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Background

The CTMSB commissioned an Extended Child Practice Review (CPR) in relation to a death of a 13-year-old female by suspected suicide. Child F was a Child Looked after (CLA) from the Local Authority area, who had been in foster placement outside of that local area since March 2021.

Child F had a history of social, emotional and mental health needs. The purpose of the CPR was to identify any multi-agency learning to inform future practice. An independent person was identified to chair a multi-agency Review Panel and two independent reviewers were identified to write the report.



EXTENDED CHILD PRACTICE REVIEW CHILD F

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Context

Child F previously lived with Mum and Dad and sibling until her parents separated, due to family breakdown the living arrangements varied between both parents. Local Authority Children's Services had significant historic involvement with the family since 2009, in relation to volatile relationships between adults, domestic violence, substances and alcohol misuse.

There were also several reports of parental mental ill health, physical and verbal abuse. There are also previous reports of service involvement with the older half-sibling. The children were placed on the Child Protection Register three times between 2014 and 2019: Child F experienced several Adverse Childhood Experiences (ACEs) throughout her life. Child F's sibling had significant social emotional and behavioural difficulties.

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Improving Systems & Practice

- When a child is placed out of county in another local education authority, appropriate provision should be identified in a timely manner and school placement arranged as soon as possible.
- Police in the area where a Looked After Child has been placed, should be informed and updated by the lead Local Authority, regarding any identified risks or concerns.
- When a Child Looked After is placed out of area, arrangements for maintaining contact with family and friends need to be robust and consistent for the child and the family, to maintain relationships and support networks. Possible advocacy for the Child Looked After to be considered, to ensure their views are taken into consideration.
- Pathways for CAMHS referrals need to be clear for all agencies. When information is not immediately available from professionals, there should be a process for escalation within each agency.



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Good Practice

- Multiple agencies persistently attempting to engage and support.
- Voice of child in LAC Health Assessment despite COVID restrictions
- Positive relationships with professionals identified
- Child F was seen as an individual in school
- Good communication between parent, foster parent & school
- Police response & actions recorded in both localities were timely & appropriate.
- A thorough assessment from a Clinical & Forensic Psychologist to explore impact of Child F's lived experiences & advice upon appropriate support.
- Intervention & guidance to Dad as part of the Building Better Relationships programme & supported by the Probation to self-manage during challenging situations.

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Improving Systems & Practice

- A trauma-informed approach should be used by all agencies before, during and after the assessment process.
- All assessments of the child and family should be available and shared to all agencies, particularly when indicating specific therapy or interventions.
- When engagement of a child is limited, or specific therapies are not available, alternative therapies should be sought for the child.
- When a Child Looked After is requiring a therapeutic placement due to identified needs, the appropriate support and intervention should be in place for the child alongside the foster carer.
- When a child is placed out of county in another Health Board, the Health Care Needs notification form should be completed and include a risk assessment undertaken by the Looked After Children Nurse. A Health representative should be invited as standard practice, to attend the LAC Review Meetings. There is a gap with Children Young People placed from other areas when health are not routinely invited and this is a gap with supporting the care and support plan for child.

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Themes Identified

1. Domestic abuse and healthy relationships
2. Substance misuse and its impact on the outcomes for the individual and the family.
3. Mental health support and assessment from a holistic approach.
4. Communication and information sharing between agencies and families.
5. How agencies maintain family relationships and support, particularly when a child is placed out of area.
6. The impact of COVID restrictions and challenges for all agencies.

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Parent's Perspective

Dad felt he was not supported or listened to by agencies; he felt they were all let down by services. He explained that he did not understand the process, whom to contact, or why his children had different social workers allocated. Contact with family and life for him and Child F was very hard after the move to foster care and he believes the risks were higher when his child was not near the family. Mum felt let down by services and stated she did not trust anyone, she expressed that she felt harassed and bullied by some professionals over the past few years. Mum did not feel that the information shared about her family was accurate and truthful. She expressed that Child F was deeply unhappy in foster care and wanted to be with her and near the family in a familiar area.