Northamptonshire Safeguarding Children Partnership

Child Safeguarding Practice Review (CSPR)

Child Bj

1.0 Reason for the Review

1.1 At the end of March 2022, Child Bj's mother returned home in the early afternoon and found Child Bj in an upstairs bedroom, having taken his own life. His mother called 999 whilst trying to administer CPR.

1.2 An ambulance arrived at the address and attempted resuscitation. Child Bj was transported to Kettering General Hospital and was sadly pronounced dead at 15:05 hrs.

1.3 Child Bj had spent the previous evening with his family at home. His parents said that he seemed his usual happy self, although on reflection, they feel he may have been quieter than usual.

1.4 Child Bj was 13 years old and of white British ethnicity. He had for a number of years displayed physical and verbal aggression to himself and others, self-harm and suicidal ideation. A number of agencies had various involvements with him. He had had previous fixed term exclusions from school and was in the process of a managed move to another school after the Easter break. His parents described him to the review author as very caring, affectionate and hands on, he was very small for his age. He enjoyed cooking and woodworking; he was not academic. At the practitioner event he was described by those practitioners who knew him as a boy who was lovely, with a kind and caring heart, very loyal to his friends but someone who was at times angry, emotional and had low self-esteem.

2.0 Methodology

2.1 The Northamptonshire Safeguarding Children Partnership, Rapid Review Group recommended that, with reference to the requirements as set out in Chapter 4 of 'Working Together to Safeguard Children' (2018), the threshold was met to commission a Local Child Safeguarding Practice Review in respect of Child Bj. The strategic leads for the partnership agreed with this recommendation and the Child Safeguarding Practice Review formally started on the 17th of August 2022.

2.2 The panel set a review time period of reflection for this Child Safeguarding Practice Review as September 2018 to 31st March 2022, with anything of safeguarding relevance prior to this period to be included.

2.3 The review panel set the Individual Management Report authors and the lead reviewer (when conducting conversations, writing chronologies and summaries) the following considerations for learning:

2.4 The following three periods are seen as key times in Child Bj's life when agencies had specific involvement with him;

- Key Period 1 is September 2018-July 2019. His last year of Primary Education
- Key Period 2 is September 2019-July 2021, first two years of Secondary School
- Key Period 3 is September 2021-March 2022

2.5 The analysis and learning themes are considered to be:

- Schools' management of children exhibiting disruptive behaviour, self-harm and suicidal ideation - Exclusions and managed school moves.
- Emotional health and wellbeing of children - children's mental health provision.
- Pathways for children that self-harm and are expressing suicide ideation.
- Risk factors involved in cases of child suicide including use of social media.
- Impact of Covid-19 including resourcing challenges, for example, in school nursing.

2.6 The review panel have met a number of times and have been greatly assisted firstly, by an excellent Rapid Review, then by Individual Management Reports being completed by agencies, including providing extra information, and finally by a well-attended practitioner event. The review panel was chaired by Detective Superintendent Joe Banfield and commissioned Dr Russell Wate QPM to be the independent lead reviewer and author of this report. The lead reviewer and the Northamptonshire Safeguarding Children Partnership Business Manager have held meetings with the family and offered on behalf of the review panel their deepest sympathies. Their views in relation to learning are included where appropriate throughout this report.

3.0 Analysis

Schools management of children exhibiting disruptive behaviour, self-harm and suicide ideation-Exclusions and managed school moves

3.1 Although this review is about a child who took their own life by suicide, it is also fundamentally about Child Bj and their perceptions, feelings and extreme anxiety involving their relationship with school.

3.2 Child Bj wrote a note after he self-harmed by taking a paracetamol overdose in January 2022. Within this note he said that he got worse punishments by some teachers than others within school and he was mocked by other pupils because he couldn't do full lessons. He was asking within the note to be permanently excluded by his school. His parents were adamant when talking to the review author that a key piece of learning is for some teachers to try to understand why a child is acting in a particular way. His parents do though fully accept that the reduced timetable was brought in to help Child Bj's needs so that he was able to cope better in school. This review report will highlight that schools adopt in specific cases a trauma informed approach to behaviour management.

3.3 Although the voice of Child Bj in his note makes powerful reading, there was a collaboratively developed plan by the school with Child Bj and his parents. This was a clear response from an educational perspective that was relevant to his identified need during the time that Child Bj was in both primary and secondary school. The communication between the schools and Child Bj's parents was a consistent one. The parents though, felt that this approach towards Child Bj was not consistently applied by all teachers towards the end of his time in secondary school.

3.4 On examining his school records the problems and his relationship with schooling, although there before, seemed to really begin to manifest themselves during his last two years of primary school. An example from year five states that Child Bj was very sad when he came into school, then was disrespectful in class and sent out. After break that day he said to a teacher that he had a plaster on his anger but wasn't allowed to tell why this was. Another child said Child Bj had stabbed himself with a knife. When asked about this Child Bj became angry and shouted and said he had stabbed himself with a steak knife because he was angry.

3.5 On his first day back at school in year six, he had what is described in the records, as quite a tricky first day and a teacher spoke to his mother and father about it. Then a few days later he had an aggressive disagreement with another child who then retaliated.

3.6 These problems in school continued and in December the school made an initial contact with the Multi-Agency Safeguarding Hub. Child Bj's behaviour had deteriorated, and he stated that he wanted to die. The Multi-Agency Safeguarding Hub asked the school to initiate an Early Help Assessment[1]. No further action was taken by the Multi-Agency Safeguarding Hub, other than that they also suggested a CAMHS (Children and Young People's Mental Health Services) referral and a parenting course. The parents were unable to take up a place on Triple P[2] at this time. Child Bj was seen in surgery by his GP numerous times regarding his phobia of school, talking openly to the GP about bullying and anxiety.

3.7 In February 2019 the Early Help Assessment co-ordinator had a discussion with the school about what actions had been taken to support Child Bj's mental health and provided the following advice, *'In the action plan be aware that this meets the Troubled Family markers of a Child in Need and Parents or children with a range of health problems with the indicator being a child with mental health problems.'* Further clarity has been sought with Northamptonshire Children's Trust to enable a better understanding of what this comment means, the reply helpfully clarifies this for the report, '*Meeting the markers for troubled families child in need is not the same terminology as a social care assessed child under section 17. Troubled family markers indicate families that are "children in need of support" who should be offered an early help assessment and assistance by appropriate support services. If after closing the case, it was successfully closed with good progress made in the areas of original concern, then this could be presented as a finance claim, payment by result*.

3.8 The problems involving Child Bj continued and in May 2019 the police were called into school due to Child Bj's escalating behaviour. He threatened to hang, stab, and drown himself. Child Bj picked up a paving slab and threatened to smash himself on the head with it. The school used restraint and de-escalation measures to support Child Bj. His parents were called and the school shared with them that Child Bj's behaviour had escalated in the previous twelve months and felt that they, as a school, were receiving little support from CAMHS and

[1] Working Together 2018 describes Early Help as 'Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.'

[2] The three Ps in 'Triple P' stand for 'Positive Parenting Program'. Triple P is a parenting programme, but it doesn't tell you how to be a parent. It's more like a toolbox of ideas.

