

# Practitioner Learning Brief

Safeguarding adolescents in the context of neglect and vulnerability



Strengthening  
multi-agency responses  
to self-harm and suicide

# Strengthening multi-agency responses to self-harm and suicide

## Contents

- 1 Purpose of this Learning Briefing
- 2 Understanding Aiden's lived experience and voice
- 3 What we learned from this review
- 4 What did we learn?
- 5 What does it mean for practice
- 6 Practice Themes to make a difference
- 7 What can you do?

## Understanding the context

**Nationally:** Children and young people's mental health continues to worsen across the UK, influenced by the impact of Covid-19 on education and family life, alongside the cost-of-living crisis and widening inequalities.

**In England,** one in five children and young people aged 8-25 experience mental health difficulties, and rates elsewhere in the UK (while varying across nations) have also continued to rise overall <sup>1</sup>.

**Locally:** Within the North East, self-harm hospital admissions among 10-24-year-olds are significantly higher than the England average, reflecting increased levels of distress.

The region also records the highest suicide rates in England, with adolescents and young adults disproportionately affected. High levels of adversity and deprivation further compound risks, increasing vulnerability among children and young people.

1 [CentreforMH\\_MappingTheMentalHealthOfUKYoungPeople.pdf](#)

# What do you need to know?

## 1. Purpose of this Learning Briefing

This learning brief concerns the death by suicide of a 16-year-old boy. This was a profoundly tragic event that affected his family, professionals, and the wider community. A Child Safeguarding Practice Review examined the circumstances surrounding his death to strengthen multi-agency learning about safeguarding adolescents, particularly where neglect, vulnerability, and risk of self-harm or suicide are present.

This practice briefing aims to help practitioners reflect on what happened, identify critical learning, and apply this insight to their own work with children at risk of self-harm or suicide. It also recognises the emotional impact on professionals and emphasises the importance of safe, supportive spaces where staff can share concerns, process difficult experiences, and access support as part of a healthy safeguarding culture.

## 2. Understanding Aiden's lived experience and voice

Aiden grew up in a large family where daily life often felt unpredictable and overwhelming. After a violent attack on their home and a hurried move, he described living with ongoing noise, overcrowding, and instability. These were circumstances that were especially hard for him to manage, given his moderate learning disability and autism diagnosis.

Aiden struggled to express his feelings verbally and often communicated distress through his behaviour, withdrawing, becoming anxious, or acting out when things felt too much. He repeatedly told adults he “did not want to be here anymore,” showing how hopeless and overwhelmed he sometimes felt. School had once been the place where Aiden felt understood, safe, and supported, but as pressures increased, his behaviour deteriorated, and he was suspended fifteen times. Despite this, he found real pride and confidence in boxing, helping him feel good about himself.

Aiden's increasing self-harm and suicidal thoughts developed within a context of emotional instability at home and the wider stresses affecting his family, which left him without the consistent support he needed to manage rising anxiety and distress.

Assessments for young people thought to be at risk of suicide should include a standalone section on self-harm and suicide ideation.

This should seek to identify, record and understand young people's self-harming behaviours, including how these behaviours relate to suicide ideation, as well as the circumstances and drivers that lead to more frequent or more severe self-harming. NSPCC learning from Case Reviews Suicide 2024



### 3. What we learned from this review

- 1 A deeper understanding of children's lived experiences, including how neurodiversity, developmental stage, and additional learning needs shape what they require from parents to thrive.
- 2 Greater curiosity about underlying vulnerabilities, including parental history, capacity, and situational factors, and how these intersect across all multi-agency assessments.
- 3 Improved knowledge of how parental mental health difficulties affect parenting capacity, children's care, and overall family functioning.
- 4 Clearer recognition that neglect thresholds must consider cumulative harm, adversity, vulnerabilities, and parental capacity. Closing or stepping down a case must include discussions with all professionals involved with the family.
- 5 Stronger understanding of cross-boundary processes, including roles and responsibilities when transferring cases.
- 6 Increased knowledge about Homelessness Duties and their relevance to safeguarding.
- 7 Recognition of the need to fully include fathers, understanding both their role and their support needs.
- 8 Enhanced application of critical thinking and professional challenge, ensuring decisions are reflective, robust, and centred on the child's needs.



“Threshold decisions for neglect should always be considered in the context of cumulative harm, adversity, vulnerabilities, and parental capacity.”

