

London Incident Support Pathway for Children and Young People

**Multi-agency support pathway for children, young people and
families affected by the London Bridge terrorist incident**

June 2017



Children and Young Adults (CYP) Pathway

1. Introduction

We are indebted to our mental health colleagues across Greater Manchester whose work in developing a systematic response to the attack in their city has provided the main structure to these pathways. They have been extremely generous in sharing their time, expertise and outputs and we would like to express our heartfelt appreciation to them. We are united in our desire to work together to support those affected by attacks on our cities.

This document outlines the multi-agency care pathway for children and young people (CYP) aged up to 18 years and their families who were directly or indirectly affected by the terrorist attack in London on 3rd June 2017. The pathway has been developed using the Thrive framework (Anna Freud Centre and Tavistock and Portman NHS, 2014).

The attack directly affected a number of people as witnesses, some of whom may be children and young people. In addition parents, carers and friends may have had direct or indirect involvement. It also caused a widespread public reaction.

Many people who are involved in a major disaster such as this one are likely to suffer significant distress. In most cases this distress is part of a natural human response to disaster. It is not an indication of a mental health problem. However, some people may experience longer-lasting effects that may interfere with their abilities to function in their day-to-day lives.

This document aims to help services and communities across London respond to the needs of those people who are experiencing distress following the attack. It describes the range of difficulties that may be experienced by people who are affected and the responses from services and the wider community that are most likely to be helpful.

Impact of Major Incidents on Children and Young People

Children and young people who are exposed to distressing events – and especially those in which people are seriously injured or killed, such as a terrorist attack – may respond with *a wide range of difficulties* including:



- **Emotional responses: sorrow, grief, sadness, fear, distress, anger, numbness, aggression, irritability, guilt;**
- **Social responses: withdrawal or avoidance, conflict with others;**
- **Cognitive responses: confusion, disorientation, worry, intrusive thoughts and images, self-blame, impaired concentration, memory disturbance;**
- **Physical responses: Fatigue, headaches, muscle tension, stomach aches, difficulties sleeping and eating.**

It is important to note that some children and young people may have a delayed distress response. Concerns arise when problems become prolonged, if they are associated with impaired day-to-day living or when children and young people have insufficient emotional and social support.

Bereavement

When children and young people are bereaved, common responses include:

- **Feelings of numbness, disbelief and confusion;**
- **Feeling angry with the person who died or for those considered responsible for the death;**
- **Feeling guilty for being alive;**
- **Fear of dying or losing a parent;**
- **Strong physical reactions and extreme emotional reactions;**
- **Separation anxiety.**

A parent or carer of a bereaved child is highly likely to share the bereavement and therefore it is important that while they are supporting their child or young person they are being supported as well. The death of someone close is extremely painful and adults should be enabled to look after their own emotional, mental and physical well-being in order to support their bereaved child. Sometimes CYP may look for support from other extended family members or trusted adults in their lives, including education staff. Information on how to support CYP through bereavement **can be found in Appendix 1.**

Children and young people (CYP) respond to major incidents in different ways over time depending on their level of involvement in the events; their age and level of development; certain personal factors; the availability or otherwise of social support and the degree of disruption to the world in which they live.

In most instances, children and young people's distress gradually subsides over time, particularly with additional emotional and social support from family, friends and social networks such as other trusted adults and faith communities. It is important that parents and carers can access appropriate support themselves, especially if they have been directly involved in the events (please also see major incident pathway for adults).



Terrible events can also lead to people showing altruism, determination, courage, optimism, a desire for connectedness, and some of them may be supported by their beliefs and faith. The majority of people who experience these effects of major events and/or bereavement do not require access to mental healthcare. However, when their experiences persist over time and do not begin to subside despite support, specialist assessment and intervention may be necessary.

Monitoring in communities can be helpful to recognise CYP whose needs are persistent, severe and impacting on their functioning to identify those who require additional psychosocial support or access to mental healthcare consultation and assessment.

Values and Principles

Unprecedented large-scale, untoward events have both direct and indirect impacts across families, professionals and our diverse communities. It is important to ensure that we can provide coordinated accessible information and support to everyone who may be affected. Most localities and services have already started to respond to the acute impact of the attack in London Bridge. We are keen to ensure that there is a coordinated response across London that has visible leadership and accessible, evidence-based support across the region to ensure CYP and families access the right help at the right time. Work is already taking place within London across a range of different stakeholders and commissioners to support implementation of the pathway within locality boroughs.

Key approaches

- Acknowledge the importance of anticipated reactions (stress response) to a major incident;
- Support CYP to develop and sustain their ability to cope - consider the important role of parents and carers, other trusted adults and community resources including schools;
- Utilise a multi-agency stepped model of care that provides a continuum of care that is holistic;
- Ensure approaches are evidence-based and proportional, flexible and timely to respond to the needs of CYP;
- Provide clear and consistent messages and communication;
- Ensure professional practitioners and staff providing support have access to training, consultation and supervision.