Multi-Agency Safeguarding Hub. A PPN[3] (Public Protection Notice) was submitted by the police officer. The Multi Agency Safeguarding Hub were informed by the school of this incident in addition to the PPN submitted by the police. The school were advised by the Multi-Agency Safeguarding Hub to initiate an Early Help Assessment and parents signposted to Early Help. A re-referral to the Multi-Agency Safeguarding Hub with the earlier Early Help Assessment that had been in place since the previous December and progress against it, would have helped to provide evidence for the Multi-Agency Safeguarding Hub to make a threshold decision, on why this non-statutory approach was not working, and whether a more suitable course of action was needed. This was not done in the case of Child Bj.

3.9 As the school year progressed to the end of term, Child Bj spent more time out of lessons, he also began to fall behind academically which was beginning to become more noticeable to Child Bj and his peers. Although it was noted by a learning mentor, that despite spending a significant amount of time with Child Bj, she was unable to really understand what was behind the behaviour she was seeing. Child Bj's parents told the review author that they felt this behaviour was because of his literacy level being so low. The mentor and the then headteacher of the primary school at the practitioner event described the amount of time, effort and support which was provided to Child Bj to assist him in school.

3.10 The transition to secondary school was well done, which can be evidenced from a transition document completed for the secondary school. A detailed commentary is included in the comments that provided the secondary school with a good understanding of Child Bj's support needs. This included visits by Child Bj, both individually and as part of a year group, plus individual intervention around the transition in order to help support Child Bj.

3.11 Reflecting now on his time at primary school, the school have recognised that often there was a lack of partnership working between them and other agencies as they found communication difficult and were not sure what other agencies were doing. The school believed that they needed more support to address his needs and did not have the expertise required for a child with his level of need.

3.12 After the first month of secondary school the school had reports from other students in relation to Child Bj's behaviour. When spoken to by a teacher he would storm off.

3.13 Just before the first national lockdown for Covid-19, Child Bj and another boy in school were having problems between them, when the other child's older brother followed Child Bj and confronted him for chasing his brother, Child Bj rode off away from the confrontation. The police were called and conducted a proportionate enquiry into this.

3.14 The school records state they met with Child Bj's parents on five separate occasions in this period up until the first national lockdown, this was to discuss his support needs. A number of targets were set for him and the school. The records cover much of what would have been covered in a Team Around the Family (TAF)[4] meeting but were not submitted as

[3] Police Protection Notice a referral form highlighting concerns for a vulnerable child

[4] Team Around the Family (TAF) is a meeting between a child, young person, their family and the group of practitioners who are working with them. The purpose of the TAF is to share information and to create a solution focussed plan that will support the needs of the child and their family.

part of the Early Help Plan or using the formal paperwork. It would also be positive to see these meetings clearly recorded on the school safeguarding systems with an explanation of where the full details of the meetings could be found. Clear records on the EHP need to be maintained with the Local Authority and any decisions to close it provided with a rationale.

3.15 The school stated at the practitioner event that this might have been on five formal occasions but was actually many more than this and their relationship with the parents was a strong one.

3.16 There were no issues for Child Bj during the first national lockdown and he seemed happy at home, which both of his parents strongly agreed with. At the start of year 8, a girl told the school that she was having problems with Child Bj. There are three or four occasions when he is witnessed punching a wall.

3.17 In November 2020 Child Bj forwards a YouTube video sent to him by another pupil, on to other students, the video was sexual in nature. A number of girls took offence to this and challenged him. Child Bj then got upset, crying and claiming people were picking on him and told a very different story to teachers from what everyone else did. On another occasion, in December 2021 Child Bj was overheard discussing with other children, semi-naked pictures of a member of staff found on social media. The school provided advice to staff for them to check their social media privacy settings and Child Bj and all other pupils in the school were informed of this.

3.18 An Education Psychologist saw him in 2021. It is not clear how the work of the Education Psychologist linked in with plans by the school to support Child Bj and also with his parents. The parents did though get to see the Educational Psychologist report as did Child Bj's GP. It is clear that Child Bj met and talked to a number of key professionals including the school nurse, the head teacher at their primary school, learning mentors and at least two teachers in secondary school. The Education Psychologist was also one of these professionals they were open to talking with and any of these professionals could have been a 'Trusted Adult' for the partnership, as outlined in the Child Safeguarding Practice review report (2019) 'It was hard to escape'[5] :

> *'It remains a frequently and consistently expressed view by those within the safeguarding system and the practitioners we spoke to, that building a trusted relationship is key to any successful engagement with this group of children.' 'The building of a trusted relationship does not of course equate to the work falling onto one practitioner's shoulders – whichever agency they are from. The key concept is of 'the team around the relationship', where practitioners from across the system work together to support whoever has the lead relationship with the child.'*

3.19 It is also clear that in both his primary and secondary schools there were a couple of key teachers and assistants that he responded well to, and they did advocate for him in this role

5 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870035/Safeguarding_children_at_risk_from_criminal_exploitation_review.pdf

of trusted adult. The parents highlighted to the review author that the headteacher of the primary school as one, along with a female teacher in the secondary school who showed kindness, caring and really tried to help Child Bj.

3.20 Communication by the school with parents was regular and the relationship between school and parents was active. At the practitioner event the school described that following the lockdowns (which is the key practice time period three for the review) Child Bj's behaviour and how he felt about being in school changed dramatically and the occasions in which the school had to intervene with him escalated considerably. The school had been asked by the GP to support with reduced time in school as it was reported that Child BJ seemed happier during the Covid period when he was home schooled. The school though were very determined in their resolve that in their view, and in Child Bj's best interests, he should remain in school. This view was supported at the time by his parents who confirmed to the review author that they agreed with the principle of this, but they felt that each child needs to be looked at individually for their own circumstances, and this may mean for that child that being in school was not appropriate for that particular child's needs.

3.21 Child Bj was noted to be struggling with anger and aggression, the school were supporting him with an 'exit card' to take time out from class. A teacher did some baseline testing with Child Bj and identified his spelling was weak for his age and his understanding of a text (comprehension) was also a lot lower. The teacher asked other teachers to help and support Child Bj by trying to remind him to use his blue overlay and paper. Child Bj had an appointment with a consultant for an ASD/ADHD diagnosis. The Consultant reported, following comprehensive neurodevelopmental assessment over a number of appointments, that they believe that Child Bj does not have ASD/ADHD. This is a really important learning point for this review, with the combination of the teacher's assessment and the consultant's opinion, that improving Child Bj's literacy could have helped him to be more settled in school by raising his self-esteem. Child Bj's parents felt this is undoubtably a key learning point that they would want everyone to acknowledge and take notice of.

3.22 The school did though implement plans and strategies to support Child Bj, but it is not clear if any of this was shared with the GP or School Nurse. The meeting between the Education Psychologist happened, however, it isn't clear if any other professionals were asked to contribute.