[stscp.co.uk page 2](https://stscp.co.uk/page/2)

## 4. What did we learn?

### What was it like to be a child in this family?

Aiden's needs and behavioural difficulties were identified early by a Pediatrician and CAMHS, confirming a learning disability supported through an EHCP.

Early adolescence saw a diagnosis of Autism. His neurodiversity affected daily functioning, making it difficult for him to process information, communicate, interact socially, and express emotions. Aiden lived in a large, chaotic household where persistent poor conditions and inconsistent care contributed to ongoing instability and neglect.

School life became increasingly difficult, with anxiety, periods of non-attendance, suspensions, and challenges around his school placement.

Family pressures reduced consistent support, with maternal mental health challenges and limited information about his father's involvement. These combined adversities left Aiden without the consistent care needed to manage his increasing emotional and developmental vulnerabilities.

"It is important for practitioners to build a trusting and respectful relationship with the child, which goes beyond listening and recording the child's views, to critically reflect on what the child is trying to communicate through their behaviour, interaction with others and physical presentation."

*Key learning from case reviews, Brandon et al*

### Key Learning Point 1

Practice must be informed by children's lived experience, ensuring that any neurodiversity and learning disabilities are recognised to meet their complex needs.

## 5. What does this mean for practice?

Practice must be rooted in a clear understanding of the child's lived experience.

Aiden's needs and neglectful home conditions were identified and known from an early age, and services were put in place.

Links between his lived experience, neglectful care, and vulnerability to harm are highly likely to have impacted his capacity to feel safe and, therefore, contributed to his feelings of anxiety... His lived experiences were cumulative and neglectful, adding to his worries about daily living and functioning.

*(STSCP Aiden page 11)*

Professionals must appreciate the effects of neglect on children's health and development, and specifically its long-term consequences.

Aiden's autism and learning disability increase his vulnerability to neglect, making missed care more harmful and harder for him to express. His behaviours can easily be misinterpreted, so understanding his needs is essential to avoid overlooking signs of distress or neglect.

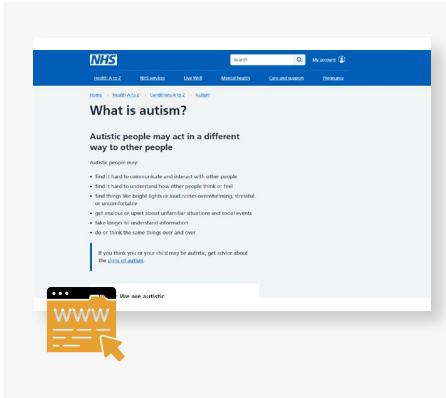
For children with autism like Aiden, lapses in consistency can be highly distressing, as they depend on predictable and attuned caregiving to feel secure and to support their emotional development.

Whole family working must address the broader issues affecting caregivers, helping them manage their own stressors and challenges.

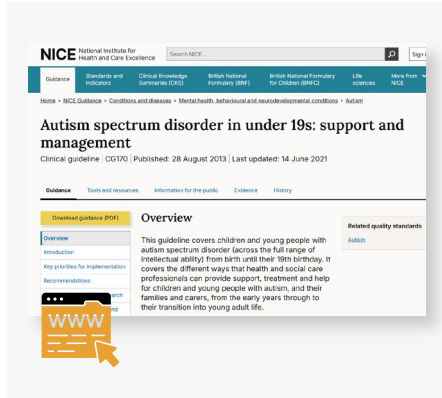
### TOP TIP!

Use a detailed chronology to identify emerging patterns of neglect over time. This is especially important when a child's communication or developmental needs may make signs of harm less visible.

# The Evidence Base and Research



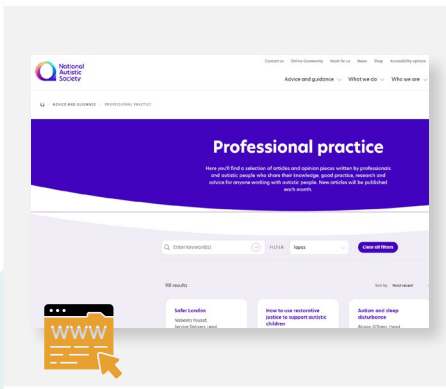
[The NHS - What is autism?](#)



