

# Multi-Agency Deep Dive Audit into how agencies in the Wakefield District respond to Children experiencing mental ill-health

## January 2024

# 7 POINT BRIEFING

# 1

## SUMMARY

Wakefield Safeguarding Children Partnership (WSCP) carried out a deep dive multi-agency audit to provide the partnership with assurance of the effectiveness of safeguarding arrangements in cases where children were experiencing mental ill-health, difficulties with emotional wellbeing and/or expressing thoughts of suicide.

# 2

## WHAT IS MEANT BY MENTAL ILL-HEALTH AND SUICIDE IDEATION?

Mental ill health in children is described as changes to how a child may be thinking, feeling or acting and where this may mean things become difficult for them to cope with. Suicidal ideation, or suicidal thoughts, is the thought process of having ideas, or ruminations about the possibility of completing suicide.

# 3

## AUDIT FINDINGS - AREAS WORKING WELL

- **Recognition** of the issues affecting the children who were subject of audit, and action taken was positive in respect of proportionality and timeliness of responses. Escalation was coordinated between Early Help and Children's Social Care with efficient interventions in place at an early stage.
- **Referrals** were of good quality with evidence of current concerns, desired outcomes and the wishes and feelings of the child captured. There was effective consultation between Early Intervention and Prevention and education at an early stage.
- **Assessment and Planning** was good with appropriate use of the right tools such as an evidenced-based screening tool and Youth Engagement Plan which identified a plan of work to support. The Emotionally Based School Avoidance (EBSA) toolkit was used in an attempt to get a child to engage where absence from education was ongoing.
- The Team Around meetings proved effective in being able to identify within the family network who those best placed to provide support were, as well as contingency planning and strengthening family support. A whole family response meant the child was not made to feel singled out as the root cause of any issues.
- Services were adaptable to ensure the **voice of the child** was captured effectively by recognising who the best placed practitioners, due to the trusted relationship they had with the child, were to support the child. There was reflection that the service leading on coordinating support and interventions for children, may not always be the best placed to effectively capture the voice of the child and there is opportunity to be creative in these instances.
- The audits demonstrated the importance of the right service and the right **interventions** being offered to children and families at the right time. Although specialist interventions around mental health was identified as key in the offer of support, there was good evidence of trying to address the root causes of behaviours, in seeking to consider the presenting issues for the child, in order to support preventatively and stop escalation. In one case, the role of education was pivotal to ensuring the safety and wellbeing of the child where there was parental conflict.
- There was good evidence of **joint working** and coordination between children's services in respect of the step-up and step-down process. Attendance at the Team Around the School (TAS) meetings were good with triangulation of information to enable education to provide support.
- It was evidenced in some cases that despite the focus of planning, support and interventions not primarily focussed on the child's mental health and wellbeing, the **impact and outcomes** were nevertheless positive for the child. There were common themes of good practice from Early Help and Targeted Early Help which ensured steady progress for children and families, access to the right support and building positive relationships of trust.
- Practitioners recognised the trauma experienced for one child and ensured their support and responses were trauma informed. The actions of school were immediate and particularly impactful on the child's emotional wellbeing by ensuring stability and supporting her to feel safe.

# 4

## AUDIT FINDINGS - AREAS FOR DEVELOPMENT

- Where **recognition** of issues was good, there was opportunity to further explore the impact of parental behaviour and provide professional challenge.
- Ensuring that the role of practitioners in supporting the emotional wellbeing of children is clear at **referral** stage and throughout, was an area for development. In some cases, there was no evidence of referrals or notifications to GPs from services working with the child and their family.

- It was identified that **assessment and planning** need to ensure visibility of all services involved in providing support and linkage across the plans of all agencies where practicable. Ensuring conversations with the child and family are reflected in assessments to capture the offer of interventions and the impact of those, as well as to inform next steps, was an area for further consideration.
- Assessment of cumulative risk to identify behavioural patterns and recurrence of events to inform planning and next steps, including escalation, was highlighted as an area for further strengthening in some cases.
- Capturing the **voice of the child** in a time limited, appointment-based intervention does present its own challenges but in one instance where information was shared by the child in respect of them not attending school and within the context of complex needs, the concerns were not escalated by the practitioner who was engaging with the child at that point. Where the wishes and feelings of a child are captured in any setting, any concerns identified must be responded to appropriately.
- Where referrals and assessment and planning are multi-agency in nature, the audit highlighted the same approach should be taken in respect of **interventions** offered to a child and family, particularly where there is difficulty around engagement. A service offering/providing intervention may be unable to undertake these in a siloed way and there can be opportunities for a more creative joint approach.
- Health services identified some opportunities where there could have been better **joint working** internally and the scope of information sharing widened to include other health partners. Health can be a complex landscape of available support however there is the option to contact GPs to establish further information and the services open or available to a child and family as a central point. This further emphasises the value of the TAS process, which includes Future in Mind and the 0-19 Service to coordinate a multi-agency response with health partners, at an early stage.
- The audit acknowledged the difficulty to evidence **impact and outcomes** of interventions offered to the child where engagement had proved difficult or is lengthy for services. In one example, there had been involvement of services for an extensive period of time with ongoing yet limited engagement, but without reaching a statutory level of intervention. It was recognised in this case the cumulative risk and harm that the child may be experiencing but also that services have to rescind support when there is no engagement at all.
- Use of the appropriate tools for assessment of cumulative risk, such as the neglect toolkit, should be considered to support decision making around next steps and escalation, where there has been limited impact and improvement in circumstances.

## 5

### WHAT WILL WE DO WITH THE FINDINGS?

The WSCP will consider the key learning points from the audit:

- Strengthen the understanding of the different offers from health providers across the partnership.
- To continue to promote the use of the Neglect Toolkit and other assessments within individual services which consider risk of cumulative harm.
- Continue to promote the Professional Curiosity and Challenge Learning Briefing and resources.

## 6

### NEXT STEPS

- The findings of the audit have been shared with the WSCP Safeguarding Effectiveness Group (SEG) and key multi-agency actions have been identified for services to implement.
- All agencies involved in the audit will feedback specific good practice and areas for development identified for their service.

## 7

### RESOURCES

There are a range of resources and training available to inform practitioners to support children who may be experiencing mental ill-health, difficulties with emotional wellbeing and/or expressing thoughts of suicide. Visit the below links for more information:

- [Future in Mind workforce development training \(CAMHS\) - Wakefield Safeguarding Children](#)
- [Self Harm & Suicide Ideation - Wakefield Safeguarding Children](#)
- [Neglect Toolkit Archive - Wakefield Safeguarding Knowledge Hub](#)
- [Professional Curiosity & Challenge page - Wakefield Safeguarding Children](#)