LINE OF SIGHT THEME:

CHILD R

mental health

Line of Sight (LOS)

The LOS process is a core function of the Hull Safeguarding Children Partnership (HSCP).

The process provides learning opportunities across the partnership to strengthen multi- agency working and focuses on improving outcomes for children and young people.

The process identifies specific learning themes through audit and multi-agency analysis. Learning is implemented across the partnership to improve practice across the safeguarding system

Who Requested the LOS?

LOS was undertaken as a joint CDRM/LOS following the Joint Agency Response (JAR) meeting

Why was the LOS Requested?

The Line-of-Sight meeting was conducted to enrich the learning alongside the Child Death Review process. A joint approach between the HSCP and CDR systems allows for learning to be shared more broadly which contributes to wider system learning.

What is the context?

A Line of Sight was held jointly as part of the child death review process to identify learning in relation to a young person who tragically died by suicide.

Factors within the review included poor mental health described as experiencing obsessive and intrusive thoughts of self-harm and suicide (without intent). The young person had access to non-prescribed medication and therapeutic support outside of the UK. At the time of death, the young person was on a waiting list for local mental health support.

Additional factors highlighted in the review included adverse childhood experiences (disclosure of childhood sexual abuse) language and cultural needs, poor parental engagement, declined school attendance and potential undiagnosed learning needs.

Additionally, it was reported that the young person was struggling with their sexual identity.

Key Lines of Enquiry

- Mental health needs identified and responded to in a timely and proportionate way
- Opportunities to identify risk and provide early support
- Timely support and intervention, including risk management and safety planning
- Consideration to culture and identity

Hull Safeguarding Children Partnership

Key practice themes and learning

Key Practice Themes and Learning

Assessment of need

Early intervention is essential. Practitioners must understand the mental health support available citywide and the pathways to access it.

Professional curiosity is crucial. This includes exploring self-management strategies such as medication—how it is accessed, used, and monitored.

Safety plans and regular contact are needed while waiting for services. This ensures risk is monitored and continuity of care is maintained.

Unmet needs must be identified early. Potential issues—such as undiagnosed learning needs—should be recognised and addressed promptly.

Risk indicators must not be overlooked. Non-attendance, reduced school engagement, withdrawal, and isolation should be treated as significant signs of potential risk, not only high-level crisis behaviours.

Accurate and up-to-date records are essential. Decision-making must be clearly documented and shared with relevant practitioners to support effective multi-agency safeguarding.

Engagement with services

- **Professional curiosity is essential.** Lack of engagement must be explored, considering practical barriers such as parental working hours, withheld numbers, or language needs.

Direct communication with those holding parental responsibility is vital when risk is present.

Where consent is not obtained, practitioners must remain tenacious. Efforts to engage should continue, and any reluctance must be understood and responded to.

If consent is refused, safety planning is critical, including sharing information about support services such as crisis teams.

Practitioners should refer to the HSCP threshold guidance *Right Support, Right Time, Right Place* (see section 7 for links).

Escalation and Resolution

- **Professional disagreement is sometimes unavoidable.** Differences in opinion over decisions, actions, or inaction—whether relating to referrals, assessments, or the progress of a child's plan—can and do occur.

Practitioners have a duty to act. Any professional disagreement must be addressed promptly, proportionately, and at the earliest opportunity to ensure safe and effective practice. Practitioners should utilise the escalation and resolution policy- see section 7 for links.

Key Practice Themes and Learning

Understanding cultural needs

- **Language, culture, and identity must be considered through an intersectional lens.** Practitioners need to understand family functioning and how this shapes a young person's self-identity, beliefs, and values.

There was limited recorded understanding of the family's life and network. Knowing who family members are, and their role and influence, is essential to assessing risk and support.

Communication needs must be actively addressed. Practitioners should ensure information is shared clearly and understood, using interpreters where needed to support effective engagement.

Voice of the child

- Understanding a child's daily lived experience is essential. Practitioners must know their circumstances, accommodation, networks, identity, and what matters most to them, including any cultural or diversity needs.
- Historical allegations require professional curiosity. Exploring past concerns helps build an understanding of possible trauma and its impact.
- Mental health trajectories must be understood. It is important to know when their mental health began to decline, how this affected daily life, and what support the young person wants and feels is most effective.

Information Sharing

- **Information must be gathered from multiple sources, shared, and triangulated.** Coordinated information gives a fuller picture of risks, strengths, and safety.

Threshold of need must be considered at every stage. When safeguarding concerns are identified, timely referral to the Early Help and Safeguarding Hub (EHaSH) is essential.

All agencies must hold the same information. Consistent multi-agency understanding is crucial to ensure safe, informed decision-making and effective intervention.

Guidance on information sharing is available in Section 7

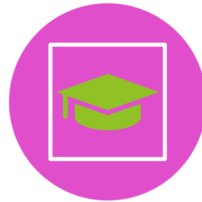
Useful Information

About THRIVE Hull — How are you feeling?

- Blossom – Humber Wellbeing Hub
- Race, racism and safeguarding children - GOV.UK
- Information sharing advice for safeguarding practitioners - GOV.UK
- Threshold of Needs Guidance – Hull Collaborative Partnership
- **'Everyday Bordering' in the UK: Families and Social Care**
- **DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people,parents and carers**
- **Hull and East Yorkshire Mind - We are Hull & East Yorkshire Mind, the mental health charity**
- **Home - Let's Talk - Hull Depression & Anxiety Services**
- **Escalation and Resolution - Professional Resolutions...**
- **The Warren Youth Project** | A place for young people in Hull
- **NHS Humber Youth Recovery & Wellbeing College**– a person-centred community for those aged 11–18. The college is led by young people and explores creative and empowering ways to improve wellbeing through engaging virtual and face-to-face experiences, workshops, sessions, and activities. Includes crisis support advice and resources.
- **Mental Health Foundation** | Everyone deserves good mental health
- **Mental health - NHS**
- **YoungMinds** | Mental Health Charity For Children And Young People
- **Samaritans** | Every life lost to suicide is a tragedy | Here to listen

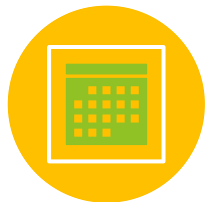
Good Practice

There was evidence of a good working relationships with the school nurse.



Supportive educational package in place which included provision for children who are new to UK. Staff at the provision are bi-lingual.

In house therapy offered at post 16 provision.



When attendance declined, good liaison with NEET services occurred and personalised timetable offered.

Evidence of referrals to EHASH around concerns of attendance.

Mental health assessment undertaken whilst in attendance at the emergency department.

Quick screening in EHASH when notification of missing young person was received, and a strategy discussion held.