**Summary**

This summary (briefing) is aimed at managers and practitioner working with children and families. Information about Emotional Wellbeing and Mental Health and key findings & recommendations from the audit is presented. Please share this with colleagues.

**Background**

- The issue of Young People’s Mental Health is currently a priority for all 3 of Bedfordshire LSCB’s and therefore it was agreed that a Pan Bedfordshire Multi-Agency audit should be carried out to evaluate current practice within this area. Planning for the audit started in July 2017 and involved collecting information from front line practitioners around their confidence in dealing with cases which involved mental health concerns. The survey was carried out using survey monkey and the results helped to focus and plan the audit.
- The purpose of the audit was to seek assurances that partner agencies are appropriately identifying and responding to the needs of children/young people experiencing poor emotional wellbeing and mental health. It also aimed to capture any learning needs which will support improvement in practice aimed at strengthening safeguarding for children and young people.
- The audit included accuracy of case details, underpinning this was the ‘Voice of the Child’ and compliance to procedures.

**Methodology**

5 cases were picked by the CAMHS Service for each of the 3 LSCB areas, the cases were a mixture of cases which had been referred to CAMHS Service and then had been accepted in to the services or declined and signposted to alternative services.

**Criteria for choosing the cases to be audited:**

- age range 11 – 18 years,  
- 5 cases to be identified for each Local Authority area (5 for Bedford Borough, 5 for Central Bedfordshire and 5 for Luton) 5 cases were picked by the CAMHS Service for each of the 3 LSCB areas, the cases were a mixture of cases which had been referred to CAMHS Service and then had been accepted in to the services or declined and signposted to alternative services.  
- 3 cases where the case does not meet the threshold criteria for CAMHs involvement following advice and referral to CAMHS and 2 cases where a referral has been accepted by CAMHS.  
- The theme for the cases will be those where concerns have been raised about self-harm and risk of suicide.

**Definition**

- **Emotional wellbeing** is defined as: “A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment” (WHO 2007). It is increasingly used alongside mental health and is usually favoured in schools and early year’s settings where the wellbeing of the whole population is the focus.
- **Mental health** will be defined as: “A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” (WHO 2004)

These definitions highlight the fact that emotional wellbeing and mental health are not about feeling happy all the time.

‘The mental health of children and young people in England’ report (December 2016), identified the risk and protective factors below for children and young people’s mental health:

**RISK FACTORS**

- Genetic influences  
- Low IQ and learning disabilities  
- Specific development delay  
- Communication difficulties  
- Difficult temperament  
- Physical illness  
- Academic failure  
- Low self-esteem  
- Family disharmony, or break up  
- Inconsistent discipline style  
- Parents with mental illness or substance abuse  
- Physical, sexual, neglect or emotional abuse  
- Parental criminality or alcoholism  
- Death and loss  
- Bullying  
- Discrimination  
- Breakdown in or lack of positive friendships  
- Deviant peer influences  
- Peer pressure  
- Poor pout to teacher relationships  
- Socio-economic disadvantage  
- Homelessness  
- Disaster, accidents, war or other overwhelming events  
- Discrimination  
- Other significant life events  
- Lack of access to support services

**PROTECTIVE FACTORS**

- Secure attachment experience  
- Good communication skills  
- Having a belief in control  
- A positive attitude  
- Experiences of success and achievement  
- Capacity to reflect  
- Family harmony and stability  
- Supportive parenting  
- Strong family values  
- Affection  
- Clear, consistent discipline  
- Support for education  
- Positive school climate that enhances belonging and connectedness  
- Clear policies on behaviour and bullying  
- ‘Open door’ policy for children to raise problems  
- A whole-school approach to promoting good mental health  
- Wider supportive network  
- Good housing  
- High standard of living  
- Opportunities for valued social roles  
- Range of sport/leisure activities
Audit Process: Audit cases were circulated to partner agencies including schools along with an audit tool for them to complete for each case they’d had contact with. On the 23rd March 2018 partners came together to an audit event. 3 multi-agency panels from the three LSCB areas each reviewed 3 cases 1 from each LSCB area and answered the following questions for each case:

- What did Agencies know about the child/young person’s lived experience?
- What is your view on multi-agency information sharing? What interventions were put in place? Where they appropriate?
- Is there evidence of quality engagement with the young person and family? Do you think actions could have been taken earlier?
- What do you think went well?
- What didn’t go so well? Were there any gaps identified?

**Agencies who took part in the audit:**

**Summary of Key Learning:**
- Young people being picked up at the point of crisis – for the majority of cases it would appear that there was no identification of early intervention (i.e. 6 months before). However, feedback from young people contained within the audits showed that the young person’s situation improved once they were working with CAMHS.
- If CAMHS had accepted the referral, there appeared to be a good response for the young person and their family.
- Once the young person was being worked with by CAMHS there was good evidence that the child’s lived experience was known, and their voice was being heard. There was limited evidence within the audits that the child’s voice or lived experience was being heard prior to CAMHS.
- Poor recording and record keeping – the audit was limited due to the lack of information contained within the young person’s records and what could therefore be provided to the audit.
- There was evidence that cases were closed or signposted to other services, but information wasn’t provided back to the referrer.
- There was also evidence that when young people were signposted to other services no follow up took place to see if they had been accepted.
- There was a good example in one case where the GP followed through their contact with the family even after their referral to CAMHS was accepted to see how the young person was doing.
- Prior to the audit 270 practitioners responded to an online survey to say they felt quite confident in how they would identify and support children and young people with a mental health issue. However, the audit did identify that for some professionals supporting a young person with mental health concerns is a challenge.
- In some cases, the concerns in relation to the young person’s mental health were seen in isolation and weren’t being joined up or linked with other issues occurring in the family, i.e. Forced Marriage, Domestic Abuse and Parental Mental Health.
- It wasn’t clear from the information provided that professionals did not understand that poor parenting could be impacting upon a young person’s mental health.

**Actions:**
1) Survey to be undertaken with schools on self-harm incidents
2) To run a session with schools on the learning from the audit
3) Ensure the learning from the audit feeds into the suicide prevention strategy work
4) Consideration of a Pan Bedfordshire Suicide Prevention guidance document

**Further questions for consideration:**
1) How do we understand the meaning of self-harm to a young people? (i.e. copycat behaviour or a cry for help)
2) What are the appropriate responses to these young people?
3) You don’t need to be living in deprivation to experience poor mental health, there is a cohort of children living in affluent families who experience mental health problems, but we are unable to ascertain how they are being supported and by whom.

**Next Steps:** LSCBs are asked to accept the report and respond to the further questions for consideration above. All partners are asked to share this Audit Summary widely within their respective organisation, ensuring the learning is understood and any development activity is undertaken in order to improve outcomes for children and young people.