Hidden Children Analysis Webinar

Supporting document

26th January, 15.00-16.30

1st Breakout room questions:

1) To what extent are your approaches to early identification, monitoring, and support, targeted around known vulnerability factors?
2) To what extent are the wider CYP workforce aware of these vulnerabilities and early warning signs?
3) Do they know where to go for support once they have identified a CYP in need?
4) Do your wait list management strategies take account of known vulnerabilities factors for mental health crisis (contextual and demographics)?
5) Are there workforce development plans for the wider children's workforce in relation to crisis and postvention support?

Themes

- Terminology
- Strengths in prevention
- Areas to develop in prevention
- Strengths in postvention
- Areas to develop in postvention
- Support requests
- AOB/Misc

Terminology:

- BOB: We need to think of terminology in the first instance - in our group we spoke about are these young people really hidden? We re-defined hidden to mean "hidden complexity". We can't know the Children who are truly hidden but there is plenty of evidence that certain Children aren't known until crisis in adolescence (autism/other neurodiversity's) so can be said to be hidden. With some focus on linking risk factors to recognise risk of crisis/increased need
- Developing a shared definition of "crisis" between NHS and local authorities of what meant by "crisis"
- BOB are seeing a surge in refugee children who are showcasing some complex needs - these children must also be seen as Hidden Children

Strengths in prevention:

- Sussex: Use of vulnerabilities in Triage guide and recognised within SI. Investment in training and improving data flow
- HIOW: New services: MHST, CAMHS Liaison, 111 Service moving to 24/7 approach, online services - KOOTH, Early help set up and MHST linking with Early Help. Schools improving, getting the identification right through MHST support. Early signs of impacting on CAMHS referrals. Much stronger crisis offer now than a few years ago - e.g. psych liaison
- Frimley: New children in care support service, significant investment into CYP neurodiversity services- both diagnostic and voluntary sector post diagnostic support, LD dynamic support register. Good links with education. Good 3rd sector counselling organisations. Crisis review underway across Berkshire and scoping of possible safe haven - which exists in Frimley South

Areas to develop in prevention:

- Sussex: Unsure if we have a shared, consistent way for identification of known vulnerability factors across places of care, e.g. schools, early years etc. Shared single point of access to improve where to go for support. Early help and MHST, but also some YP's who are not linked to any services at all (hidden)
- K&M: Practice frameworks and QA activity supports the right interventions at safeguarding and early help levels, but the interventions need to be sooner than this where the universal services have their own framework to share information and hold meetings with family at lower tiers of intervention
- BOB: The need for coordination and the bringing together of all aspects of the jigsaw for young people to get a full picture of their needs and situation, and also to be able to fully assess the risk and where/how to target support. Also, the difference for young people who have parents who can confidently advocate for their needs and young people who don't have parents who can or will do this. GPs are not routinely informed of EHE CYP (not in West Berks)
- HIOW: Home Schooling is a gap which MHST are not currently able to access in terms of what those CYP might need. Roll out of MHST to other areas as quickly as possible, Bereavement offer to look broadly at types of loss for CYP, Crisis offer being equitable across all areas to support crisis presentation and discharge from Liaison Useful conversation around concept of Early Help in mental health... we have invested around safeguarding early help - but what does EH for mental health look like?
- Frimley: Waits are a challenge and recognize there are gaps so have put in interim measures including spot purchasing arrangements for children with LD/Autism and those that are in care

2nd Breakout room questions:

1) Do your mental health crisis and liaison assessments explicitly ask questions relating to vulnerabilities such as sexual and gender identity, neurodiversity, and ACEs (including but not exclusive to bereavement; discrimination; the trio of domestic abuse, substance/alcohol misuse and caregiver's mental health)?
2) Do discharge plans, crisis management plans, and subsequent support available to CYP take account of the above and show consistency with a trauma-informed approach?
3) Given the above, are crisis pathways co-designed/integrated with other statutory and VCSE partners to ensure a holistic approach to crisis responses and management? Where there is a multi-factored package of support how integrated is this (i.e. effective care coordination - including with private counselling)?
4) Are brief evidenced-based crisis interventions included in crisis provision (e.g. Kent and Medway Rapid System Response; NHSE/I East of England literature summary)?
5) CYP and family's definition of crisis can differ from clinical and service definitions which can act as a barrier to support. How well is this accounted for in your pathway designs and are pathways co-designed?

BOB: Agreement that there had to be shared formulation and understanding, roles, responsibilities and shared language. We need joined up strategies that don't drive us systems apart. Crisis pathways with all stakeholders from the beginning.

- Strength: One Reading Partnership, shared vision, and funding
- To explore: Joint up budgets, codesigned crisis pathways, Thrive model crisis element: being supported to hold risk and not always having the answer - themes/language: these are all our children
- Support: national leadership i.e. joint up policies

Sussex: There are examples of good practice around MDT/network calls when children are in crisis/stuck/placement breaking down, however these are time and resource intensive and isn't the infrastructure to properly coordinate and facilitate these/follow up on actions etc. Something has been lost by reduction in the earlier intervention offers that Surestart etc used to offer.

HIOW:

- Strength: Links with Local CAMHS teams is good, No Limits has good links with Liaison teams locally to offer services on social prescribing
- To explore: The pathways into Closer to Home intensive community/at home support are not quite clear yet
- Support: It would help to improve our understanding of what families understand by the term "Crisis"