3.23 The school records detail a time during this period when a teacher asks other teachers to try the following strategies with Child Bj: '*Planning – encourage Child Bj to think about the goal of his learning and how he will approach the task - help him to think about what steps he needs to complete to experience success and what tools he might need. Monitoring - encourage Child Bj to check his work as he goes. Evaluating – encourage Child Bj to think about what worked, what did not work and what he might do differently next time?'* The parents wished that one or two of the other teachers had taken more notice of this email in their dealings with Child Bj.

3.24 The return to school and the autumn term for Child Bj was particularly troublesome, following serious concerns about Child Bj's behaviour in lessons and around school. The

school were making as many positive attempts to help him as they could. A teacher met with his mother where his mother highlights that one of the biggest problems is that Child Bj hates school because he spends all day being moaned at. Whilst this teacher appreciated that Child Bj's behaviour very often doesn't meet the school's expectations, following this meeting she again asked other teachers, *'I would really like to try and reduce the amount of negative attention he is getting and instead move towards him trying to see some positivity in school. As a result, can I ask that if you have any behaviour problems with him in lessons or around school, that you do not confront Child Bj about these and instead forward these to me. The mother and I are in daily communication and I will discuss any behavioural issues that have happened during the day with him and put in appropriate sanctions. I have told Child Bj that if his behaviour is impacting learning then teachers will still follow the 'ask', 'tell', removal format, but any other issues please report to me.'*

3.25 The school were notified by other students that an older former student was picking up Child Bj in a car after school and late at night. The school ensured that Child Bj's mother was informed. Students had also heard that Child Bj carries a knife, which they informed teachers of. In line with school policy in relation to knives, Child Bj was spoken to, he denied carrying a knife. The teacher carried out a bag search and no knife was found; Child Bj was never seen with a knife.

3.26 Further incidents were recorded by the school in December and into the New Year, which involved Child Bj being likely to result in another fixed term exclusion.

3.27 In January 2022 Child Bj self-harmed by taking a paracetamol overdose. Subsequently he was added to the school nurse allocation following this. This review was informed due to the national resource crisis for school nurses, and the pandemic, Child Bj was not seen by the school nursing team except for routine immunisation.

> (During the period of time in question the school nurse service was under significant pressure and during the pandemic was operating on a scaled back service due to restrictions and redeployment. The guidance for the school nursing during Covid is detailed below:
>
> Pausing: non-urgent planned assessments and interventions, e.g. continence, sleep, behaviour, eating, sexual health, wellbeing; non-urgent work within the healthy lifestyle team; health education in schools; routine health screening; drop-ins; attendance at Early Help meetings
>
> Continuing: Safeguarding; assessments and interventions deemed urgent; Chathealth; updating care plans required for children and young people to access school
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> Following the pandemic, the school nursing service has seen an increase in demand and reduced capacity, therefore clinical prioritisation has continued to take place. The situation has been escalated within Northamptonshire Healthcare Foundation Trust and to Northamptonshire Public Health who commission the service.)

3.28 In February 2022, Child Bj had a lighter in his maths lesson which he used to mark the edge of his book with the flame. He also removed the blade from a pencil sharpener to

sharpen his pencil. Child Bj refused to be searched but did hand over the blade when asked. When the school had a meeting with his mother and father the next morning, Child Bj was extremely aggressive and referenced trying to kill himself because no one ever believes him.

3.29 During Child Bj's time at secondary school he had a total of 45.5 days exclusion over 22 periods. They consisted of 18 days of internal exclusions where Child Bj would spend time in Refocus. Child Bj had 13 periods where he had an external exclusion equating to 27.5 days. Within this period were also two extended periods of the national Covid-19 lockdowns.

3.30 Although this figure seems high, it shows how hard the school worked to keep Child Bj in mainstream education. Research evidences that this is a good thing to do. The Child Safeguarding Practice review report (2019) 'It was hard to escape stated.[6]'

> *'Permanent exclusion was identified by practitioners and family members as a trigger for a significant escalation of risk. Exclusion has a major impact on children's lives and if it is unavoidable then there needs to be immediate wrap-around support to compensate for the lack of structure, sense of belonging and rejection that exclusion from mainstream school can cause.'*

3.31 In March the school organised, following agreement with Child Bj and his family, a managed move to a new school. This, at the time seemed a good move for Child Bj and the school itself.

Emotional health and wellbeing of children- Children's mental health provision

3.32 The narrative in this section tries not to repeat the previous section but there is an unavoidable overlap. The focus though for this section is on Child Bj's emotional distress and what actions were taken to try and alleviate his distress.

3.33 At the start of Year 6 the school received a report about Child Bj bullying another child in school. They had a meeting with Child Bj's parents to discuss support strategies going forward. Mother was given information and the opportunity to self-refer to JOGO behaviour therapy[7].

3.34 In the November, Child Bj's mother came to see a teacher in school. She said Child Bj had broken down sobbing at home last night and had made himself ill. She was also in tears for part of the conversation. She said Child Bj was upset by things people had said to him in the past and were brought to the front of his mind. He said that children had said that he wouldn't amount to anything and that he would probably end up in prison. He also told his mother that he didn't want to have lunch in the hall because people kept crushing crisps into this hair and at breakfast club he had been hit on a number of occasions causing the back of his earring to come off, resulting in them being lost. His mother said she was keeping him off school.

6 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870035/Safeguarding_children_at_risk_from_criminal_exploitation_review.pdf

7 JOGO Behaviour Support is a specialist company providing a variety of services including behaviour support, training, therapeutic services, family support, attendance support.

3.35 When the teacher spoke to Child Bj, they found that he looked very shaken and anxious. He told them that he didn't want to come to school because of what had been happening. The teacher talked to him about what he needs to do when things like this happen and how his reactions were not helping. They talked about how Child Bj wants people to perceive him and that he wants a good reputation. Child Bj agreed to work with the teacher on getting that good reputation. They also talked about not bottling everything up and making sure that Child Bj dealt with things as they happened, by getting the adults involved. The teacher recorded that they were very concerned about Child Bj's anxiety, how he perceives himself, and how they need to support him to change the reputation he has.

3.36 Shortly after Child Bj came back to school after being off, he struggled quite a bit with expectations with PE and when his teacher spoke to him he shouted and went inside crying. His mother and father attended a meeting and were informed how the school were going to support Child Bj with a learning mentor. Child Bj was aggressive and upset and he repeated he didn't care and at one point he stormed out of the room saying he was going to leave. Something that he didn't do, as within five minutes he came back into the room. The teacher reiterated everything they were going to do to help Child Bj. The parents told the teacher that they are very worried about him when he goes to secondary school.

3.37 A little while later the Multi-Agency Safeguarding Hub received an initial contact from Child Bj's school as his behaviour was deteriorating. He'd been temporarily excluded and stated that he wanted to die. The Multi-Agency Safeguarding Hub informed the school to initiate an Early Help Assessment. The school devised a safety plan for the Christmas holiday. No further action was taken by Northamptonshire Children Trust Multi-Agency Safeguarding Hub as it was assessed that other services could meet the needs of Child Bj.

3.38 In December 2018 records show that an Early Help Assessment was completed by school, which included concerns regarding Child Bj's risk of self-harming. The Multi-Agency Safeguarding Hub also suggests that a CAMHS referral is made and recommended a parenting course to help and support the mother and father.