Phase 1 Guidance: Victim Support is currently operating its 24/7 support line, offering emotional and practical support for anyone affected by the attack. The number is 0808 168 9111 and is free to call.

Phase 2 Guidance: Provision of Psychosocial Support and Mental Healthcare (targeted offer). This multi-agency care pathway will support implementation of the Phase 2 Guidance including targeted support for CYP at risk of mental health needs.

Phase 3 Guidance: Provision of Mental Healthcare (specialist offer). More detailed guidance is available for specialist clinical teams to support the delivery of specialist mental health assessments and evidence based interventions.

Please see Appendix 1 for resources.



2. Universal Offer – Getting Advice

Who is this for?

All CYP in our communities who may be affected by this incident.

Parents and carers play an important role in providing support for CYP including emotional support, information and practical/social support following a major incident. Where a parent has also been affected by the incident, other carers including extended family members or trusted adults (education staff, voluntary/third sector, family support workers etc) in the young person's life can also offer support (emotional, social and practical). However, it is important that parents affected are also able to access support for themselves (see adult pathway).

How can it be accessed and who can provide it?

Advice can be accessed through a range of community based resources and settings. Families (CYP and adults) are already able to access advice and information directly through the [NHS Choices websites](#) and [the Gov.uk webpage](#).

Information is also provided in this document (see Appendix 1) which can be supplied directly to families through a range of primary care (GPs), community teams/services (education, voluntary and third sector, local authority, police and fire-service) and health providers.

Trusted adults, including education staff who work with CYP who have been affected, may also be in a position to provide support due to their established and trusted relationships. Education staff should have access to advice and training through their local Educational Psychology or School Nurse service supported by the local CAMHS team.

Key approaches

There are key approaches to supporting children and young people through this time more effectively by providing an environment of safety and security and thereby promoting their personal recovery and coping mechanisms. They include:

- Normalising their response to the incident;
- Reassuring them they are currently safe;
- Listening and providing a safe space to talk (if and when they want to);
- Continuing to keep routines and normal daily activities, with practical support;
- Keeping in touch with school/college to ensure a consistent approach;
- Encouraging young people to stay connected with other people (peers and trusted adults) and with positive activities rather than to withdraw socially.



RESOURCES: See Appendix 1



NOTE:

1. There is no evidence to support the use of debriefing interventions for children and young people. Many people who are distressed in the first few weeks will become less distressed without therapy.

2. Those people who were not present at the event but bereaved should be signposted to information about managing bereavement.

IF THINGS ARE NOT IMPROVING OR ARE GETTING WORSE

- Review risk and safeguarding issues
- Start monitoring after two weeks
- Consider **Getting Help** - see next section



3. Targeted Offer: Getting Help

Who is this for?

CYP who continue to experience distress or ongoing symptoms and are not responding to a universal offer of initial advice and support from parents/carers and other trusted adults.

It is important to remember that CYP may present with a wide range of behaviours or experiences following a major incident including: regression (behaviours that are developmentally younger), aggression, emotional lability, somatic symptoms, detachment and numbness) which may indicate an ongoing stress response to the event. It is important to identify CYP whose experiences are persistent or increasing, associated with continuing distress and impacting on day-to-day living.

At risk groups include: CYP who were at pre-existing greater risk, or complexity in relation to trauma and who have co-existing mental health needs. It also includes CYP who are continuing to experience secondary stresses. CYP whose parents/carers have also been affected or for another reason may be unable to provide emotional and social support may be also at greater risk of ongoing needs.

How can it be accessed and who can provide it?

From two weeks: Monitoring can commence at two weeks post events in conjunction with psychosocial support.

- Education staff and professionals working in community services should identify those CYP who they think require monitoring. Monitoring and psychosocial support can be delivered to CYP or their parents/carers by a range of trained professionals (e.g. school nurses, pastoral support staff, Educational Psychologists, school counsellors, GPs, social workers, third sector and voluntary sector staff) and with access to specialist advice and consultation. This may include using a goal-based approach, helping the young person to develop achievable positive goals to focus on and monitor over the coming weeks to foster coping skills (see key approaches below). Support can be offered in a community setting either as one-to-one or through facilitated group forums.
- Professionals working in community and primary care services can access additional training on how to support CYP affected through their local Educational Psychology services or CAMHS.



From four weeks:

- Professional referral: GP gives advice on options such as access to CAMHS for advice and referral if required. This depends on local service arrangements.
- Advice to professionals and families may include: Getting Advice approaches, Getting Help (community monitoring and targeted community support) or Getting More Help (referral for mental health assessment).

