

01. BACKGROUND

Daniel was a child in the care of Redcar and Cleveland Borough Co when, aged 17 years old, he was the victim of a shooting, believed to have been made in retaliation for an assault committed by Daniel a few days earlier. Daniel was taken to hospital where, as a result of his injuries, his left leg was amputated below the knee.

Between 2016, when Daniel was accommodated by the local authority and March 2020, when he sustained his life-changing injuries, interventions by key agencies were not able to keep Daniel safe; professionals struggled to engage Daniel and he persistently rejected services aimed at reducing the risks to which he was very clearly exposed. South Tees Safeguarding Children Partnership undertook a Child Safeguarding Practice review

07. WHAT CAN YOU DO NOW?

1. Think about the learning from this review and the children and families you work with. Do you need to think differently
2. Access and make the most of training and supervision
3. Contribute to multiagency meetings, if you think the case is drifting voice your concern
4. Find out more by reading the full review when published on the STSCP website

STSCP website: <https://stscp.co.uk>

06. WHAT WILL WE DO NOW?

1. Develop and implement a multi-agency framework for work with vulnerable at-risk adolescents
2. Ensure that all partners provide, support and supervision to their staff as well as training on adverse experiences in childhood, trauma and Criminal Exploitation
3. Make sure that meetings, LAC reviews and Child Protection meetings are robust and lead to improved and timely outcomes for children and young people.
4. Create opportunities to listen to what YP say they need.

02. WHAT DID WE LOOK AT?

The review team identified five lines of enquiry, which provided a framework around which the review team could appraise practice and safeguarding systems.

1. How well did agency assessments contribute to a collective understanding of Daniel's needs and vulnerabilities and the risks to which he was exposed.
2. To what extent were interventions and plans effective in meeting Daniel's needs and keeping him safe?
3. How did professionals manage and respond to Daniel's refusal to engage with them and the services they offered?
4. How well did agencies collaborate and work together?
 - o what extent were national and locally agreed pathways effective in keeping Daniel safe?

03. WHAT ARE THE MAIN THINGS WE FOUND: CHILDREN/YOUNG PEOPLE

1. Experiences and trauma in children often affects behaviour in adolescence.
2. Risk assessments must include the risks posted by past experiences as well as by current behaviour
3. Knowledge of the evidence base of risk indicators for adolescents who die or are harmed by their own actions is needed if professionals are to identify risk and respond accordingly
4. Children's plans must have SMART¹ objectives **AND** be regularly scrutinised, to ensure they **ARE** effective and reduce vulnerability
5. Being part of a 'gang' can create a sense of belonging and safety which cannot always be provided by professionals.
6. Adolescents at risk need professionals who want to understand their world and the decisions they make.

04. WHAT ARE THE MAIN THINGS WE FOUND: PROFESSIONALS

1. Professionals are skilled at communicating and gathering information but need more help with analysing and evaluation
2. Curiosity and inquisitiveness should be part and parcel of professional practice
3. Robust managerial oversight helps prevent drift
4. **Multi-agency systems** to record **and share** significant events are needed to support decision making
5. Multi-agency meetings must be well chaired, structured, and purposeful to avoid a false impression of progress
6. A shared responsibility
7. The young persons lived experience is not always well understood by professionals

05. WHAT ARE THE MAIN THINGS WE FOUND: FAMILIES

1. All men in a child's life are important and need to be included in assessments. Some will pose risks, some may be assets to the family and some may incorporate aspects of both. This is true of birth related and non-birth related men
2. Professionals need to be able to identify what needs to change for a child and if parents/carers have the ability to make and sustain that change
3. Coping with challenging and aggressive behaviour in young people is scary and tough for families and professional support is not available around the clock.

