

7 point briefing

Safeguarding Practice Review

Child C, D, and E - Risk Taking

February 2019

1

A group of three girls aged 16-17 years who were all looked after children from an area within North Yorkshire were involved in a sudden spike of extreme risk taking behaviours. At the time, the girls had a variety of agencies working with them. All the girls had acute self-harming behaviours and significant polysubstance misuse which is a psychological addiction to being in an intoxicated state. All three girls had also experienced a period of time in secure settings (on either welfare or mental health grounds).

2

On return to the community all three girls continued to engage in extreme risk taking behaviours that could have resulted in death. They had multiple admissions to Emergency Department, but they did not engage with offered support and interventions.

3

Initial responses weren't working due to the complexities of the situation. A high number of professionals were involved supporting the young people 24 hours a day. The chaotic situation initially resulted in a breakdown of communication and difficulties in sharing significant information between professionals in a timely way. Staff were struggling with the speed of changing circumstances in relatively uncharted situations e.g. aware of legal powers but not the training or knowledge to implement them. Need for joint risk management plan that was lawful as well as desirable. Whilst professionals may have wanted the young people to be detained in one place for their wellbeing, this has to be lawfully achieved if they won't give their consent and sometimes this wasn't possible. On occasions staff recorded events in crisis and some recording reflected the high emotions of the situation. This resulted in heightened anxiety and potential to overestimate the risk.

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Agencies involved in the case initiated multi-agency telephone conferences with the involvement of senior managers and also practitioners that knew the details of the children's changing situation. These regular telephone conferences (initially daily) allowed shared ownership of risk, an agreed approach and understanding of each professional's role and responsibility. An acknowledgement of the tenacity of frontline workers who continued to support the young people despite their chaotic behaviours and often an inability to accept the support on offer. Flexibility of frontline workers, responding when and where it was needed as the young people often didn't attend planned appointments

5

The case was escalated to senior managers and this allowed the agreement of additional resources/flexibility where needed. Once regular telephone meetings were in place, this elicited dynamic responses in real time rather than waiting for authorisation at a later time - more responsive to the actual situation. Frontline workers felt supported that the risk was shared between agencies and with senior managers - greater confidence to manage the situation.

6

Learning points:

Regular multi-agency telephone conferences created greater shared knowledge and understanding of each other's roles and as a result a responsive and reflective multi-agency partnership was created.

Ensuring language and recording is factual and evidence based. Ensuring the correct people are present at information sharing meetings, so factual information is shared and risks can be more accurately assessed on a dynamic basis.

A future request would be to ensure staff are supported to deal with the emotional impact of dealing with such situations. All agencies to identify how support needs will be managed in such challenging circumstances.

7

What to do next:

- Acute health staff/ Children and Families Service employees to have mental health awareness training and improve awareness of how to access specialist support services – perhaps a mandatory requirement of the role?
- Proactive approach – multi agency protocol for identifying future young people potentially at high risk to try to avoid reactive situation. Develop clear and robust pathways.
- Ensuring professionals involved in similar situation are aware of the processes and procedures, for example authority to hold a young person at hospital under Mental Health Act, 1983.