



Vulnerable Children and Young People Report July 2016

“There are some children and young people who have greater vulnerability to mental health problems but who find it more difficult to access help.

If we can get it right for the most vulnerable, such as looked after children and care leavers, then it is more likely we will get it right for all those in need.”



This report is one of three reports covering 'Future in Mind' work undertaken and should be read in conjunction with the others:

Vulnerable Children and Young People Report July 2016

Voice of Children and Young People Report July 2016

Future in Mind Case Studies July 2016

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Quotations have been taken from 'Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing'

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Voluntary sector groups involved in this work

Young Lives Consortium

Lightwaves Leisure Centre, Lower York Street, Marsh Way, Wakefield WF1 3LJ

The Old Quarry Adventure Playground

93 Sycamore Avenue, Knottingley WF11 0PJ

Chantry YMCA

St Barnabas Centre, Brunswick Road, Rotherham S60 2RR

Tapepuka

103 Raines house, Raines Business Centre, Wakefield WF1 1HR

Next Generation

Lightwave's Leisure Centre, Lower York Street, Marsh Way, Wakefield WF1 3LJ

Gasped (Greater Awareness and Support for Parents Encountering Drugs)

The Resource Centre, 5-5a Cheapside, Wakefield WF1 2SD

Wakefield City Youth & Community Project

c/o 16B Charlotte Street, Wakefield WF1 1UH

CRI Wakefield Young People's Service

10a Cross Street Chambers, Cross Street, Wakefield WF1 3BW

“Studies have shown marked health inequalities in relation to children and young people’s mental health, with correlations between poor mental health and disadvantage - for example, children in low income families having a threefold increased risk of developing mental health problems.”

Introduction

Healthwatch Wakefield was established under The Health and Social Care Act 2012 and commenced in April 2013. It provides an opportunity for local people to have a stronger voice to influence and challenge how health and social care services are provided.

Young Healthwatch in particular gives a voice to children and young people. It is open to those aged 8-18 years, and up to 25 years for those who are vulnerable and those with disabilities. It gives these individuals an opportunity to identify issues and gaps in services and to help shape and develop services.

Future in Mind is a national initiative from the Department of Health and NHS England. With a clear ambition in the form of key proposals to transform the design and delivery of a local offer of services for children and young people with mental health needs. Clinical Commissioning Groups were invited to apply for funding to support change in their area and in NHS Wakefield Clinical Commissioning Group were successful with their application.

Aim and outcome

In Wakefield District we were required to undertake a scoping exercise through effective consultation to identify hard to reach groups and establish barriers to accessing services, and clear solutions to overcome these.

The outcome identified for this element of the work was to improve access to services for the most vulnerable and hard to reach groups.

Process

In January 2016 a work stream was set up with Healthwatch Wakefield as lead organisation alongside key local voluntary sector groups already working with children and young people.

The first task was to identify the categories of vulnerability that were to be considered. The group initially used the nine protected characteristics from the Equality Act 2010, but these were expanded upon as work progressed, including referencing the Vulnerable Group themes from the Clinical Commissioning Group's Mental Health Transformation Plan.

The key services that work with the vulnerable groups were identified and approached in order to elicit information about what they offer, what they perceive the risks and gaps to be, and what barriers exist for these children and young people to access mental health support. In addition, the members of the task group themselves had considerable knowledge and experience.

Evidence has been produced with detailed information about the findings. From this, the main themes were identified and in depth discussions were held about what solutions might be practical and feasible in order to overcome some of the barriers to access and engagement.

Key themes

We heard common themes within all or most of the vulnerable groups, and we are aware that many children and young people will be experiencing more than one issue. Some of the key messages included:

Gaps / potential risks

- Gaps in availability of qualified child counsellors, especially specific to child sexual exploitation.
- Barriers experienced where same gender counsellors/workers were not available causing children and young people to disengage from services.
- A lack of cultural sensitivity where workers were not from the same background as children and young people, leading to social/cultural misunderstandings and disengagement.
- The basics need to be in place – for services to have the ability, and time, to listen; services for children and young people need to acknowledge different approaches.
- Children and young people need opportunities: to be listened to, have somewhere to go, and something to do.
- There could be a greater understanding of the expertise that already exists within communities identified as vulnerable, and resourcing provided to support them.
- There appears to be no Child Poverty Strategy in Wakefield despite up to 39% of local children in some wards, Wakefield West, living in poverty after housing costs 2014
<http://observatory.wakefield.gov.uk/dataviews/tabular?viewId=470andgeoid=27andsubsetId=25>
- A lack of resilience and key competencies, particularly in 17-18 year olds, was identified.
- It is unclear how services keep in touch with children or young people who do not have a permanent address, are homeless, sofa

surfing, or living in hostels and bed and breakfast accommodation.

- There is no generic advocacy provision for children and young people in Wakefield District, although there is a service for looked after children provided by Barnardo's.

“Young people who are amongst the most excluded from society, such as those involved in gangs, those who are homeless and/or looked-after children, need support from people they trust.”

Barriers to Accessing Services

Communication

- Use of ‘professional language’ which alienates young people.
- Language generally, especially where English is not a first language.
- Poor literacy and lack of confidence.
- Having an understanding of the process; it needs communicating in an appropriate way.
- Information about services that are on offer and how they can be accessed needs to be promoted in different formats.