3.39 Child Bj was seen numerous times in his GP surgery with his mother regarding his phobia of school and he talked openly about bullying and anxiety. The GP made referrals to CAMHS, firstly in December 2018, and then again in May 2019, and March 2021.

3.40 In May 2019 the Multi-Agency Safeguarding Hub received contact from the school stating that Child Bj was agitated at school, he had fled the premises and threatened to stab and hang himself. The school shared that there have been episodes of poor mental health in the past, however they feel he is currently emotionally out of control. The school was advised to initiate an EHA with a view that this is further escalated to targeted Early Help and Prevention. On examination and analysis of the Northamptonshire's Early Help Strategy 2020, there is no mention of what early help and prevention means, so most probably the school also would be unaware of the next steps themselves. This information of course would have been available from Early Help in the Multi-Agency Safeguarding Hub and also the locality coordinators – if it had been asked for. This shows the dichotomy that needs to be resolved

in order for schools to be confident, assisted and supported to complete Early Help Assessments.

3.41 A letter was sent by the GP to the head teacher at the Primary School in June 2019 supporting Child Bj staying at home for the rest of the term for his own safety after he jumped the school fence to escape. After a meeting between his mother and the school they agreed that in order to support Child Bj they felt it better if he remained in school and that he would attend school for two hours a day (9:30 - 11:30). The school notified the local authority that they were putting Child Bj on a reduced timetable due to his emotional dysregulation and behaviour.

3.42 Child Bj was also seen by CAMHS, a history of school-related difficulties was noted and he was recognised to be experiencing significant levels of anxiety. He was referred for an anxiety intervention and he engaged well with this and his family informed the review author that they felt that it had been helpful. A meeting was arranged between school, CAMHS and parents in late June to discuss next steps. Child Bj's mother has also been provided with details of a therapy service.

3.43 The school nurse saw Child Bj with his parents during the summer and at the practitioner event described Child Bj telling her that he wanted to change and not be in the situation he was in. This was a similar conversation to the one he had later on with the Education Psychologist.

3.44 In the previous section of this report are highlighted some issues from Child Bj's first term in secondary school. A letter was sent by the GP to the secondary school in this term requesting Child Bj do shorter days in school.

3.45 In January 2020 Child Bj was seen in the GP surgery with his mother and they discussed bullying in school with the GP. He was seen again in February 2020 and discussed bullying and threatening to harm himself. The GP advised that if Child Bj had any suicidal thoughts, he must tell his mother or the GP. At this point Child Bj was accessing a tier 2 mental health intervention, 'Service Six'[8]. The parents reflecting on it now, felt that for Child Bj Service Six did not meet his needs and was not the appropriate service as all they seemed to concentrate on was him displaying bad behaviour in school and not on any solutions.

3.46 In February 2020 Child Bj became very upset in the School Wellness Centre and ran away threatening to stab himself when he got home. At the school gate Child Bj was again threatening to kill himself and would not listen to staff. He slid under the railings and said he was going home. His mother was informed and when he returned to school five minutes later his mother was contacted to collect him.

3.47 During the first national lockdown for Covid-19 Child Bj appeared to be settled at home.

3.48 At the start of the next new school year in September 2020, Child Bj was seen by a teacher who described him as very sluggish. He didn't want to complete any work and kept

[8] Service Six is a Northamptonshire based charity committed to changing lives and creating futures for disadvantaged children, young people and their families. They provide therapy and counselling.

putting his head on the table, switching off completely. He was then seen crying at break. On another occasion Child Bj was angry about being in Refocus and told the teacher that he didn't want to be here and wanted to die.

3.49 Child Bj then saw the GP for anxiety, explaining that he was still struggling with school. Child Bj was re-referred to CAMHS. The GP forwarded a referral to the school nurse.

3.50 In April 2021 CAMHS passed the referral from the GP on to the school nurse team as the referral held insufficient evidence that Child Bj required a mental health assessment. This referral was accepted and a letter was sent to the GP advising that the school nurse make contact with Child Bj in due course. The letter explained that due to the current concerns regarding Covid 19 they were unable to provide a timescale for when this might be.

3.51 A notable involvement was with the educational psychology service who were commissioned to write a report in 2021 to support Child Bj in school and contacted again by the school in early 2022. The completed report, dated 23rd June 2021, explained Child Bj's negative self-view, issues with education and anxiety. It provided a good understanding of Child Bj's thoughts and feelings in relation to his attendance in school. Child Bj did not believe the school supported his anxiety effectively and several recommendations were made to support Child Bj in education. The education psychologist re-iterated their thoughts at the practitioner event about Child Bj's low self-esteem and poor feelings about school. The report clearly identified many of Child Bj's worries that pre-dated attempts of suicide but are likely contributing factors. The report includes good ways forward to support his needs. The targets could have been improved by being clearer about who was responsible for each one.

3.52 At the start of Year 9 with Child Bj now 13 years old, he asks for a plaster as he had a cut on his wrist. When the teacher asked to see it, he very quickly pulled his sleeve up to show three marks, and then pulled it down extremely quickly. The school called his mother who was unaware of these injuries. The mother said she would speak to Child Bj that night and let the school know on Monday if he is self-harming. They school informed mother that they could get him help for this if this was the case.

3.53 A concern was raised by a member of staff about Child Bj not eating throughout the day. A conversation with Child Bj was had about what he eats, he confirmed that he is not eating as he is worried about needing to go to the toilet in school. The staff member offered to buy him lunch and he refused. The school spoke to his mother about the concern and she stated that he has strange eating habits due to issues with his bowels and his worries about going to the toilet in school. She confirmed that he does eat at home.

3.54 In the November following an incident in which Child Bj refused to comply, he suggested life wasn't worth living. Child Bj was shouting in school that he wants to be dead by Christmas.

3.55 In January 2022 Child Bj was brought to the Emergency Department after his mother noticed an empty packet of paracetamol by his bedside. He admitted to taking the overdose. A referral was made by the hospital to CAMHS who arranged for Child Bj to be brought to their site in Northampton following his discharge. A Multi-Agency Safeguarding Hub referral was also completed.

3.56 The CAMHS assessment with Child Bj concerning his mental health took place. There were signs and symptoms of low mood and anger. No issues were reported at home. He said at the assessment that he would like to go to a different school with small classes where he could get help with his learning and with managing his anger and behaviour difficulties. He rates his current risk of harm as 4/10. He knows he needs to communicate with an adult if this risk rises to 8/10 or above. A referral to the Frank Bruno foundation for support with anger management was agreed. Child Bj declined all telephone numbers for mental health support. Crisis team contact numbers were provided to Child BJ's parents and the team made three follow up contacts over the next two weeks before Child Bj was discharged. Counselling via school was to commence shortly.

3.57 The Multi-Agency Safeguarding Hub gave advice for the school to open an Early Help Assessment and if there is no improvement, they can raise it to tier 3 targeted support. The school make a considered decision not to commence an Early Help Assessment as they already had a number of key actions in place. For example, Child Bj has a session with the school counsellor booked, they have also got him a peer mentor and a reduced timetable. A re-referral was made to the Educational psychologist, although later cancelled when the managed school move was agreed. The completing of an Early Help Assessment would have provided documentary evidence of what interventions had been tried and not worked and what was planned to be tried. This could have assisted partners in making subsequent threshold decisions.

