

01

Background

Child A was a much loved teenager that was close, and seemingly happy, to her family and friends. There were no concerns about the care and protection that her immediate family provided.

02

Safeguarding Concerns

- There were incidents of self-harm over a period of 12 months.
- Child A made an allegation of sexual abuse but did not want to pursue a police investigation.
 - Child A's family were assessed to be safeguarding their child.

03

The Incident

Child A ended their own life after a period of mental health difficulties, including self-harm, and a disclosure of sexual abuse. Child A did access low level support from universal services but declined any further offer of support.

04

The Review

- The review looked at;
- The early help offer to address Child A's mental health.
 - The closure of Children's Social Care (CSC) involvement without;
 - o a comprehensive picture of Child A's health, particularly mental health.
 - o an understanding of the impact of the alleged sexual assault on Child A.
 - How the voice of the child was heard, and the daily lived experience understood, assessed and responded to by professionals.

05

The Findings

- Child A was offered support but professionals were not aware of and did not use the Greater Manchester self-harm procedure and Tameside referral pathway (currently under review).
- Professionals need to be aware of the connection between self-harm and suicide.
- Young people could be more likely to disclose to a friend than to a professional.
- Professionals should not assume that parents will know how, or be best placed, to support their child with difficult situations such as a sexual assault or self-harm.

07

Implementing Change

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

06

Recommendations

- To review the early help pathway (to access mental health support) and continually promote its use amongst professionals, parents and peers when a young person is experiencing mental health difficulties.
 - Strategy meeting minutes should be shared by Children's Social Care with all agencies involved with the child within 24hrs of the meeting taking place.
 - Where it is appropriate to do so professionals should communicate directly with vulnerable children and young people to;
 - o ascertain the child's wishes.
 - o explain their professional processes.
 - o offer support and leave the door open to support if they want it in the future.
- Information about how to identify and access support for emotional health and wellbeing can be found by [clicking here](#).

Child A

7 Minute Briefing

Child A - 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 A - 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?