



Learning from Swindon Safeguarding Partnership Multi-Agency Mental Health Audit



Methodology and Scope

A total of 8 cases were reviewed which related to children aged between 7 and 17 years.

Individual circumstances varied with some children in the care of the local authority (CLA including placed outside of the Borough), some children were subject of Child Protection plans, some had identified mental health needs but were not accessing services, whilst others were accessing a range of mental health services such as TAMHS, CAMHS, AWP - IAPT or the mental health trailblazer service.

The audit focused on the following:

- ✓ Decision making and timeliness of decision making
- ✓ Risk assessment and identification and response to child's mental health needs
- ✓ Quality of assessment and care planning
- ✓ Participation of the child and family
- ✓ Addressing individual needs
- ✓ Multi-Agency working

Positive Findings



- Agencies understand the referral processes to MASH, TAMHS and CAMHS.
- Referrals included the consent of families and evidenced the significant harm that had occurred or was likely to occur.
- An understanding of mental health risks and support available.
- Education were a key agency for accessing both TAMHS/CAMHS support.
- In over half of the cases a timely assessment was completed and fully reflected the risks involved, including mental health risks, coupled with the strengths within the family. These also included good contributions and observations of the children and their families where appropriate.
- Children involved in the assessment understood the reasons for agency involvement and were consulted about further referrals for support. There was evidence of good consultation with parents in the majority of cases.
- In the majority of cases agencies worked well together, with good information sharing and attendance at arranged meetings, (CLA reviews, Child Protection or Child in Need reviews).
- In half of the cases the plan was SMART and regularly reviewed by all agencies involved. This included reviewing the direct intervention being offered to address mental health issues and the plans were evolved where necessary.
- Contact with the Emergency Duty Service was appropriate, staff were aware of daytime services intervention across Social Care and mental health support and this allowed for appropriate intervention.
- The CLA nurse had been contacted and this role had been important in accessing timely support for a child looked after.

Some Areas for Development



- Children experienced a delay in their plan being progressed and interventions being offered in a timely way. In one case this was owing to changes in the worker and manager.
- More detailed risk assessments would have helped to further inform risk management plans.
- There was no clear evidence of case supervision or management oversight recorded, in several cases. It was clear that lack of supervision (in half of the cases) had led to risks not always being prioritised and progress was limited.
- Improving the quality of plans so they are outcome focused was a feature in about half of the cases. Additionally those plans need to be reviewed and updated to remain relevant and promote the child's safety and wellbeing.
- The escalation process had only been used once within those cases audited and it may have been beneficial for this to have been used in two further cases to expedite change.

Recommendations

A total of 9 recommendations were identified, several related to individual agencies/services and will be monitored via the SSP Performance and Quality Assurance (PQA) group.

This briefing focuses on those relevant to individuals to inform their practice and improve outcomes for children and families. These are précised below (bold font) and will be explored in more detail over the remaining slides.

- **Promote and increase awareness around effective information sharing in the multi-agency arena.**
- **Advocating a joint agency approach to mental health in young people and promoting a multi-disciplinary approach to risk assessments and support for professionals.**
- **Top Tips – Practice Brief to be developed on capturing the Voice of the Child in records.**
- **Practitioners to be reminded of the importance of information relating to children's disabilities and ethnicity is known and recorded on their file. (This is to be monitored via SSP PQA meetings.)**
- **Raise awareness of the escalation policy and promote the message of professional difference is welcome.**
- Consider also the recommendations which are relevant to individuals/agencies/services ensuring:
 - systems are in place relating to good quality supervision and management oversight.
 - practitioners are supported to develop outcome focused plans based on high quality assessments.