3.58 It was unclear from the information agencies provided when the Early Help Assessments were put in place or which agencies attended and contributed to it. It is also unclear as to who had professional oversight and was responsible for following up step down processes / active support plans. The schools at the practitioner event felt that Early Help Assessments were always, or at least in over 95% of Early Help Assessments where schools are involved, are left up to them to deal with. No one else, other than the parents, turn up at meetings. A number of agencies did highlight that their current resource issues meant that they would not be able to attend and support Early Help Assessment meetings. It was stated that there is an Early Help Assessment co-ordinator in each area that can be asked for advice. It was strongly felt by almost all practitioners that the Early Help Assessment process needed a review and strengthening. The parents felt that the Early Help Assessment was just left by all other agencies to the secondary school to get on with.

3.59 A referral to the Education Psychologist was initially delayed while the school tried to determine whether the educational psychology service or JOGO would be best suited to support him. The school then later reported that they wished to give the new school a try first and made the decision not to progress the second referral to the educational psychology service when the managed move was arranged. It is likely that given the information in his previous report about anxiety and his worries about attending school, his anxieties would have been heightened further about attending a new school. However, it was a well-planned intervention with the clear aim to reduce Child BJ's anxiety with schooling.

3.60 Child Bj engaged well with CAMHS following his self-harm by overdose and after being discharged by them, a referral had been made to the Frank Bruno Foundation, who specialises

with strategies to manage and control anger. Child Bj's parents all went together as a family to these sessions, they felt he really enjoyed the physicality of the sessions.

3.61 It appears that school and other professionals were proactive in raising concerns around Child Bj's mental health and behaviours which he and his family were struggling with.

3.62 The Northamptonshire Children's Trust additional information response to the review, felt that there was an area of learning for their staff from the case of Child Bj that work in the Multi-Agency Safeguarding Hub and stated *'that It may be helpful for Multi-Agency Safeguarding Hub practitioners to have a focused information session of adolescent mental health and services available who can support families so we can ensure that we are sharing useful and relevant information. This could be supported by the expert in this area, this being CAMHS.'* (This has now taken place.)

3.63 If individual agencies were unclear about other agencies involvement, it must be acknowledged how confusing and overwhelming it would have been for Child Bj's parents as they were only supported by the school to understand what was in place and who was responsible. This they re-iterated to the review author when they met him.

Pathways for children that self-harm and are expressing suicidal ideation.

3.64 There were numerous referrals made to CAMHS by the GP. However, for most of the referrals thresholds for specialist mental health services were assessed as not met. He was though seen on two occasions and after assessment it was decided that Child Bj did not meet the criteria for diagnosis of a moderate to severe mental illness or need a mental health diagnosis. Difficulties with his emotional well-being and mental health were recognised and he was offered support and intervention for these.

3.65 On one of these occasions following his overdose, Child Bj was seen by the Crisis Team, it is noted by the review author that the Self-Harm Pathway (2018) was followed correctly. This self-harm pathway only covers when the self-harm involves attendance at a hospital. For children and young people who self-harm in the community and do not require immediate hospital treatment assessments can be offered on an urgent basis, depending on the level of risk.

3.66 The CAMHS assessment concluded that there were circumstances happening that day which Child Bj found difficult to cope with. It appeared to professionals that the overdose was an impulsive, but deliberate attempt. His parents felt it was a cry for help. A follow up call was made via Microsoft Teams and no concerns were reported. Child Bj was discharged from service following a support package which was put in place that included contact numbers and the referral that was made to the Frank Bruno Foundation. It isn't clear if this was communicated or shared with other agencies, but the parents were part of this decision making.

3.67 A referral had also been made to the school nurse. However, the school nurse, due to deployment and resource issues, was now not able to provide support.

3.68 Whilst intervention and support was offered to Child Bj, individual agencies were not aware of what support was being provided, or if the support being offered was being followed up. The GP was not aware of the actions taken by CAMHS. It is also not clear if any of the professionals working with the family understood what other agencies were putting in place or what actions to take if concerns escalated. Child Bj's parents were clear to all agencies that they had their consent to share information as they wanted all the help that anyone could give them for their son. If an Early Help Assessment had been put in place that could have been properly resourced and all partners contributed to this would have helped this communication and knowledge.

3.69 During the Rapid Review process it was clear amongst professionals that there was confusion around the type of services/support available for young people and their families. In Northamptonshire work is being undertaken to address this issue through the CYP transformation board. It was felt that the learning from this review could be used to help inform this work.

3.70 The referral to the Frank Bruno foundation was made to enable Child Bj to have support managing his temper and emotions. Child Bj engaged with the Frank Bruno foundation for a short period of time, he was always respectful to staff and his peers and appeared to really enjoy the sessions. They did not have any concerns around the identified anger and believe that they didn't see any outbursts.

3.71 At the practitioner event a lead for CAMHS said that there is a continuum for children's mental health issues and only about 20% actually need a specialist CAMHS provision. Earlier on in the continuum other services can be provided, for example, Service Six which was utilised in the case of Child Bj, or the Frank Bruno foundation.

3.72 Within Northamptonshire information about the following Children and young people's mental health services are accessible to Children and Young People. This is currently available on the Children and Young People Mental Health Services Northamptonshire Website for children and young people: www.nhft.nhs.uk.cypmentalhealth.

• CAMHS Connect: This is the CAMHS Consultation Line, CAMHS Live and Chat. Children, Young People, Families and professionals can contact this service for any advice regarding children and young people's mental health and advice on how to access Children and Young People's-Mental Health Services.

• REACH collaborative: these are the Tier 2 services which offer Emotional and Mental wellbeing support to children and families.

• Mental Health in Schools Team: This is an Early intervention service reaching out to children within some schools in Northamptonshire. This is a nationally funded early intervention service which is being rolled out gradually across increasing numbers of localities. The program is now in Wave 5, which means they are managing to access more schools within the county. Both the schools involved in Child Bj's life are now part of this initiative (direct work within the secondary school began in March 2022). Where children and young people present with more serious mental health needs, Mental Health School Team practitioners can

facilitate referrals to more specialist services. The teams can also support schools to develop whole school approaches to supporting emotional well-being and mental health.

• Children's wellbeing practitioners (CWPs) deliver Early intervention, but they are not based in schools. This service reaches out to children who do not have the Mental Health Service Team provision in their schools.

• Wellbeing Cafes/Crisis Cafes: these services offer support to children and young people and their families for children and young people presenting with Mild to Moderate Mental Health difficulties.

• CAMHS Community: This is for children and young people presenting with Moderate to severe Mental health and consists of a Multi-disciplinary Team of professionals who can offer a range of psychological therapies and pharmacological treatments needed.

• Intensive Outreach Team (IOT) and Crisis Team: They act as gate keepers to inpatient services and offer intensive treatment to children and young people in the community, trying to keep children in their familiar environments. However, in cases where inpatient admission is warranted, these teams will also support the Inpatient teams to facilitate a quicker discharge for the children and young people and ensure that treatment continues in the home.