Stigma

- Cultural beliefs about mental health, particularly Romany Gypsy and Traveller Communities /African communities/other Black and Minority Ethnic communities (BAME).

system needs to be responsive to the individual's transition to adulthood. As young people hit different stages of adulthood and become independent their resilience varies and changes over time.

Mistrust of Professionals

- Young people can feel targeted and over scrutinised.
- Mistrust can build up over time if they have had bad experiences throughout the system.

Lack of a joined up approach

- Tensions when approaches are not seen as holistic/joined up. Mainstream services are not always aware of other provision, for example within the voluntary sector, so children and young people are discharged or referrals turned down with no other support offered.

Cost

- Sometimes 'specialist' interventions need to be bought in by schools, GPs and even secondary mental health services, which can result in even longer delays and more likelihood for disengagement.
- Travel costs for young people and their family to access service if not in their locality can be prohibitive.

Transitions

- It needs to be recognised that transition sometimes takes longer for 'specific' young people, for example those who are Deaf, from African communities, or looked after children who find it even more difficult without support to navigate services. The

Solutions

The following solutions have been identified as ways that commissioners and providers might start to address some of the barriers and risks.

1. An Asset Based Approach - take an asset based approach to enable early intervention and prevention work with communities, and whole system ownership by individuals, linked to point 3.

- Strengthen the Common Assessment Framework (CAF) process to include the voluntary and community Sector (VCS), providing appropriate training and capacity for them to be involved effectively.
- Clarify the support available from the Early Help Hubs, ensuring that gaps in support are acknowledged and that clear pathways of support involving all partners are in place to meet needs, including support into and out of more intensive services.
- Recognise and support the role of community navigators, existing locally based skilled workers within communities, who support children and young people to access services.
- Commission existing groups within the third sector to support the Clinical Commissioning Group and the Local Authority in involving families in accessing support for children and young people, recognising that grassroots relationships can result in better outcomes in difficult areas, for example encouraging families from diverse communities to foster, cross-generational kinship support, parenting and peer support.

2. Practical support and information/communication

- Information about support and services made available as widely as possible and in different formats, targeted to places that children and young people access.
- Interpreters, British Sign Language interpreters, and literacy support, including support to understand the system, with clear information about how to access services and what to expect. Promote understanding and compliance with NHS accessible information standard (31/07/16) <https://www.england.nhs.uk/ourwork/patients/accessibleinfo/>
- Counsellors from a range of backgrounds, ethnic mix, male and female, who are trained to work with children and young people with specific needs.
- Offer support within the community that children and young people are already familiar with, or are able to access, being aware that rural isolation and lack of transport can be a barrier.
- Provide befriending / mentoring / peer support for individuals and for families.
- Address issues such as parental consent being a barrier for a young person to access support in schools that is staff to be aware of the use of Gillick competency¹ where appropriate.

¹ "...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."
(Gillick v West Norfolk, 1984)

3. Commission a system of support that is flexible and outcomes based

- Develop a local child poverty strategy to inform commissioning.
- Commission a joined up system of support, not services that work in isolation, which can be achieved in part by training/coaching for professionals to include:
 - How to have the initial conversation with a vulnerable young person.
 - Recognising and acknowledging trauma.
 - A good awareness of the wider system offer of support, and pathways to access these.
- Co-produce services with all relevant stakeholders.

4. Actively seek out the voices of vulnerable children and young people, and their carers/families

- Regular intelligence gathering and dialogue to inform providers and commissioners.
- Consistent, independent evaluation of services.
- Provide real opportunities for people, individuals and groups, to challenge bad practice or gaps.
- Ensure that children and young people feel understood within their community and cultural/individual context and are given time to build up trust.

5. Get transitions right

- Pathways out of intensive secondary care not just to be focused on therapeutic

interventions but on support to live a life in the community.

- Make sure that the young person knows exactly what they can expect in relation to their support going forward.
- Strengthen the sharing of information and support in the transition from school to college and through to adult life.
- Children and Adolescent Mental Health Services (CAMHS) practitioners/workers to support children and young people to move on to adult services, to make the handover smoother.

“Co-ordinated services should be provided in ways in which children and young people feel safe, build their resilience, so that they are offered evidence based interventions and care, drawing on the expertise and engagement of all the key agencies involved.”

Vulnerable Group: 1 Looked after children (LAC)

Organisation lead: Jeanette Owens, CRI

Services contacted: Barnardo's CAPS, CRI, WeSail, Youth Offending Team (YOT), School LAC Nurses

Interventions

- LAC is a statutory responsibility and interventions rest with Social Care. LAC nurses complete health assessments to identify additional support e.g. emotional/mental health/general health. Assessment also done by school nurses. Sexual health and substance misuse referrals made to specialist services.
- Child Sexual Exploitation (CSE) interventions by Barnardo's CAPS service which offers one to one and group work and advocacy. LAC is an identified vulnerability when involved with YOT. There is a multi-agency approach for children and young people who are LAC.
- Wakefield Early Support Advice Information Liaison Service (WeSail) support families with a child with special educational needs and or disabilities. They also provide advice and support to foster carers.
- Local authority participation worker and Children in Care Council (CiCC) organiser.
- The CSE service and CAPS (Children's Advocacy and Participation Service) are two different services. CAPS offer advocacy support to LAC children and young people as well as those having Education, Health and Care Plan (EHCP) meetings. We ensure they know their rights and support them with any complaints.
- The YOT has strong links with all its partner agencies such as Children's Social Care teams and the Early Help Hubs. For example, the YOT links well with Looked after Children's services to ensure that young people's health and wellbeing needs are being addressed and there is no duplication of work. YOT practitioners are linked into the work of other teams that support vulnerable young people to promote multi-agency working and improve outcomes.