Effective Information Sharing and Consent





Effective Information Sharing and Consent

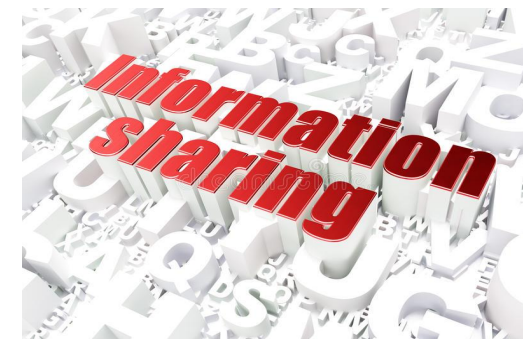
- Golden thread identified in audits, case reviews both locally and nationally.
- Effective information-sharing underpins integrated working and is a vital element of both early intervention and safeguarding.
- Research and experience have shown repeatedly that keeping children safe from harm requires practitioners and others to share information about:
 - A child's health and development and any exposure to possible harm;
 - A parent who may need help, or may not be able to care for a child adequately and safely; and
 - Those who may pose a risk of harm to a child.
- Often, it is only when information from a number of sources has been shared and is then put together, that it becomes clear that a child has suffered, or is likely to suffer, significant harm.
- Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children.
- This includes when problems first emerge, or where a child is already known to local authority children's social care (e.g. they are being supported as a child in need or have a child protection plan).



Effective information sharing and consent

- ✓ Practitioners must have due regard to the relevant General Data Protection Regulation (GDPR) and data protection principles, which allow them to share personal information.
- ✓ Where possible, share information with consent, and respect the wishes of those who do not consent to having their information shared.
- ✓ You may share information without consent (under GDPR/Data Protection Act 2018 (DPA)) if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk.
- ✓ You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so.
- ✓ Where you do not have consent, be mindful that an individual might not expect information to be shared.
- ✓ **GDPR/DPA (2018) do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.**

Source: [Right Help @ The Right Time](#) and [South West Child Protection Procedures](#)



Effective information sharing and consent

To effectively share information practitioners need to consider the following:

- ✓ be confident of the processing conditions, which allow them to store/share information needed to carry out their safeguarding role. The relevant information will often be data considered to be 'special category personal data' meaning it is sensitive and personal.
- ✓ if sharing special category personal data, be aware that the DPA (2018) includes 'safeguarding of children and individuals at risk' as a condition that allows sharing of information without consent.
- ✓ information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- ✓ relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from either neglect/physical/emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

Be aware:

- ✓ *Parents must consent to accept support at [Early Help](#) (documents are located halfway down the page) and Child in Need (S.17) levels.*
- ✓ *You should discuss your concerns with the child/young person's parents/carers and seek their consent to make a [RF1 referral](#), **unless** you have reasonable cause to believe that to do so would place the child at risk of significant harm.*

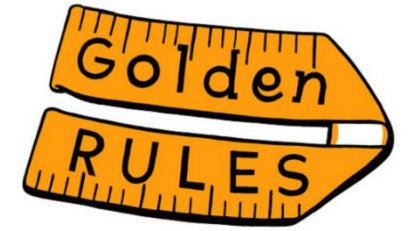
Source: [Right Help @ The Right Time](#) and [South West Child Protection Procedures](#)

Confidentiality and Consent



[Information sharing: advice for practitioners providing safeguarding services](#) includes a Myth-busting guide (pages 13-14). In relation to consent it states: *Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share it must be explicit and freely given.*

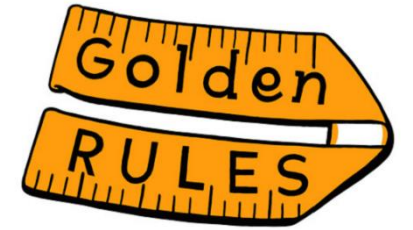
There may be some circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put a child or young person's safety or well-being at risk. Where a decision to share information without consent is made, a record of what has been shared should be kept.