Key approaches

- Identification and monitoring of CYP at risk;



- Enhanced psychosocial support through community services including: provision of emotional, physical and social support as necessary;
- Promotion of sense of safety (providing reassurance and challenging false negative and anxious ruminations);
- Promotion of calming (psychoeducation regarding stress responses; strategies to support emotional regulation including breathing exercises, progressive muscle relaxation and mindfulness strategies; sleep strategies);
- Promotion of self-efficacy (encouraging and empowering re-engagement in routines and activities);
- Promotion of connectedness (supporting connection with social networks including family and friends);
- Instilling hope (encouraging expectation that a positive future or outcome is possible);
- Provision of support for parents and carers affected;
- Specialist telephone consultation and review of needs.

Resources – See Appendix 1

IF THINGS ARE NOT IMPROVING OR ARE GETTING WORSE

- Review risk and safeguarding issues
- Access consultation from specialist services
- Review of needs (telephone consultation) to identify CYP who require a mental health assessment (see Getting More Help section)



4. Specialist offer – getting more help

Who is this for?

CYP experiencing moderate-severe needs (persistent or increasing symptoms, impact on day-to-day living and lack of emotional and social support) will be identified following specialist consultation with either the referrer (professional) or family. Specialist consultation will also identify CYP with additional risk factors (pre-existing history of trauma, co-existing mental health needs and secondary stresses).

How can it be accessed and who can deliver it?

A specialist mental health assessment can be accessed through the local CAMHS service. Following the assessment, CYP will be directed to the appropriate intervention based on their needs and risk. The intervention will be delivered as close to home as possible.

- First line interventions for PTSD should be delivered by cognitive behavioural therapists (CBT) qualified to post-graduate diploma level.
- Staff offering Eye Movement Desensitisation and Reprocessing (EMDR) must have a recognisable qualification and family therapists should be trained at a post-graduate diploma level. Staff should receive clinical supervision and therapy-specific supervision.
- Mood and emotional difficulties can be addressed by any staff confident and skilled in the delivery of this with support from staff experienced in trauma.

Key approaches

Interventions are guided by a specialist mental health assessment and formulation.

First line psychological therapy: Trauma-focused cognitive-behaviour therapy (TF-CBT) adapted to suit the CYPs age, circumstances and level of development. These interventions should not be delivered in isolation and clinicians need to be aware of the importance of the system around the young person. Interventions may also involve co-working with parents, schools and others or include direct support/signposting for parents.

Second line psychological therapy: If additional complexity factors have been identified or if CYP cannot engage in trauma focused work, consider EMDR.

Family therapy or family approaches should be considered where more than one family member has been affected by the incident.

NOTE

1. **Non-trauma focused interventions (relaxation or non-directive therapy) are not recommended.**
2. **If more than one family member has been affected there needs to be effective co-ordination of the treatment of all family members.**



IF THINGS ARE NOT IMPROVING OR ARE GETTING WORSE

Enhanced support: For CYP presenting with more complex/co-morbid presentation - this may include re-formulation and an additional therapeutic intervention or change of treatment pathway. Multi-agency reviews are helpful to ensure support for CYP is coordinated.

See Getting risk support for CYP with identified risk or safeguarding concerns.



5. Multi-agency – Staying safe

Who is this for?

Risk assessment and management should be a consideration for every child and young person to ensure they stay safe. This includes identifying and supporting CYP presenting at risk to self (e.g self-harming or using alcohol or drugs to manage their experiences and feelings) as well as highlighting safeguarding concerns.

How can this be accessed and who can deliver it?

All professionals should be monitoring for risk to self or others and should support a risk management plan to keep CYP safe. Risk assessments and recommendations should be delivered by the local CAMHS/AMHS team and other relevant agencies.

Key approaches

- Monitoring for risk to self or others;
- If concerns identified then professionals should use their existing local crisis care pathways in and out of working hours;
- Where safeguarding concerns are present a referral to the local Children's Social Care Team should be made. For individuals who have experienced a traumatic event, the systematic provision to that individual alone of brief, single-session interventions (often referred to as debriefing) that focus on the traumatic incident should not be routine practice when delivering service.



Appendix 1

Thrive based model of care to support the needs of children, young people and their families following the London incident on 3.06.17 (including staff training, direct support and intervention).

