

Asthma is the most common long-term medical condition in children in the UK, with around 1 in 11 children and young people living with asthma. The UK has one of the highest prevalence, emergency admission and death rates for childhood asthma in Europe. Outcomes are worse for children and young people living in the most deprived areas. Asthma is a long-term condition but can be perceived as a mild disease and research shows that it is often not taken seriously enough. A study showed that 1 in 6 people in the UK do not know the condition can be fatal. Everyone who works with children – including teachers, GPs, nurses, midwives, health visitors, school nurses, family support practitioners, early years professionals, youth workers, police, A+E staff, paediatricians, voluntary and community workers and social workers – ALL have a responsibility for keeping them safe

## Key Messages and Red Flags



**Early years and childcare.** Children who have poor attendance, and/or need their reliever (blue) inhaler more than twice a week could have poorly controlled asthma.



**Education** Children with asthma should be able to fully participate with school activity. Poor attendance in school can indicate poor asthma control. Children should have an asthma management plan with access to their reliever (blue) inhaler at school. Children using their reliever inhaler more than twice a week or waking at night once a week or more can indicate suboptimal asthma control.



**Housing** . Social deprivation and poor housing quality are strongly associated with asthma morbidity. Children in poor quality housing with damp, poor air quality, poor heating or poor ventilation need to be considered for rehousing where possible.



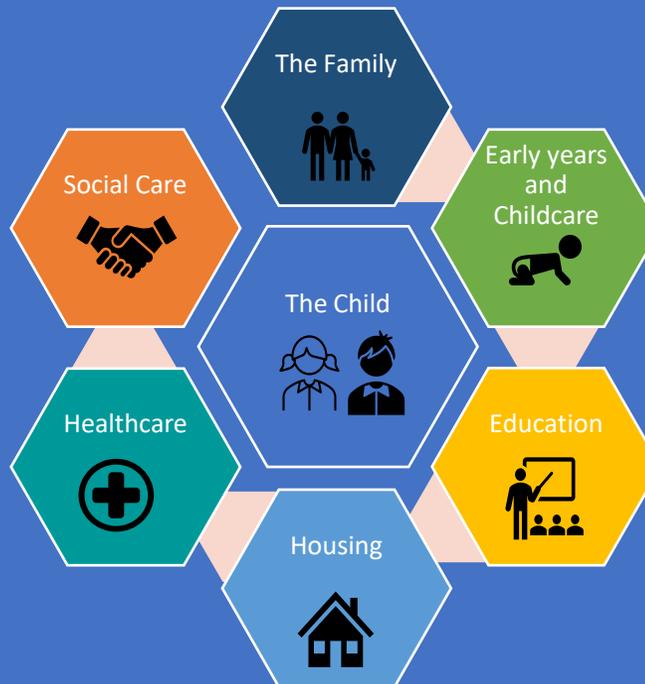
**Health care.** There is a risk of severe or life-threatening asthma attacks for children who

1. Frequently attend hospital or out of hours for emergency care of their asthma and/or are not brought for their asthma reviews.
2. Children who are requiring three or more reliever (blue) inhalers in 12 months.
3. Children who have evidence of poor adherence with their preventative medication.

**These can all be an indication of child medical neglect.**



**Social care** Professionals need to be aware of the correlation between poor parental management of chronic health conditions such as asthma and wider childhood neglect



**“A child centered approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families”**

## What to do if you have concerns about a child

Indicators of suboptimal asthma control

- Using their reliever more than twice per week
- Waking one more nights per week due to asthma symptoms
- Using three or more reliever inhalers in twelve months
- Poor attendance at school

Signpost the family to request an asthma review

- Either with their GP or nurse

Indicators of Medical Neglect

- Frequent attendances for emergency asthma care, but not being brought to their asthma review appointments
- Evidence / suspected poor adherence with the prescribed medication plan which could result in harm to the child.
- Poor attendance at school

Follow your local safeguarding policy

- Shropshire Council's First Point of Contact (FPoC) on 0345 678 9021
- Telford's Family Connect 01952 385385 between 9am & 5pm or if out of office hours call Emergency Duty Team on 01952 676500

**If you think the child is in immediate danger, call West Mercia Police on 999**

## What next – Free online asthma training available

The National Capabilities Framework for Professionals who care for CYP with Asthma are hosted on the CYP asthma eLfh landing page alongside training modules aligned to each tier of the framework.  
[Asthma \(Children and young people\) – e-learning for healthcare \(eLfh.org.uk\)](http://eLfh.org.uk)