Seven Golden Rules for Information Sharing

[Information sharing: advice for practitioners providing safeguarding services](#) provides the following:

- 1. Remember** that the General Data Protection Regulations, Data Protection Act 2018 and human rights laws are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately;
- 2. Be open and honest with the individual** (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;
- 3. Seek advice** from other practitioners or your information governance lead if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible;



Seven Golden Rules for Information Sharing

4. Where possible share with consent and, where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful reason to do so, such as where safety may be at risk. You will need to base your judgment on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared;

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions;

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (Practitioners must always follow their organisation's policy on security for handling personal information);

7. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Advocating a joint agency approach to mental health in young people and promoting a multi-disciplinary approach to risk assessments and support for professionals.

Working with Families



**Multi-agency
Working**



Swindon Services

Professionals in Swindon work in partnership with a range of organisations to raise awareness of the importance of looking after mental wellbeing and supporting friends, family members and colleagues to look after theirs.

Swindon has adopted the ethos of the THRIVE Framework which thinks about the mental health and wellbeing needs of children, young people and families through five different needs based groupings:

- Getting Advice and Signposting,
- Getting Help,
- Getting More Help, and
- Getting Risk Support.

Emphasis is placed on the prevention and promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care, which is fundamental to the approach.

This is needs-led which means that mental health needs are defined by the children, young people and their families, alongside professionals , through shared decision making. Needs are not based on severity, diagnosis or care pathways.

Further information can be found on <https://www.annafreud.org/mental-health-professionals/thrive-framework/>



Access to Mental Health Services

There is a range of community support for children/young people:

Swindon Mental Health Support Teams Trailblazer: dedicated Mental Health Support Teams (MHST) working directly with students in schools and colleges. They work with children/young people in schools who experience mild to moderate forms of mental health and emotional wellbeing issues, such as anxiety, behavioural difficulties and friendship issues. Also working with schools and college staff to help them provide better support to students.

For further information visit:

[Local Offer Mental Health Support for Children and Young People.](#)

[Trailblazer section on the CCG website](#)

[parents/carer's and families newsletter](#)



Access to Mental Health Services

Targeted Mental Health Service (TaMHS): is part of the Integrated Locality Service for Children/Young People, providing services for those up to 18 years and their families. It is a multi-disciplinary team including Clinical Practitioners and Outreach workers.

TaMHS will offer short-term interventions tailored to meet the needs of each child/young person and their family.

The service works on an individual basis, or with families, using evidence-based interventions. They aim to work in settings that are easily accessible and familiar to children and families, such as schools, Locality bases and family homes.

For further information visit: [Local Offer Mental Health Support for Children and Young People.](#)



Access to Mental Health Services

Child and Adolescent Mental Health Services (CAMHS): works with young people and their families up to 18 years. It is a multi-disciplinary team which includes a range of therapists, mental health clinicians and psychiatrists. They provide assessment and treatment of young people who are presenting with significant mental health difficulties.

They offer a range of choices of therapy and work with individuals after assessment to help choose the therapy which will be most beneficial. They offer a choice of interventions such as one to one but could also include families or potentially groups. They may work with the network around the young person and can offer consultation to those already working with your young person or family.

They have a service which works specifically with young people with mental health needs who also have a learning disability (LD CAMHS).

CAMHS work using the Care Program Approach which means that treatment will be monitored and reviewed regularly to ensure they are meeting the goals set.

CAMHS works within the THRIVE model framework meaning they provide a needs led service so that young people can access the right help at the right time and be able to make choices about the therapy and intervention they are having. They are a community-based service and can offer appointments in the clinic at Marlborough House and in community settings for example schools, GP surgeries and homes.

For further information visit: [Local Offer Mental Health Support for Children and Young People.](#)

Capturing the Voice of the Child in Records



Voice of the child



What do we mean by ‘the child’s voice’? This refers not only to what children say directly, but to many other aspects of their presentation. It means seeing their experiences from their point of view.

Ask yourself:

***'Do I understand what this child's life is like, what do they do each day?
What do they feel about their lives, how would they want things to change?'***

Why is the child’s voice important? Child focused work means children feel listened to, plans are more successful when they are involved and prompt decisions are made about safeguarding when necessary.

