STANDARD OPERATING PROCEDURE
SMASH - EARLY INTERVENTION

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VALIDITY – All local SOPS should be accessed via

CHANGE RECORD

Version	Date	Change details
1.0	*11 April 2024*	*New SOP. Approved at CLD Clinical Governance Meeting (11 April 2024).*

Contents

1. INTRODUCTION

Background to the Team

Children and young people's mental health remains a priority area as half of all mental health conditions are established before the age of fourteen. Early intervention and support could help children and young people learn to better manage their mental health needs, enable access to timely support and interventions at the earliest opportunity and prevent more severe needs developing in adulthood.

The NHS ICB East Riding has funded the SMASH programme to work into secondary schools since 2017. Some secondary schools have also independently commissioned their own SMASH support to further enhance their offer and increase capacity.

Funding for SMASH will provide extra capacity in identified secondary schools as part of a Getting Help response to emotional and mental health needs using the principles of I-Thrive Anna Freud across Hull and East Riding.

Why is the service important?

According to Young Minds one in six children will have a probable mental health problem between the ages of five to sixteen, that is one in five children in every class in the UK. They will require support ranging from low level support through to getting risk support. Mental Health Statistics UK | Young People | YoungMinds

Any child or young person who experiences mental ill health, whether mild or severe may experience lower school attendance and educational attainment.

The SMASH Programme complements the wider CYP emotional and mental health support in the area.

The SMASH Programme works with CYPs experiencing mild to moderate social emotional and mental health needs and operates within schools and the communities for easy access to the right support at the right time using principles of I-Thrive as a Getting Help offer. National i-THRIVE Programme | i-THRIVE (implementingthrive.org)

Overview of The SMASH programme

We have a team of dedicated practitioners who work into identified Secondary schools across Hull and East Riding. (a school list will be regularly updated and shared).

Locally, the SMASH programme was developed to respond to and meet the needs of the demographic who are experiencing mild to moderate social emotional and mental health needs.

The leadership across Early Intervention oversee the clinical and operational delivery of the team and come from multiple backgrounds including Nursing, Psychology, I-APT, Psychotherapy etc. The team offers interventions, support, advice by embedding themselves into the educational setting and wider system to complement the already well-established support and provision for children and young people's mental health.

The SMASH programme supports education settings to build resilience and wellbeing, support, offer signposting to other services and deliver evidence-based support and interventions.

SMASH enhances the existing support within educational settings as part of CYPMH services.

The Practitioners are trained in principles of systemic working, elements of cognitive behavioural therapy and restorative practices. These evidence bases are combined to deliver the SMASH Programme. The Practitioners are supported to assess children and young people's needs and deliver the programme to those who would benefit the most from the approach.

The team has an interface with all parts of the system, including Early Help, Hull Thrive, East Riding Emotional and Mental Wellbeing Academy, Social Care and Specialist CAMHS to ensure all children, young people and families are fully supported to meet their needs.

SMASH has two main functions:

- To deliver the SMASH programme to identified children and young people using a combination of therapeutic group with 1:1 support for mild to moderate needs.
- To work using a systemic approach to support the system by working collaboratively and including family outreach.

SMASH can offer support for:

- Emotional & behavioural needs
- Social interaction and communication difficulties
- Bullying behaviours
- Relationship difficulties
- Confidence and self esteem
- Low mood
- Anxiety
- Self-harm that is best supported through an early intervention approach.
- The team will support CYPs who are experiencing suicidal ideation with no plan or intent to end life and will be supported with additional supervision. (CYPs who have a plan and intent would be best supported by acute CAMHS and/or Core CAMHS)

The SMASH programme is a therapeutic targeted groupwork intervention to support children and young people to facilitate sustainable change.

The SMASH programme supports children and young people in identified education settings who are experiencing mild to moderate emotional and mental health difficulties.

The SMASH team will help and support children and young people who have been referred to the programme to rapidly access specialist services when their needs require a more specialist approach.

The practitioners will support staff in education settings to understand and respond to the needs of the CYP and family through working systemically.

SMASH provides support by:

- Group interventions using elements of CBT, Restorative Practice, Person Centred approach and utilising the dynamics within the group to facilitate change.
- 1:1 support for the young people on group
- Family outreach for the young people on group
- Multi-agency co-ordination and co-ordinated responses to other services to support emotional wellbeing and mental health.

The SMASH Programme is part of HTFT Early Intervention CYPMHS service within the Children and Young People's Learning Disabilities Division.

2. SCOPE

This Standard Operating Procedure is aimed at clinical staff; consultants, junior doctors, unit managers/team leaders, nursing staff, support staff, therapists, psychologists, family therapists, students, and agency staff where appropriate.

These are clinical staff from all service areas across the Trust; Community Services, Mental Health Services, Learning Disability Services, Forensic Services, Specialist Services, Children's Services, Therapy Services and Acute Services.

The document is aimed at these staffing groups to ensure that clinicians understand how the service operates from accepting a request for support right through to discharge from service.

