Derby and Derbyshire Safeguarding Children Partnership

7 Minute Learning
Child R

R's story:

R was a looked after child who lived in a children's home away from her home area. She was diagnosed with autism spectrum disorder (ASD), she had mental health difficulties and a history of self-harm. R had been radicalised and she was the youngest girl to be charged with terrorism offences in the United Kingdom. The prosecution against her was discontinued once she was recognised as a victim of modern slavery through the national referral mechanism (NRM) after she was exploited online. R was referred to Prevent to help reduce the risk of ongoing radicalisation. When she was 16 years old she died by ligature. The inquest into her death could not conclude that R intended to take her own life, but it found missed opportunities to safeguard her. These opportunities along with areas of good practice that were also identified in the inquest have helped to shape several practice principles which can support practitioners and their managers when they are working with children who have similar vulnerabilities to R.

Key Learning Areas: Practice Principles

therapeutic support:

when R was placed in an out of area children's home there was a delay in transferring her care to the local Child and Adolescent Mental Health Service (CAMHS) and in securing long term psychotherapy for her. This meant that she was without mental health provision for twelve months

It is important that a timely decision is made about which CAMHS team should provide support for children who are placed out of area and the practitioner group should be clear about who the lead professional is and which agency is responsible for progressing necessary CAMHS referrals. The co-ordination of regular and direct mental health intervention (rather than consultation based) is beneficial to help prepare children to engage in long term psychotherapy and to help monitor and assess changes associated with their risks and vulnerabilities.

Children can be ambivalent about accepting support for their mental health difficulties and practitioners might think that involving too many professionals would overwhelm them, but where there is risk and vulnerability, these factors should not delay a referral for long term psychotherapy. It is important to consider how many of the practitioners involved are delivering direct intervention to a child to help assess whether there are any gaps in support and to decide whether they could manage additional intervention. When several agencies are involved, the responsibility to manage and respond to risks may become unclear or displaced to individual agencies, therefore, it is important to remember that the whole practitioner group is responsible for delivering a child's risk and vulnerability plan.

If a mental health provider decides that they are unable to support a child, the practitioner group should challenge the decision with the support of The DDSCP Multi-Agency Dispute Resolution and Escalation Protocol or secure alternative provision. Whilst counselling can be an effective intervention for a child, it should not replace long term psychotherapy, if an assessment has concluded that this is what they require.

Key Learning Areas: Practice Principles

national referral mechanism:

agencies held information which suggested that R was being radicalised online, but there was a delay in referring her into the NRM

It is important that practitioners are able to identify when a child is at risk of modern slavery to avoid any delays in making an NRM referral. It is also important that practitioners understand their responsibility for submitting NRMs, they should attend training offered by their agencies to support their involvement, especially if their agency is a first responder. In line with agency guidance and the Prevent duty, practitioners should work collaboratively to gather information and submit an NRM as soon as it becomes suspected that a child is a victim of modern slavery.

The safety and well-being of children can be affected by both exploitation and extensive court processes and therefore a swift referral into the NRM may help to reach a prompt decision about the right course of action and allow necessary support and protection for the child to be established.

Prevent intervention:

the Prevent intervention delivered to R changed focus from relationship building to discussion about radicalisation without an adequate risk assessment of how she was likely to respond

It is important that any shift in the focus of intervention is discussed amongst the practitioner group so that there is an opportunity to identify any concerns and to assess the impact of any changes on a child's mental health. If a Channel Panel has been established for a child who has been identified as vulnerable to terrorism, its members should also be consulted about any changes to intervention. Risks and vulnerabilities associated with a child with ASD may fluctuate, therefore, the practitioner group should review their assessment after any significant change to the intervention that is being delivered.

Prevent intervention providers working with children who have ASD are to be selected with care and will have sufficient expertise, knowledge and experience to respond appropriately to their needs.

ASD support:

the ASD assessment did not sufficiently explain R's individual traits or recommend how adults should support her. This meant that there was a risk of R's needs not being adequately met

It is important that practitioners know if a child has an ASD diagnosis and they should access training and guidance provided by their agencies to help communicate with them and support them appropriately. Especially for children who are living in care, the support provided should be responsive to their particular ASD needs. It is important to consider a child's thought patterns, expressions and emotions over time to help identify risk and vulnerability. A trauma informed approach should be taken, especially when a child has been exploited or been involved in criminal processes.

When criminal processes are particularly complex, practitioners should consider whether a child's ASD traits may prevent them understanding what is happening and they should find ways to clearly explain proceedings. For some children with ASD, terrorist material could be a special or obsessional interest and can be soothing to them. Also, the process of radicalisation may provide a way for children with ASD to communicate but this could also lead to Police involvement. The practitioner group should acknowledge this conflict and balance the risk that a child poses to others against their vulnerabilities.

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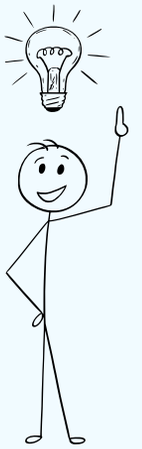
what next:

Discuss the practice principles in team meetings, in supervision sessions and with your colleagues. Consider whether the children you are working with have appropriate support and interventions in place and that they are delivered by the right people to help meet children's specific needs and reduce their risks and vulnerabilities. Check that the support and intervention being delivered is actively reviewed to help identify any concerns and to assess the impact on the child. Think about how children interact online and whether this increases their exposure to concerning material or to people that pose them a risk.



useful resources:

- DDSCP: safeguarding children against radicalisation and violent extremism
- DDSCP: safeguarding children from online harms
- National Autistic Society: autism and communication
- NSPCC Learning: online safety
- NSPCC Learning: protecting children from trafficking and modern slavery
- NSPCC Learning: radicalisation
- Young Minds: supporting autistic children with their mental health