Torbay Safeguarding Children Partnership

Understanding Children and Young People's Mental Health Needs in Torbay Multi-Agency Case Audit

Executive Summary
March 2025

Purpose for Multi-Agency Case Audit around Children's Mental Health

TSCP Priority

To ensure that children in Torbay receive appropriate mental health support at the time of their need and that this support dovetails with any other care planning needs of the child

Context

Across the United Kingdom, the number of children and young people experiencing mental health problems is growing. Mental health services are expanding, but not fast enough to meet rising needs, leaving many children and young people with limited or no support. Too little is known about who receives care, and crucially, who doesn't.
(Grimm et al, 2022)

Grimm F, Alcock B, Butler J, Fernandez Crespo R, Davies A, Peytrignet S, Piroddi R, Thorlby R, Tallack C. Improving children and young people's mental health services: Local data insights from England, Scotland, and Wales. The Health Foundation; 2022 (https://doi.org/10.37829/HF-2022-NDL1).

Key Lines of Enquiry

1. Pathways available and effectiveness of services aligned to children and young people's services whose emotional health and wellbeing needs fall within the 'Getting Help and Getting More Help' needs base quadrants. This will not include those who are in receipt of specialist mental health response/intervention.
2. Pathways available and effectiveness of services available for young people in school years 9 – 11 who are educated at home due to increased 'school anxiety' and/or mental health concerns.
3. Impact of waiting times for assessments of autism and ASD, how are children and young people waiting for assessments and experiencing EWMH issues supported?
4. Understanding timeliness of assessments and support pathways, and whether there are any locality differences across Torbay.

Please note: Where the term 'child' or 'children' is used, this refers to all children up to the age of 18 years

Methodology

1. To meet the key lines of enquiry, colleagues from the Vulnerable Pupils team, Early Help and the SEND Team were asked to identify children who they were supporting.
2. Ten children were identified whose circumstances covered all aspects of the key lines of enquiry.
3. Relevant partners were engaged and invited to support the audit
4. A thematic analysis was conducted by Partnership representatives from Health, Children's Social Care Quality Assurance team and the Learning Academy.

Demographic information

- The case files of ten children were audited;
- Of the 10 audited, 5 were female, 5 male;
- Ages ranged between 15 and 17 years;
- 1 child resides in Brixham, 4 in Paignton and 5 in Torquay;
- 4 of the children were educated at home, 1 educated other than in school, 1 in an alternative provision and 4 in mainstream school
- 3 children were recorded as having SEN(K), 4 awaiting ASD assessment and 1 diagnosed with ASD

The Audit Day

- It is unfortunate that the SEND Inspection was announced shortly before this MACA was due to take place. This impacted upon availability for some partners to support the audit day;

- The Audit team consisted of a range of health partners (CFHD, Acute Trust, ICB, Primary Care), Lead Auditor (Torbay Children's Services), the Learning and Development Hub Lead and the TSCP Business Manager.

The Audit Day

Partners who completed returns:

- Vulnerable Pupils Service
- Southover Medical Practice
- Chelston Hall Surgery
- Chilcote Practice
- CFHD Speech and Language Team
- 0 – 19 Service
- Early Help
- The Spires College
- Brixham College
- Paignton Academy
- Torbay Youth Service
- Checkpoint
- Riviera Tuition

Nil returns from:

- Vulnerable Pupils Service – not all cases responded to
- St Cuthbert Mayne School – cited no capacity
- Corner Place Surgery – did not respond
- Pembroke Medical Group – cited no capacity
- Compass House Medical Centre – did not respond

The Audit Day

Partners who attended the Audit Day:

- GP from Southover Medical Practice
- CFHD Speech and Language Team
- CFHD ASD Team
- 0 – 19 Service
- Early Help
- The Spires College
- Brixham College
- Torbay Youth Service

Partners invited but unable to attend:

- Vulnerable Pupils Service
- Chilcote Practice
- Compass House Surgery
- Pembroke Medical Group
- Chelston Hall Surgery
- Corner Place Surgery
- Paignton Academy
- St Cuthbert Mayne School
- Checkpoint
- Riviera Tuition

Partnership Learning

- The inability to commit to the audit process by a range of practitioners suggests there is a lack of partnership understanding about the importance of the MACA, but also that they may feel the process is not impactful either for their practice but crucially for our children;

"The time and collective input given to this MACA would have been better spent directly with the young person concerned earlier in the process"

- Incomplete returns, and absence of practitioners from the discussions limited the ability to interpret and contextualise what would have been valuable information;
- There is benefit in reviewing the MACA process to be more aligned with neighbouring Safeguarding Children Partnerships;
- There were no locality differences noted in the cohort reviewed.