<p>1. PREVENTATIVE/ THRIVING</p> <p>Skilling up staff, parents, carers and young people.</p>	<p>2. EARLY INTERVENTION/GETTING ADVICE</p> <p>Monitoring/Signposting/self-management/one off contact or ongoing support.</p>	<p>3. TARGETED SUPPORT/GETTING HELP</p> <p>Goal focused/evidence-based and outcome focussed interventions.</p>	<p>4. SPECIALIST SUPPORT/GETTING MORE HELP</p> <p>Extensive treatment.</p>
<p align="center">GETTING RISK SUPPORT</p> <p align="center">Self-harm/suicidal ideation/Risk to self and others/Safeguarding/Multi-agency</p> <p align="center"><u>Office hours</u></p> <p align="center">Emergency consultation with local CAMHS service</p> <p align="center"><u>Out of hours</u></p> <ul style="list-style-type: none"> • General Practitioner • Local Accident and Emergency Department for children and young people requiring emergency care (suicidal ideation, self-injury requiring treatment and self-poisoning) • Other safeguarding concerns - Children's Social Care 			
<p>Seeking help and support from friends and family.</p> <p>Victim support is currently operating its 24/7 Supportline offering emotional and practical support for anyone affected by the attack. The number is 0808 168 9111 and is free to call.</p>	<p>'Watchful waiting' - Assess need, offer support, space to talk, listen, be empathic, normalise where appropriate, get support from friends/family, signpost to self-help resources, offer advice e.g. sleep, exercise, eating.</p> <p>Local Authority early help teams Work with families to help manage difficulties</p>	<p>Child and Adolescent Mental Health Service (CAMHS): Support, advice and training to raise awareness and recognition of trauma related presentations, guidance around support services and good quality self-help information and resources</p> <p>4 weeks post-incident consider if trauma-</p>	<p>Child and Adolescent Mental Health Service (CAMHS): Severe and enduring presentations requiring intensive and/or ongoing treatment with psychological therapies and risk management, including inpatient admission.</p> <p>Active case management and a range of goal-focussed, evidence-based psychological therapies including to 5-16 year olds with trauma-related difficulties including:</p>

Education based support (e.g. schools, Further Education providers and pupil referral units): Pastoral staff, school support for young people (nurses, health mentors, learning mentors).

Child and Adolescent Mental Health Service (CAMHS): Support, advice and training to raise awareness and recognition of trauma related presentations, guidance around support services and good quality self-help information and resources.

Consultation weekdays (9-5 Mon-Fri) for advice around mental health support for children and young people.

MindEd: free online educational training resource about children and young people's mental health for all professionals and carers.

Red Cross: how to talk to children about a terrorist attack.

Winston's Wish: talking to children after the London terror attacks. (01242 515157, email: info@winston's wish.org.uk).

Young Minds Parents' helpline 080 802 5544 (Mon - Fri 0930h – 1600h).

Youth Access provide a range of services and resources for different levels of need.

Child bereavement UK – supporting CYP after a frightening event.

BBC news advice if CYP are upset by the news.

ChildLine advice for children about worries.

before becoming more serious.

Education based support (e.g. schools, Further Education providers and pupil referral units): Pastoral staff, school support for young people (nurses, health mentors, learning mentors).

Child and Adolescent Mental Health Service (CAMHS): Support, advice and training to raise awareness and recognition of trauma related presentations, guidance around support services and good quality self-help information and resources

Young Minds Parents' helpline: 080 802 5544 Mon - Fri 0930h – 1600h.

PAPYRUS: Specialist service for prevention youth suicide
HOPELineUK 0800 068 41 41: specialist phone service offering support, practical advice and info to young people up to age 35.

Self-help websites:

'HeadScape' – (only for referral for Greenwich).

Online support services:

Kooth: Online support services.

The Mix - Online and telephone help and support for young people (up to 25 years).

Training for professionals

Youth Access provide a range of services and resources for different levels of need.

Evidence-based self-help apps:

MoodGYM

related difficulties might now require specialist assessment

School based support:
Specific mental health staff and counsellors where available

PHSE Association: resource for teachers about talking with children after a traumatic event.

- Evidence-based treatment for PTSD in CYP
- Cognitive-behaviour Therapy (CBT) (including trauma-focussed interventions)
- Eye Movement Desensitisation Therapy (EMDR)
- Difficulties anxiety/low mood: CBT, IPT-A, Systemic Family Practice (SFP) and emotional/behavioural dysregulation
- Dialectical Behaviour Therapy (DBT).

Anna Freud: Child and Family Traumatic Stress Intervention (CFTSI)

Patient UK information on PTSD (adult related).

Bereavement:

CRUSE (12-18 yrs): [Freephone:0808 808 1677](tel:08008081677) www.cruse.org.uk

[Winston's Wish](http://www.winstonswish.org.uk): talking to children after the London terror attacks. (01242 515157, email: [info@winston's wish.org.uk](mailto:info@winstonswish.org.uk)).

[Childhood Bereavement UK](http://www.childhoodbereavementuk.org.uk)

[CRUSE bereavement helpline](http://www.cruse.org.uk) aged 12 – 18 years Freephone 0808 808 167.

[UK resources](#) on childhood bereavement.

