SAFEGUARDING BOARD
ISLE OF MAN

LEARNING BRIEFING – PETER

PURPOSE OF THE REVIEW

- The SCMR was commissioned following the tragic death of Peter.
- The aim of the review was to identify system-wide learning to improve safeguarding practice.

PETER'S STORY

- Peter was diagnosed with neurodivergent additional needs.
- He had longstanding mental health difficulties which included: self-harm, suicide attempts, substance misuse.
- There were several ED attendances, inpatient admissions, and crisis team interventions.
- Peter struggled at school, left with no qualifications, and was socially isolated.
- He was deeply affected by parental conflict.

KEY LEARNING THEMES

WHAT WORKED WELL

- There were strong, caring relationships with some practitioners (CAMHS, adult social worker, Motiv8, gardening project).
- There were areas of persistent engagement by services even when Peter disengaged.
- Examples of positive interventions were apparent (DBT therapy, Outdoor Activity Project).

MULTI-AGENCY WORKING BARRIERS

- Services worked in silos; and there was over reliance on CAMHS as the lead agency.
- There was little evidence of holistic family assessment, and a lack of multi-agency meetings.
- Information was fragmented across services; there was inconsistent sharing.
- There is limited provision for young people with complex and/or additional needs on the Isle of Man.

VOICE, CONSENT & CAPACITY

- Peter's voice was rarely heard directly.
- Referrals were often based on parental views, especially the mothers.
- The Father was not engaged; maternal narrative dominated.
- The Threshold decisions by Children and Families Service underestimated risk, and there was confusion around consent.

PROFESSIONAL CURIOSITY

- There was limited exploration of family dynamics, Peter's lived experience, parental conflict, parental influence, exploitation risks.
- There was a lack of reflective discussion, and multi-agency meetings

CUMULATIVE HARM

- Peter's risks were seen incident by incident in isolation, not as a cumulative pattern of harm.
- There was a lack of a systemic view which meant interventions failed to change underlying issues.

SAFEGUARDING BOARD
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CONTEXTUAL SAFEGUARDING

- Signs of exploitation (drug debt, assaults, fear of peers, missing episodes) were not fully explored
- The 'Adultification' of Peter may have led professionals to undestimate risks

THINK FAMILY APPROACH

- There was minimal joint working between children's and adult's services
- The impact of parental conflict on Peter and his brother was not fully recognised

REACHABLE MOMENTS

- Crisis- driven interventions overshadowed opportunties for meaningful engagement
- Early help and school-based support could have been more effective

NEURODIVERGENCE

- Peter's neurodivergent diagnosis was not well understood or consistently considered
- There is a lack of specialist support for neurodivergent children

SYSTEMIC ISSUES IDENTIFIED

SYSTEMIC ISSUES

- There was an overreliance on CAMHS as the leading agent
- There was a lack of integrated data and joint frameworks
- Weak challenges of threshold decisions were prevalent

PRACTITIONER ISSUES IDENTIFIED

PRACTITIONER ISSUES

- Child's voice not consistently heard- professionals often relied on parental accounts, especially the mother's, rather than capturing Peter's perspective
- Over reliance on CAMHS- other agencies stepped back, assuming CAMHS would address all of Peter's needs
- Silo working and poor information sharing- services held different pieces of the puzzle and did not bring them together
- Weak professional curiosity- limited exploration of family dynamics, exploitation risks, or the role parents played in peter's distress
- Failure to recognise cumulative harm- incidents were treated in isolation rather than as part of an escalating pattern

SAFEGUARDING BOARD
ISLE OF MAN

LEARNING BRIEFING – PETER

PRACTITIONER ISSUES

- Threshold decisions not challenged – referrals to Children and Families Service were screened out, but practitioners did not escalate or contest decisions
- Parental narrative dominated – mother's views carried disproportionate weight; father's role and perspective were largely absent
- Limited adaptation for neurodivergent needs – Peter's neurodivergent diagnoses were poorly understood and not consistently taken into account
- Missed contextual safeguarding opportunities – warning signs of exploitation (drug debt, assaults, fear of peers) were not properly addressed
- Reactive, crisis-led practice – interventions focused on immediate incidents rather than prevention, early help, or long-term change

PRACTITIONER RECOMMENDATIONS

HEARING THE CHILD'S VOICE

- Always seek to capture the child's perspective directly, not just through parents
- Pay attention to non-verbal communication and behaviours as forms of voice
- Be alert to situations where one parent's narrative dominates – triangulate information

PROFESSIONAL CURIOSITY

- Ask "What else might be happening here?" and "What is life like for this child at home?"
- Explore inconsistencies between accounts given by parents, children, and professionals
- Be curious about behaviours that may be communication of distress, not just symptoms.

MULTI-AGENCY WORKING

- Share relevant information promptly with colleagues across services
- Avoid working in silos; initiate or request multi-agency meetings when risks are complex
- Recognise when needs are beyond the remit of your service and actively involve others

CONSENT AND ENGAGEMENT

- Do not rely solely on parental consent when a child may be at risk of significant harm
- Ensure both parents (and wider family if possible) are given opportunities to engage
- Challenge situations where parental refusal blocks safeguarding action

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ISLE OF MAN

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RECOGNISING CUMULATIVE HARM

- Look beyond single incidents – consider the pattern and build-up of harm over time
- Keep chronologies of significant events and use them to inform decision-making
- Escalate concerns if repeated incidents suggest risks are not reducing

NEURODIVERGENT CHILDREN

- Adapt engagement methods for children with autism/ADHD or other additional needs
- Be mindful that neurodiversity may affect how children express distress or consent
- Seek advice from specialists if you are unsure how best to support a neurodivergent child

CONTEXTUAL SAFEGUARDING

- Treat missing episodes, drug debt, fear of peers, or assaults as potential exploitation indicators
- Avoid “adultifying” adolescents – remember they remain children in need of protection
- Be proactive in exploring risks outside the family home and share concerns with colleagues

THINK FAMILY APPROACH

- Consider the needs and impact of parents, siblings, and wider family networks
- Recognise how parental conflict or domestic abuse affects children’s wellbeing
- When working with adults, ask about the children in their care

REACHABLE MOMENTS

- Use crisis points as opportunities to build trust and offer hope
- Explore what matters to the child (hobbies, friendships, aspirations) and link to positive activities
- Promote early help and preventative support to reduce reliance on crisis-driven responses

CHALLENGES AND ESCALATION

- Respectfully challenge colleagues, managers, or other agencies when decisions don’t feel right
- Use escalation procedures if threshold decisions appear unsafe
- Document challenges and outcomes for accountability