

Lessons Learned – Daniel and Lucy

Introduction:

This Local Child Safeguarding Practice Review was commissioned by Warwickshire Safeguarding Children's Partnership (WSCP) in response to two separate but similar serious incidents involving adolescents referred to as Daniel and Lucy. Pseudonyms have been used throughout this report to protect the identities of the children and their families.

Both children experienced significant trauma, are believed to be victims of intrafamilial sexual abuse, and made determined efforts to end their lives. Although Daniel and Lucy did not know each other, a decision was made to undertake a thematic review due to the striking similarities in their backgrounds, vulnerabilities, and the systemic challenges encountered in their care.

Daniel's Story:

Daniel was admitted to hospital following an attempt to end his life. Prior to this, he had made disclosures of self-harm and suicidal ideation and had been out of education for a significant period. During his hospital admission, he disclosed recent extra familial sexual abuse and substance misuse. Daniel had experienced repeated instability and disruption in his caregiving environments alongside a long-standing history of neglect, exposure to domestic violence, and suspected sexual abuse.

Lucy's Story:

Lucy sustained serious injuries requiring an extended period of inpatient care following a suicide attempt. She had been known to mental health services from an early age with a history of self-harm, overdoses, and suicidal ideation. Lucy was believed to be a victim of intrafamilial sexual abuse.

What we have learned:

- **Use of Appropriate Safeguarding Intervention**

Children and young people with complex and escalating needs require a statutory safeguarding response. Reliance on Early Help alone can reduce accountability, delay escalation, and restrict access to specialist interventions. A Child in Need plan provides a more robust and legally grounded framework for coordinated multi-agency support.

- **Timely and Proportionate Responses**

Disclosures of abuse and self-harm must trigger immediate safeguarding action. Labelling abuse as 'historic' should not prevent or delay response evidence of harm is ongoing. Strategy meetings should be held where significant harm is suspected, using trauma-informed decision-making.

- **Strengthening Referral and Screening Processes**

Gaps in referral pathways and screening processes led to missed information, delayed escalation, and inconsistent threshold decisions. Robust and consistent information sharing, alongside clear and streamlined referral systems, is essential to ensure children do not remain in unsafe or unsupported living arrangements.

- **Mental Health Crisis and Suicide Prevention Gaps**

Limited Tier 4 provision results in out-of-area placements, increasing disruption and isolation. Limited oversight of suicide prevention arrangements, combined with delays in data analysis, restricts the ability to identify emerging risks early. This reduces opportunities for timely intervention and hampers the responsiveness of services, ultimately placing vulnerable children at greater risk. Practitioners are left managing more complex risks with limited support, reducing continuity and early help opportunities.

- **Responding to Sexual Violence and Exploitation**

- Disclosures and indicators of sexual abuse and exploitation were not consistently explored, risking unmet needs and reduced trust. Professionals must ensure young people access appropriate pathways (e.g. Multi-Agency Sexual Exploitation (MASE), Independent Sexual Violence Advisor (ISVA) services, with strong professional curiosity and timely action so that young people feel heard, are safeguarded effectively, and can access the right support and justice pathways.

- **Education, Attendance and Mental Health**

Prolonged absence from education negatively impacts mental health and wellbeing. Schools play a key safeguarding role but universal support for mental health and SEND is inconsistent. A whole-school approach, staff confidence through training, and strong collaboration with health services are essential to deliver consistent and effective mental health support.

- **Equality, Diversity and Inclusion (EDI) in Practice**

Although EDI was present in policy, there was limited evidence of how it informed practice or decision-making. Greater consideration of identity, culture, sexuality, and emotional needs is needed to ensure safeguarding responses are personalised, equitable, and responsive to each child's lived experience.



What do I need to do?

Advice for Professionals:

Use the Right Safeguarding Framework

- Apply statutory thresholds with confidence using the [Spectrum of Support](#) and escalate from Early Help to Child in Need (s.17) or Child Protection where needs are complex or risks are increasing.
- Challenge and re-evaluate threshold decisions where circumstances change or risks escalate.
- Ensure statutory social work involvement for children with persistent mental health needs, safeguarding concerns, or multi-agency complexity. This is appropriate where children's needs cannot be effectively managed at an early help level, requiring statutory oversight to assess, coordinate, and mitigate risk.
- Regularly review framework decisions to ensure it continues to meet the needs of the child or young person.