Gaps or risks for this group

- Continuity of care of young people leaving care. Need to have good transition arrangements for young people when they reach 18 years and they need to access adult provision, e.g. mental health, substance misuse.
- Training and support for foster carers – they find out by default about WeSail/issues in school support via SENDASS (Special Educational Needs and Disability Information and Advice Support Service).

Barriers to accessing support

- LAC can have a number of professionals involved with their care plan. Have negative experiences of professional involvement.
- Stigma because they are LAC.
- Foster cares need to know what services are provided – a menu of interventions could prove useful.

Vulnerable Group: 2 Care Leavers

Organisation lead: David Sargent, YMCA

Services contacted: Barnardo's CAP, Community Awareness Project, Saviour Trust, The Sanctuary Project, WeSail

Interventions

Barnardo's CAPS (Children's Advocacy and Participation Service):

- Advocacy support for young people looked after by Wakefield Council.
- Advocacy support to young people over 11 years who have Child Protection Conferences.
- Independent Visitor service for children and young people who are looked after by Wakefield Council.
- Placement Interviews- speak to young people over 11 years when they move from one placement to another to find out their experience of care. CAPS now support any child identified and wishing for support in child protection and core group meetings.
- CAPS support the Missing service by completing all missing referrals for young people who are LAC and have been missing for over 24hrs.
- Help young people in Care who want to make a complaint.

Community Awareness Project:

- Via a referral system – clients are referred from other services in Wakefield District.
- Practical support – meals, shower, toiletries, household items, furniture.
- Referral to other agencies –child abuse, sexual abuse, marriage, family, debt, anger issues.

Saviour Trust:

- Intervenes to resolve housing problems for the homeless in Pontefract and surrounding areas.
- Intervenes to provide information, advice and guidance, drop-ins, food parcels and positive activities to all service users.
- Intervenes to work alongside Local Authorities to maintain properties to a certain standard in keeping with 'Responsible Landlord' status with Wakefield Council.
- Intervenes to work with tenants to strive towards positive 'move-ons', gaining employment, family reconciliation and rehabilitation back into the community.

The Sanctuary Project:

- Provides semi-independent supported accommodation for young people aged 16 to 25 years with medium to high support needs.
- Specialises in offering an outcome focused supported housing service for five young people at any one time.
- Has worked intensively with a broad spectrum of young people for over 15 years in many different settings including New Hall Prison, Job Centre plus, Local Youth Clubs, NACRO (National Association for the Care and Resettlement of Offenders) YIP and Youth Inclusion Support Panel (YISP), The Bike Shed project.

LA 16+ Forum provided by Sarah Huntingdon, Wakefield Council. Provides Children in Care Council

Gaps or risks for this group

From Barnardo's/ CAP

- Non registration at GP.
- Potential transient lifestyle.
- Substance misuse.
- Young carers can be missed in the community.
- New technology.

From Community Awareness Programme

- Domestic abuse and violence.
- Potential for abuse when in the community.
- Availability of services to which a referral can be made.

From Saviour Trust

- Lack of employment prospects.
- Poor training record.
- Personal health not treated as a priority.
- Gap in targeted support for mental health issues.
- Lack of effective transitional services for 16-17 year olds.

From The Sanctuary Project

- A gap in mental health provision to address issues that cause breakdown in tenancy.
- Substance misuse.

Barriers to accessing support

From Barnardo's/CAP

- Lack of confidence.
- Hidden Disability e.g. ADHD
- Lack of trust in 'institutions' and authority.
- Communication/new technology; e.g. young people use Whatsapp as a preferred messaging service. Professionals' phones not able to use new technology.
- Increase in young people whose first language is not English.
- Meetings are arranged for LAC young people when they are in school. Needs to be more flexibility when meetings are held and in consultation with young people.
- Any change to service provision needs to be communicated to referrers and young people.

From Community Awareness Project

- Fear of retribution from family/carer.
- Poor literacy.
- Homelessness.
- Previous negative experiences.

The Saviour Trust

- Prison institutionalisation.
- Poor social skills.
- Learning disabilities.

The Sanctuary Project

- Mistrust of authorities.
- Poverty and financial hardship e.g. lack of travel budget.

Vulnerable Group: 3 BAME (South Asian and Eastern European)

Organisation lead: Mohammed Ayub, Light Waves Community Trust; Foquia Shaban, Wakefield City Youth & Community Project; Emily Castle, Young Lives Consortium

Services contacted: Next Generation, Wakefield City Youth & Community Project, Tapepuka, Homestart, Youth Service, WeSail, Youth Offending Team

Interventions

South Asian Community and Eastern European Communities

- No or little statutory input.
- Voluntary and community sector (VCS) delivering this, e.g. boys/girls group.
- Provision of personal, health and wellbeing including sports activities. Social development provided by the VCS. This includes after school provision, e.g. school clubs, youth clubs.
- Home Start offer an overall service to parents struggling with the full time care of children under 5 years.

