Multi Agency Response to Children Young People in Emotional / Mental Health Crisis in Exceptional Circumstances
Resolution Standard Operating Procedure

1. Introduction

Sadly it is not uncommon for children and young people to present to statutory services at a point of crisis. Fortunately the majority of young people are able to get their needs met by existing statutory services in the form of social care, mental and physical health care. However, there are a small number of young people whose needs are not met by services in a timely way.

Over recent years there have been a number of young people who have presented at Health based Places of Safety (HbPoS) in both Acute and Mental Health Hospitals. Some of these young people have been "stuck" in HbPoS or other settings for a number of days and in some cases for a number of weeks.

Therefore a multiagency response is required in order to ensure that all agencies are working together, to primarily prevent crisis and secondly to agree a joint response at the point of crisis.

(For the purpose of this paper Health Based Place of Safety includes – 136 suite at Redwoods Hospital, Accident and Emergency Department and admission to acute hospital bed for non-physical health purpose)

2. Purpose

The purpose of this paper is to identify this small group of young people, and develop a multi-agency shared response that has the welfare of the child as primacy.

3. Scope

This is for those very few that have no immediate discharge destination, i.e. no home to go to or the risk of going home is to great. As previously identified not all young people who present in crisis will require a response as outlined in this paper. Therefore in order to determine the young people covered in this paper we will need to identify some specific characteristics.

- Young people 0-18 who's care placement is at risk of breakdown
- Young people who have ASD and/or LD and may be subject to C(E)TR
- Young people who are not currently known to agencies and present in crisis
- Young people in HbPoS awaiting tier 4 bed
- Young people in HbPoS awaiting residential placement including welfare secure accommodation
- Young people who live at home with parents but parents can no longer manage to keep them safe at home.

Circumstances to Include:-

- Children from Shropshire and Telford
- Children placed in Shropshire and Telford from other Local Authorities

- Children from Shropshire and Telford placed in other Local Authorities

Out of scope

- 18+ years
- Powys CYP

4. Agreed principles

In order to establish a way of working we will need to establish an agreed set of principles

- Always to work in the best interests of the child
- Senior level engagement with decision making authority including financial decisions.
- Flexibility in service response to meet needs
- it will be acknowledged that all YP have needs irrespective of who is currently meeting those needs
- Identification of a lead person from each agency to contribute to daily meetings and take responsibility for supporting the escalation process.
- Consideration of the role as Corporate Parent as a multi-agency group and our responsibilities as such.

5. Prevention

- **Early identification of Young People at risk of crisis** is required in order to provide a preventative response. When agencies are becoming increasingly concerned about a YP emotional health and well-being and are unable to find resolution within existing forums i.e. child in need/early help. Referrals should be made to the system partners weekly huddle in accordance with the terms of reference below. Where resolution cannot be found the SPWH will refer to the Multi-agency Strategic Resolution Meeting in accordance with the terms of reference below. The aim of the MASR meeting is to:-
    - Bring together commissioners and practitioners to identify the YPs needs.
    - Develop a plan to maintain YPs safety and residence
    - Develop a shared action plan to respond to crisis events
    - Agree joint assessments from appropriate health and social care professionals

YP with ASD/LD who are demonstrating increased levels of risk that families are struggling to manage keep the YP safe should be reviewed via the Dynamic Support Register and CETR process.

TOR Multi-agency Strategic Resolution M

TOR multi Agency System Partners Reso

Systems Resolution Escalation Process.d

6. Multi Agency Response to YP with no safe place to discharge to

Day 1 – BeeU Crisis team will make contact within 4 hours by CAMHS and make arrangements for assessment. Following assessment the majority of young people will be discharged home with appropriate support however there are a very small group of young people who may be have a delay in discharge due to the following circumstances.

- Require a Tier 4 bed (no bed available and not safe to return home whilst awaiting a bed)

** Where a Tier 4 bed is required then form 1 must be competed in accordance with referral pathway.

- Looked after Young person, care provider has given notice and are declining to accept the young person back at placement.
- Young person has LD/ASD complex behaviour and family do not feel able to manage at home with current risks.

Where there is no safe place to discharge to due to the circumstances outlined above, the following action must be taken.

6.1 Lead Coordinator

In order to effectively manage the multi-agency response in accordance with the SOP a lead coordinator must be identified.