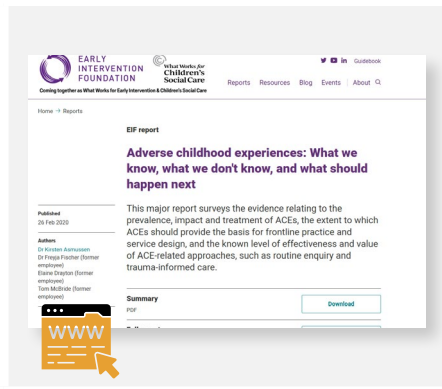
[Autistic Society: NICE Autism Guidelines](#)



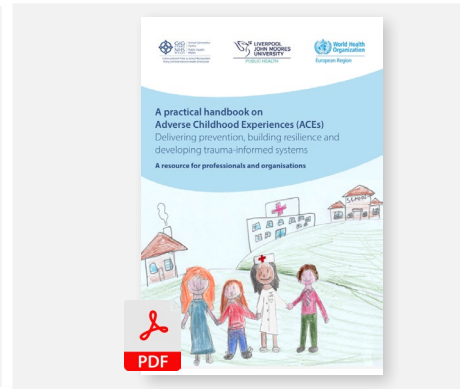
[Suicide: learning from case reviews](#)



[The National Autistic Society- Professional practice](#)



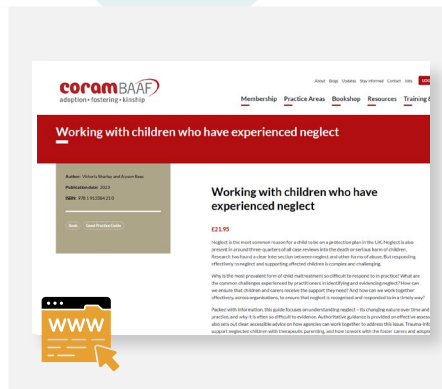
[Early Intervention Foundation Adverse childhood experiences](#)



[A practical handbook on Adverse Childhood Experiences \(ACEs\)](#)



[DFE: Missed opportunities: indicators of neglect](#)



[Working with children who have experienced neglect](#)

## 4. What did we learn?

### What systems and processes were in place to help, support and protect Aiden, his siblings and the family?

Support for Aiden and the family was mainly provided through universal early help and targeted mental health services, such as CAMHS and CPN<sup>2</sup>. There was evidence of some strong practice from the GP and Aiden's school, who provided continuity and enduring relationships for Aiden and his mother despite the family's move.

The move to a neighbouring authority led to complexities and misunderstandings, creating confusion about responsibilities, case-transfer processes, and service continuity.

Despite clear evidence of cumulative neglect, adversity, harm, and limited parental capacity, thresholds for neglect were applied inconsistently.

A strengthened understanding of cross-boundary processes and roles, and responsibilities must include :

- |  |
|--|
| Consideration of historical information  |
| Identification of children on an EHCP  |
| A clear understanding of thresholds supports families with complex needs to access the right level of help |
| Professional challenge across local authorities  |

Homelessness and poor living conditions meant the children's everyday needs were overshadowed by ongoing disputes about responsibilities for SEND, housing and financial support.

2. Community Adolescent Mental Health Services / Community Psychiatric Nurse

## 5. What does this mean for practice?

### Key Learning Point 2

Use the STSCP Thresholds of Need to agree a shared, multi-agency view of risk by recognising cumulative harm from the child's perspective rather than isolated incidents.

“Professionals in England are tasked with deciding when omissions in care reach the threshold of ‘persistent’ ‘serious harm’. This is difficult within a child protection system heavily skewed towards thresholds and recording specific ‘incidents’ rather than patterns. Professionals wanting to respond to neglect are essentially having to do so in a system that is not designed to support a response.”

*NSPCC Too little too late*

### Key Learning Point 3

Use the [Tees SCP Professional Challenge Procedure](#) promptly when concerns persist or when risk is disputed, ensuring the child's safety and cumulative harm remain central.

Shared understanding of thresholds and roles must be strengthened. Although neglect is straightforward from a child's perspective, meaning their needs are not met, it is professionally complex to assess and respond to.

In Aiden's case, this complexity led to threshold decisions that were not aligned with the clear and sustained evidence of cumulative neglect, adversity, harm, and reduced parental capacity.

### TOP TIP!

Access the STSCP Neglect Strategy, associated guidance, and tools to support practice.

