

Local Child Safeguarding Practice Review - Riley

My name is Riley. I am 17 years old. Me and my friends went to a cannabis farm and took some but I was chased by the people who owned it. Someone chased after me and ran me over and beat me up.

I was taken to hospital

but I didn't want them

to treat me. I could

have died.

My name is Riley. I am 17 years old. A social worker has been coming to see us because my sister had told her teacher about my step dad dragging my mam around and throwing her on the floor. He threatened to kill me and I was so angry - I tried to smash the windscreen of his car. He gave me a black eye.

I keep telling people that my step dad hurts my mum but nothing changes. I've stopped going to college. I have been arrested a few times for things like setting fire to a car, hitting someone with a hammer, breaking into cars, threatening someone, smashing windows at home, burglary. The Police took my phone! I know I need some help but I don't want referrals to places. I'm worried about talking to different people and I find it hard to control how I'm feeling when people talk to me about me. I've cut myself on my arm a few times but I wouldn't have the balls to really kill myself. I met a nurse who was really nice and she really listened to me. I told her how I felt and it felt good to have someone listen to me. I wonder if she can help me?



My name is Riley. I am 16 years old and I go to college. I spend a lot of time out and about with my friends and my social worker is constantly asking to do a return home interview with me because I stay out all night. I don't see the big deal – I'm only out with my friends. I had a girlfriend but we split up because I found out that she was only 13. I smoke cannabis. People are worried about me taking drugs but I don't see what the big deal is – it helps me sleep. They wanted me to work with someone about drug use but I don't think it's an issue. I've been getting into a lot of arguments at home. Police came again. I phoned them because my step dad was going for my mam and he head butted me when I got in the way. They'd been drinking. A social worker came to talk to me but I couldn't be bothered to speak to them. I've been staying with gran a lot. I'd rather kill myself than go home. One day I am good and the next day I am not. I think I've got bipolar. I've got another girlfriend. I was arrested though because we got into an argument over having no money for cannabis and I slapped her. I kept getting calls on my mobile from numbers I didn't know so I ignored them. I think it might have been people trying to talk to me about things I've done. I know I need help but lots of people keep trying to talk to me and I don't understand why I have to talk to them all and I don't understand who they are.

2019

My name is Riley. I am 15 years old. Me and my friends have talked about running away. I get into a lot of trouble at school. I just get really angry and I can't control it and I do things that I shouldn't do. I punched someone and was excluded for a few days. I have hit teachers too. Someone was going to help me to manage my anger but my mam didn't take me to see them. I have been staying out late with my friends. The Police sometimes find us because my friends parents have reported them missing. I like to smoke weed with my friends. I have tried some other drugs too. It makes me feel good. People have asked me if I want counselling but what is the point in talking to someone when I don't even know what's going on myself! I have had tests before and no one has diagnosed me with anything and nothing has helped so far so there's no point. My name is Riley. I am 13 years old. I don't always go to school. Sometimes I go for a walk with my friends instead. When I am there I find it hard. I get frustrated and throw things or kick and shout. I have damaged things and get into trouble. When I went to the shops with my friends Police found me. I had a knife in my pocket so I had to work with some people about knives. On a school trip me and my friends set fire to a bush and the Police and fire brigade had to talk to us. Someone else was going to be helping me about how I am feeling and my behaviour and why school is hard for me but my mam forgot to take me to see them



2010

2022

2020

My name is Riley. I am 11 years old. It can be loud at home with shouting and arguing. The Police come to my house sometimes. Last time they came was because my stepdad was drunk and he stamped on my mams head. I don't feel happy. I feel worried in my belly. I am finding school even harder. It is hard to follow the rules. I've got a friend though and we do some fun things together but we got into trouble for throwing stones at the teachers cars. School said I couldn't come back for a few days because of my behaviour. I have had some more tests to see what is wrong with me. Someone was going to be helping me but my mam forgot to take me to see them.



JUL A

My name is Riley. I am 8 years old. I can't do some of the things my friends can do so I have to go to two different schools. They gave me a test to see what was wrong with me. My mam has asked for help with my behaviour because I hit and bite and swear sometimes. Things get too much for me and sometimes I run away from her. At school I hide under the table when I feel scared. I don't know how to be friends and play the way that the other children do. I can be clumsy. I feel angry and sad and I lash out. I said I wanted to kill myself. 2012

My name is Riley. I am 6.

The fire brigade came to my house last night but it wasn't fun to see the fire engine – I was scared. My mammy's boyfriend made a fire in the garden and burned mammy's things. He hurts her sometimes. The police took him away but he came back to stay with us again. He gets angry with mammy and I get scared. I don't want him to hurt my mammy. because I don't understand things the way that the other children do and I can't do the work by myself. I find it hard to concentrate. My mam has been talking to different people about me because she needs help with me. I sometimes stay with my gran when I am too much for my mam. I get really frustrated and angry and hurt others. I have had some more tests to find out what was wrong with me. I wish I was dead.



