City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director for Keeping Well (NHS Bradford) to the meeting of Children's Services Overview & Scrutiny Committee to be held on 17th November 2021

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Subject:

Crisis Support for Children and Young People

Summary statement:

The purpose of this paper is to provide a summary of local work undertaken to develop the crisis support model, outline plans to implement the crisis protocol and the wider context in which crisis support fits within our plans and ambitions for children and young people's mental health and emotional wellbeing. This paper also highlights the challenges that exist to supporting children and young people in crisis, the needs of children and young people who present in crisis and the breadth of partnership work that is taking place to support children and young people to thrive and achieve their potential. The paper concludes with the next steps for implementing the crisis protocol and wider system work to support children and young people in crisis.

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Portfolio:

Health and wellbeing

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

1.1 The vision for the Act as One Children and Young People's Wellbeing Programme is *'Brighter futures for children and young people to thrive and achieve their potential'*.

1.2 To achieve our vision, the Children and Young People's Wellbeing Leadership Team have agreed to a shared commitment to work as a whole system to promote, protect and improve children and young people's mental wellbeing to enable them to thrive and lead full, happy, and healthy lives.

1.3 The priority work streams for the programme have been established following the findings and recommendations of the jointly commissioned system-wide review of children and young people's mental health services in Bradford and Craven by the Centre for Mental Health, the Children's Services Improvement Plan and the foundations of the existing local Future in Mind implementation plan and associated national guidance.

1.4 One of our agreed work streams is to strengthen our approach to preventing crisis for children and young people and ensure we have accessible, effective multi-disciplinary crisis care pathways. A crisis may be defined as a situation in which the child or young person presents a risk to themselves, a risk to others or when there is a need for immediate action or intervention.

1.5 NHS Long Term Plan requirements, agreed by the Integrated Care System, set an emphasis on our place to ensure 24-hour access and planned crisis support for children and young people who live in Bradford and Craven. There is also a commitment to support children and young people closer to home and reduce avoidable, and inappropriate, use of inpatient beds.

1.6 Increases in the number and complexity of children and young people presenting to emergency services in psychological distress and in crisis in health settings is an issue that is reported nationally. We are working in partnership to develop models of care to support children and young people locally, to reduce out of area placements, reduce time in hospital and bring the care and support they need to them in Bradford and Craven, the places where they live, learn, have family, friends and wider circles of support.

1.7 The purpose of this paper is to provide a summary of local work undertaken to develop a children and young people's crisis protocol, plans to implement the model and the wider context in which crisis support fits within our plans and ambitions for children and young people's mental health and emotional wellbeing. This paper also highlights the challenges that exist to supporting children and young people in crisis, the needs of children and young people who present in crisis and the breadth of partnership work that is taking place to support our children and young people to thrive and achieve their potential.

1.8 This paper represents our system approach to crisis support for children and young people, which is supported through the Act as One Children and Young People's Wellbeing Programme. Therefore, this paper does not focus on one organisation's role in supporting children in crisis, but the system in its entirety whether that be Specialist CAMHS, Children's Social Care, education, acute trusts, the Police

Service, the voluntary sector or other partners. For the purposes of this paper, Neurodiversity pathways, assessment and diagnosis are out of scope.

2. BACKGROUND

2.1 The THRIVE Framework

2.1.1 There are a range of services that exist locally to support children and young people's mental health and emotional wellbeing. Services are commissioned and delivered by organisations across health, social care, education and the voluntary sector. The landscape of provision within Bradford District and Craven is described within the system-wide review report as difficult to understand and navigate for children, young people, parents, carers and professionals.

2.1.2 Within the responses to surveys conducted by the Centre for Mental Health for the system-wide review in April 2020, 66% (n.130) of parents and carers said it was very difficult or quite difficult to access support for their child in crisis. In addition, 72% (n.145) of professionals responding to the survey thought it was very difficult or difficult to access mental health crisis care for children aged 4 – 16 years old. Although, this was reported as slightly less difficult for young people aged 17 – 25 years old in crisis, with 67% of respondents noting this was very difficult or difficult.