# Reading and resources



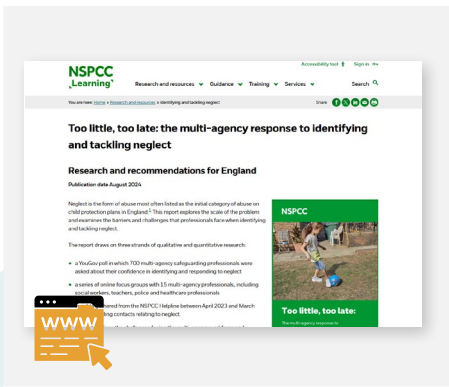
[South Tees Neglect Strategy](#)



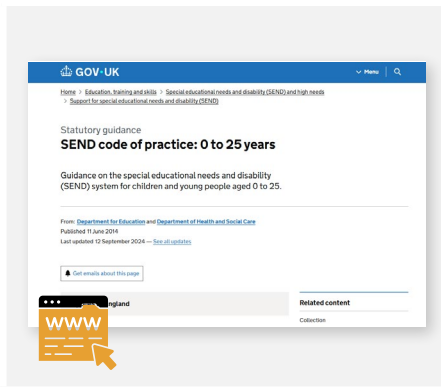
[Neglect Framework and Practice Guidance](#)



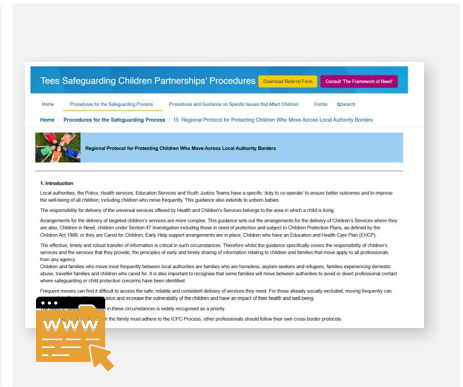
[Working Together to Safeguard Children 2023](#)



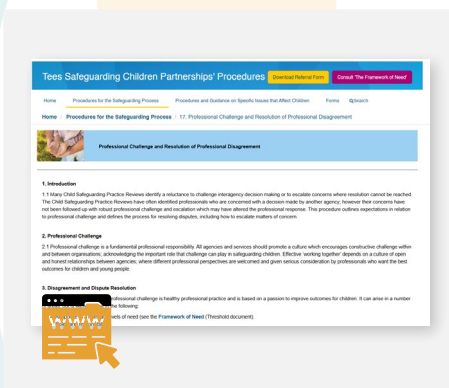
[Too little, too late: the multi-agency response to identifying and tackling neglect](#)



[SEND code of practice: 0 to 25 years](#)



[Regional Protocol for Protecting Children Who Move Across Local Authority Borders](#)



[Professional Challenge and Resolution of Professional Disagreement](#)

## 4. What did we learn?

### Recognising and responding to suicidal thinking

Cumulative risk was underestimated, with professionals focusing on isolated incidents rather than recognising the ongoing pattern of neglect.

There was evidence of helpful relationships between Aiden and his Psychologist and specialist clinicians from CAMHS.

Aiden's risks were not fully recognised because vital information about his needs, home circumstances, and vulnerabilities was known but never shared or connected across agencies.

“There needs to be a focus on building resilience and protection for vulnerable children living in neglectful circumstances. This is best addressed collaboratively through a multi-agency response. Practitioners tried their best to support Aiden, but frustration over thresholds for intervention and a lack of collaborative practice got in the way, meaning understanding Aiden's pathway became complicated and conflictual.”

*STSCP Aiden page 26*

When discussing suicidal thoughts, professional guidance emphasises active listening and an open, collaborative approach that seeks to develop safety. Stay calm and non-judgmental. It's okay to ask about self-harm or suicidal thoughts.

Listen and affirm feelings, evaluate immediate safety, and follow safeguarding procedures, including speaking to parents, CAMHS, or the Crisis Service as appropriate. Stay connected, as you may form part of a safety plan.

! Above all, if unsure or if immediate action is needed, seek immediate and specialist guidance.

## 5. What does this mean for practice?

Brandon et al. (2014) show that cumulative, long-term neglect significantly increases vulnerability and the risk of serious harm, emphasising the need to recognise patterns of neglect rather than isolated incidents.

Research into adolescent self-harm shows that vulnerable young people, particularly those experiencing neglect, inconsistent care, or parental mental health difficulties, are at increased risk of harm.

