

# 01 Background

Child N was a bright, articulate teenager with additional emotional, social and behavioural needs. There had been family difficulties over the years including some domestic abuse. Child N struggled to fit in with her peers yet successfully completed high school with counselling and Learning Mentor support. She started at college and had career aspirations shortly before she stopped attending classes a few weeks later. Child N took an overdose and will receive long term medical care for the rest of her life.

# 02 Safeguarding Concerns

At 14 years old the family contacted Children's Social Care for help with Child N's behaviour. At 15 years old Child N was the subject of a S47 investigation of physical abuse. At 16 years old Child N started going missing from home and eventually presented as homeless following a breakdown with her family. Child N was the subject of 2 social work assessments, was a Child in Need and placed in Supported Lodgings. Child N moved out of Supported Lodgings age 16 to live with an older boyfriend where the situation deteriorated. There were concerns in relation to substance misuse, increased attendance at A&E and a previous overdose of medication prior to the critical incident.

# 03 The Incident

At the time of the critical incident, Child N was living with someone who was a vulnerable person with a history of safeguarding concerns. The household was a haven for disaffected young people. Child N appeared to have overdosed on pain killing tablets having 'fitted' the previous evening and gone to bed. Ambulance services were called the following morning when Child N was found to be unresponsive.

# 04 The Review

The review looked at: information sharing across and within Local Authority boundaries; recognition and referral of causes for concern relating to incidents of domestic abuse; self-harm and possible exploitation in Child N's relationship with boyfriend; assessment of escalation of need and listening to the voice of the child. The application of processes for Children in Need and Homeless children was also considered.

# 05 The Findings

**Early Help** services should have created a multi-agency interventionist approach - the needs of Child N and her family could have been considered. **Consideration** should have been given to Child N's right to become a looked after child at the point when Child N could not live with family. **Determined** social work intervention should have worked with Child N to repair relationships with family. **Child N** made choices at 16 that were unchallenged by professionals. **Multi-agency** Child in Need Processes should have been more robust, especially when there was a move of area. **Child N's** circumstances should have triggered greater consideration of CSE risk factors and substance misuse. **Child N** should have received clinical treatment for depression in accordance with NICE guidelines; **Following** the initial overdose, Child N should have had follow up community treatment and further assessment from a child and adolescent mental health service.

# 06 Recommendations

**Early Help** to take a more proactive approach to working with children and families before issues with vulnerable teenagers escalate.  
**L.A.s must** exercise duties Under Section 20 of Children Act in compliance with the 'Southwark' ruling when 16-17. I cannot return home.  
**A clear pathway** of Mental Health services for 16-18 year olds.  
**Young people** under 18 should be treated as children not adults.

# 07 Implementing Change

1. Reflect on the findings and discuss the implications for your service/practice.
2. Outline the steps you and your team will take to improve practice in line with the recommendations.

Child N



# Child N - Action Plan



Name of Organisation .....

Team Manager .....

Name of Section & Team .....

Contact Details .....

**Identify the learning or recommendations that are relevant to your team and summarise your teams' discussion on those points**

1.
2.
3.

# Child N - Action Plan



What actions have been agreed to improve practice?

What needs to happen?	Who will do it?	By When?	How will you know when it has been done?	How will you know if it has worked?

Please ensure you keep a copy of this discussion and plan for your records. Tameside Safeguarding Children Board will ask teams to provide evidence of the discussion, agreed actions and for evidence of improvements to practice.