This document should be referred to when making a request for support, identifying need through to being discharged.

This document should also be referred to by practitioners delivering the SMASH Programme.

3. DUTIES AND RESPONSIBILITIES

Service Manager is responsible for the operational and strategic oversight of the service, building and maintaining relationships with schools, early intervention and early help service leads and managers to ensure good collaboration with the ICB and wider partners. The Service Manager will directly manage the band 7 Team lead. The Service Manager will be the direct link into the Children's and Learning Disabilities division at a senior level.

The Team Lead is responsible for the clinical and operational oversight of the team, direct management of the senior practitioners and management of the practitioners. Offering consultation to schools and other professionals. Occasionally holding a small caseload if required. The Team Lead will work both in an identified trust base and out in the schools and communities at identified times across Monday to Friday excluding bank holidays.

Senior Practitioners are responsible for being the main link along with the identified practitioners to support the implementation of the SMASH programme by offering clinical supervision to the Practitioners holding a small caseload when required, offer consultation to schools and lead on duty within the service. This requires flexibility both in a trust base and out in identified schools and community settings at identified times.

Practitioners will hold a maximum of 28 CYPs on caseload delivering therapeutic group, 1:1 and family outreach and supporting the system to better respond to CYP's needs. Practitioners will deliver the SMASH programme as agreed in the delivery plan. Practitioners will also support duty at identified points within the year and when required due to service needs. Practitioners will be required to work from base when supporting duty.

Practitioners work 4 days across schools and the community as autonomous practitioners utilising a lone working approach with direct clinical and operational access and support via duty.

Practitioners will have access one day a week with their team in an identified trust base. To access face to face support, reflective practice, admin support and reconnect as a team seeking both clinical and managerial supervision and support when required.

Practitioner conduct home visits, this is risk assessed prior to the visit taking place and lone working is followed using policy and practice within the team and underpinned by Trust policy.

Admin Support are responsible for receiving and creating referrals on Clinical system, creating, and monitoring duty tasks and communicating these to the duty staff, answering telephone and emails enquiries and carrying out all associated administration tasks. Admin also support staff as required with administrative queries.

4. PROCEDURES

4.1. Access

Request for support (referral)
Requests for the SMASH programme come from all parts of the system directly into Early Intervention via email or on clinical systems. This includes referrals directly from educational settings, other services and professionals including Health, Early Help, Social Care, Contact Point, and specialist CAMHS.

The team use an electronic request for support form that can be completed and emailed directly into the Early Intervention email address hnf-tr.earlyinterventions@nhs.net. Referrals external to Humber will have already been discussed with the allocated practitioner for that school. This will then be monitored by admin staff and the allocated practitioner to ensure the referral comes into the service effectively and prevent any referrals being missed due to server restrictions or errors.

SMASH take referrals based on the education setting that the CYP attends and not based on GP or home address.

Any out of area young people who are accessing their education within Hull or East Riding will still be accepted into the SMASH programme when their needs present with a mild to moderate social, emotional, or mental health need. However, in these cases the team lead will be alerted and will inform the service manager of the situation further conversations will take place across systems to ensure we have a clear coordinated plan with other agencies who are responsible for the care of the young person to ensure needs are met in a graduated way and to respond to any escalation.

Referrals from education settings – Practitioners (supported by senior practitioners if required) will hold termly consult to refer meetings with their identified Mental Health Lead in school. This gives an opportunity to discuss the needs of the young people the school wish to refer, share with the school referrals that have come from other parts of the system and explore any other needs the school may have in relation to training and development.

When the request for support comes directly from the education setting, this should in the first instance be discussed with the allocated Practitioner or senior practitioner attached to that setting and the referral form confirm that this discussion has taken place.

When the referral comes into the Early Intervention email address the duty staff will review and action accordingly and record actions on Clinical system.

Referrals from Contact Point – These referrals will be triaged by Contact Point and reviewed by the senior practitioner or Team Lead on duty on receipt of referral. The referral will be screened, and contact will be made with the family to advise of the intervention options and review risk and need and record appropriately on Clinical system.

Referrals from other agencies/professionals –Contact the Team Lead or Senior Practitioner on duty and discuss potential referral, desired intervention/outcomes and any identified risk or safeguarding concerns and record appropriately on Clinical system.

Children, young people, and families can make a self-referral via their school Mental Health/ pastoral lead. The lead will have direct communication with the Practitioner or senior practitioner allocated to their setting.

Non education requests for support
When a request for support comes in from others part of the system such as Contact Point or Core CAMHS we will communicate this with the practitioner supported by the Team Lead and Senior Practitioner where needed to ensure we advise the school of this referral to work collaboratively.

4.2. Accepting a request for support (referral)

When referrals come from education settings and other agencies, admin will task the document to be reviewed by the Team Lead or senior practitioner on duty. The practitioner will screen the referrals and identify if contact needs to be made over the telephone to gather additional information or review any risk. The referral will be coded and placed onto the correct school access plan.