YOT Core offer - service to all young people, we provide bespoke service that meets their needs, assessment takes place within 15 working day, 'Asset Plus' focuses what's going to keep people away from offending, fits with signs of safety. We are changing the way we assess and work to an 'asset approach' that will build resilience rather than focus on the causes. The typical profile of young people that offend currently white 16 (possibly 98%), perhaps disengaged with education. Background fluctuates, when needed we access services e.g. language services to work with parents.

Gaps or risks for this group

South Asian Community and Eastern European Community

- Lack of specialist counselling services, information or advice for BAME communities in Wakefield, including interventions at a local or national level.
- No current intervention or provision provided for health and wellbeing, in relation to South African obesity and South Asian diabetes (a risk factor in cardiovascular conditions). These are generational health issues which need to be addressed.
- Understanding – e.g. finding out about Polish autism culture, they focus on cures/interventions. Do not speak English – need interpreters to be available to ensure equity of access.
- Eastern Europeans coming to the area now for 'entry level' jobs.
- Poor Resources. WeSail try to use interpreters but nothing in the contract.

Barriers to accessing support

South Asian Community, e.g. Pakistani and Eastern European Community

- Cultural perspective: includes beliefs, values, and ideas.
- Poor knowledge of provision and services available or how to access those services.
- Sharing of information in the right format.
- Poor communication about services, link to poor or very basic language skills. Need more Interpreters e.g. for both Asian and Eastern European communities.
- Community liaison team has gone, and a reduced interpreter service. Unsure if there any BAME Leads in the Early Help Hubs?

Vulnerable Group: 4 African- Newer BAME Communities

Organisation lead: Chawa Muverengwi, Tapepuka

Services contacted: Wakefield Council Family Services, CAFCASS (Children and Family Court Advisory and Support Service), Family Courts, Police

Interventions

- Wakefield Council Family Services
- CAFCASS
- Family Courts
- Police

Gaps or risks for this group

- Mechanical approach and rigid procedures can often miss the salient and subtle issues.
- No effort to work with newer defined BAME users, often needs driven initiatives, which impede inclusion.
- There is a lack of socio-cultural interpretation which would better meet needs of the newer BAME ethnic/faith groups.
- Newer BAME communities are misunderstood. They try to fit in 'to learn the rules' but are hierarchically excluded and discriminated against.
- No monitoring and evaluation mechanism of mainstream VCS organisations interventions.
- Lack of capacity - funding issues - of newer BAME user led groups to know about BAME children from specific backgrounds, in care or youth justice system, so they can support or visit in order to make recommendations.
- No effort to address underlying cause –mental ill health being symptomatic.
- Needs not met in a realistic/positive manner, leading to refusal of young people/adults to participate in discussions/ research, resulting in disengagement and reliance on own devices.
- A bridging/ stop gap service or transitional service for African children and young people and their parents, with practitioners who understand the cultural needs of this BAME group.

Barriers to accessing support

- Poor practice, prejudice.
- Perceived poor parenting styles with neglect factors, but 'professionals' not looking at real causes e.g. low income or on benefits, or inability to remain in work due to poor mental health of parent.
- Ever changing immigration laws have negative effects.
- Lack of empathy and compassion.
- Perceived disinterest of those who are in a position to implement solutions that will help the service user and or the family.
- Disjuncture in the understanding of the 'sense of family', therefore parents don't like social workers or other related practitioners
- Children and young people from these communities have a lot of pressure put on them, juggling many 'identities of self'.
- Mental illness is known or defined differently in different cultures. Children and young people are not used to talking through issues, unequipped to deal with them in this way.

Vulnerable Group: 5 Learning Disabilities, Physical Disabilities and Special Educational Needs

Organisation lead: Tara Watson-Morgan, Old Quarry; and Emily Castle, Young Lives Consortium

Services contacted: Kids WeSail, Able2, Kidsaware, Homestart CAPS Barnardo's

Interventions

- CAPS offer support to young people who have a transition, review of first Education Health and Care Plan meeting.
- Independent Support Service, Dan Potts.
- WeSail – current offer is a commissioned service offering: key working, info and advice, parent training, children's voice, SENDASS, direct work through the childcare service.
- Home Start does support families and children with disabilities although part of that support is signposting to specialist advice services.
- Local Offer and SEND Transformation Team

Gaps or risks for this group

- Don't duplicate things, e.g. 'Local Offer' and work going on in the 'SEND' Transformation. WeSail is the last service standing, not enough robust services. There is Star House but don't have a market place, very little domiciliary care. There is a focus on older children.
- Even harder for children re mental health services – who does assessment? How do you assess need? CAMHS are the assessors but not the commissioners.
- Personal health budgets for learning disability and mental health to replace a service that has already been provided.
- Reduction in Connexions offer is impacting on services for young people in relation to work, education and training.

