Pan-Dorset Safeguarding Children Partnership

7 Minute Practice Briefing: Ashley Learning Review

Background

Ashley was a 16-year-old trans young person who was described by family and friends as warm, cheeky, jokey, kind, and funny. Ashley experienced an abusive and low warmth household as a child and had struggled with their mental ill health over several years. Ashley's 'bubbliness' hid a deeply rooted anxiety which manifested itself in intrusive thinking patterns with low mood and ongoing suicidal thoughts. Ashley's decision to transition led to several complex issues for them both emotionally and practically. Ashley was also estranged from their family and had experienced significant changes in their life in a very short timeframe. Ashley hid these issues from most people and sadly they took their own life in 2020.

How children and young people use Mood Apps and Helplines

Mood Apps can be very beneficial to support a person monitor their moods over time and identify the 'trigger' points or issues that can affect how they feel. Some Apps provide a daily 'score' and graph plotting how users are feeling. Young people with chronic suicidal ideation alongside intrusive thoughts of worthlessness, should be asked by professionals if they are using Mood Apps. Sharing this with clinical professionals to support the management of anxiety may be appropriate.

Understanding care pathways for mental health support

The review has highlighted that it would be worthwhile reinforcing and better understanding the care pathways for children and young people with mental ill health. There appeared to a lack of understanding about when a child should be referred to CAMHS. The responsibilities and accountabilities of the wider community of support need to be reinforced and whilst expert advice and guidance may need to be provided to practitioners, many children do not need specialist CAMHS interventions. The pathways need to be clearer so that children with mental ill health get a robust wrap around package with other agencies contributing and understanding the need.

Children and young people who are trans or challenged by their gender identity

All professionals need to develop their understanding of trans young people, the implications on young people challenged by their gender identity and develop opportunities to listen and talk to young people about their experiences. There needs to be a graduated and clearer pathway for children and young people who are trans or questioning their gender identity which will need to involve all agencies and will include the resources of early help. Family, friends, and caregivers need to be offered additional support and awareness raising if their child or young person expresses a wish to transition. Bullying of trans young people needs to be challenged and needs to be incorporated in PHSE lessons and be more explicit in education awareness.

Understanding children and young people's experiences of trauma

There is an increased recognition and understanding of the impact on children of adverse childhood experiences and trauma. Trauma informed practice has focused on the impact on the brain of adverse childhood experiences and the biology of stress. This approach also recognises how professionals unknowingly can re-traumatise children, young people, and adults by their very interactions. It reflects the need for professionals to understand the triggers that can lead to more negative responses and behaviours. Children and young people's experiences and current behaviour need to be seen in the context of their history. Agencies need to be attuned to how the presentation of a young person can deflect reality.

Developing trust and confidence between children and young people and professionals

Some young people feel let down by support agencies, feel not listened to and feel professionals listen too much to the voice of adults. When children disclose information and then adults are believed it can have a devastating impact on young people's trust. The history of those experiences needs to be understood. Listening and learning from young people must be paramount. During the pandemic there were significant changes in the way that practitioners engaged with children and young people. Whilst virtual working has its benefits, some young people need face to face contact, and this has to be factored into support plans.

Recognising you are still a child at 16

The arbitrary age of 16 is judged to be an appropriate age for young people to make their own decisions without an adult holding a level of parental responsibility. This becomes more challenging with a young person with vulnerabilities. Agencies need to be cognisant of chronological age versus vulnerability and consider assumptions that young people aged 16 or over can make informed decisions. Agencies need to be reassured that when young people are estranged from their family, there are appropriate support mechanisms in place both formally and informally.

Ensuring family and friends get the right support when living with a child and young person with suicidal ideation

When children and young people are struggling with their mental ill health, it not only has a significant impact on them but also those who care for them. Family and friends can struggle with knowing how to support young people. There is a need to draw in the wider family and friends support network, so they do not feel isolated and burdened with a responsibility they are ill-prepared to manage. Support arrangements need to be put in place for family and friends separately.