My name is Riley. I am 3. I drank some water and it was yucky. It burned my mouth and a nurse looked at my mouth. I burned my leg too on mammy's tongs. I heard the nurses tell my mammy that I was too little and I should be a bigger boy.

2007

The Life of the Child and the Child's lived Experience

The initial focus for this review was to look at the way that partners across the system worked together when a child is identified at risk from exploitation. However it was clear once Riley's life was explored that Riley's potential exploitation was inextricably linked to his childhood experiences. Riley has additional needs and witnessed and was subject to domestic abuse. These needs were not met and these experiences shaped Riley as he grew up and ultimately became at risk of exploitation.

It is important that the workforce understand the importance of understanding a child's lived experience to ensure that children are supported at the earliest opportunity. This will reduce the risk of children being at risk of exploitation as they become adolescents. The workforce must also be aware that a child with additional needs is at a potential greater risk than those of their peers.

Identifying Need

Best practice in <u>identifying need</u> would be a workforce that was professionally curious. The workforce will be looking at all children's and family's needs including parenting capacity in the context of their history. Workers would listen intently to children and young people to understand what life feels and looks like to them and ensure that children and young people voice is valued. Workers would understand that children's behaviour is a way for them to communicate. Workers would keep checking in with children and young people to ensure that assessments are dynamic as needs change. If there were concerns raised about any learning needs workers would work with specialists to understand these needs and the strategies needed to engage with these children would be recorded.

Best assessments are based on a positive relationships with child and family and recognise the importance of valuing the time needed to build these relationships; acknowledging that assessments need to be timely but not to the detriment of quality. Professionals should seek to:

- recognise and reflect on cumulative risk including parenting history, ACEs
- actively communicate between agencies involved in assessing need
- undertake joint assessments to ensure identifying all needs
- see a child's behaviour as their way of communi-

Responding to Need

Best practice in <u>responding to need</u> involves, in the first instance, building effective relationships with both the child and family but also within the team around. Practitioners who communicate effectively with each other to ensure that everyone understands the bigger picture and knows about changes as they occur are more informed and able to make more effective evidenced-based decisions. Children / young people and their families who own their plans and understand what practitioners are going to do to support, but also what their responsibilities are, are more likely to engage with the plan and to make the changes required. Organisations that do not have organisational silos enable true multi-agency working and ensure that the most appropriate worker (that family most engages with) supports the family; with specialist services supporting the worker. This maximises trusted relationships leading to more successful engagement and intervention.

A workforce that understands that a child's behaviour is a way for them to communicate with us is more in tune to early indicators of vulnerability and does not see children/ young people as troublesome but actively seeks the reasons why they are behaving in a certain way in order to match response to need. A workforce that fully understands the impact of trauma (such as Domestic Abuse) on brain development and how this may affect learning needs are more able to respond effectively to need.

Support is based on meeting needs rather than a label or diagnosis. Learning needs and the way to engage children with these needs are shared across the multi-agency team around to ensure that we are working with children in a way that they can access. Substance misuse and mental health services work together to de-

velop shared plans to support young people to improve their emotional wellbeing and reduce their substance misuse. Professionals should seek to:

Meaningful and Effective Engagement

Best practice in meaningful and effective engagement means that the workforce is creative, innovative and persistent in engaging with children, young people and their families. It is built on the development of positive relationships which can take time however we commit to that approach. Workers work together across organisational boundaries to ensure that the right people are supporting the child and young person. The workforce work together as a multi-agency team around to identify the worker that has the best relationship with child and family. "Was not brought" processes are robust and workers tirelessly follow up if children are not brought for appointments and escalate as required. Cases are not closed for non-engagement and workers seek support from the team around to support engagement.

The child knows we listen to them and act on what they say and we also feedback to child/ young person to ensure that they understand why we have done something. Professionals should seek to:

• Be creative about where and how appointments take place to maximise possibility of engagement and attendance

- cating and be reflective about what the behaviour could be telling us
- be mindful of and use verbal and language that recognises the behaviour as a means of communicating; ensuring the child is seen as troubled rather than troublesome
- be curious about the context / root causes behind presenting issues
- recognising the cumulative impact of neglect on a child and the impact of trauma on brain development; understanding how this can manifest in adolescence
- place high importance on relationships allowing themselves time to build trusted relationships
- where child is not brought to appointments, be creative in how and where these are offered to maximise possibility of engagement in these (assertive outreach).
- co-ordinate the Team Around not overloading a child with referrals / workers but considering what needs to be prioritised and who is the best person to deliver
- be needs led rather than service led
- workers working together to be able to respond to multiple needs such as underlying learning needs and child protection concerns

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- Be up to date / creative when working with / engaging young people and have appropriate systems / resources / technology (Snap Chat) in place to talk to children in the way they prefer
- The team around are consistent in their approach to engage young people and regularly review this to adapt their approach to meet the needs of the young person