What does the audit tell us about how children are heard and responded to?

Speech & Language practitioners are working hard to ensure one off appointments provide an environment where children can express feelings/hopes/emotions

Alternative provision and effective collaboration between practitioners positively impacted upon opportunities for post 16 education

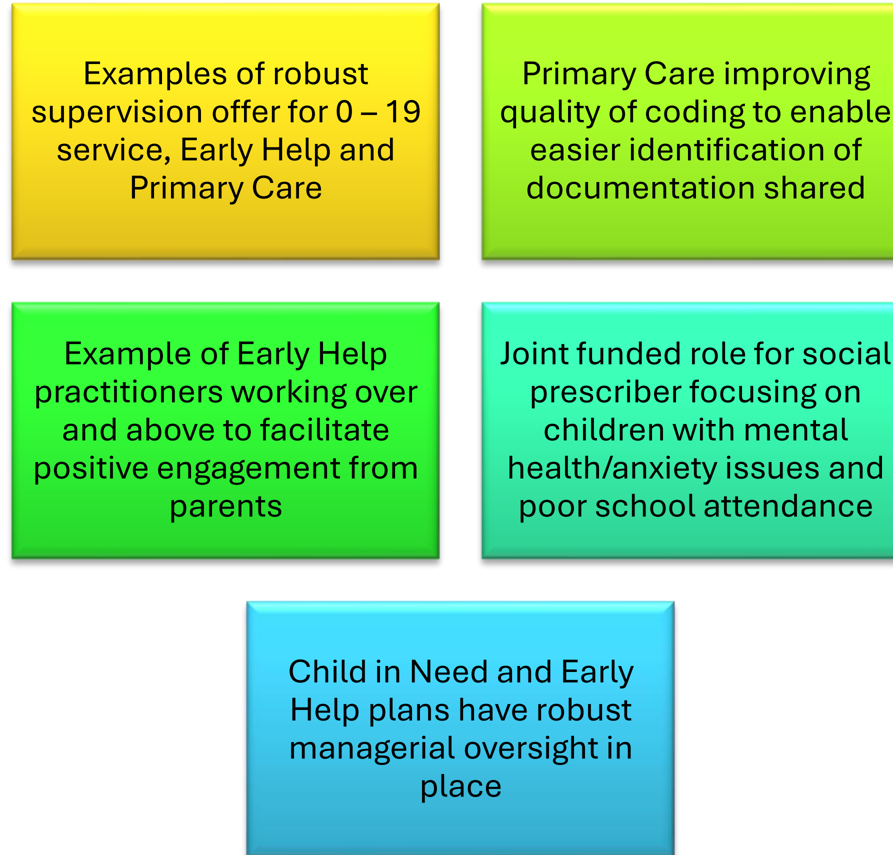
Example of robust transitional information sharing between Primary and Secondary schools – enabled child's voice and wishes to be heard and responded to

Examples of children not being seen during the statutory EHE visit, and therefore their contribution is missing, and their views are not understood

Tools, approaches and knowledge of historical information by practitioners kept the child at the centre of decision making

Examples of practitioner acceptance that the child 'chooses not to engage' rather than adopting a restorative approach to support effective engagement

What does the audit tell us is working well in Torbay?



What does the audit tell us about the effectiveness of pathways for children experiencing low level emotional well-being and mental health issues?