In the summer term the above work will also be undertaken by Practitioners to ensure referrals are managed prior to the summer break as per the delivery plan.

Referrals from Humber CAMHS/Neuro services will be actioned on clinical system. Ideally the referring Team should have had a discussion with duty prior to making the internal referral. The referral is created on the system, reviewed by duty, and actioned following the below.

Referrals will be discussed in the weekly MDT and documented to ensure we are meeting young people's needs effectively in a timely way.

Admin will send out to the CYP and family a welcome letter, with information on SMASH, useful websites, and other contact numbers such as the Crisis Team. Copies are sent to GP, school nurses and school if they made the initial referral.

The welcome letter also informs families that they can contact the early intervention service on 01482 205205 if changes are noticed with regards to presentation or risk or approach their educational setting for support if needed.

The SMASH Team works on a process of assessment and intervention once allocated to a practitioner. The wait will be dependent on which point the programme delivery is at. We do not assess and then place on a waiting list for treatment. If we do identify an increased need for the CYP, their assessment is prioritised, however, they may still wait for an intervention. The Senior practitioner will usually facilitate this and/or the Team Lead. Once this has happened an agreed plan will be put in place to ensure the CYP's and family are supported whilst they wait for their intervention. This plan will be recorded on the system within the clinical record. These plans will be updated on the clinical system and managed via the duty system which is overseen by the Team Lead.

4.3. CYPs and Families multiple requests for support

If we receive requests for support for CYPs who have had previous requests into the service, then we will take these referrals directly to the MDT. Following on from this we will look at how best to support the CYP and family using the AMBIT framework and using tools such as the disintegration grid, to ensure we do not keep repeating interventions that may not be best placed to meet the young person's needs.

CYPs and families will be supported to access the most effective support to meet their needs. This will be through a number of approaches including but not exhaustive such as signposting, holding a Team around the family meeting making onwards referrals if needed.

4.4. Access Plan Management

The SMASH programme is an early intervention offer and therefore we anticipate that most young people should receive their assessment and intervention within an access time of 6-8 weeks with a maximum of 12 weeks due to the duration of the programme delivery. Although it is the aim of the service to allocate referrals in a timely manner for assessment there may be times of high demand where it is not always possible. In these instances, Team Leaders and or senior practitioner (duty) will ensure that families are contacted by telephone to continue to triage on-going risk, need and ensure that those whose needs are escalating are expedited and supported accordingly. The frequency of this triage is based on clinical judgement and shared decision making. This should be clearly documented in the clinical record and reviewed at every contact.

Consideration should be given as to whether these cases would benefit from CAMHS Crisis or Intensive Home Treatment (CCIHT) in the short term to support the young person or to social care and other early intervention/early help services.

We will also continue to action the below steps as part of a waiting list management plan:

- Waiting list access plan is managed using 3.4 within the SOP and this list is reviewed weekly. Practitioners' active caseloads are reviewed weekly by Team Lead to manage capacity and wait times in service.
- Access plan waiting list clinically reviewed in the weekly MDT.
- Duty calls to the families/CYPs once every half term (6 weeks) whilst on the access plan
- Advise families of ways to contact the SMASH team directly if needs change and other services who can respond to social care and mental health crisis.
- Call to families/CYP every half term to advise of wait times wherever possible and review need and risk.

If families/CYP are unable to be contacted whilst conducting the half term check in calls, contact should be attempted up to 3 times within a week period. If still no response a contact us letter should be sent requesting the family / CYP to contact the family and give service reasons. Further attempts should then be made to contact the family/CYP as per waiting list process and using safeguarding at the centre of all decision-making.

Following this it will be discussed at the MDT and a decision will be made around if an unplanned home visit is required. The case will continually be discussed at the weekly MDT and documented, and Practitioners will access additional clinical supervision when needed to consider the contextual needs of the CYP and family. If there is still no contact, then using Was Not Brought and No Engagement Policy N-072.pdf (humber.nhs.uk) and considering and following safeguarding steps and procedures Safeguarding Children Policy N-045.pdf (humber.nhs.uk)

(No case should be discharged whilst on the waiting list for non-engagement and should continue to wait to be allocated, unless family/ young person states they no longer require/want support)

4.5. Responding to and supporting Children and young people who are referred with multifaceted and complex social, emotional, and mental health needs.

When children and young people are referred into the service and the referral form indicates that there is possible complex, multifaceted and or long term needs and presentation these referrals will be expedited and allocated for an assessment. Following the assessment, the CYP may present with needs that an early intervention service can respond to, or we may identify that another service is required alongside Early Intervention such as Social Care, Early Help, or a referral to specialist CAMHS (e.g., core, crisis, Home based treatment, eating disorders).

4.6. Allocating a referral to a practitioner

Referrals will be allocated once the designated Practitioner has capacity for identified support. Once allocated the individual young person will then be closed from the access plan. The practitioner will then lead and coordinate all interventions and care as a lead worker.

It is important to note that the whole team have access to each practitioner's caseload to cover annual leave and sickness.

