

**Emotional Health and Wellbeing of Children and Young People**

**1 – Audit Process**

Two different approaches were used; firstly via multi agency discussion forums to gain a broad understanding of the views of frontline practitioners, and secondly via the case file audit of 4 randomly selected cases. The discussion forums were attended by 20 attendees from Education and children’s centres. Case file audit tools were completed by SCT, SWBNHS, CCG, CAMHS, Education, WMP, Inclusion Support, RSVP, Kaleidoscope, COGs and MST. The process remains reliant on initial case information provided by partners.

**2- Overview of the 4 cases**

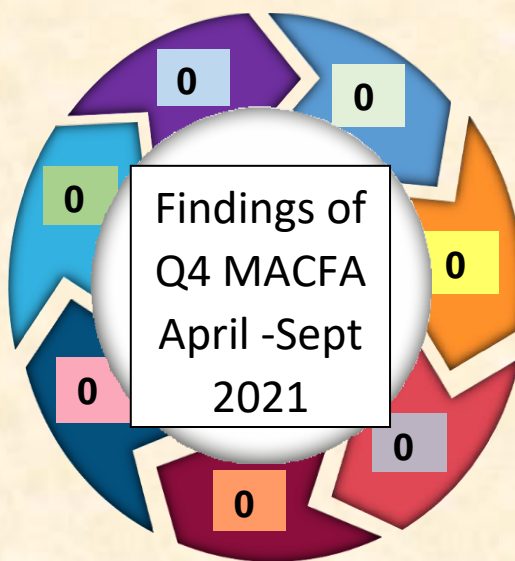
The cases comprised of 3 females and 1 male: 3 were White British and 1 was British Pakistani. 2 young people had never been open to statutory support at all, whereas another had been known for 8 years to Children’s Social Care at different tiers of the system. 1 young person had a diagnosis of ADHD and ASD. 1 young person was Electively Home Educated as a result of bullying. All of the young people experienced anxiety, 3 were known to be self harming and 2 were known to have suicidal ideation. For all 4 young people their experience of being parented impacted on their emotional wellbeing and mental health. 2 young people had at least 1 parent with physical and/or mental health issues.

**7 – Recommendations**

2 - The SCSP to be assured that there is a range of available commissioned services for children who have experienced trauma, including availability and responsiveness of counselling for children who have experienced sexual abuse, and that interventions are responsive according to the needs of the child. Actions will include – reviewing existing thresholds and clarity of pathways to access EHWB support; updates to multi agency training; review of roles and responsibilities within school nursing; audit of children attending acute settings in mental health crisis and follow up support

**6 – Recommendations**

1 - The SCSP to be assured that the mental health offer (including pathways, services, roles and responsibilities) at all tiers of the system is: clear and effectively promoted so that practitioners understand the eligibility criteria for accessing key services, including CAMHS, and can proactively identify the appropriate level of support for children and young people. This assurance should include monitoring of increased emotional health and wellbeing needs of children and young people which may have arisen as a result of the COVID-19 pandemic.



**3 – Audit Headlines**

Relationship based practice is key to supporting traumatised young people and where appropriate agencies should be led by the young person on their needs and who they have the best working relationship with. Range of specialist and/or voluntary services support young people, including advocacy who give disempowered young people a voice. Understanding the impact of children who have experienced trauma and retelling their story can be retraumatizing

**4 – Audit Headlines**

Parenting assessments need to be timely and completed at the earliest opportunity to understand strengths and limitations. Response to sexual abuse disclosures need to be more robust, moving away from over reliance on disclosures to inform decision making. Practitioners should have a child focussed response. Long waiting lists impact on access to and availability of specialist counselling services. Practitioners need to be supported to effectively support children who are being coerced including honour based violence, including creating safe space for them to share views. Repeat themes included rapid de-escalation from CP plans to CIN and/or closure; co-ordination of Early Help and inclusion of GPs in multi agency meetings; engagement with private health providers regarding safeguarding

**5 – Independent Scrutineer Reflections**

Obvious commitment, openness and reflectiveness by members. First time including parents and 1 young person also shared their views which supported the audit understanding. Audit panel heard directly from frontline practitioners about their tenacity to support children with complex needs and evidence of positive impact as a result of services provided. Delay to audit completing in Q1 due to lack of submission of audits however barriers to submitting in future have now been resolved. Agencies informed the panel that in some cases paper records have been archived, impacting on the quality of audit return. Future audits should focus around agreed Key Lines of Enquiry to support reflection and learning.