Vulnerable Group: 6 Sensory Disability

Organisation lead: Emily Castle, Young Live Consortium

Services contacted: SENSE, Wakefield and District Deaf Society, Def Ex, Wakefield District Sight Aid

Interventions

- Have key workers for 18-25 years for advice and information.
- Homestart do support families with disabilities, although part of that support is signposting onto specialist advice/services.

Gaps or risks for this group

- Deaf Children and Young People are without the help and support they need to communicate their issues and known difficulties accessing services.

Barriers to accessing support

- Transition difficult, emotional abuse.
- Need to use interpreters but nothing in contracts.

Vulnerable Group: 7 Sexual Abuse

Organisation lead: Stan Foster, Gasped

Services contacted: Well Women, Rosalie Ryrie Foundation, PEERS, STAR, YMCA, Barnardo's, NSPCC

National organisations: NSPCC (North East Yorkshire and Humber) West Yorkshire 01192 182 700, areas of expertise: include domestic and sexual abuse and trafficking, Stop it Now – National helpline for Under 16 's. 0808 1000 900 – child sexual abuse helpline/prevention, Barnardo's Turnaround Service – support organisation re Sexual exploitation (grooming used for sexual activity), Get Connected Helpline for under 25 year olds, includes domestic violence and sexual violence issues, Kidscape - National Helpline 084551 205 204, office: 020 7730 3300 Specialism - Child Sexual Exploitation (CSE), Rape Crisis Helpline – National helpline 0808 802 9999 - Helpline for ages 14 +, includes signposting

Interventions

- PEER Support Yorkshire (PEERS) – based West Parade, Wakefield. Offer psychotherapy and counselling for children and young people ages 2-24 years. PEERS provide therapeutic interventions for victims of all types of abuse; however there is specialism in child sexual abuse/child sexual exploitation and cyber abuse.
- PEERS can also offer Parent Infant Therapy, for parents and children from domestic abuse/child sexual abuse/emotional perspective. PEERS works with the family and the system using a social care model attending relevant child protection meetings.
- PEERS offer consultations around abuse issues from mental health and abuse perspective.
- PEERS also offers training in and around issues of trauma, abuse, mental health, child sexual abuse/child sexual exploitation, cyber abuse, self harm.
- Rosalie Ryrie Foundation - 01924 315140. Wakefield based, works with clientele across the district, VCS organisation which provides various services to victims, perpetrators, children and young people and their families who have experienced domestic violence, aggressive and or conforming behaviours.
- Well Women Centre – locally based VCS organisation offering support to women 14+. Work holistically to support mind, body, spirit, build confidence and self esteem to empower. Offer drop in support, counselling, complementary therapies, training and social activities.
- STAR (Surviving Trauma after Rape) – locally based organisation in Laburnum Road, Wakefield offers support services for individuals aged 14 + who have been raped or seriously sexually assaulted.
- YMCA Wakefield – support for young people.

Gaps or risks for this group

- Long term, age, and developmental stage support is needed. It will need to be an area that is supported through a child's life as it will have different implications at different stages.
- A whole family system approach needed as the impact will be significant within the family where the abuser is likely to be a part.
- Education on what is ok and what is not ok to promote disclosure.
- Training for a whole range of frontline staff and volunteers in confidently hearing children and young

people and not overpowering their voice with our fears.

Barriers to accessing support

- Children not disclosing/reporting the abuse in the first place - under significant pressure from the abuser not to - significant numbers of the women seen as adults did not disclose as children.
- Where children do disclose legal or social services processes take over and their emotional processing needs are neglected, they are re-traumatised by court processes and anxiety and self-blame are heightened.
- Massive issues of blame and shame for everyone involved prevent asking for help, this could be the child, or a family member who didn't know/prevent the abuse.
- They may not want to talk about it but still need support. Needs to be a very wide/holistic offer taking in play therapy, non verbal opportunities, physical activity etc.
- Geography of the district, many local support organisations are based in Wakefield city centre.
- Travel time and cost.
- Feelings of being judged.
- Lack of trust of mainstream organisations.
- Feelings of not being believed / shame.
- Not knowing where to go, who to turn to and who does what.

Vulnerable Group: 8 CSE (Child Sexual Exploitation)

Organisation lead: Jeanette Owens, CRI; Mohammed Ayub, Next Generation; and Emily Castle, Young Lives

Services contacted: Barnardo's CSE Service, Safeguarding Board, WeSail, STAR, Victim Support, Youth Service, Well Women Centre, YOT

Interventions

- Kevin Robinson/ Barnardo's Turnaround provide 1.5 x FT equivalent (3 P/T roles) as part of the multi-agency response in offering 1 to 1 crisis response / emotional support and therapeutic group work to young people identified at 'higher-risk'. These workers are also available to provide consultation / advice to the multi-agency response and fellow professionals including CSE Champions in Early Help Hubs.
- 'Reducing Risk' group work delivered by youth workers based at the Hut in Airedale.
- Safeguarding Board has risk assessment used to identify CSE concerns.
- The CSE National Working Group (Wakefield Safeguarding Board is a member) has current resources that can be used in 1 to 1 sessions with young people.
- WeSail Charity –identified issues around sexualised behaviour, children and young people with special educational needs and with disabilities vulnerable to being exploited. There still remains stigma around disabled children and sexualised behaviour.
- 'Keep safe' work with disabled children.
- Well Women Centre – WOW project, working with young women at risk of CSE.
- Wakefield Child Sexual Exploitation Practitioner Forum. The YOT has continued to chair this event held every three months. Membership of the forum has risen to over 40 and it provides a learning and development opportunity to all staff in identifying and responding to indicators of CSE. Themed sessions have included working with boys at risk of CSE, supporting parents and carers and completion of the revised West Yorkshire CSE Risk Assessment Tool.