- If the YP is in Redwoods HBPoS the MPFT is responsible for identifying a lead coordinator
- If the YP is in the Emergency Department or on ward 19 SATH are responsible for identifying a lead coordinator.

6.2 Role of the lead coordinator

- Arrange and chair meetings
- Monitor individual agency actions discussed at daily meetings
- Ensure that meetings are conducted in accordance with the agreed principles of this SOP
- Ensure all appropriate agencies are involved in meetings
- To notify the relevant Directors outlined in section 10 of this SOP

6.3 Legal Framework

- Establish the Legal status of the child and who has parental responsibility.
- Ensure those with Parental Responsibility are aware and providing appropriate consent
- Children Act 1989
- Mental Capacity Act 2005
- Mental Health Act 1987

6.4 Notifications

- Notify Director of Nursing within SATH (where applicable)
- Notify Managing Director within MPFT
- Notify NHSE Commissioning Lead (where applicable)
- Notify the AD within the relevant Local Authority
- Notify *Executive Director for Transformation from STW CCG
- Notify relevant Safeguarding Leads via completion of Safeguard form (where applicable)

Where applicable notify the relevant LA (this includes social worker and service manager) Note** each agency should nominate a deputy

7. Additional considerations depending on presenting need

- Complete incident form
- Where the YP is not known to social care referral must be made as child in need, only if there is parental consent to do so unless there are serious safeguarding concerns and then consent can be overridden. (Refer to Shropshire or Telford & Wrekin Threshold guidance)


Shropshire Childrens Threshold Document


Telford and Wrekin Threshold Document

- Initiate CETR where appropriate and not previously initiated. The responsibility to refer to CETR process is the lead health practitioner or social worker, the referral must be made in line with the CCG CETR referral process.
- Where Child Safeguarding Concerns (CSC) have been raised partners agencies will be required to contribute to a strategy discussion to determine if a Section 47 enquiry is required, this is to be convened in accordance with multi agency safeguarding procedures.

  (A **Section 47** enquiry means that CSC must carry out an investigation when they have 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'. The aim is to decide whether any action should be taken to safeguard the child)

- Ensure that a behaviour management/safety planning is in place and shared with all agencies. These must reflect the following
  1, Balance negative and positive triggers – what escalates and de-escalates?
  2, what are the CYP's strengths and what matters to them?
  3, Intervention treatment plans
  N.B ensure that consent or parental consent is obtained for any planned intervention/ treatment.
- What are the CYP's wishes for next steps and do they understand the options available to them?

Identify lead practitioner from each agency, lead practitioners will be responsible for updating relevant senior leaders within their agency.

Day 2 – Lead practitioners to hold morning meeting to establish the discharge plan and availability of placement.

- Escalate to Spec Comm (NHSEI)
- Where the YP is waiting for a tier 4 bed consider an alternative placement will be dependent on presenting risks / issues / concerns and diagnosis
- Lead practitioner from BeeU service to have daily contact with NHSE

8. Care and treatment

Whilst it is acknowledged that the YP is in an inappropriate setting, the care team that are currently providing care for the YP require a clear plan of care therefore the following must be implemented.

- Nominated HCP to advise on treatment and care
- Consider behaviour management/safety planning

- Balance negative and positive triggers – what escalates and de-escalates?
- What are the CYP's strengths and what matters to them?
- What are the CYP's wishes for next steps and do they understand the options available to them?
- Appropriate communication resources
- Face to face visits by MH staff and social worker, if already allocated

Day 3 – lead practitioners to hold morning meeting to establish current position and placement availability. Review care and treatment plans.

- Consider behaviour management/safety planning
- Balance negative and positive triggers – what escalates and de-escalates?
- What are the CYP's strengths and what matters to them?
- What are the CYP's wishes for next steps and do they understand the options available to them?

Senior leaders including commissioners will need to meet on day 3, agenda for the meeting must include. (Senior Leaders – or their Deputies with authority to act - required are those identified in the notification on day one)

- What are the YPs needs?
- Is there an alternative safe space?
- What additional resources are required to meet the YPs needs?
- Who else could be engaged to support?

It is expected that a minimum of twice weekly meeting will continue to oversee care and update on bed/ placement availability. The lead for this meeting will keep system leaders updated weekly and call a system leaders meeting as appropriate.

9. Terminology

Crisis – emotional distress, self-harm or behaviours that challenge those around them

Needs – includes health, educational and social care needs

Copies of all documents references in this SOP can be downloaded from the TWSP website.