On allocation Practitioner will

- Send out an introduction text to the family or older young person.
- Meet child or young person within their educational setting to introduce self.
- Arrange a convenient time to conduct the assessment with the young person in their setting. The assessment should occur within 2 weeks from the point of allocation and **within the two weeks allocated for assessment within the delivery plan**.
- Contact Parents to conduct an additional telephone assessment or home visit by following lone working and home visit protocol including risk assessing.
- Assessments can be done with parent and CYP if identified as more suitable for the young person.
- If the need is felt to be complex in nature, then the Practitioner and senior practitioner / Team Lead will undertake a joint assessment to ascertain an effective safe support plan.
- Once assessment is complete, intervention will commence.

The SMASH Team uses nationally recognised outcome measures, such as ORS and CORS.

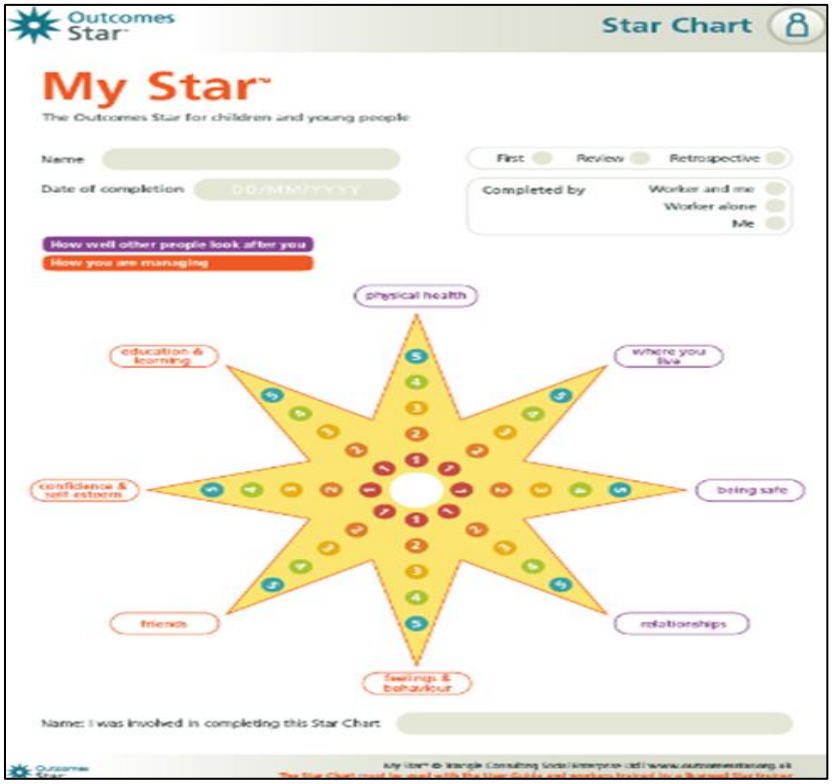
4.7. Following on from assessment:

If appropriate SMASH will deliver the programme which consists of

- Group, 1:1 and family and system outreach
- Interventions last a minimum of 12 weeks, to a maximum of 24 weeks.

For more complex needs, a joint assessment maybe undertaken between the Practitioner and the Senior practitioner within early intervention or alongside other parts of the CAMHS service if required. Following on from this, it may be deemed appropriate for the Senior practitioner to co-deliver the work and additional discussions may be required at MDT, or escalation through to one of the specialists CYP services such as Core CAMHS or partners such as safeguarding.

Most support happens within the school setting and therapeutic group is delivered in a community-based venue close to the school.



4.8. Assessment and risk tools

The SMASH Team uses the My Star assessment incorporating risk and safeguarding.

Assessment is completed with every young person in a one-to-one setting, usually within the young person's school. Additional information is gathered as a standard from the child/young person's education setting and their family. Other information from significant others connected to the CYP and family can contribute to the assessment on a case-by-case perspective and should be clearly documented.

The assessment can be completed with the family and young person together if identified as appropriate.

The star covers 8 areas to gain a contextual understanding of the young person's needs. The My star enables both an outcome measure rating scale and a formal assessment to understand the needs, risk, and contexts of a CYP's life.

Practitioners complete their associated paperwork which is held in the clinical system to enable practitioners to input information contemporaneously and directly into clinical system. The assessment can take up to 5 days to complete all paperwork and gather all information from the CYP, family and the system. Ensuring the documentation is clear in relation to who has contributed which parts to the assessment.