"I'd like… to be able to get help immediately – being able to talk to someone when in distress". [Young Person]

2.1.3 The THRIVE framework is recommended by NHS England as an evidence based operating model that can deliver integrated approaches across health, social care, education and the voluntary sector. In this way the THRIVE framework can bring together often complex systems and arrangements to provide a coherent mental health offer for children and young people. Please refer to Appendix I for further information on the THRIVE Framework.

2.1.4 The THRIVE Framework provides a set of principles for creating coherent and resource efficient communities of mental health and wellbeing support for children, young people and families. It is a framework that we are committed to implementing locally. THRIVE supports the use of a common and understandable shared language about mental health and mental wellbeing. The framework is needs-led which means that mental health needs are defined by the children, young people and their families, alongside professionals, through shared decision making.

2.1.5 The THRIVE Framework considers the mental health and wellbeing needs of children, young people and families through five different needs-based groupings: *Getting Advice and Signposting, Getting Help*, *Getting More Help* and *Getting Risk Support*. It also allows for a focus on prevention and promotion of mental wellbeing across the whole population '*Thriving*'.

2.1.6 We recognise that there are opportunities for the system to strengthen its approach for the cohort of children and young people within the *Getting Risk Support* quadrant of THRIVE. Whilst many may be known to some or all of our partner organisations, including CAMHS, Children's Social Care, the Police Service and Youth Justice, they

remain at risk of adverse and harmful experiences such as family breakdown, school exclusion, criminality, child sexual exploitation, domestic violence and abuse. This group may include children and young people who routinely go into crisis, who self-harm or have other ongoing issues but support to date has not been able to make a difference or they are not in a place where they are ready to accept support and benefit from evidence-based treatment.

2.1.7 This group are not clearly defined with a common language shared across organisations, but they are often the cases that cause a high level of professional anxiety and sometimes challenges to agreeing the best approach across the organisations and practitioners in contact with the child, young person or family.

2.1.8 It was clear from the outset, that co-production of the *Getting Risk Support* quadrant in the THRIVE framework requires significant multi-agency involvement and that the outputs would involve a collaborative response from across the statutory and voluntary sector. Our aim is to build a system that supports the practitioners, teams and managers in these very complex situations to provide approaches that better suit the needs of the individual child or young person and their families. Our risk support approach is about working together to support the families, carers and young people in the settings where they are, supporting those professionals who have existing relationships and working closely with them to advise and support the management of risks. Please refer to Appendix II for descriptions of the purpose and objectives of risk support.

2.2 The Crisis Protocol

2.2.1 We are aware of instances where children and young people have presented to hospital in crisis and have remained for extended periods of time within the hospital wards, particularly in situations where they are unable to return home or have no safe discharge destination. This could be for a number of reasons including family breakdown, risks of abuse or neglect within the household. In crisis, the child or young person may present in emotional distress, may or may not have a diagnosable or underlying mental health condition, but their presentation commonly includes a psychological response to experiencing trauma and their home environment.

2.2.2 The Children and Young People's Wellbeing Leadership Team requested that a multi-disciplinary crisis protocol be established to coordinate the care and support of those children and young people with a mental health concern within a hospital setting who do not have a safe destination for discharge. This was in response to an increase in admissions, a number of discussions at the leadership team meeting and a call for us to understand how we can work together better to support this group of children and young people. The core principle of the work was that it required a coordinated multi-disciplinary response from all agencies who may be involved in the child or young person's care to ensure that:

- the child or young person is supported appropriately according to their needs and wishes while within the hospital setting
- an appropriate new home or placement can be planned and coordinated which meets the needs of the child or young person and their parent/carers
- the intelligence and insight of all agencies involved in the child and young person's care and their wider circle of support contributes towards achieving

better outcomes for the child or young person both within the hospital setting and on discharge.

