

## Holistic care for children and young people: importance of successful communication across the health and social care system – a blog by Stephanie Mayo, CAMHS Clinical Specialist for the Children & Young People’s Health Partnership from June 2018 to August 2019

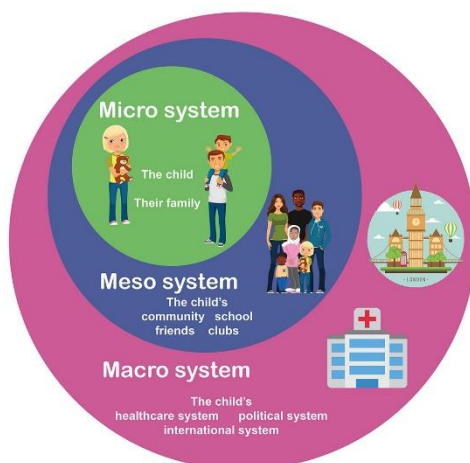
### I have always been passionate about patients being viewed as whole people.

A patient is not just a condition receiving treatment or a diagnostic label. We are dynamic and complex beings; the sum of our experiences, our relationships, and our opportunities. As such, healthcare cannot simply focus on just one element of our world.

As a Clinical Social Worker by background, I apply an ecological approach to practice. This means capturing a person’s experience of their world through analysing and understanding their:

- micro system - the individual and their family’s health and wellbeing
- meso system - their school, clubs, and community
- and macro systems - economic, health, social, or political developments

And, importantly the interactions between these systems.



In my practice I have had many opportunities to reflect on the boundaries between Health and Social Care practice. It remains a contentious division where physical and mental health end, and poverty, domestic violence, and inadequate living conditions begin. In Lambeth and Southwark, the Children & Young People’s Health Partnership provides a multi-disciplinary integrated clinical service, addressing the physical and mental health needs of children with asthma, epilepsy, eczema, or constipation. Our service works within the context of families and communities, spending a great deal of time with vulnerable and socially disadvantaged families, who often encounter the complex interface between health and social care needs.

### Sharing concerns with colleagues in social care.

As clinicians, we can be very good at assessing situations and applying our clinical judgement when we become acutely aware that something isn’t quite right. However, sometimes, as some of my experienced healthcare colleagues have shared with me, it might appear that these concerns aren’t being fully taken on board by social work colleagues. Experiences vary from feeling that referrals to Social Care have not been met with the anticipated action, or that the Social Care response following a meeting did not address the perceived concerns.

Why is this?

These perceptions of a mismatch have created a new point of reflection for me. As a Clinical Social Worker, I have been in the unique position for the last few years working on both sides, for local authorities and for the NHS. Communicating successfully across sector divides is still a difficult task; professionals in Health and Social Care often have little experience or understanding of each other’s priorities, challenges, and constraints. Training programmes and subsequent professional development traditionally do not afford enough exposure to promote the development of cross-organisational working skills, which are fundamental to supporting children and families with complex needs.

Promoting health and wellbeing, and addressing concerns means more than assessing symptoms and the impact of physical and mental health conditions on a child/young person. It means assessing multiple domains, and understanding the often complex and dynamic factors, and relationships between children, their families, and their lived experience.

Successful communication across sectors and organisations is crucial in supporting the health and wellbeing of children, young people, and their families. As well as improving health (and mental health) outcomes, but also in promoting better life chances. This is particularly true at times when concerns arise and must be shared in an appropriate and timely fashion to address need or risk.

Serious case reviews have repeatedly highlighted that cross-organisational information sharing has been poor. In addition, a CQC report summarising findings from inspections with a focus on child safeguarding highlighted that “Practitioners frequently did not articulate their views of the risks to the child, or set out what they expect from the referral – leaving the receiving team unclear of the concerns. As a result, actions were delayed or failed to take place at all”. (To read the full report, [click here](#))

Based on our shared team experiences in CYPHP of working with complex families whose need often includes frequent contact with children services, and on occasions safeguarding concerns, my colleagues and I have felt that there are common helpful tips to keep in mind. I hope that the top tips below will be helpful to other healthcare colleagues in their ongoing efforts towards more holistic and collaborative health care.

### **Top 9 tips for sharing concerns with social care colleagues.**

1. Unless there are concerns about a child/young person’s safety, it is important to share your concerns with families, and to involve them in any referral you decide to pursue.
  2. Familiarise yourself with your Local Authority’s London Safeguarding Children’s Board (LSCB) Threshold Criteria, and their Threshold of Need Indicators. These will help structure your argument for why additional intervention is required.
  3. Assess and list your observations, evidence, and risks to the child/young person across the domains of:
    - a. Child’s/Young Person’s Developmental Needs: Abuse and neglect, learning, education and employment, health, emotional wellbeing, social development, and behaviour.
    - b. Environmental Factors: Community integrations, finances, accommodation, and the impact of the local area.
    - c. Parental and family factors: Protection from harm – physical and sexual abuse, neglect, domestic abuse, perinatal period, parenting capacity, extremism, drug and alcohol use, physical or mental ill health or disability, criminal or anti-social behaviour.
- Following these headings provided by the LSCB and Threshold documents, will help you articulate your observations into the particular areas of concerns that Social Care colleagues focus their assessments and interventions on.
4. Notice the language used in Social Care documentation, and articulate your concerns using this common framework. A common language will ensure both Health and Social Care colleagues are understanding risk in the same way. It also reduces the margin for error or misunderstanding when describing the level of need between professionals.
  5. Do not assume that your colleagues in Social Care understand the impact of a particular diagnosis on the wellbeing of a child/young person, or the risks of not managing a health condition. Be as explicit as possible, highlighting the impact, and providing examples.
  6. Assess and highlight the risk of no intervention, and the potential impact that not intervening would have on the child’s development and wellbeing, physically, emotionally, socially.

7. It is essential to set aside sufficient time to complete a comprehensive referral. I would recommend you allocate 30 to 60 minutes, depending on complexity, for writing a comprehensive referral.
8. Be prepared to challenge or escalate concerns if the actions taken are not sufficient, or do not adequately address the needs of the child/young person. The LSCB should outline the escalation policy and procedures for children in your local area.
9. Remember it is your responsibility to alert and pass on your worries to the Local Authority, so they can determine which level of intervention is required. The better your referral, the easier it is for the Local Authority to carry out their statutory responsibilities to keep children and young people safe from harm.

## Further Information

LCSB Threshold Guidance: [Lambeth](#) and [Southwark](#)

[Working Together to Safeguard Children](#)

[What to do if you are worried a child is being abused: A guide for practitioners 2015](#)