Gaps or risks for this group

- There has been provision of professional and parent training inputs / awareness raising but this is in process of internal review and could cease.
- There is no specialist service for victims of sexual abuse that is currently funded.
- Risks are in line with recent Children's Commissioner Report and NSPCC documentation of Letting the Future In, which PEERS use.
- Lack of post sexual abuse intervention increases mental health, crime, drug and alcohol use, unsafe sexual activity, prostitution, self harm and domestic abuse.
- There is a gap in provision of qualified child counsellors working with children in Wakefield.
- The risks here are adult qualified counsellors will be working with children and using adult models on children.
- Child counsellors must be used for children under 13. This a requirement of BACP (British Association for Counselling and Psychotherapy) and UKCP (United Kingdom Council for Psychotherapy) governing bodies.
- CSA/CSE requires specialist knowledge and training to provide a therapeutic intervention for victims, non- offending parents and those involved with the child after the abuse.

- Risks are children and non offending parents do not get the support. The abuse impacts on and affects whole families and communities.
- Child sexual abuse victims are being sent to YOT and other services where staff are insufficiently trained/qualified, as often two areas identified in this vulnerable groups overlap and the quickest service can be chosen rather than the best fit.
- Emotional abuse recovery work is under researched/funded and this deficit leads to behavioural issues presented at home or school for which parents seek help or child becomes known to services through crime, self harm, domestic abuse, child sexual abuse, child sexual exploitation.
- Schools lack information and knowledge about trauma and attachment in order to help regulate students before seeking help at crisis point.
- No perinatal service that both mum and baby can access for attachment issues outside of NHS, not sure if there is one in Wakefield.

Barriers to accessing support

- Expertise of workers in assessing risk, see gaps/risk YOT and other services.
- Currently PEERS is not funded or commissioned therefore financial barriers to those in need of specialist service, have to pay
- PEERS services not widely known throughout the VCS, schools or GP surgeries.
- GP's refuse to pay for outsourcing this specialist treatment.
- Schools currently say they do not have funds to pay for adequate in house counselling for young children; at present use adult therapist service.
- Schools say they are unable to pay for specialist training, and also would not have time to devote to attending this training unless it was on a weekend.
- Schools and GP's sometimes do not understand child trauma, therefore they do not know the signs to look for and refer on.

Vulnerable Group: 9 Domestic Violence

Organisation lead: Stan Foster, Gasped

Services contacted: Rosalie Ryrie Foundation, Well Women, Safe at Home, YOT, Homestart

National organisations: AFRUCA – Africans Unite against Child abuse, charity to safeguard and promote the rights and welfare of African Children, CCPAS- Churches Child Protection Advisory service – Christian based Charity offering support to families and children affected by abuse, Child Line a national helpline for children and young people 0800 1111, NSPCC – cover domestic violence, sexual abuse and trafficking

Interventions

- WADDAS, Wakefield and District Domestic Abuse Service.
- Rosalie Ryrie Foundation offers support to victims, perpetrators, families re domestic violence.
- Well Women Centre, counselling and group support.
- GASPED, Wakefield based VCS organisation working with young people affected by parental drug /alcohol abuse. Improving emotional wellbeing, safety plans, counselling includes one to one, telephone, skype and email, 24 hour helpline, bereavement counselling, crisis intervention aged 18+
- Home Start, Wakefield based VCS organisation offering support for families. Also support families through domestic abuse although part of that support is signposting to specialist advice/services.
- Lifeboat Community, Wakefield District based VCS organisation which acts as a bridge to support families.
- Anah Project, Bradford based but covers Wakefield area. Offers support re domestic abuse to Asian women.
- Stonham, Calderdale 0845 155 1485, offers West Yorkshire service for women and children fleeing or at risk of domestic abuse, works with 16+
- Jewish Women's Aid, supports Jewish women and children suffering from domestic abuse, West Yorkshire 0808 801 0500.

Gaps or risks for this group

- No service in Wakefield which works with children and young people affected by parental or sibling drug or alcohol misuse.

Barriers to accessing support

- Schools and GP's not always willing to pay for services once referred on.
- Schools reluctant to draw down people premium.
- Lack of referral structures with the appropriate funding.

Vulnerable Group: 10 Young Carers

Organisation lead: Safeen Rehman, Healthwatch Wakefield/Young Healthwatch

Services contacted: Wakefield Carers, Barnardo's, Youth Service, Gasped, Young Lives Consortium, WeSail

Interventions

- WeSail.
- Wakefield Carers, Wakefield based organisation support carers, Young Carers not operating now in Wakefield.
- Young Families, Wakefield District, support to teenage parents.
- The Well Project, Normanton, works with age group 12-25 providing positive activities.