2.2.3 The Crisis Protocol Task and Finish Group was established to understand the current issues affecting our response to children and young people who are admitted to hospital with a mental health concern and cannot return home. The task and finish group's purpose was to review and learn from recent cases and to agree together the improvements required. The overall aim was to develop a multi-disciplinary protocol and shared documentation to facilitate an improved and more coordinated response for children and young people in these circumstances. To support the multi-disciplinary approach representation was drawn from Bradford District Care Foundation Trust (BDCFT) within the CAMH service, Children's Social Care and Placement Coordination, Bradford Teaching Hospitals Foundation Trust (BTHFT), CCG, voluntary sector and the Police Service.

2.2.4 The multi-disciplinary approach to developing the crisis protocol provided a platform on which to a foster a shared understanding of the key challenges and obstacles to providing effective, consistent, and coordinated care and support to this group of children and young people. The crisis protocol is intended to be child centred, drawing in the expertise of professionals, families and carers to wrap support around the child or young person to meet their needs, wishes and aspirations in an holistic way. The group established a number of key aims which include:

- Reducing the amount of time spent in the hospital setting and reducing inappropriate readmissions by working together to get things right the first time
- Coordinating support during the daytime, evening and night time to ensure the child or young person is well supported and can access activities as appropriate to maintain and support their wellbeing
- Ensuring the formulation of the risk assessment and care plan reflects the insight of a range of professionals, the child or young person, parent/carer, and this is shared and understood by all those supporting the child or young person
- Reducing escalation of needs and behaviours that can challenge wherever possible, increasing positive outcomes and experiences during the hospital stay
- Enabling early instigation of placement coordination and increase in the success of future placements due to multi-disciplinary insight, recording and reflecting on what has worked well during the hospital stay
- Reducing the time and pressure of calls and following up between Children's Social Care, Specialist CAMHS, Acute Trusts and other agencies to ascertain what support and plans are in place for the child or young person on the ward
- Ensuring everyone involved in the child or young person's care is aware of and has contact details for all other professionals and key people supporting them
- Providing multi-disciplinary support and assurance to the nursing teams so they can provide consistent care to all children and young people on the ward
- Sharing learning, skills and expertise across the workforce
- Ensuring any concerns or risks are escalated to senior managers within partner organisations.

2.2.5 A clear outcome of this work was to agree a shared process and documentation which would enable everyone involved in a child or young person's care to understand the best way to support them and allow all agencies, family members and carers to contribute towards their care plan. The protocol places an emphasis on

agencies to respond urgently to the child or young person in crisis and introduces a timeframe for establishing the multi-disciplinary team, formulation meeting, risk management and care plan production, case management, commissioning and discharge planning. Appendix III outlines the crisis protocol flowchart which show the steps to be completed when a child or young person is admitted to hospital with a mental health concern and no safe discharge destination.

2.2.6 The crisis support work fits within the *Getting Risk Support* area of the THRIVE Framework and the multi-disciplinary approach to developing the crisis protocol enabled us to consider the wider context in which developments sit and the interdependencies between services and initiatives that are able to provide support to children and young people in crisis.

2.2.7 With this in mind, the CAMHS Crisis Team liaison work within the acute trusts and the established morning huddles between acute trust staff and Specialist CAMHS take place everyday Monday to Friday within BTHFT and Airedale General Hospital (AGH). These huddles allow the opportunity to discuss any child or young person who have presented to A&E in the proceeding day/night, and any child who is being supported as an inpatient. Staff are able to dial into these huddles and if a child or young person has social care involvement, the Social Worker will be invited to attend. The morning huddles are highly valued by staff and have improved our response to children and young people presenting to and admitted to hospital. The crisis protocol was designed to utilise the morning huddles as part of the multi-disciplinary approach to managing and supporting a child or young person who is on the ward.

2.2.8 Youth in Mind Buddies (Youth Workers) work within BTHFT Children's Ward weekdays between 1.00pm – 3.00pm supporting children in hospital and signposting to community services following discharge, arrangements are in place for this to be introduced within Airedale General Hospital (AGH). These workers will offer additional support to any child or young person admitted to hospital with a mental health concern, including those who are being supported through the crisis protocol. The Manager of the Youth Workers is part of our task and finish group.