• CAMHS Inpatient: Tier 4 service.

• Other specialist CAMHS Teams including, ASD/ADHD Team, Children's Eating Disorders Team and Paediatric Psychology Team.

3.73 The above list is extremely comprehensive, but it is not clear to the review author how well the provision of these services is known across the partnership or how and when this will be incorporated into the self-harm pathway. This was evident by a lack of knowledge at the practitioner event. Practitioners also need to be aware of current timescales involved to access some of the above services.

3.74 In September 2022 the Northamptonshire Suicide Prevention Strategy for 2022-2025 by the Northamptonshire Suicide Prevention Steering Group was published. On examination of the policy has an all- age approach. The Northamptonshire Health and Care Partnership CYP transformation steering group are key participants in formulating and monitoring the strategy. The action plan is all age and has a priority to establish and embed links with local safeguarding partnerships and review findings to inform understanding of mental health.

3.75 There is a need to further enhance work that targets suicide prevention in children of secondary school age as part of the learning from the death of Child Bj.

Risk factors involved in cases of child suicide including use of social media.

3.76 It is not the role of this Child Safeguarding Practice Review to make a decision on whether Child Bj intended to take his life or not. That is the role of the Coroner, but it is felt that this was highly likely his intention and a view entirely supported by Child Bj's parents. One of the CAMHS attendees at the learning event felt that often, but not always, suicide or attempted

suicide occurred because the young person couldn't see a way out of the situation, they were currently in.

3.77 There are two key studies that any Child Safeguarding Practice Review which involves suicide as a key learning theme needs to consider and take into account.

3.78 The first is The University of Manchester's (2017) report on 'Suicide by Children and Young People.[9]' They carried out a study to 'find common themes in the lives of young people who die by suicide'. They looked at 922 cases of suicides of young people.

3.79 The main ten themes are listed in the table below:

10 common themes in suicide by children & young people
Family factors such as mental illness
Abuse & neglect
Bereavement & experience of suicide
Bullying
Suicide-related internet use
Academic pressures, especially related to exams
Social isolation or withdrawal
Physical conditions that may have social impact
Alcohol & illicit drugs
Mental ill health, self-harm & suicidal ideas

3.80 These themes relate to factors personal to the individual child. There are three key themes relevant to Child Bj, Academic pressures, not mental health in his case but self-harm, and suicide ideation.

3.81 The other relevant theme of bullying was a topic of debate during the review with both the schools strongly feeling that Child Bj wasn't being bullied, he was often the aggressor, he had issues with his peers often involving relationship problems with them. However, this is the view that he expressed to his parents, GP, and other professionals who spoke to him. So, this is a relevant theme as part of the learning from this review. There is no legal definition of bullying, other than all State schools have to have a behaviour policy in their school which includes bullying. Neither is there a definition contained within the Government guidance, 'Keeping children safe in education 2022' or within the linked Government Guidance 'Behaviour in schools- Advice for headteachers and school staff 2022'. Other Government guidance states[10]: '*it's usually defined as behaviour that is: repeated, intended to hurt someone either physically or emotionally, often aimed at certain groups, for example because*

[9] Suicide by Children and Young People. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester (2017)
[10] https://www.gov.uk/bullying-at-school/bullying-a-definition

of race, religion, gender or sexual orientation It takes many forms and can include: physical assault, teasing, making threats, name calling, cyberbullying - bullying via mobile phone or online (for example email, social networks and instant messenger).'

3.82 Child Bj's parents, in particular his mother, could cite a definition of bullying and they both agree with the schools that it was an issue of peer relationships between Child Bj and his peers and not him being bullied. The issue for them was that in the secondary school they believed there was a lack of consistent application of the school's behaviour policy, and in particular some teachers behaviour towards Child Bj. The school's behaviour policy does not explicitly lend itself to being a trauma informed policy but does highlight some commonly recognised trauma informed practices.

3.83 The second key report, published in October 2021, is the 'Suicide in Children and Young People National Child Mortality Database Programme Thematic Report-Data from April 2019 to March 2020.[11]' The report considered 108 deaths of children that were highly, or moderately likely to be as the result of them taking their lives by suicide.

3.84 Child Bj, at 13 years old, was at the lower end of age groups involved, with the highest percentage at age 17 years old. Other learning points also correspond with how Child Bj died, also with sixty percent of the deaths happening within the family home.

3.85 The learning in relation to these deaths from Child Death Overview Panels was:

• Poor joint working and information sharing

• Lack of confidence amongst professionals to talk about suicide with children and young people.

• The importance of safe and accessible spaces for children and young people.

• The importance of recognising the impact of background social factors on the mental health and well-being of children and young people.

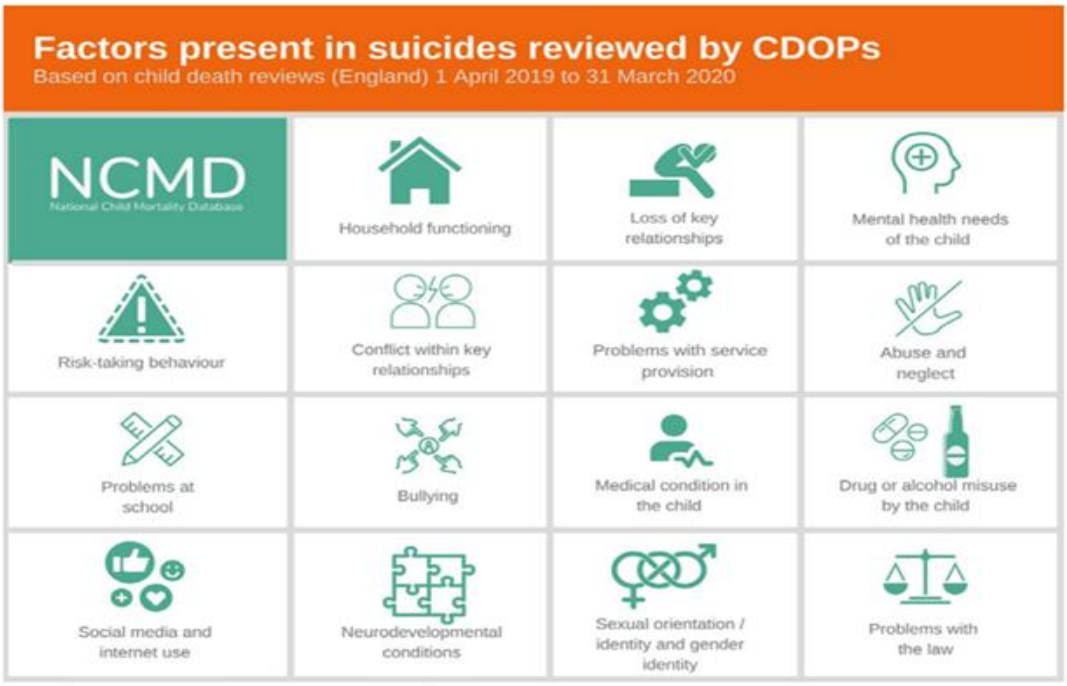
• The importance of accessibility to mental health services

• Lack of clear policies on bullying and cyber bullying in schools and colleges.