Gaps or risks for this group

- WeSail - there is a gap below 13 years. The 13+ service is now delivered by the Youth Service, but delivered without preparation or training.
- No specific known young carers groups.

Vulnerable Group: 11 Travellers

Organisation lead: Kate Honeyman, Young Lives

Services contacted: Wakefield Council

Interventions

- Shay Lane Primary, Crofton, majority of junior school children from Heath Registered Site go to Shay Lane Primary, some also go to Sandal Magna in Agbrigg.
- Some Irish Traveller Children (Catholics) based in Wakefield go to high school at Thomas A Beckett School.
- WeSail work with traveller children.
- Homestart do support families and children from the travelling community.
- Wakefield Council Gypsy and Traveller Liaison Officer Garry Robbins works on site.

Gaps or risks for this group

- Need culturally sensitive staff to work alongside Gypsy and Traveller communities. Have cultural awareness sessions for Health and other practitioners.
- Assertiveness courses for girls and women in a male dominated culture.
- Adopt different ways of communicating, e.g. word of mouth, audio or use of DVD's, because literacy levels are low.
- Need joined up approach to work across boundaries to address social and economic factors that contribute to distress.
- WeSail find engagement in general with traveller community has to be on their terms.

Barriers to accessing support

- Once children get to Upper/High school many do not attend, boys work with fathers; girls clean the house and cook but not all.
- Need to build trust with community before you can do long term effective work.
- Cultural beliefs, health problems, especially 'shameful' ones like mental illness, are dealt with by household members or kept within the extended family.
- Use of anti depressants high among traveller women, depression and social exclusion.
- Use of language; the term 'mental' viewed with suspicion, but understand and use the term 'having trouble with my nerves'.
- Insistence by GP Practices that you have a permanent address. Not all Wakefield's Gypsy and Traveller population live on Heath permanent site, there is a waiting list.
- Same sex workers needed; women would not confide personal issues to male workers and vice versa.

Vulnerable Group: 12 Children and Young People Involved in the Youth Justice System

Organisation lead: Emily Castle, Young Lives Consortium

Services contacted: Youth Offending Team, Joe Seddon

Interventions

The Youth Offending Team (YOT) works with children and young people aged 10–18 who are involved in offending behaviour. The YOT completes an assessment, Asset, created by the Youth Justice Board, for each young person who comes to the attention of its services. The purpose of this assessment is:

- To identify the causes of offending behaviour, or ‘criminogenic factors’.
- Identify and address safety and wellbeing of each young person known to the service.
- Assess the risk of harm to others, if appropriate.
- Promote positive factors that will help the young person to desist from crime and achieve positive outcomes.

The YOT is a multi-disciplinary organisation that offers holistic support to young people and their families, dependent upon their needs, identified through assessment. All young people are offered services specific to their needs. This includes:

- Access to emotional wellbeing and mental health support.
- Advice and guidance for young people involved in alcohol and substance use.
- Help to remain in education or access opportunities in education, training and employment.
- Support from a health practitioner.
- A dedicated family worker.

With regard to young people who present with emotional wellbeing or mental health concerns, the YOT has a dedicated pathway to provide further assessment and intervention. If more intensive support is required at this stage, the YOT will refer to specialist services such as CAMHS, FOCUS Forensic CAMHS or Insight, for young people displaying symptoms of psychosis. The YOT has developed good working relationships with these services which allows for improved access and flexibility for young people.

Gaps or risks for this group

- Threshold for acceptance into CAMHS is high and can exclude children with lower level, multiple and often complex mental health needs. Children under the supervision of youth justice services and those identified as being at risk of offending must not be marginalised and they should have equal access to comprehensive CAMHS services.
- Specialist YOT CAMHS workers, or clear pathways into CAMHS, are needed to support children with a community sentence and should be available for those on release from secure accommodation.
- There are limited resources for providing early interventions to young people who are assessed as having emotional wellbeing concerns however do not meet the threshold for specialist services i.e. CAMHS. The YOT is planning to link with the new CAMHS Primary Practitioners in Wakefield and it is hoped this role can provide advice and guidance to YOT practitioners in delivering lower level interventions to young people.

Barriers to accessing support

- CAMHS have strict referral policies and also policies regarding DNA (did not attend) appointments which can be barriers to service access for these young people.

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- Substance use is also a potential barrier for service access as young people need to have addressed any substance misuse issues prior to being referred to CAMHS.
- There may be some reluctance from young people to be referred to a mental health team such as CAMHS with regards to stigma.

Vulnerable Group: 13 Neglect

Organisation lead: Tara Watson-Morgan, Old Quarry

Services contacted: Department for Education, Wakefield Council, NSPCC, Safeguarding Board, Homestart

Interventions

- Wakefield and District Safeguarding Board – since services have been cut back, the council have a more holistic approach to children and young people that are neglected or who are living in poverty.
- Children that are on a 'Child Protection Plan' can be under the category of Neglect (Level5) or under a CAF (level 4 because of Neglect).
- Homestart support families with children at risk of neglect.

Gaps or risks for this group

- Neglect can be classed also as a child or young person who is missing from school for a number of weeks, therefore Neglect not just seen as a child or young person who is not be cared for, not fed or has scruffy clothes, etc.
- Gap in services for children and young people who professionals have not picked up, who are being neglected. It might not be clear a child is being neglected until something serious arises, e.g. missing from school, clothes unwashed, no dinner money etc.