2.3 Piloting the Crisis Protocol

2.3.1 The crisis protocol and associated documentation was developed and piloted within the Children's Ward of BTHFT for a three-month period which ended in July 2021. The findings from the pilot were recorded by each organisation and discussed together. The key successes recorded throughout the pilot related to the improvements to partnership working and clearer lines of communication between all those involved in the child or young person's care.

2.3.2 Although there was no way to accurately predict how many children and young people would be admitted to hospital during the pilot period with no safe place to discharge, it was anticipated that one or two children or young people would be supported. During the pilot period, four young people were supported, there were admissions prior to the pilot that benefited from the principles of the approach and since the pilot ended there have been multiple admissions where the process has been followed to support the young person. BTHFT report an unprecedented increase in this group of children and young people accessing hospital care, amidst Covid and other pressures currently affecting children's health.

2.3.3 Increases in referrals and the acuity of need of children and young people presenting to mental health services are continuing to be experienced across the system. Acute trust staff are reporting a similar picture for those presenting to A&E with a mental health concern. BTHFT analysed a total of 1,097 mental health attendances to A&E between 1st January and 31st March 2021. Of these, 2.5% (n.27) were aged between 0-9 years and 18.7% (n.205) were 10-19 years old. A quarter of 0-9 year olds were subsequently admitted to hospital and almost a third of 10-19 year olds. Monitoring trends in this data will provide some insight into how the system as a whole are supporting children and young people, and possible gaps in provision.

2.3.4 Through the rapid improvement work undertaken by BDCFT significant reductions to the average waiting times for specialist CAMHS were achieved. Referral to assessment times reduced from 3.4 weeks in December 2020 to 1.7 weeks in May 2021, assessment to treatment times reduced from 5.9 weeks to 2.5 weeks, and referral to treatment from 14.1 weeks to 5.3 weeks respectively.

2.3.5 CAMHS report that due to the increases in demand and acuity of need of children and young people, their caseloads are increasing and there is a concern that this has started to impact on waiting times. August 2021 figures show that average wait times have increased with referral to assessment times now 2 weeks, assessment to treatment times are 4 weeks, and referral to treatment times are now 6 weeks. In addition, data is showing that the caseloads for CAMHS have increased over the last 12 months from 2,719 in August 2020 to 3,589 in August 2021.

2.3.6 There were a number of areas which impacted on the success of the protocol during the pilot, many of these will be addressed by officially launching the protocol and rolling out joint training across health, social care and the voluntary sector. This will ensure members of staff and managers are aware of the crisis protocol, and their role and responsibility within it. Others related to the availability of support workers to provide additional support where required throughout the day, evening and night time, which is a critical part of the protocol not only for the child or young person, parents and carers, but to support the nursing staff who can struggle with capacity at times.

2.3.7 In addition, there were several wider issues impacting on the effectiveness of the protocol and achieving the best outcomes possible for the children and young people being supported. Many of these related to the availability of appropriate residential placements for the young people to move on to following their hospital stay, this often prolonged the length of stay in hospital and exacerbated the young person's mental health issues and behaviour. There were a number of occasions where time for an assessment and diagnosis was required which created further delays to securing an appropriate placement for the child or young person.

2.3.8 In September, a multi-agency needs analysis workshop was held to consider the cases of six young people who had presented to A&E who required urgent crisis care, many of the young people had presented following episodes of self-harm, with five young people's needs escalating further and requiring admission to hospital. All of the young people did not return home and required support from Children's Social Care to find an appropriate home or residential placement to move on to following their presentation to A&E and hospital stay. All the young people who were admitted to hospital were supported through the crisis protocol approach.

2.3.9 The workshop allowed time to consider the needs and experiences of this group of young people, what had gone well, what could have been improved and what lessons could we learn from their journeys to hospital, throughout their hospital stay and following discharge. The focus of the workshop was to consider the commissioning implications for this cohort of young people where there is often limited availability and choice of appropriate residential placements for them to move on to.