When working with children/young people it is essential to gain a clear picture of their wishes, thoughts and feelings. It is good practice to ask the child/young person which practitioner they would like to gather this information from them.

Research highlights that there are many barriers for children/young people in asking practitioners for help and to talk about their worries and concerns so they can be addressed.

Children/young people also report that when they do ask for help, they are often not heard or their worries not acted upon.

The consequence of this highlight in a report by the [Children’s Commissioner \(2015\)](#) found that only 1 in 8 victims of abuse felt able to ask for help. If children are not responded to appropriately by practitioners, their concerns not listened to or addressed, this is likely to impact on their self-esteem and resilience; their short and long term developmental outcomes; and their ability to seek help about things that are worrying them.

Why this is important?



Children's right to be heard:

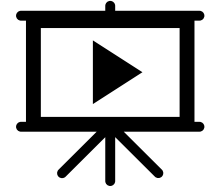
- the right of a child/young person to be heard is included in the [UN Convention of Rights](#)
- the [Children's Act 2004](#) emphasises the importance of speaking to the child/young person as part of any assessment

The importance of speaking to a child/young person and gathering their views is a theme highlighted in this audit and is consistently identified in lessons learned from serious case reviews. These findings include:

- a child was not seen frequently enough by the professionals involved, nor was asked about their views or feelings
- agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute
- parents and carers prevented practitioners from seeing and listening to the child
- practitioners focused too much on the needs of the parents or adults, especially vulnerable adults and overlooked the implications for the child
- agencies did not interpret their findings well enough to protect the child

For further information regarding the lessons learned – [Voice of the Child](#)

Video clip



To view please click on the image below.



4 minute video clip developed by children on behalf of Leicestershire and Rutland Safeguarding Children Partnership

Top tips for practitioners recording



Top
Tips

There are many ways to ensure records include a strong sense of what life is like for a child at a particular time:

Talk to the child about their life, likes & dislikes, hopes & dreams, worries & fears:

- ✓ talking to children is dependent upon their age and level of understanding
- ✓ if children are able to talk there are a variety of ways of hearing their voice through direct work techniques
- ✓ record what children say in 'direct quotes' (e.g., feel sad/happy/worried when...) as this is more powerful than something interpreted by a practitioner
- ✓ It is good to check back with children that you have understood what they have said correctly, for example repeating what they have said and just ask if you are right? This allows the child to correct you if you are wrong and prevents incorrect interpretation

Children must be seen alone as they maybe inhibited to talk openly about their experiences by the presence of their parent/carer.

Consider the location – children may feel less inhibited about speaking if they are in a safe neutral setting. Also, when you are speaking with them for example, children may be tired after school.

Even if children are too young to speak it is still essential that workers convey a sense of what life is like for them and this can be done in a variety of ways:

- ✓ describe their presentation
- ✓ how others interact with them and how they respond
- ✓ comment on whether you consider they are functioning at a developmentally appropriate level



Top tips for practitioners recording

Children may have means of 'speaking' other than verbal speech such as Makaton or signs and symbols; be creative

- ✓ encourage children to draw or write about themselves and their lives
- ✓ use a range of ideas; start off non-specific such as 'draw your favourite food, favourite pop star' then be more directive such as 'draw where you live, who lives there, draw a picture of a happy day, a sad day, what do you wish was different, who is special' etc.

Describe a child's physical appearance, do they appear thin, pale, dark shadows under their eyes, listless, or do they appear curious, 'smiley', active

Observe the interactions between a child and their parents /carers – is there any difference in their interactions with other people

Describe the child's interactions with professionals

- ✓ what is your hypothesis about this behaviour
- ✓ does the child appear relaxed, wary, or overly familiar
- ✓ does the child respond as you would expect a child to respond in that situation



Top tips for practitioners recording

Ensure you include the views of other significant people in the child's life who may have contributions to make about the child's experiences

- ✓ for example, grandparents, aunts, uncles, siblings, neighbours and teachers
- ✓ research has found that these people often had a unique insight into the lives of children yet their views were given less weight than the views of professionals

Include the views of fathers; they may have useful information to share, even if there are concerns about them

Use independent advocates to ascertain children's views as sometimes they can bring valuable context to children's experiences

Encourage children to participate in plans drawn up about them – they can do this directly by attending meetings or contribute by putting something in writing or drawing a picture, or giving someone a 'message' from them

Useful resources to assist in capturing the voice of the child



Sheffkids website: Useful resource for 'Voice of the Child' tools.