Respond Promptly to Disclosures and Risk

- Act immediately on disclosures of abuse, self-harm, or exploitation, regardless of how the harm is described, including where it is considered 'historic.'
- Convene strategy meetings without delay when there is reasonable cause to suspect significant harm.
- Use trauma-informed practice, prioritising the child's emotional presentation and lived experience over technical definitions of timing.
- Escalate concerns if responses are delayed or do not reflect the level of risk. The WSCP Escalation Policy can be found [here](#).

Strengthen Referrals, Screening and Information Sharing

- Provide clear and comprehensive information at referral, including mental health history, family context, and known risks.
- Share information proactively and consistently across agencies to support accurate screening and threshold decisions. Use a multi-agency chronology where appropriate, using the WSCP multi-agency chronology template.
- Follow up referrals to ensure appropriate and timely action has been taken and escalation occurs when necessary.
- Challenge missed or incomplete screening and raise concerns through line management and the professional escalation process.



Advice for Professionals (cont'd):

Improve Responses to Mental Health Crisis and Suicide Risk

- Advocate for timely access to appropriate mental health support, including local alternatives where Tier 4 beds are unavailable.
- Monitor and review the impact of out-of-area placements, ensuring ongoing contact and support for the child and family.
- Without accurate and timely data, patterns of risk can go unnoticed, and delays in national statistics make it harder for services to respond quickly to emerging issues. Use professional observations to identify early warning signs and act on concerns promptly.
- Work collaboratively across agencies to ensure safety planning, continuity of care, and effective transition planning.

Take All Disclosures of Sexual Violence and Exploitation Seriously

- Ensure all disclosures are acknowledged, believed, and recorded, even where engagement is limited.
- Take appropriate safeguarding action, including referrals for relevant panels and consideration of specialist support, e.g. an Independent Sexual Violence Advisor (ISVA).
- Maintain professional curiosity where there are indicators of exploitation or harmful sexual behaviour.
- Support children and families to engage, recognising barriers such as fear, stigma or lack of trust in services.

Promote Education, Attendance and Mental Health Support

- Recognise poor attendance or missing education as a safeguarding risk and escalate concerns where absence is prolonged.
- Work proactively with schools and settings to support reintegration, alternative provision, or reasonable adjustments.
- Schools should adopt a whole-school approach by ensuring staff are appropriately trained and by developing clear pathways for collaboration with health professionals, so that mental health support is embedded into everyday practice.
- Share information regularly between education, health and social care to support coordinated planning and support.

Embed Equality, Diversity and Inclusion in Practice

- Actively consider each child's identity, culture, background, sexuality, and emotional needs in all assessments and plans.
- Avoid assumptions and ensure children's voices and lived experiences shape decision-making.
- Record how Equality, Diversity and Inclusion considerations influence practice, especially where engagement is limited.
- Seek culturally competent, appropriate, and inclusive services to ensure equitable access to support and protection.



Useful resources for practitioners:

Read the 7-minute briefings.

- [Professional Curiosity,](#)
- [Harmful Sexual Behaviour,](#)
- [Suicide Awareness](#)
- [Child Neglect](#)
- [Child Sexual Exploitation](#)
- [Intrafamilial Child Sexual Abuse](#)
- [Domestic Violence and Abuse,](#)
- [The Importance of History in Assessments,](#)
- [Trauma-Informed Practice](#)
- [Consent](#)
- [WSCP Practitioner Escalation Policy](#)
- [WSCP Neglect Resources](#)

Read the guidance on Multi-Agency Strategy Meetings provided by the Centre of Expertise on Child Sexual Abuse [here](#).

Advice for communities:

- Safeguarding is everyone's responsibility. If you are worried a child is at risk of abuse or neglect, contact Warwickshire's [Family Connect](#).