2.4 Next Steps for the Crisis Protocol

2.4.1 The next step for the crisis protocol is for the protocol, associated documentation and guidance to be finalised and agreed by the Children & Young People's Wellbeing Leadership Team including proposals for:

- A joint training programme facilitated by leads across health, social care and the voluntary sector, with support from young people, families and carers
- The development of accessible resources to support the understanding of the protocol for professionals, children and young people, families and carers
- A roadmap for the implementation of the crisis protocol with timescales across both acute trusts, associated communications plan and agreed launch date
- Evaluation and measuring the impact of the protocol, including capturing feedback from children, young people, families, carers and professionals
- Regular review and refinement of the protocol, coproducing any changes in collaboration with professionals, children, young people, families and carers
- Commissioning skilled and experienced Support Workers who are able to respond quickly to provide support within the hospital setting
- Staff support, wellbeing and supervision
- Share the innovative work of the crisis protocol with regional and national partners to support better responses for more children and young people in crisis
- Future ambitions for shared systems and the ability for all professionals to input onto electronic case files.

2.5 Wider Issues for Crisis Support

2.5.1 As discussed, there are a number of issues that are impacting on how we respond in a multi-disciplinary way to the cohort of children and young people who are in crisis or who remain a risk to themselves or others. In addition to those initiatives mentioned throughout this report, the following areas of work are planned or have recently been established to prevent children and young people's needs escalating wherever possible and respond to those who require risk support:

- Mapping existing pathways and making improvements for access to mental health and wellbeing support for Children in Care
- Building the infrastructure to support integrated commissioning and agreeing commissioning intentions based on robust data, needs analysis and evidence-based examples of best practice
- Two weekly meetings for senior managers and directors where urgent cases can be escalated for discussion and direction
- System resource profiling and mapping resources across the THRIVE framework to ascertain if we have the right amount and type of services within each quadrant, including risk support

- Coproduction of a business case and service specification for the joint commissioning of an alternative to hospital for children and young people who require a period of stabilisation, assessment and support prior to moving on to their future home
- Consideration of how the children and young people Dynamic Support Register could be adapted to include children and young people at risk of crisis
- Commission and redesign elements of our safer space for children and young people to support the prevention of admissions to hospital.

2.5.2 In addition, the Mental Health Investment Standard will support the enhancement and creation of a number of specialist services in response to where the greatest demand has been experienced, this includes CAMHS Psychiatric Liaison Service (Crisis Service), Intensive Home Treatment Team, Psychological Therapies Team and Community Eating Disorder Service for children and young people. Recruitment is currently underway for a number of additional posts.

2.5.3 Our ambition is to roll out the AMBIT (Adaptive Mentalization-Based Integrative Treatment) approach, a model that focuses on supporting children and young people and their families at times when they don't feel safe, and it hasn't been possible to resolve the situation. The approach provides multi-agency support to improve the capacity of the young person and family to self-manage until the point where they can engage in therapeutic interventions.

2.5.4 The One Trusted Referral Pathway will be the new way for children and young people to access mental health support in Bradford and Craven. The pathway will be supported by a skilled and experienced multi-disciplinary team who will work alongside existing crisis pathways to support children and young people who are in crisis, ensure children and young people have access to the right support at the right time to prevent needs escalating wherever possible and to facilitate step down support for those following a crisis.

2.5.5 In summary, there is a clear commitment to acting as one to bring about the improvements required across children and young people's mental health. The crisis protocol work is an example of where a multi-disciplinary response was required to meet the needs of this group of children and young people in crisis who may present with risks to themselves or others. We have made significant progress with this work and have addressed many challenges to how our organisations work together on a strategic and operational level, which has resulted in a more coordinated response to children, young people, their parents and carers.

2.5.6 The crisis protocol aims to address issues raised through the system wide review and coproduction events with parents, carers, young people and professionals which called for better access and awareness of crisis care pathways, and more joined up responses across agencies. In addition, the development of the protocol has provided the opportunity for shared learning across professional boundaries and mutual support for staff when working with children and young people in challenging or distressing situations. The Children and Young People's Wellbeing Programme is committed to coproducing everything we do with children, young people, parents, carers and professionals, the crisis protocol will continue to evolve with this in mind to ensure it remains current, utilised and available to support children and young people when they are in crisis.

