

Best Practice Guidance For Derby City Social Care/Early Help working With CAMHS- June 2021

- For any YP where self-harm emotional health issues are emerging with a teenager, each agency should check if the other agency is involved. If only one agency is involved, consideration should be given to making a referral to the other agency using the DDSCP threshold document and self-harm/suicidal behaviour support guidance available on the DDCSP website, (Sept 2020) – This guidance was drawn up from a joint CAMHS and LA working group.
- Assessments should only be signed off by team managers if direct contact has been achieved with the worker in the other agency. If there is a doubt whether a case meets the threshold for either CAMHS or CSC/EH the children's professional line may be used for informal discussion or line manager supervisory discussion should be sought. CAMHS duty line is also available for any queries or the Specialist Community Advisor.
- If the case is open to both agencies a case discussion should be held between the lead workers in each agency at the earliest possible stage.
- Workers should ensure invitations are sent for all relevant meetings. For CSC and EH these include LAC review, CP conference, CIN network meetings and reviews, strategy meetings, TAF, for CAMHS these will include planning meetings, review meetings and discharge meetings.
- There should be clear sharing of information particularly any risk assessments which should include date of the Risk Assessment, date of next review and version to ensure all practitioners are working to the most up to date document. In Social Care/EH this should be stored on Live Link, but a case note must be added to both EHM and LCS to advise that a Risk Assessment has been received. Ideally any Care Plan/Risk Assessment should be a co-produced document and should be shared with all relevant agencies and care/education providers.
- In CAMHS the risk assessment and safety plan should be completed with all agencies and the family where appropriate and kept on SystemOne. This is to be shared with the GP and all agencies involved. (Explicit consent should be sought. For the safety of the child, if this is not given lead workers to liaise with their safeguarding lead).
- Care Plans / Safety Plans should include a contingency plan as to actions to be taken if risk changes. This information is to be shared across all agencies involved.

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