

Learning Briefing - Rapid Review RR25-7

Circumstances

A review was completed following a 12 year old being found at home having ligatured using a shoelace and a nail. He sadly died of his injuries.

Concerns were initially raised in relation to physical harm perpetrated by his father over a year after his death. However, these concerns could not be substantiated through a Police investigation. Although it was noted there was a lack of Father inclusive practice.

However, through the rapid review it was noted he had asphyxiated on two occasions in school. These behaviours were seen through a SEN lens, attributed to ADHD and suspected ASD. Rather than cumulatively, considering trauma informed curiosity or consideration of emotional distress.

He did not receive mental health support, including CAMHS or Educational Psychology input, despite clear concerns about impulsivity, risk-taking, emotional regulation and self-harm. While the CAMHS decision has been deemed appropriate, the NCMD thematic report (2019–2020) shows that more than one third of children who died by suicide had no mental health service involvement, suggesting thresholds may need reconsideration.

Partnership Observations

- Previous incidents of asphyxiation were largely understood through a Special Education Needs (SEN) lens and attributed to sensory seeking behaviours associated with neurodiversity. While these factors may be relevant, the interpretation risks narrowing professional thinking and underestimating the seriousness of the behaviour.
- Asphyxiation is a high-risk behaviour with the potential to cause serious injury, irreversible harm, or death, including accidentally. Whether the behaviour is understood as sensory seeking, an attempt to regulate emotional distress, experimentation, or self-harm, the risk remains significant and must be recognised as such.
- Professionals should avoid relying on a single explanation for high-risk behaviour. While neurodiversity may be relevant, it should not prevent consideration of other possible contributing factors, including trauma, abuse, neglect or emotional distress.
All incidents of asphyxiation should prompt:
 - recognition of the immediate risk of significant morbidity or death
 - professional curiosity about the wider context and drivers of behaviour
 - information sharing across agencies to ensure risks are fully understood
 - a safeguarding response proportionate to the level of risk

Partnership Learning

- The NCSP will consider clearer shared guidance on recognising and responding to patterns of behaviour involving asphyxiation. His experiences highlight that such incidents can be seen as isolated rather than as a potential emerging risk requiring coordinated planning.
- It would be helpful for the National Panel to consider whether current national CAMHS thresholds allow enough flexibility for children who present with a combination of neurodiversity, emotional distress and behaviours that may indicate emerging risk, including asphyxiation-related behaviours. His experience suggests there may be room for national learning about how these presentations are recognised and when specialist support is offered.
- The National Panel may also wish to reflect on how trauma-informed thinking is embedded within SEND processes. His experience shows how behaviour can be viewed mainly through a neurodevelopmental lens, and national learning may help strengthen the way schools and services explore trauma alongside ADHD or ASD

Links to Local/National/Themed Guidance

- ▶ [rip frontline briefing working with men web.pdf](#)
- ▶ Professional curiosity professionalcuriosity.pdf (nottinghamshire.gov.uk)

No single professional or agency is likely to hold the full picture.
Information sharing and professional curiosity are essential to understanding risk and preventing harm