ROYAL BOROUGH OF WINDSOR & MAIDENHEAD
SAFEGUARDING PARTNERSHIP

REPORT SUMMARY

'ELLA'
AGED 17

Ella died by suicide 5 months before her 18th birthday.

A Local Safeguarding Children Practice Review was held to look at how agencies across county borders worked together to support Ella and her family in the lead up to her death.

DRIFT AND DELAY

WHAT DID THE REVIEW DISCOVER?	There was delay in resolving a previous child protection concern.
WHAT IMPACT DID THIS HAVE?	There was drift and delay in the management of risk in the family
WHAT HAS CHANGED SINCE THE REVIEW?	Children's services have restructured teams, added capacity and reduced workloads to support assessment work, improve response times and minimise delay

QUALITY OF ASSESSMENTS

WHAT DID THE REVIEW DISCOVER?	The voice of the child was missing from the delayed assessment of risk. Nor did it consider relevant contextual safeguarding risks.
WHAT IMPACT DID THIS HAVE?	The risks associated with Ella's family life were not informed by the children's input and were therefore minimised
WHAT HAS CHANGED SINCE THE REVIEW?	Children's social care now see children at least twice during the assessment stage and all children over the age of 11 are encouraged and supported to attend their Initial Child Protection Conference meeting

INFORMATION SHARING (1)

WHAT DID THE REVIEW DISCOVER?	Ella's new Further Education College did not receive her Child Protection file from her previous school
WHAT IMPACT DID THIS HAVE?	Staff in the College were not sighted on Ella's previous safeguarding concerns and vulnerabilities
WHAT HAS CHANGED SINCE THE REVIEW?	Education settings have been reminded of their statutory duty on the transfer of files between education providers

ACCESSIBILITY OF SERVICES

WHAT DID THE REVIEW DISCOVER?	A Mental Health Support Service (MHSS) in county 1 refused to accept a referral from a MHSS in county 2 due to a mistaken understanding of the referral criteria
WHAT IMPACT DID THIS HAVE?	It was not possible to put in place effective local support for Ella at a time of crisis
WHAT HAS CHANGED SINCE THE REVIEW?	The support available from the MHSS in County 1 is now more accessible. Clinicians are now involved in discussions about referrals.

INFORMATION SHARING (2)

WHAT DID THE REVIEW DISCOVER?	The college attempted to call parents by phone, left a message and sent an email, but Health services did not share details of the imminent risk to Ella with her parents or with children's services
WHAT IMPACT DID THIS HAVE?	The risks to Ella were not subject to multi-agency consideration as a safeguarding issue. Parents were not made aware of the imminent risk.
WHAT HAS CHANGED SINCE THE REVIEW?	Where high risk mental health concerns reach a safeguarding threshold, NHS services in county 2 have been reminded of the need to consult and communicate quickly with parents and education settings

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GOOD PRACTICE

The GP Practice that Ella attended whilst at college acted proactively by contacting the family GP in her home area to obtain key information as part of a working summary record.

Ella's college and GP practice had a good relationship, and Ella was given an early appointment in response to the request from the college. This was within an hour despite a busy clinic on the day.

During the consultation in which Ella revealed her plan to end her own life, the Doctor sought face-to-face advice from his clinical supervisor, a GP who was on duty in the surgery at that time.

When the GP felt that Ella was unlikely to refer herself, he persuaded Ella to allow him to call the Mental Health Support Service on her behalf, which he did by telephone. This demonstrated his concern for Ella at this time when she was clearly vulnerable.

The GP's urgent referral to the local Mental Health Support service was responded to promptly with initial triage taking place whilst Ella was still at the GP surgery. The local Mental Health Support Service responded to the safety concerns by trying to ensure Ella received appropriate assessment and support from her local mental health crisis service once she had returned to her parents' home.

ADULTIFICATION

WHAT DID THE REVIEW DISCOVER?

Ella was an erudite, intelligent and determined young woman who was able to advocate for herself. She did not receive the protection she was entitled to, as a child with a chronological age of 17 years.

WHAT IS ADULTIFICATION?

Adultification is seeing children as adults. It happens when a child is given less nurturing, less protection, less support and less comfort by professionals. It may be that some children are deemed older than they are through unconscious bias.

WHAT HARM CAN BE CAUSED BY ADULTIFICATION?

Children's rights are overlooked, and they are forced into adult roles socially, emotionally, or physically before they are ready. Adultifiction is a breach of safeguarding, where children are denied the vulnerability afforded to their peers.

HOW CAN PRACTITONERS AVOID ADULTIFICATION?

- Recognise that the person you are working with is a child
- Don't treat them as an adult, support them as a child
- Speak to them in ways appropriate to their age
- Help the child directly
- Change their experience
- Examine your own bias, and how you may be projecting onto the child
- Inform yourself and others to adultification
- Hear their story; give them a voice
- See (don't overlook) the child's vulnerability
- Notice if they self-harm
- Call it out if you see adultification from other professionals

THE LIMITS OF CONFIDENTIALITY

WHAT DID THE REVIEW DISCOVER?

Ella did not want her plans to self-harm to be shared with her parents.

WHAT IS 'CONFIDENTIALITY'?

If a professional has a duty of confidentiality, it means that he or she must not disclose anything learned from a child, without that person's agreement.

ARE THERE ANY SITUATIONS WHEN CONFIDENTIALITY CAN BE BROKEN?

Confidentiality may only be broken in the most exceptional situations where the risk to the health, safety or welfare of the child, or others, outweighs the right to privacy. The decision whether to break confidentiality depends on the degree of risk of current or potential harm, not on the age of the person.