### Key Learning Point 4

Neurodivergent young people facing cumulative neglect are at increased risk of self-harm and suicide, requiring robust multi-agency assessment and consistent, safe caregiving.

Learning from Aiden has shown that:

Multi-agency coordination must be strengthened so that self-harm and suicide risks are jointly understood and managed.

Services must work together on shared intervention and safety plans to ensure consistent support.

Professionals must build stronger knowledge and skills about identifying, supporting and managing children with self-harm and suicidal thoughts.

### Key Learning Point 5

Recognise the emotional impact of this work. Ensure you and any staff you manage have the support needed to maintain well-being.

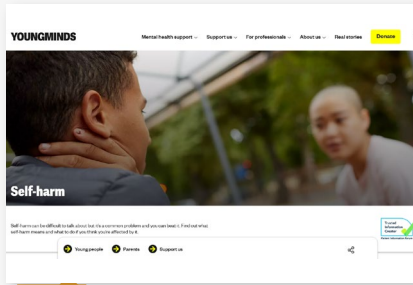
“Case reviews underline the importance of understanding the cumulative effect of different risk factors, hearing the voices of children at risk of suicide, and instilling a sense of belonging through promoting trusted relationships and providing stable sources of care.”

NSPCC 2024

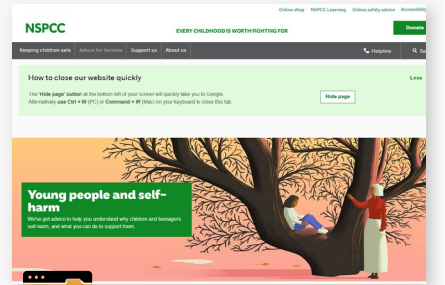
# Reading and resources



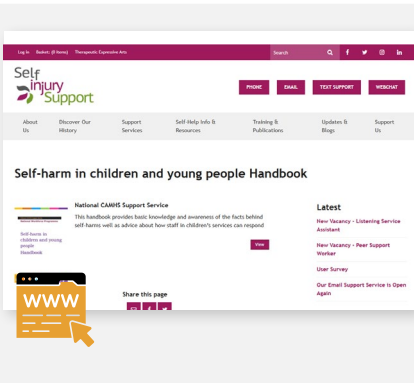
[Adolescent Neglect Framework 2020](#)



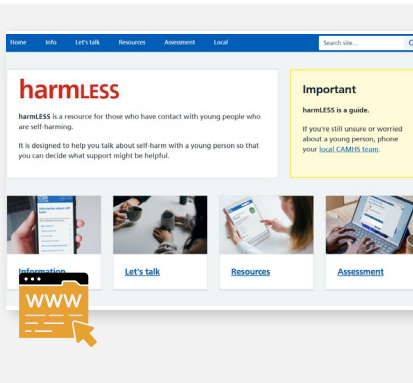
[Self-harm | Advice for young people | Get help | YoungMinds](#)



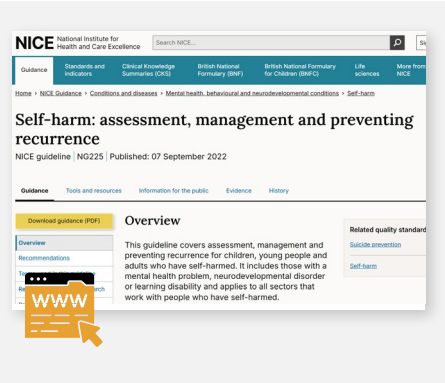
[Understanding Child Self-Harm & Keep Them Safe | NSPCC](#)



[Self-harm in children and young people Handbook | Self Injury Support](#)



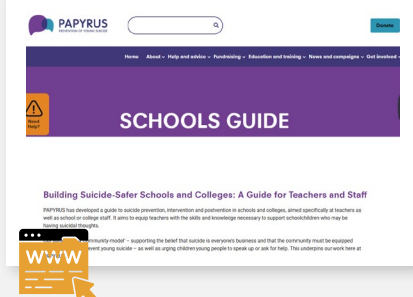
[harmLESS](#)



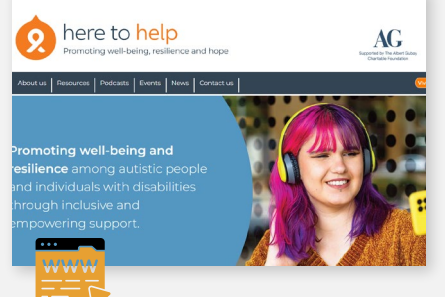
[Self-harm: assessment, management and preventing recurrence NICE](#)