3. OTHER CONSIDERATIONS

3.1 The work of the Children and Young People's Wellbeing Leadership Team is feeding into the work of the Children's Service Improvement Board and forms part of the new system governance under the Health and Care Partnership Board.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The development of an alternative to hospital for children and young people in crisis will have financial and resource implications for the system. The business case and service specification will be developed with a financial appraisal.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The governance for the crisis support work will sit within the Act as One Children and Young People's Wellbeing Leadership Team and will report to the Bradford Health and Care Partnership.

6. LEGAL APPRAISAL

6.1 Not applicable.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The work of the Crisis Protocol Task and Finish Group is designed to ensure support is provided to the most vulnerable children and young people.

7.1.2 Co-production and involvement of children, young people and families is embedded in all work streams with explicit support provided to enable engagement, provide peer support opportunities, apprenticeships and employment opportunities.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 None.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

7.5.1 None.

7.6 TRADE UNION

7.6.1 Not applicable.

7.7 WARD IMPLICATIONS

7.7.1 There are no direct implications in respect of any specific ward.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

7.8.1 Not applicable.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

7.9.1 Members are requested to review the information presented.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.10.1 There may be a need for partner agencies to share data however this would only be with the express permission of the individual affected in the full knowledge of why and what it would be used for. GDPR principles relating to any individual's data and rights under the Data Protection Act 2018 will be respected.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None.

9. Options

9.1 There are no options associated with this report. Its contents are for information only.

10. RECOMMENDATIONS

10.1 The committee are asked to note the progress of the crisis protocol work as part of the Act as One Children and Young People's Wellbeing Programme.

10.2 The committee are asked to support our plan and next steps to developing multi-disciplinary models of care that support children and young people in crisis closer to home and reduce the amount of time spent within the hospital setting.

10.3 The committee are asked to support the development of a business case for the proposed joint commission of a local alternative to hospital for children and young people in crisis.

11. APPENDICES

Appendix I: Introduction to the THRIVE Framework
Appendix II: Purpose and Objectives of Risk Support
Appendix III: Children and Young People's Crisis Protocol

12. BACKGROUND DOCUMENTS

None.

Appendix I

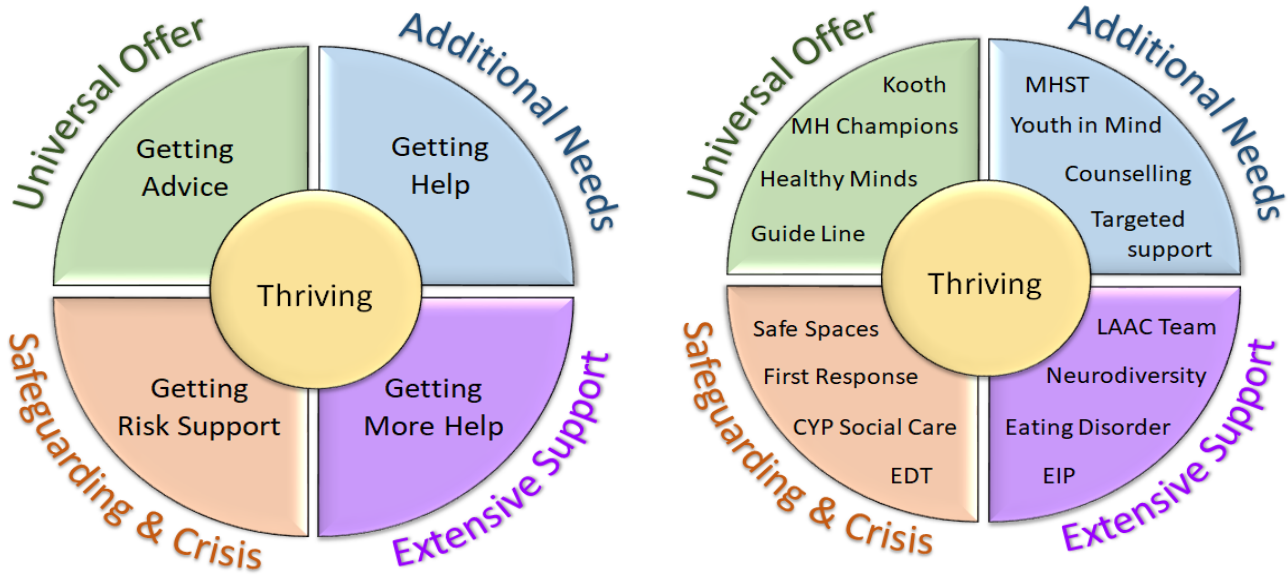
Introduction to THRIVE

The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. It conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population.