• The importance of recognition of challenges for children and young people related to their protected characteristics

3.86 The report also highlighted a series of factors present in the suicide cases as demonstrated in the figure below:

[11] The National Child Mortality Database published in October 2021 a thematic review into data published upon teenage suicide covering the period April 2019 – March 2020.



3.87 There are a key overlap of themes between this study and the earlier described Manchester University study. There are though a couple of more fitting themes for Child Bj, for example, problems in school and conflict with key relationships within his peer group.

3.88 There is a theme within this learning, and one to be considered within this review of social media and internet use. There are two mentions of use of social media by Child Bj's mother, one is the Xbox, there was nothing found by the police of anything negative. The other is when he was added to a WhatsApp group chat and there were derogatory messages on there about Child Bj. These were seen by his mother. The constant refreshing of e-safety messaging to children in this age group is an essential activity for schools, as is updated guidance on the Northamptonshire Safeguarding Children Partnership website for professionals, parents and children.

Impact of Covid-19 including resourcing challenges for example in school nursing

3.89 Paradoxically for Child Bj, Covid-19 and the lockdowns and learning from home were seen as a positive and safe time by him, reducing his stress around school. This though may have made his time in school harder following those lockdowns and was highlighted by the school at the practitioner event that following them, in the third period that the review is looking at, his behaviour escalated.

3.90 What the Covid restrictions did do, is reduced the professional oversight of Child Bj. The school nurse, for example, was not available due to Covid duties.

3.91 An EHA was not opened in the January 2022 and no meetings were planned to co-ordinate a multi-agency response to Child Bj's needs as no other professionals were able to attend, other than the school. The School Nurse would want to be involved in Early Help Assessment's, however, due to Covid, School Nurses have paused involvement with Early Help

Assessment's. If professionals could not be involved with the Early Help Assessment, how could information be shared with professionals?

3.92 Covid-19 has had an impact on the Mental Health provision across the county of Northamptonshire. They have needed to become more reliant on technology to be able to offer remote sessions, although they do continue to offer face to face sessions to children where this is clinically indicated. They have also seen a huge increase in referrals to mental health services since the start of Covid and are currently having to take several measures to help address the current wait times in CAMHS.

3.93 It is consistent with the national picture that due to the Covid 19 Pandemic certain therapeutic interventions were not available during this time. This is the case for Child Bj when it had been assessed as appropriate for him to access anger management support. However, it is not clear if having access to additional therapies would have altered events leading to his death.

4.0 Conclusion

4.1 Child Bj suffered from low self-esteem in school; he was getting incredibly behind with his learning which compounded this feeling for him. He suffered from acute school phobia. There is no exact definition of what this is but the charity, Young Minds, *says there can be lots of reasons a young person feels this way. It might be that they feel overwhelmed with anxiety about schoolwork or relationships with friends and teachers. They might be experiencing bullying and not feel able to talk about it, or they might have low self-esteem*. The charity Mind want the Government to do more to recognise this phobia and for mental health providers to treat this phobia as a mental health condition.

4.2 There has been a considerable amount of discussion within this review, firstly, in the Individual Management Reports, then at the practitioner event and in the various different panel meetings in relation to Early Help and its effectiveness. In particular, in these sort of cases of emotional distress in teenagers who are in school and also sometimes involve self-harm and suicide ideation. In the case of Child Bj, the Early Help Assessment were almost solely left to the schools to manage by themselves and for Child Bj this was not appropriate, especially if we consider his extreme school phobia. This meant that the associated framework and processes did not happen as they could have done and as a result of this any success or escalation of the process sadly remains unknown.

4.3 The Independent Review of Children Social Care 2022, led by Josh MacAlister[12] considered this issue in intricate detail and it is important that NCSP and their partners consider the findings which state: *'Throughout the review, we have heard lots of enthusiasm for work done at early help and calls to expand and formalise it. We agree there are many positive features of early help, particularly the focus on help over assessment; the flexible, non-stigmatising support provided; and the way it can make use of a wider multidisciplinary workforce and the community. However, we believe the use of targeted early help for work that previously would have been done by children's social care is a sticking plaster, covering up the cracks that have*

[12] https://childrenssocialcare.independent-review.uk/final-report/

formed through our failure to achieve the original intentions of section 17 of the Children Act 1989. By adding an additional service category, we have added another Jenga block to the tower, making the system more complicated to navigate and therefore less effective.'

'We must reset the system and build a new Family Help approach, combining work currently done at targeted early help and work done under child in need. This will take us back to the original intentions of section 17 of the Children Act 1989, and genuinely fulfil its intention of safeguarding and promoting the welfare of children within their families.'

4.4 The Early Help Strategy 20-23 is almost due for review and the experience of the schools and Child Bj should be considered within this review in order to make Early Help more robust for children and schools as in this case.

4.5 The factors where children have taken their own life by suicide are important for all frontline practitioners to know and the current developing provision of mental health in school's provision is an excellent development and should be fully supported.

4.6 An updated pathway for children that self-harm and have suicide ideation that is wider than just children who present at Emergency Departments is needed and needs to be widely communicated when developed.

4.7 The two key areas of learning that Child Bj's parents wanted the review to highlight are the literacy level for Child Bj was so much lower than it should be, possibly five years lower. This was what was at the root of his anxiety and anger. His father told the review author that *'he much rather wanted to be thought of as a funny, naughty boy than a thick boy.'* If this could have been addressed, they felt his relationship with schooling would have much improved.

4.8 The second point was whether the school had a focus on being trauma informed and whether training had been sought in this area. Trauma can affect individuals, groups and communities. To provide care that is trauma-informed in schools or settings means to understand how traumatic events shape children or young people's neurological development as well as other aspects, such as psychological health or social behaviour patterns for example, it also involves being able to understand what types of interventions may be most helpful at different points throughout the recovery process.

4.9 Information provided to the review to help with clarity relating to this term states that: *'Childhood trauma is associated with a heightened response to threat cues in the amygdala. The amygdala is a small almond- shaped structure deep inside the brain that responds to salient aspects of our environment. Changes in the threat system may reflect adaptation to childhood trauma. This may show itself, further, in the following:*

- *Struggling to pay attention to other things – making it harder to learn and develop other important skills.*
- *An increased intensity in their interactions with others.*
- *Reduced ability to regulate emotions.*

• *Finding everyday challenges and stressful events harder to manage than their peers.*

• *Increased reactivity to social rejection.*

• *Withdrawing or feeling anxious even in safe environments, reducing opportunities to learn new things and build relationships.*

• *An increased risk of symptoms of anxiety and depression.'*

4.10 Trauma informed practice in schools is about more than just understanding or recognising trauma in individuals. It aims to increase teachers, staff and practitioners' awareness of how trauma can negatively impact individual children and the whole school community.