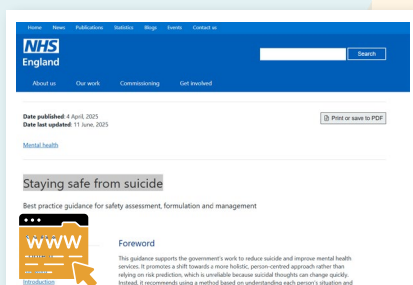
[Tees Suicide Prevention Strategic Plan](#)



[Schools guide | Papyrus](#)

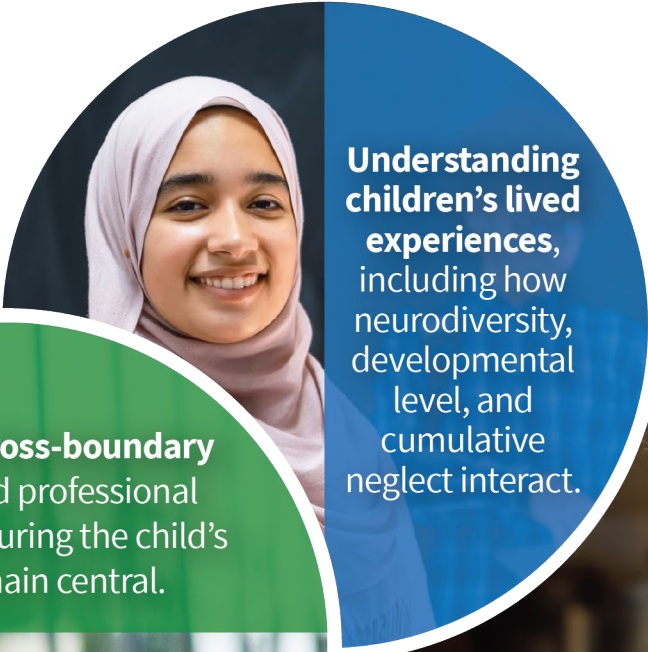


[Here to Help](#)




[NHS - Staying safe from suicide](#)

## 6. Practice Themes to make a difference





**Improving cross-boundary working** and professional challenge, ensuring the child's needs remain central.

**Understanding children's lived experiences**, including how neurodiversity, developmental level, and cumulative neglect interact.



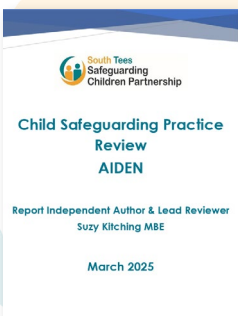
Building confidence and competence in **responding to self-harm and suicide risk**, especially for neurodiverse children.



Strengthening understanding of **neglect thresholds**, with emphasis on cumulative harm and patterns of care over time.

## 7. What can you do?

1	Reflect on what life is like for this child in this situation at this particular time, linking behaviour to possible harm and unmet needs.
2	Use analytical tools, including Chronologies, to identify cumulative harm and the <a href="#">Six Question Tool</a> to structure your thinking.
3	Share and seek information with professionals involved with the child and family. Do not assume knowledge is already understood across the network.
4	When families with complex needs move between authorities, hold a multi-agency handover meeting to share essential information, clarify concerns, and confirm responsibilities across Housing, Education (including EHCP), Health, and Children’s Services.
5	Access training, resources, specialist input (e.g., CAMHS), and supervision to strengthen your confidence in recognising risks of self-harm, suicide, neurodiversity-related vulnerabilities, and neglect. <b>Even when it feels difficult, proactively support young people in accessing help and in talking openly. Discussing suicide or self-harm does not raise the risk.</b>
6	Recognise that suicide in young people often, results from multiple vulnerabilities with recent stressors acting as a potential ‘final straw’.
7	Use collaborative, visible Safety Plans that place the young person and family at the centre.
8	Apply ‘Was Not Brought’ policies consistently and share their implications across the professional network.
9	Support families to understand pathways such as EHCP and CAMHS through clear verbal and accessible written guidance to build trust and engagement.
10	Identify and strengthen protective factors, including confidence-building activities and trusted relationships within the family and professional networks.



### Access the Report

There is a Learning summary associated with this Review to ADD  
Read the full report [here](#)

