7-Minute Briefing - Multi-Agency Spotlight Audit on Children on a CPP in receipt of CAMHs





01 Purpose of this Briefing

A multi-agency spotlight audit on children on a child protection plan and in receipt of CAMHs, was carried out by the Leicester and Leicestershire & Rutland Safeguarding Children Partnerships (LLR SCPs) between March and May 2025.

This briefing shares the good practice and learning identified

07 Resources to support practice

Leicestershire Partnership Trust CAMHS website Child Protection Plan procedure

06 Reviewing Practice

- -Are you sharing minutes and invites to meetings with CAMHS to all children known to them on the waiting list and who are actively engaged with CAMHS?
- -Are you in receipt of the care plan from CAMHS?
- -Are you telling CAMHS when the plan has ended?

02 Background to Audit

The theme was agreed to support Business Priority 2 on Child Mental Health, Emotional Wellbeing, and Safeguarding in the 2023-25 LLR SCP Business Plan.

This audit seeks to provide a follow up on the previous audit completed in 2021.



Cases were identified as being involved with CAMHS and on a Child Protection Plan within the last 6 months. The scoping period was 1st October 2024 to 24th March 2025. A total of 11 cases were reviewed – 5 from Leicester City, 5 from Leicestershire and 1 from Rutland.



05 Learning Points

- -Where CAMHS Care Plans can be shared, this would be useful if done routinely, particularly when CAMHS are not able to join meetings.
- -There is evidence that CAMHS practitioners are not always invited to Strategy Discussions, Child Protection Conferences or Core Groups. If a child/young person is on the CAMHS waiting list, Local Authorities should always still invite CAMHS.
- -Child protection minutes and Plans are not always forwarded to CAMHS or visible in records.
- -CAMHS practitioners are not always made aware when a Child Protection Plan has ended to enable removal of the child protection icon from System 1 records.
- -Social Care should not be reliant on waiting for a mental health diagnosis. There should be a focus on supporting the child/young person everyday and the presenting issues and needs, as these are unlikely to change as a result of a diagnosis.
- -Agencies should ensure that they understand the impact of a child's mental health on their siblings. It could have a parenting impact on siblings, as well as an emotional impact. Time, attention, and energy can be taken up by the mental health of one child.

04 What worked well

- -Where CAMHS were informed and invited to child protection meetings, they attended, or sent apologies and provided a report.
- -The voice of the young people and parents / carers is evident in the records.
- -There was evidence of good information sharing about a child's child protection/child in need status at GP Practices' MDT meetings.
- -Where children had multiple 'Was Not Brought', GPs were persistent in continuing to offer appointments.
- -One of the Leicestershire cases involved a young person moving between placements and they ensured that safety plans were in place.
- -In the City perplexing presentation case, there was coordination of a range of health services ensuring that the family were involved throughout. There was professional curiosity regarding potential Fabricated and Induced Illness (FII).
- -In the Rutland case, they worked jointly with Police to reduce missing episodes and agree a joint approach for de-escalation when the child was found.
- -In the Rutland case, the Police included an extra flag on their database regarding the child's mental health to alert officers to a need for a tailored response.
- -In two cases, where the child was born a girl and now identifies as a boy, preferred pronouns and names were recorded and used by partnership agencies and appropriate support was provided around gender identity and transitioning.