Figure 1: THRIVE Model

In Bradford the current redesign of our services focuses on implementing THRIVE for the 0-25 age range. Figure 2 provides an example of how a number of local services fit within the THRIVE framework, this is for illustration purposes only and is not a comprehensive picture of all services.

Figure 2: THRIVE in Bradford district and Craven



With regards to integrated multi-agency working, the THRIVE model recognises the importance of:

- multi-agency definitions of what mental health is and how to promote mental health
- the shared responsibility across agencies for mental health
- the substantial evidence that poverty is a major factor in the development of mental ill health in childhood
- trauma experienced by children and young people can have wide ranging impacts on their emotional, psychological, behavioural and interpersonal functioning
- multi-agency training to understand these factors and work across professional boundaries
- the involvement of local communities (including schools and other educational establishments) in developing support systems at a local level
- the need for inter-agency proactive support and advice.

The model acknowledges the interaction between the other quadrants of THRIVE and the interdependencies with other work streams within or outside of the same quadrant. In particular, there is potential for considerable overlap with the First Response provision as many young people who need risk support may first be identified or may continue to present in crisis. In these instances, First Response will provide the initial response and assessment. Young people who are already known to be in risk support will have an agreed plan that will include how to respond in an urgent situation.

Other young people may be identified after assessment and initial support from First Response as unable to benefit from an evidence-based intervention at that time, it is important that we do not 'reject' cases as we do not want to set up further thresholds to children and young people to meet before they are accepted by services.

Appendix II

Purpose and Objectives of Risk Support

The proposed model aims to achieve the vision that has been co-produced with young people, parents, carers and professionals. The overall aim is that we will establish jointly developed and commissioned risk support services. The Anna Freud Centre who developed the THRIVE Framework proposes that there are three levels which form a risk support approach: Micro, Meso and Macro.

Individual (Micro)	how we manage individual cases better
Team (Meso)	how we embed new approaches in local multi-agency working
System (Macro)	how we change the culture at a system-wide level and across all partners

The operational model seeks to deliver the following:

At individual case level

- Ensure joint working between CAMHS, Children's Social Care, Police Service, voluntary sector partners and schools/colleges in cases where young people are considered to be at risk due to their psychological distress and are not able to benefit from evidence-based interventions
- Make brave decisions to step down input when a there isn't a solution and support the young person and their family, home and school setting by supporting a lead worker who has a long-term relationship with them
- Continue to provide support and advice to the lead worker and work with them to ensure the young person is supported to re-engage with other services when ready.

At local team level

- Build on the best practice already in place in some areas to ensure supportive local relationships between CAMHS, Children's Social Care, Police Service, schools and colleges around managing young people requiring risk support, including developing risk support registers, panel meetings and joint risk management plans
- Co-locate staff where possible to support the building of relationships between local multi-agency teams
- Build a culture of providing advice and consultation on cases not currently directly receiving services
- Roll out training for professionals and leaders across the whole system in AMBIT approaches.

At system level

- Provide leadership for the risk support model at a strategic level across the ICS partners in health and local authorities
- Encourage and support local teams in taking brave decisions
- Lead the implementation of AMBIT training and approaches across the system
- Identify and embed system-wide learning and continue to refine the risk support model.

Defining the cohort of young people appropriate for Risk Support

The risk support quadrant addresses the needs of children and young people who:

- Have emotional well-being needs and/or psychological distress
- and are currently unable/unwilling to benefit from evidence-based treatment
- and present with behaviours which, if not supported, are likely to result in harm to self or others and in some cases breakdown in living arrangements.