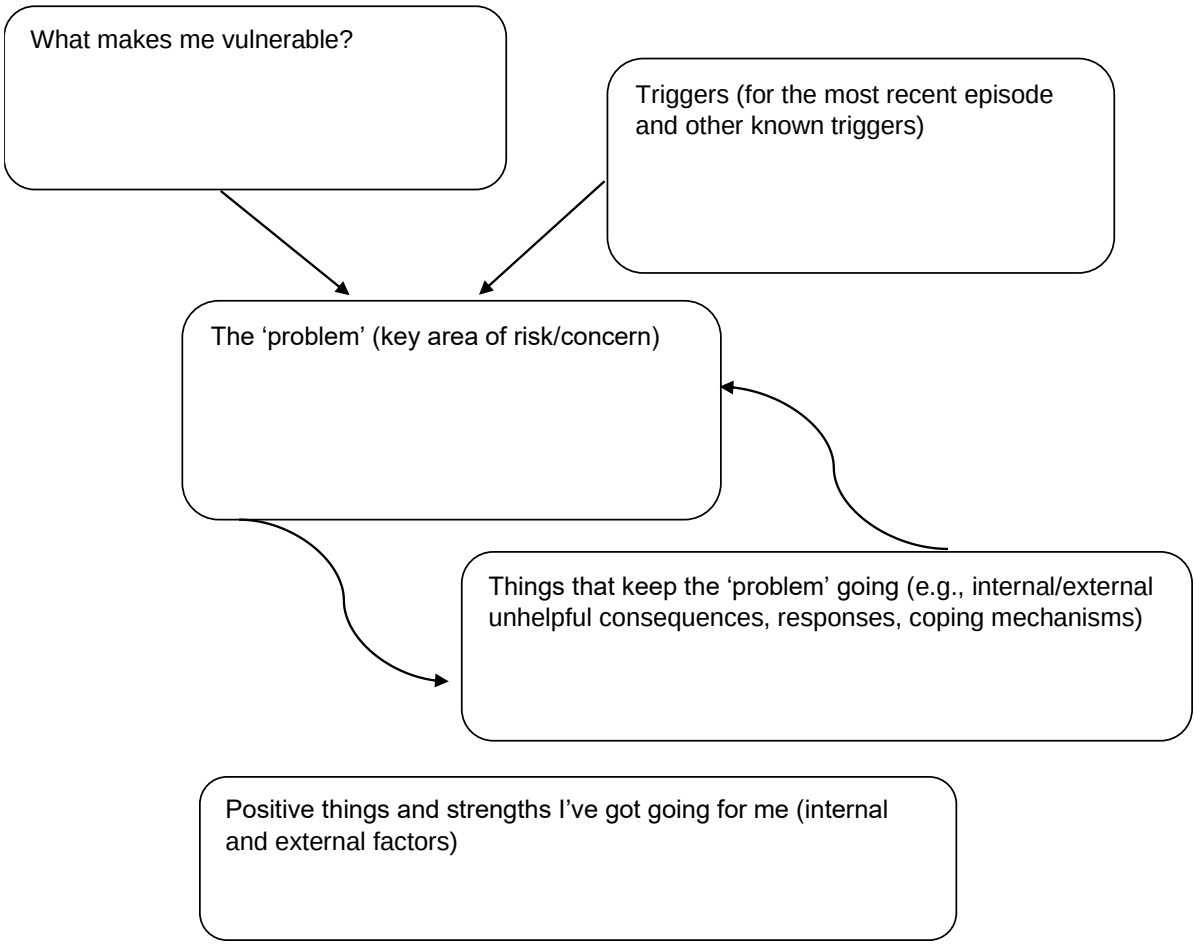
The assessment outcome section at the bottom of the document should include a clear formulation and outcome of assessment including a clear plan and actions around identified risk or safeguarding.

The Star assessment is also used as a review assessment and an exit assessment at identified points within the CYP's journey to understand change facilitated and identify any additional ongoing support in a graduated needs led way.

Additional Risk Assessment

The Early intervention utilises a contextual safeguarding risk assessment using the 5 P's formulation This is to establish the context, identify the risks, analyse the risks, evaluate the risks, and respond to and support the risk in collaboration with the Child/Young person and the system around them.

5 P's Formulation of risk and safety



NICE guidance ([NG225] Published: 07 September 2022) recommends regarding risk assessments tools and scales that:

- *we do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.*
- *we do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged.*
- *risk assessments should focus (see the section on principles for assessment and care by healthcare professionals and social care practitioners) on the person's needs and how to support their immediate and long-term psychological and physical safety.*
- *Mental health professionals should undertake a risk formulation as part of every psychosocial assessment.*

Therefore, in early intervention we use a contextualised approach and risk documentation support and empower CYPs to understand their own needs. What they can do for themselves, what others can do to help them and what do they need to stay safe and well. Early intervention requires a systemic approach to understand and respond to risk and safety whilst working as a system with and around the CYP through principles of Thrive.

The risk assessment incorporating the 5 P's can be utilised for all risk including clinical and social risks such as absconding, risk of harm to self and others and CSE etc.

The My Star assessment incorporates a risk assessment as a standard and is the initial risk assessment used within service. The additional contextualised risk assessment tool is used following risk being identified.

This can happen at the initial assessment, review stars, and exit stars and at any point throughout the intervention and support, when risk is identified and or shared by CYP, family or other.

The risk assessment as a standard is completed with Child/young person and Family and if applicable the education setting and any significant others.

