

1. Mental Health = Think Family!

We carried out a multi-agency audit in July 2019 looking at 9 local children and young people, who were receiving services for mental health, neurodevelopmental, and emotional wellbeing concerns. We also looked at 3 adults known to local mental health and offender management services. Here are our findings:

7. Try our **multi-agency training** here, which is mostly free: <https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/training.php>

And our Think Family **See the Adult, See the Child** guide to working together in Kingston and Richmond here: <https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/news-resources/policies-and-procedures-87/see-the-adult-see-the-child-protocol-171.php>

6. We noted the **Vulnerability of adoptive placements** as children grow older.

Ethnicity and Diversity: consider issues of ethnicity, culture, and gain a detailed background in assessments, in order to look at the impact of diversity issues in keeping children and adults safe.

Transitions: from primary to secondary school and from CAMHS to Adult Mental Health Services can be tricky times. Remember to share information in good time and make contingency plans.

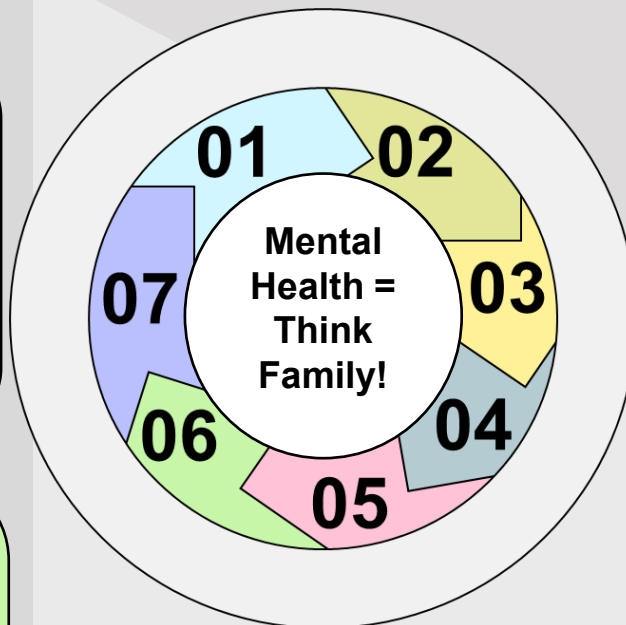
Grab packages should be available in acute settings, in case children go missing.

2. **Outstanding work** was taking place with some very complex cases, achieved through good working together- best practice was seen when **regular updates** were shared between professionals, including to therapeutic services and care placements. CAMHS provision for children with complex behavioural needs should be reviewed. We should consider a **multi-agency approach** at the earliest possible opportunity. Some agencies had chronologies which were very helpful, and there was a recommendation for all agencies to use these.

3. **Learning Passport meetings** in schools could discuss whether need has increased, and then could lead to actions.

All children had their **Views, Wishes and feelings** included. Good News! This had been achieved through observations in some cases. And please remember to offer advocacy too.

Communication and Information Sharing: All Adult Services need to demonstrate that they have enquired whether children are present in a family and what the potential / actual risks parents or other adults visiting or in the home may pose. These risks need to be communicated to CSC as appropriate. Watch out about duplicating information between IT systems.



5. **Support to Carers:** In some cases parental support was not clear or discussed between professionals and parents. Remember to carry out PCNAs (Parent Carer Needs Assessments) or Carer's Assessments. Consider Young Carers for siblings or in some cases for children, whose parents also have health concerns.

4. The regularity of **Child in Need meetings** for all children in the family, and all involved agencies, including the Voluntary Sector is vital. And be sure to identify the **Lead Professional**, so that we all know, especially when the case closes to CSC. Don't forget to invite CAMHS to Children Looked After reviews too.

Let's think together if A&E psycho-social meetings could include complex presentations.



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