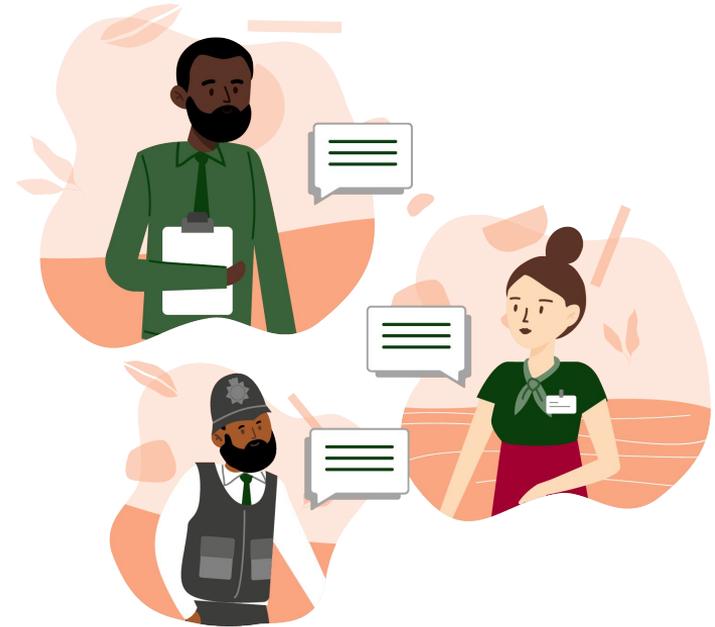
# How to find out more

For the full case details, summary of learning points and recommendations from the reviews - see NSPCC case review repository (links to published reports about complex health needs are at the end).



# How you can make use of the learning from the complex health case reviews

- Discuss the case studies with your team;
- Read the full reports and reflect on the learning;



# References

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To access the full report visit the NSPCC case repository, and here are the links:

[Child R](#)

[Child X](#)

[Case studies](#)

[Child Safeguarding Toolkit - complex health need \(cystic fibrosis\)](#)

[E-learning module on learning from SCRs](#)