If at point of referral risk is identified, then a risk assessment will be automatically completed with the child/young person and family.

4.9. Engagement and commitment

Engagement and commitment are essential to the successful completion of evidenced based interventions. This will be discussed in detail and contracted with the CYP, family and education setting at point of referral and during the assessment. The contract can be re-visited throughout the duration of the support and intervention if needs and circumstances change. Non engagement and commitment could result in the intervention not being deemed the most appropriate, this would be explored with the CYP and family and may result in being offered an alternative support plan, a referral on to another service to meet need or intervention ending. Several steps will be followed prior to the final shared decision being made to ensure CYP's and family's needs and voice are central within the process.

4.10. Due to non-attendance

If a CYP or family does not attend their session, intervention, or consultation then the lead practitioner will contact the family/CYP directly by phone and text. This will be to arrange an alternative appointment and to revisit the contracting as part of the offer to meet their needs.

If a CYP or family continues to not engage, then the Lead Practitioner and admin will work in partnership to attempt to make contact. To ensure we are working as a collaborative we will be working with school to ensure the system can support to ascertain contact. Three phone calls will be delivered in the space of two-week period, alongside two contact us texts and a contact us letter.Following this it will be discussed at the MDT and a decision will be made around if an unplanned home visit is required.

The case will continually be discussed at the weekly MDT and documented, and Practitioners will access additional clinical supervision when needed to consider the contextual needs of the CYP and family. If there is still no contact, then using Was Not Brought and No Engagement Policy N-072.pdf (humber.nhs.uk) and considering and following safeguarding steps and procedures. Safeguarding Children Policy N-045.pdf (humber.nhs.uk)

4.11. Discharge process

CYPs will access their exit assessment and outcomes measures within an exit interview. As part of the discharge from the service CYPs and families will be supported to increase their own tool kit and awareness of self and others to create sustainable change.

Exit reports will be populated including an ongoing support plan that will travel with the young person. Copies will be shared with education and home.

This will include supporting the young person to access additional support if identified as needed and navigate the universal offer within the area, including youth and community provisions.

4.12. No longer requiring intervention and support.

If a CYP or family inform us that they no longer require a service from us then the practitioner or duty will work through with the CYP and family what current needs they have now, are they accessing support from elsewhere or have things improved. This will then inform the agreed plan as part of discharge. This information will be documented and then detailed in a letter to the CYP and family with a copy to the GP, school nurse and information shared with the education setting.

4.13. End of intervention and support

The end of intervention will always be discussed in advance and an action plan for further support will be created with the CYP and family if required. Exit interviews enable opportunity for appropriate endings from a therapeutic perspective and time to agree any moving on plans collaboratively. Letters will be sent to GP, school nurse and education settings confirming end of support and agreed plan.

5. ADDITIONAL ASPECTS

5.1. Record Keeping

Contacts/care events should be recorded at every contact with CYP, family, school, professionals etc, and adhere to Trust policy with regards to record keeping.

The SMASH Team utilises an approach that ensure there is a defensible clear communication record for each young person they have supported at the end of their working day. This will include attendance, risk, safeguarding and any mitigation needed.
Risk assessment and safety plans and or safeguarding referrals and clinical notes Will be completed and on the system within 24hrs.

My Star Assessments is an ongoing assessment over a five working day period. The assessment is in the clinical record keeping system and is updated as information is gathered contemporaneously. The assessment wherever possible should not exceed a five working day period to be fully completed on clinical systems. Where this does exceed the five working day period there should be recorded evidence of reasons why the assessment has taken longer to complete including MDT case discussions and clinical supervision. The assessment is a working document in Clinical system.

5.2. Duty support

The Early Intervention Service has a direct phoneline 01482 205205, this line will be open between 8.30am to 4.30pm to coincide with education settings. The phoneline will always have both admin and Mental Health practitioners available to respond to calls and offer advice and support.

Senior practitioners and Team Lead during term time will provide duty support via an operational rota. Outside of term time practitioners will also provide duty support on a rota agreed in advanced.

Internally if a duty call is required for an open case or indeed to discuss a potential request for support then this can be tasked to the team on the clinical system and on email to hnf-tr.earlyinterventions@nhs.net. Allocated duty practitioner and Team Lead will have oversight and is managed via the duty rota.

Practitioners will also use duty to seek effective timely support for clinical, operational, and safeguarding needs.

Practitioners are advised to call into the 01482 205205 number between 8:30am and 4:30pm stating their request and a duty practitioner will either call back or immediate requests will be transferred to a practitioner or Team Lead on duty from across the Early Intervention service.

The SMASH Team run a duty rota Monday to Friday (excluding bank holidays) to ensure we have the correct support available within working hours. This is supported by the wider Early Intervention service.

5.3. Safeguarding

SMASH work in partnership with educational settings and wider partners in relation to safeguarding and child protection. SMASH complements systems and processes that are already established within the school and the community, by working in partnership to keep children and young people safe from harm.