Barriers to accessing support

- If children and young people present with mental health issues they would have involvement from CAMHS (spokesperson from Wakefield and District Safeguarding Board). How then would a child or young person who is being neglected or living in poverty access the service if for instance they/parents have to pay for travel?
- A lot of the children and young people could go 'under the radar', not be flagged up until someone notices behavioural change etc.

Vulnerable Group: 14 Child Poverty

Organisation lead: Tara Watson-Morgan, Old Quarry

Services contacted: Wakefield Council, JSNA Report, Local VCS, schools, Homestart

Interventions

- Homestart supports families and children living with impact of poverty.
- Schools Nurture Group for children who 'miss out' on nurturing, for emotionally vulnerable children. These could be in Neglect or Child Poverty category. For example, Simpsons Lane Academy, Warwick Estate, Knottingley can offer a Nurturing Group, which includes Play Therapies but need more capacity.

Gaps or risks for this group

- There is currently no Child Poverty Strategy for the District. Suggested to do a matrix of groups who might be in the category of Child Poverty and what impact this has. Draw up some underpinning principles, some of the vulnerabilities may be as a result of child poverty, e.g. child sexual exploitation, domestic violence.

Vulnerable Group: 15 Asylum Seekers and Refugees

Organisation lead: Chawa Muverengwi and Mohammed Ayub

Services contacted: City of Sanctuary, Wakefield Council Refugee and Asylum Seeker Liaison, Wakefield Council Social Services Refugee – (unaccompanied children) Migrant Help, health workers, Homestart

Interventions

- Urban House Temporary Accommodation, overcrowded, receives all new refugees, temporary accommodation until dispersed to permanent areas.
- Informal assistance through Wakefield community organisations, churches and other networks.
- Homestart supports families with young children who are refugees and who are seeking asylum.

NB. Wakefield to take 100 individuals from refugee camps in France, Syrian refugees mainly, most vulnerable children living in Calais and Dunkirk camps.

Gaps or risks for this group

- Mechanical approach and rigid procedures can often miss the salient and subtle issues.
- There can be a lack of sociocultural interpretation which would better meet needs of the newer BAME ethnic/faith groups.
- No effort to address underlying cause, mental ill health being symptomatic, time being a barrier.
- Needs not met in a realistic/positive manner leading to refusal of young people/adults to participate in discussions/ research, resulting in disengagement and reliance on own devices.

Barriers to accessing support

- Poor practice, prejudice.
- Ever changing immigration laws have negative effects.
- Lack of empathy and compassion.
- Perceived disinterest of those who are in a position to implement solutions that will help the service user and/ or the family.
- Children and young people from these communities have a lot of pressure put on them, juggling many 'identities of self'.
- Mental illness is known or defined differently in different cultures, children and young people not used to talking through issues, unequipped to deal with them in this way.

Vulnerable Group: 16 Missing from education/home

Organisation lead: Jeanette Owens, CRI

Services contacted: Barnardo's

Interventions

- Barnardo's also support all young people who are reported missing, have return interview and risk assessment.

*See Group 2 - Care Leavers for information re 'Missing Interviews' with children in care who have been missing.

Vulnerable Group: 17 Children out of the system/in between immigration status

Organisation lead: Chawa Muverengwi and Mohammed Ayub

Services contacted: City of Sanctuary, Wakefield Council Refugee and Asylum Seeker Liaison, Wakefield Council Social Services Refugee – (unaccompanied children) Migrant Help, health workers, Homestart

Interventions

- Health workers.
- Social Services.
- Schools.
- GPs.

Gaps or risks for this group

- Unborn children to 'undocumented' or insecure immigration status parents put at very high risk.
- Information not available in full as to the rights of these children, regardless of other issues.
- Response from time of contact is increased by Social Services on a day to day basis.

Vulnerable Group: 18 LGBTQ (Lesbian, Gay, Bisexual, Trans and Questioning)

Organisation lead: Kate Honeyman, Young Healthwatch

Services contacted: YDSS/MESMAC Fruitbowl - Support group for LGBTQ Children and Young People

Interventions

- Fruitbowl Support Group, Council Youth Work Team and MESMAC support this one day a week. Support, info and activities for LGBTQ young people ages 13-19 years.
- CAMHS.
- Turning Point.
- Doctor's Surgery.
- Private Counselling.

Gaps or risks for this group

- Fruitbowl: the group can't serve all LGBT young people who may want to attend. We only offer provision once a week and we have been told by the young people they want more opening times.
- Funding is an issue re capacity for Fruitbowl.
- CAMHS waiting lists too long.
- Turning Point: what is the age range, not sure if young people from 13 years can attend?
- Doctors Surgery: receptionists can be blocking, also judgmental and some doctors are dismissive. Also appointment times are a problem.
- Private counselling: cost, not enough provision in place.

Barriers to accessing support

- Fruitbowl: can't advertise because of confidentiality/ anonymity.
- Fruitbowl: funding for workers.
- CAMHS: fear of being outed.
- Turning Point: do people know about it?
- Doctor's Surgery: some receptionists and doctors with poor attitudes towards being a gay young person.

Contact us

Get in touch



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