It is important to note that:

- Access to risk support is not dependent on where they are living e.g. family home, foster care, residential care
- The scope includes children placed into and out of area[1]
- Risk support is not only about managing young people in crisis, although some of the young people will present in crisis
- The above description of the cohort of young people should not be used as criteria to exclude anyone from seeking advice and support. Advice and consultation should be widely offered to all professionals where they are working with children and young people who may benefit from risk support approaches, whichever quadrant they are in and whether or not they meet the criteria above.

The young people who are likely to benefit from a risk support approach include those who:

- Are either unable to access or unable to benefit from evidence-based mental health interventions and possibly not ready or able to engage
- Need some support/advice/input in order to keep them safe where they are
- May be emotionally dis-regulated and possibly repeatedly going into crisis
- Have multiple agencies involved and often open to social care
- Are likely to generate lots of anxiety due to extreme or risky behaviour
- May be putting themselves or others in dangerous situations
- Often the system around them has broken down so it becomes a social crisis
- Family/carers/professionals working with them are asking for support but often the young person doesn't meet the criteria for services
- These young people are likely to already be requiring significant input from a number of agencies and a lot of time in discussions within and between services often escalating to director or senior manager level
- May be at risk of exclusion from school, placed in alternative provision or specialist settings.

[1] This does not alter the Responsible Commissioner arrangements

Children & Young People's Crisis Protocol

Appendix III

Child or young person (CYP) presents to Acute Trust and cannot be discharged safely or has no safe discharge destination

Acute staff to alert Multi-Disciplinary Team (MDT). Contact CAMHS via crisis email and Children's Social Care (CSC) via advice line or Multi-Agency Referral Form (MARF) if unknown and have consent, unless section 47. Acute Trust to handover information that is gathered regarding safeguarding and health (EPR)

MDT

CAMHS identify key clinician, this would be Care Coordinator (if known to CAMHS), if unknown this would be a Crisis Worker. Key clinician to book initial assessment on the ward to risk assess the CYP time on the ward and collect information for formulation (OOH - Out of Hours Duty)

MDT complete background checks e.g. Personalised Commissioning (PCD), Police, Education, Youth in Mind, Child Exploitation, OOH support

Youth in Mind peer, parent and community support identified

CSC identify key Social Worker, this would be the allocated Social Worker (if known to CSC), if not known this may be someone from the assessment/duty team. Social Worker to book initial appointment with the ward to establish social circumstances (consent from CYP/family unless on a Section 47). Also to notify EDT OOH

Multi-agency meeting to discuss formulation and complete the risk assessment and care plan (virtual meeting). To include Acute Trust, CAMHS, CSC (Social Worker and Placement Coordination), VCS and any other appropriate agency. Document shared between agencies and feedback provided to CYP and parent/carer

CAMHS provide 1:1 night-time support from 5.00pm until 9.00am where appropriate

VCS and parent/carer support

CSC provide daytime support workers in line with risk assessment to facilitate appropriate activities

Daily huddles at 9.15am to communicate any updates from staff as to the CYP's presentation, progress on actions from initial planning meeting and any changes which need to be made to the multi-agency risk assessment and care plan. Meetings held virtually. Feedback provided to CYP and parent/carer.

NB: Any serious concerns to be escalated as appropriate via Head of Service (CSC) and CAMHS

CAMHS to provide relevant information on any mental health history and risk assessment to identify appropriate discharge destination

CSC to provide relevant information to identify appropriate discharge destination

If the child or young person cannot safely return home and needs to become looked after by the Local Authority, consideration for information sharing regarding joint commissioning. Ensure CYP and family feedback and SLT notifications - CCG (PCD), BDCFT, Acute trust, CSC. Agree commissioning responsibility

Placement/discharge destination and support package identified, arranged and agreed. MDT meet again to plan discharge, including transport and invite new agency to join in a handover meeting to share formulation prior to transfer

Following discharge, a review meeting is held to learn any lessons and ensure staff reflection and support, facilitated by CAMHS Consultant Psychiatrist or CAMHS named Doctor for Safeguarding as appropriate

Key for colour code: Acute Trust | CAMHS | CSC | VCS | All agencies

24 hrs

48 hrs

72 hrs

14 days