SMASH follow the Hull/East Riding Safeguarding Partnership Policies and Procedures and ensure that they work within the guidelines of the Humber Teaching NHS Foundation Trust's policies and practices.

SMASH follow the safeguarding duty process within the Early Intervention service which includes seeking support from Humber safeguarding when required.

A practitioner will lead on all child protection and safeguarding that is disclosed to or identified by them, following the Trust's policies and procedures, however they will also adhere to individual educational setting's procedures for logging and reporting any child protection issues through the setting's Designated Child Protection Coordinator and Safeguarding Leads. This is to ensure a joined-up approach is facilitated and prevent duplication or additional distress for the child or young person. This approach will be changed if clearly identified the above would create additional distress or place a CYP at further risk of harm. The situation would then be managed in the most appropriate and safe way following advice given and supported by duty within Early Intervention and Humber safeguarding.

Safeguarding supervision will be logged on Clinical system within the safeguarding tab and using the SCT9 form, along with any referral documentation into Hull or East Riding EHASH. A Datix should also be completed for Safeguarding/Child protection/ Early Help referrals.

Practitioners will liaise with the Team Lead and senior practitioner to ensure they are supported with their decision making and escalation. When required the practitioner will access Humber Teaching safeguarding team for advice and guidance.

5.4. Non-English speaking / English as additional language

When we are working with Children, young people, and families where English is an additional language or with non-English speaking families, we should approach this from a needs led perspective utilising the Translation service when needed, translating within text messaging and create letters using the families first language.

5.5. Navigating the system based on the CYP and family's needs.

If a CYP or family presents with needs that require support from the wider system, the lead practitioner will work with the CYP and family to identify their needs and create a plan.

When the plan incorporates additional request for help and referrals, the lead practitioner will support the CYP and family to identify the correct intervention, support and or actively complete the request for help forms, source details and then monitor the progress.

The lead practitioner will ensure the CYP/family are supported with their needs in a planned way whilst additional support is accessed.

5.6. Escalation process to Specialist services including Core CAMHS

If a CYP presents with needs that require a more specialist response, then SMASH will follow a robust process to ensure that CYPs and families have a good experience of the service whilst being supported to navigate the system.

At each point of the process CYPs and families will be communicated in a relational way ensuring needs are met and shared decision making is experienced (risk and safeguarding will be considered at all parts).

Identified practitioner will clinically discuss case and access supervision directly with their Team Lead or senior practitioners.

All information, communications and assessments are on the system up to date and defensible. Family and CYP fully informed and consented to discussing the case with supervisors and case discussion to core CAMHS.

- Clinical case discussion recorded on clinical system including main presenting need, risk and support required detailing supervisor or Team Lead.
- Consent from young person and family.
- Duty call requested via Task on Clinical system.
- Practitioner and Core duty staff review need to agree action.
- If Core CAMHS duty agree that the case requires assessment from Core, then a transfer and allocation form will be completed, and practitioner will task the admin team to create a referral.
- The family and young person will be contacted again to share the outcome and clarify next steps.
- If not agreed to send to Core CAMHS then practitioner will take advice from Core and discuss and plan with senior practitioner and/or Team Lead.
- With urgent transfer and allocation, the Practitioner will be supported by the Senior practitioners or Team Lead when required to continue to support the CYP and family whilst waiting for assessment.
- With a routine referral into Core the Practitioner supported by the Senior practitioner/Team Lead when needed will offer support, advice and guidance and agree a fixed term plan to end appropriately whilst offering self-help and some psycho education support.

5.7. Escalation Process to Eating Disorders Team

Identified Practitioner will clinically discuss case and access supervision directly with a senior practitioner / Team Lead. All information, communications and assessments are on the system up to date and defensible. Family and CYP fully informed and consented to the referral into the ED service.

- Clinical case discussion recorded on system including main presenting need, risk and support required detailing senior practitioner or Team Lead.
- Request duty call with member of Eating Disorder Team to discuss case.
- If agreed a referral to the Eating Disorder Team is appropriate identify an agreed plan to end early intervention support with CYP and family appropriately and safely.
- If following clinical discussion with eating disorders team, it is agreed CYP needs are best met within the practitioner advice and guidance will be taken from eating disorders team and practitioners will seek further support from a senior practitioner or Team Lead. Family and CYP will be kept updated with all discussions.
- All discussions and actions will be recorded on clinical systems.

5.8. Escalation to Crisis Team / Home Intensive Intervention Team

- The Practitioner will contact the crisis team/home intensive intervention team directly to request support by following the below.
- Practitioner will seek support from the Crisis team directly. Then share with senior practitioner /Team to lead of process to support if needed. Or Practitioners if appropriate can seek support and supervision from a Senior practitioner and or Team Lead to clinically discuss the case prior to contacting the team.
- The practitioner will support the CYP and family, safety plan and safeguard and gain consent.

- If agreed Crisis/ Home based treatment is required a referral will be created by Early Intervention admin. Ensuring the clinical record is updated accordingly with the updated correct documentation including an updated risk assessment.
- The crisis/home-based intervention team will lead on this and advise the Practitioner and senior practitioner / Team Lead of out comes to co-work the case with the Practitioner until identified who can best meet the CYP's needs.