Children's Participation Toolkit for Social Workers:

(activities/worksheets/templates) assists social workers/early help workers to involve children in the process of assessments, intervention planning and reviews in a positive, supportive and enabling way.

'Say it your own way': 40+ worksheets facilitating children's participation in assessment. Helps ascertain children's daily routine, likes, dislikes, feelings, wishes as well as their views on their family, friends, helpers, home, neighbourhood, school etc. Also includes examples of how to explain assessment in a child-friendly manner.

Solution-focused practice – A toolkit for children & young people:

44 tools, worksheets, games, activities and exercises developed by NSPCC practitioners to be used with children/young people aged 5-19 years old during solution-focused work.

'Animal talk' activity: using animal pictures to get to know children and discuss their views and feelings in an interactive and fun way.

Getting to know a child's routine activity tool. This supports social workers to gain an understanding of a child's/young person's daily routine in an engaging way. This contains 40+ individual slips with various activities/feelings.

Culturagram. A family assessment tool used in the practice of social work which was first introduced by Dr. Elaine Congress websites: socialworkculturagram.weebly.com/culturagrams and socialworkculturagram.weebly.com/example

Autism Toolbox website. Online resource to support the inclusion of children/young people with autism spectrum disorder in mainstream education services and signposting to other useful websites.

Helen Sanderson Associates: Online tools for those with additional needs including sheets around relationship circles and good day/bad day.

Leicestershire and Rutland Safeguarding Children Partnership: **Youth Services (Leicester City Council) - How will you hear me?** A number of useful short video clips to support opportunities for gaining the voice of the child.

To access the resource click on the **bold underlined text**

Additional Recommendations

Practitioners to be reminded of the importance of information relating to children's disabilities and ethnicity is known and recorded on their file.

Please consider this in your interactions with children and families and when recording on your agency records.

This will be monitored via individual agency/service data submissions submitted to the quarterly SSP Performance and Quality Assurance (PQA) meeting.

Awareness of the Escalation Policy and Professional Difference

This audit and previous case reviews have highlighted a lack of awareness and use of the escalation procedure. An escalation is a process of challenging a decision made by another professional/ organisation.

If it is felt a practitioner/agency is not acting in the best interests of the child/young person or family, you have a responsibility to respectfully challenge the practitioner/agency, and escalate your concerns.

When working with children and their families' professional disagreement can be seen as positive, as challenge allows for review and can foster creative ways of working. However, disagreements can negatively impact on positive working relationships and consequently on the ability to safeguard and promote the welfare of children. Professional disagreements always require resolution.

Differences of professional opinion arise on safeguarding cases when professionals deem decisions not to be in the best interests of the child, such as levels of need/intervention, differing opinions about thresholds, disagreement regarding decision making and /or action to be taken. The escalation policy ensures that all professionals have a quick and straightforward means of resolving professional differences in order to safeguard the welfare of children and young people.

In most cases the professionals involved can resolve these professional differences and disagreements (*professional to professional resolution*) by discussing the concerns and risk assessing together.

For further information view the [SSP Escalation Policy](#). Also a [7 minute brief](#) which provides an overview of the stages, timescales and recording process.

Other useful resources

NSPCC: [Recognising and responding to abuse - Information Sharing](#)

NSPCC: [Learning from case reviews – thematic briefings](#)

SCIE/NSPCC - Inter-professional communication and decision-making:
[Practice issues from Serious Case Reviews – learning into practice](#)

Swindon Safeguarding Partnership [website](#)