- Discussion between practitioners present revealed a lack of clarity about pathways available, different pathway entry points and who can refer;
- The MACA found that across the partnership there is a lack of understanding of the differences between mental health / illness and emotional wellbeing, especially where there is trauma informed practice required;
- The audit panel reflected how this lack of clarity would feel for children and their families/carers;
- There is an apparent reliance on the GP to make referrals to a paediatrician for ADHD, often as a result of an outcome led virtual contact with parents, thus missing an opportunity to understand the child's view and the impact for them;
- Internal process timescales can lead to challenges for partners to attend key meetings at short notice;
- There is often a strong focus on parental need impacting on the ability to remain child focused;
- There were challenges in managing parental expectations, particularly of wanting their child 'fixed' or given a diagnosis, but not always supporting the interventions offered;
- There remains a professional bias towards parent-led information, discussions and communication.

What does the audit tell us about the effectiveness of pathways for children in school years 9 – 11 who are educated at home

- The Vulnerable Pupils Team were not in attendance on the audit day; this coupled with an inconsistency in their returns resulted in an inability to interpret and contextualise what would have been valuable information.
- GPs are not told when/if a child becomes educated at home – this could significantly increase risk, particularly as they may be the only professional in contact with the child, and would prompt a flag on GP records for awareness
- It was acknowledged there would be benefit in identifying a lead contact for a child who is electively home educated
- It was not clear how well children were involved in decision to home educate – records available suggest decision seems to be parent led
- There appeared to be a lack of tenacity by adults (including professionals) to support children in understanding importance of the visit by the EHE team, records available for the audit suggested that children were not seen during the visit

What does the audit tell us about the impact of waiting times for Autism and ASD assessments, for children experiencing low level emotional wellbeing and mental health issues

- There was a notable disparity between professionals about where children are on the pathway or waiting list. For some children, the GP reported an assessment had been completed and diagnosis made, whilst other professionals believed the child was still waiting;
- It was not clear how this disparity impacted upon the interventions available to children, as this could not be seen from records available;
- It was acknowledged that there would be benefit in identifying a single point of contact for the child and professionals to remove the disparity noted above in the first point;
- Where there were multiple vulnerabilities, for example, where a child had additional SEND needs but was also vulnerable to exploitation, it was apparent to the audit team and professionals involved that interventions were delivered in silo, lacking effective multi-agency practice;
- One case identified a delay of six months in school completing paperwork requested by CFHD, as a school representative was not in attendance it was not possible to explore or understand the reason for this;
- There is a lack of health attendance/support to Early Help Panels for children who are awaiting ASD assessments.

What opportunities do the audit findings offer to make quick, impactful changes to practice?

- There is an opportunity for the ICB Primary Care Safeguarding Team to facilitate contact between GP Safeguarding Leads and the Early Help team to enable more timely communication and invitations to relevant meetings, this can be done using d-icb.safeguardprimecare@nhs.net;
- There is an opportunity for the ICB Primary Care Safeguarding Team to ensure information such as the TSCP Professional Differences Policy is disseminated and referenced regularly.

Final recommendations 1

- The TSCP should support CFHD to promote pathways available and referral mechanisms into those pathways across the Partnership;
- CFHD should provide guidance on best practice for quality referrals into their pathways which provide the most holistic overview and achieve the best outcome for the child;
- The TSCP should review the training offer for staff to improve understanding of emotional well-being and ill mental health in children;
- The Torbay Children and Young People's Emotional Well-being and Mental Health Group should consider how staff can be appropriately skilled to support children where thresholds are not met, or there is a delay in accessing CFHD pathways;
- Representation by health services at Early Help Panels needs to be reviewed to ensure appropriate support is available to professionals supporting children where there are delays in assessments;
- The supervision offer to staff working within Youth Services needs to be formalised.

Final recommendations 2

- Consideration should be given to understanding whether the finding that there is professional bias towards parent-led information is reflective of Partnership practice, or isolated to audit examples;
- GPs must be informed when the decision is made for a child to be home educated;

Final recommendations 3

- Consideration should be given to how the communication between practitioners supporting all children awaiting ASD/autism assessments can be improved.
- A proposal for this could be the creation of a single point of contact (lead professional). The creation of a single point of contact will ensure a holistic view of the child's needs, support identification of gaps, and promote effective coordination of all interventions being provided.