5.9. Supervision:

Practitioners are clinically supervised at least once every half term and ad hoc by an identified registered Senior practitioner. This will incorporate safeguarding supervision also using the SCT9 form accordingly. Following supervision actions will be recorded on Clinical system. As above in Safeguarding 4.3 additional and ad hoc safeguarding supervision can be sought from Humber safeguarding.

It is important that all Practitioners have access to group supervision to support their own development professionally. This can be set up with a senior practitioner or Team Lead across services or the Practitioners can facilitate their own peer supervision that can be overseen by a senior clinician within the service. This will help ensure that experiences of working within a busy Early Intervention service can be shared, explored, and supported in an empowered way using reflective practice within a high-challenge/high-support environment.

5.10. Compliments

These will be recorded within the CYP's record and recorded through internal systems, shared with, and celebrated within the teams.

With consent these compliments will also be used within newsletters, engagement events and other service promotions and within the wider trust.

5.11. Complaints

Wherever possible initial complaints should be responded to via the allocated practitioner to ensure we are working relationally. If the issues cannot be resolved and CYPs/families still feel they have not received the service they require or are unhappy with their experience then we will support the families to have access to the Team Leader and/or Service Manager to respond directly to the family and identify solutions and offer an additional space to be heard and to create a positive outcome for the family and a learning opportunity for the service.

Wherever possible we aim for complaints to be resolved within the service, however if this is not successful, we will advise and support the CYPs and families to make a formal complaint via the Trust.

Within service all stages of complaints will be used as a reflective learning and development opportunity and recorded in service for the Early Intervention SLT to review as a collective

At all stages of the above we will work in line with the appropriate policies and guidance within the Trust. Complaints and Feedback (humber.nhs.uk)

6. TRAINING

Training Matrix (this is not an infinitive list and will evolve as the service does)

Training Need	Practitioner	Senior Practitioner	Team Lead	Notes
Specific Training Needs e.g., elements of CBT SMASH Training	X	x	x	
Supervision Training		X	X	
Mandatory & Statutory Training	X	X	X	
Restorative practice	X	X	X	
Introduction to Education Systems and working systemically.	X	X	X	
AMBIT	X	X	X	
Arc training		X	X	
Arc light touch	X	X	X	
Systemic Practice		X	X	
My Star training.	X	X	X	
Risk assessment	X	X	X	

7. REFERENCES

Safeguarding Children & Adults Team (humber.nhs.uk)

Complaints and Feedback Policy.pdf (humber.nhs.uk)

Record a Compliment (humber.nhs.uk)

Activity Recording Glossary.pdf (humber.nhs.uk)

Shared Decision Making, Collaborative Decision Making | On My Mind | Anna Freud Centre

THRIVE Framework for system change | i-THRIVE (implementingthrive.org)

AMBIT — Core shared content for a manual of developing practice Teams, get your own version, start with this content, add, attune, improve it, & share learning. (annafreud.org)

What is ARC? - ARC Framework

CASCADE Framework (annafreud.org)

CBT & Motivational Interviewing: Supporting children & young people to engage in CBT | Training | Anna Freud Centre

NHS England » New mental health support in schools and colleges and faster access to NHS care

Recommendations | Self-harm: assessment, management and preventing recurrence | Guidance | NICE

Appendix 1 – Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: SMASH – Early Intervention
2. EIA Reviewer (name, job title, base and contact details): Emma Train-Sullivan - Early Intervention Service Lead
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

Main Aims of the Document, Process or Service
The document is aimed at ensuring that clinicians understand how the service operates from accepting a request for support right through to discharge from service.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Medium	The service is commissioned for Children and young people aged 11-16.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	For all children and young people between the age of 11-16 using policy and guidance to deliver an inclusive and equitable service. The team will adapt to meet the needs of Children and young people and will use accessible venues and resources.
Sex	Men/Male Women/Female	Low	For all children and young people between the age of 11-16 using policy and guidance to deliver an inclusive and equitable service.
Marriage/Civil Partnership		NA	
Pregnancy/ Maternity		NA	

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Race	Colour Nationality Ethnic/national origins	Low	For all children and young people between the age of 11-16 using policy and guidance to deliver an inclusive and equitable service.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	For all children and young people between the age of11-16 using policy and guidance to deliver an inclusive and equitable service.
Sexual Orientation	Lesbian Gay men Bisexual	Low	For all children and young people between the age of 11-16 using policy and guidance to deliver an inclusive and equitable service.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Working with the wider system to ensure we are an inclusive offer for all children and young people using Trust policy and national guidance.

Summary

Please describe the main points/actions arising from your assessment that supports your decision. This has been reviewed based on a strong working knowledge/ evidence and experience of delivery in this service area.	
EIA Reviewer: Emma Train-Sullivan	
Date completed: 16th April 2024	**Signature:**