4.11 Trauma-informed practice in schools seeks to address the barriers to engagement and learning that those affected by trauma can experience. A trauma-informed school is able to engage with and respond to children and teenagers who suffer with trauma and/or mental health problems. Working in a trauma-informed way does not mean asking children and young people about their experiences of trauma; it is an understanding of the impact of trauma on the brain and body; how this manifests in day to day behaviours; how best to respond. To work in an adversity and trauma-informed way is to be sensitive to the wider context of the person's life, and how this impacts them, and any guidance and support we might be able to give them.

5.0 Recommendations

Recommendation 1

The Northamptonshire Safeguarding Children Partnership must ensure, with the support of Northamptonshire's Children Trust, that agencies and professionals know and understand how they can utilise the Early Help Framework and how they are expected to contribute to individual cases. This includes how they can obtain appropriate support from the Northamptonshire Children's Trust partnership services to assist with building appropriate services around children and their families. This is the clear finding from this review, that agencies and professionals don't always know what is available. There is also a need for individuals and agencies to ensure that they work collaboratively and make best use of available resources to be able to effectively engage with Early Help Assessments. This is an impasse that needs to be resolved.

Recommendation 2

The Northamptonshire Safeguarding Children Partnership should seek assurance from partners that the pathway for service provision to children that self-harm and have suicide ideation is updated and wider than just those children that attend hospital settings, to include, if possible, those children suffering from acute emotional distress, including those children suffering from chronic school phobia. It is accepted that the work underway by the Children and Young People's Transformation Board should achieve this.

Recommendation 3

i) The Northamptonshire Safeguarding Children Partnership should ensure that all frontline staff working with children and young people who are 10 years of age and over are supported to access learning related to suicide prevention and ensure they are aware of the findings from the NCMD (National Child Mortality Database) study into Child suicide.

ii) The Northamptonshire Safeguarding Children Partnership should ensure that frontline staff who are affected by the suicide of child that they are/were working with, are suitably signposted for support for themselves. For example, to an organisation such as 'We Mind & Kelly Matters' Kelly's Heroes. Https://wemindandkellymatters.org.uk/

Recommendation 4

The Northamptonshire Safeguarding Children Partnership should support the work being undertaken by Northamptonshire Public Health Department to update the Counties Suicide Prevention strategy, which is currently considering including:

i) Further development of the current support package for educational establishments in Northamptonshire in the event of suspected death by suicide in a school community. The package will also include prevention elements too.

ii) It would be useful for suicide prevention, part of the Northamptonshire Public Health Department and the Safeguarding Children Partnership, to have access to the learning points arising from the Child Death Overview Panel's review, following any Child's death by suicide to further inform the partnerships actions.

iii) The review should take into account the findings from a deep dive audit of the last three years of confirmed suicide cases, this will allow further insight into our local need and highlight any actions that need to be included.

Recommendation 5

i) The Northamptonshire Safeguarding Children Partnership should seek assurance from partners ensuring that the child's voice is captured in cases of acute emotional distress, including those self-harming and expressing suicide ideation, and the child is at the centre of all planning.

ii) The Northamptonshire Safeguarding Children Partnership should ensure that all schools are aware of the learning from Child Bj's case, his strong feelings of school phobia and to support schools with learning and development to enable schools to develop appropriate trauma informed practice.

iii) The Northamptonshire Safeguarding Children Partnership should ensure that partners improve information and advice available to parents/carers about signs to be concerned about for their children in relation to suicide ideation, including those who disengage with mental health services. This should include access for them to local crisis helplines and national resources.

Appendix A

CHILD SAFEGUARDING PRACTICE REVIEW

Ref127 / Child Bj

SCOPE & TERMS OF REFERENCE

The Strategic Leads took the decision that, with reference to the requirements as set out in Chapter 4 of *Working Together to Safeguard Children (2018)* that the threshold was met to commission a Child Safeguarding Practice Review (CSPR) in respect of Child Bj.

The purpose of the review is to identify improvements which are needed and to consolidate good practice. Northamptonshire Safeguarding Children Partnership and their partner organisations will need to translate the findings from reviews into programmes of action which lead to sustainable improvements and the prevention of death, serious injury or harm to children.

The following **principles** should be applied by Northamptonshire Safeguarding Children Partnership and its partner organisations to all reviews:

- There should be a culture of continuous **learning and improvement** across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice.
- The approach taken to reviews should be **proportionate** according to the scale and level of complexity of the issues being examined.
- Child Safeguarding Practice Reviews should be led by an individual who is **independent** of the case under review and of the organisations whose actions are being reviewed.
- Professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith.
- Families, including surviving children, should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively. This is important for ensuring the child is at the centre of the process.[13]
- Final reports of Child Safeguarding Practice Reviews **will be published**, in order to achieve **transparency**.
- The impact of Child Safeguarding Practice Review on improving services to children and families and on reducing the incidence of deaths or serious harm to children must be described in Safeguarding Children Partnership annual reports and will inform inspections.
- Improvement must be sustained through regular monitoring and follow up so that the findings from these reviews make a real impact on improving outcomes for children.

Child Safeguarding Practice Reviews should be **conducted** in a way which:

- Recognises the complex circumstances in which professionals work together to safeguard children.

[13] British Association for the Study and Prevention of Child Abuse and Neglect in Family involvement in case reviews, BASPCAN, further information on involving families in reviews.

- Seeks to understand precisely who did what and the underlying reasons that led individuals and organisations to act as they did.
- Seeks to understand practice from the viewpoint of the individuals and organisations involved at the time rather than using hindsight.
- Is transparent about the way data is collected and analysed.
- Makes use of relevant research and case evidence to inform the findings.

The methodology agreed for this review focuses on the requirements set out in Working Together 2018 with agencies involved with the family required to complete a comprehensive Chronology that includes analysis of each entry as appropriate. There will be an accompanying short summary report that details key events with greater detail about actions already taken.

There will also, and in parallel, be a process of greater collaboration through conducting conversations with the practitioners and clinicians involved and holding a multi-agency briefing at the start and near the end of the process in order to identify learning and encourage reflection on their involvement; to examine the actions and decisions taken; and to understand the context.

Issues for consideration by Authors and the Lead Reviewer (when conducting conversations, writing chronologies and summaries):

- Schools management of children exhibiting disruptive behaviour, self-harm and suicide ideation-Exclusions and managed school moves.
- Emotional health and wellbeing of children-children's mental health provision.
- Pathways for children that self-harm and are expressing suicide ideation.
- Risk factors involved in cases of child suicide including use of social media.
- Impact of Covid-19 including resourcing challenges ,for example, in school nursing.

The time period for this review:
- Key Period 1 is September 2018-July 2019. His last year of Primary Education
- Key Period 2 is September 2019-July 2021 first two years of Secondary School
- Key Period 3 is September 2021-March 2022

Templates will be provided for your use.

Panel members:
- Panel chair
- Independent Reviewer
- NHS Northamptonshire Integrated Care Board
- Safeguarding in Education, North Northamptonshire Council
- Northamptonshire Police
- Northamptonshire Children's Trust
- Independent Scrutineer, Northamptonshire Safeguarding Children Partnership
- East Midlands Ambulance Service
- Northamptonshire Healthcare Foundation Trust
- Northamptonshire Healthcare Foundation Trust – CAMHS
- Northamptonshire Probation (independent)
- Kettering General Hospital