North Yorkshire
Safeguarding Children Partnership

7 point briefing

Child T - The importance of using interpreters to ensure parents know how to recognise if their child's health is deteriorating and what action to take

November 2023

1 Context

Child T was an 8 year old child with Cerebral palsy who was admitted to hospital following diagnosis of a severe chest infection and dehydration. Child T was also severely malnourished; his weight was the equivalent of an average 1 year old. The Paediatricians caring for Child T were clear that had urgent medical attention not been sought he could have died.

2 Background

- Child T, his parents and siblings had arrived in this country 2 weeks prior to his admission. They were seeking asylum and had reached the country through unofficial channels following what was undoubtedly a long and difficult journey. The parents had very limited English language skills.
- The family initially presented at a service station out of area where the police recognised Child T had a disability and was possibly unwell. Ambulances services were called and through use of Language Line Child T was assessed. It was determined that Child T had a long term condition and that urgent medical care was not required.
- Immigration services arranged emergency accommodation for the family in North Yorkshire. Within 24 hours the Welfare Support Officer (WSO) for the accommodation had completed an induction for the family. In light of Child T having cerebral palsy, which meant he was immobile and unable eat solid food, a referral was submitted to North Yorkshire MAST; the referral stated a score of 0 on the Signs of Safety indicating there was significant concerns for his wellbeing. However, the narrative was brief and did not highlight why there was an immediate risk of harm. Due to the subsequent bank holiday period the referral was not screened for 5 days, once screened the case was allocated to Early Help.
- 6 days after Child T's arrival his parents expressed concern to the WSO that Child T had a chesty cough and no appetite. The WSOs recommended the family should attend the local emergency department (ED). Child T was initially seen by the Out of Hours GP service who appropriately referred him on to the ED doctors. The family were accompanied by an adult, who was referred to as a family friend who the family were using to interpret. Child T was assessed, he was noted to have shortness of breath and was small for his age. A chest x-ray showed he had a chest infection and oral antibiotics were prescribed; he was discharged home.
- 5 days after this first Emergency Department attendance and based on the earlier referral made by the WSO, a Children and Families Worker (CFW) visited the family and recognised Child T was very unwell. Child T was transferred to hospital by ambulance. At this point the significance of his condition was recognised and he received appropriate treatment

3 Tasks/Challenges

- **Language barriers and not appropriately using of interpreting services:** Not using an interpreter meant the assessment on the first visit to the Emergency Department was limited and robust safety netting advice could not be given.
- Greater professional curiosity is required around children with disabilities to ensure that new health concerns are not overlooked because they are assumed to be part of the child's disability.
- Child T was not weighed during his first Emergency Department attendance and therefore the significance of his low weight was not known

4 Good Practice

- The WSO carried out an induction of the family within 24 hours of arrival and initiated GP registration
- The WSO did recognise that Child T had additional needs and made a referral
- The CFW visited promptly and recognised how poorly Child T was and took prompt action
- The CFW followed their own agency's policy that allowed photographs to be taken of Child T (with his parents' permission) and his medications which allowed the severity of his condition to be understood
- Appropriate interpreter services were used by Yorkshire Ambulance Service, by the WSO, FCFS and by the hospital on the second presentation

5 Updates

Child T and his family have since been moved to a neighbouring Local Authority area where they have been provided with suitable accommodation. Child T was transferred to the acute hospital in that locality to make it easier for his family to visit. Assessment of his needs are ongoing and appropriate support is in place. North Yorkshire Disabled Children's services have transferred Child T to the relevant disabled services in the local area.

6 Actions

- The hospital which Child T attended have completed an internal review which has identified a number of areas of improvement which include ensuring use of interpreters to facilitate a comprehensive holistic assessment and accurate recording of a child's demographics to allow attendances to be linked
- Work has been carried out to ensure the WFS understand how referrals to MAST are processed, the importance of supporting concerns with appropriate details and the likely timeliness of responses dependant on information provided.
- Greater professional curiosity around children with disabilities to ensure that new health concerns are not overlooked because they are assumed to be part of the child's disability.

7 Resources professionals may find useful:

Language Line Services (languageline.com/uk/interpretation)
Framework for Decision Making/ Threshold Guidance: NYSCP (safeguardingchildren.co.uk)
One Minute Guide to Making A referral: NYSCP (safeguardingchildren.co.uk)