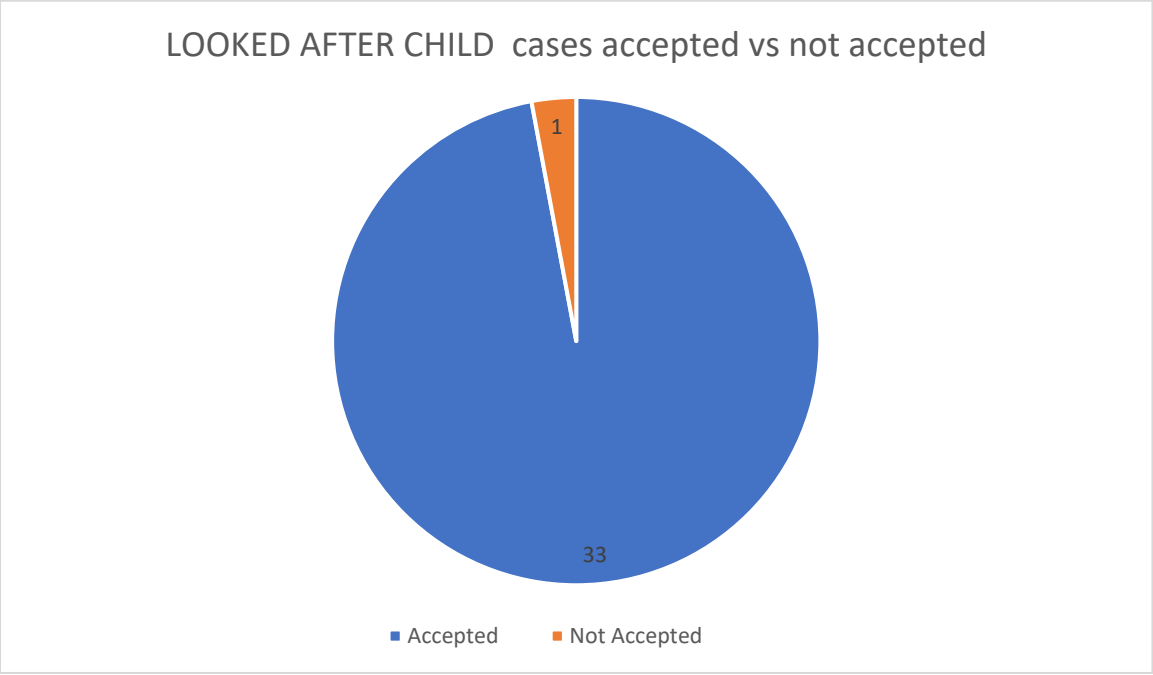
SET CAMHS Annual Report for Looked After Children

Thurrock LOOKED AFTER CHILD Referrals between January 2023 – December 2023

Thurrock SET CAMHS received **34** formal referrals into the service between **January 2023 and December 2023**.

Of those **34** referrals to SET CAMHS, **33** were **accepted,** and **1 was not accepted.**



The referral into SET CAMHS that had not been accepted was based on the Single Point of Access (SPA) deeming the referral inappropriate due to Consultation being already offered a month before the referral. SPA reiterated the recommendations in the Looked after child report, and the case was discharged from the service with the option to re-refer if required.

All 33 Looked after child cases received a Looked after child Consultation/ Assessment, each child or young person would have been provided with a Looked after child consultation report, giving details of the reason(s) as to why the child or young person was not accepted, and providing advice around alternative resources, not only for the child or young person but for the adults and the wider network providing care and support to the child or young person.

Out of the 33 referrals that were accepted, 5 remain open to CAMHS and are currently receiving an intervention. Types of interventions offered: system support, two extended assessments and liaising with the current supporting network for further exploration of those clients' emotional dysregulation and extended exploration of the formulation to guide the treatment, skills and tools being shared with foster carers and combined with medication reviews, recommendation and psychoeducation being shared with Social Care and wider network.

The remaining **28 cases** received some level of CAMHS intervention and have since been discharged.

They type of interventions received were as follows:

- Extended initial assessments with follow on support utilising links to local services.
- Trauma focused work - utilising CBT / EMDR.
- Further consultations with social workers and foster carers.
- Transitional pieces of work related to services outside of Thurrock.
- Support to carers using the Reinforcing positive behaviours (RAID) approach,
- Support to carers utilising the Non-Violent Resistance techniques.
- Medication management.

The Looked after child lead clinician role.

Within each CAMHS team there is a dedicated looked after child lead clinician who provides support and advice to social care by offering weekly consultation slots.

These slots are regularly used by Social Care and in some instances when needed additional consultation slots have been offered outside of these allocated slots.

Fast track timeline of 10 days and 5 days

Looked after children are some of the most vulnerable children and young people in society, and as such, need and deserve the best possible support from services. We treat Looked after children with urgency because they often have complex backgrounds and may require immediate attention for their well-being, including medical, emotional, and educational needs.

Looked after children are often at greater risk than other children their age and, therefore, require additional safeguards to keep them safe and protected.

Being a looked-after child can have an impact in different ways, including:

- Being at risk of bullying from peers.
- An increased risk of running away or going missing.
- An increased risk of being a victim of exploitation.
- Being more likely to have a mental health issue.
- An increased risk of substance abuse.
- Difficulty forming relationships and trusting people.
- Struggling with education.

Looked after children must be supported to have the same opportunities as other children their age. This can help them to have a fulfilled childhood and enter adulthood successfully.

CAMHS recognises that timely intervention can significantly impact their development and ensure their safety and stability. In recognition of the distinct challenges which Looked after children and young people face, the expectation is that they have priority access to mental health assessments by specialist practitioners; however, subsequent treatment is based on clinical need. The Southend, Essex, and Thurrock CAMHS contract requires an assessment within 10 working days, followed by 5 working days for the plan to be with the social worker.

The Thurrock CAMHS team also provides a ‘Hot line’ for social workers requiring a more urgent consultation during office hours.

The use of Outcome Measures

Outcome measures are tools that can be used to measure a variety of aspects of an individual’s mental health and well-being. In a child's mental health context, outcome measures often take the form of questionnaires about how an individual feels or functions. These would generally be filled in by a child or young person or by a parent/carer, Social Worker, teacher or similar professional.

Outcome measures can be used for a range of purposes, including to:

- Support individual practice: This involves helping to make sure children and young people get the right support.
- Outcome measures may answer questions like ‘What’s the problem?’, ‘how are things going?’ or ‘Have we done as much as we need to?’
- Understand effectiveness: This involves evaluating support and interventions to understand the impact they are having – and to help improve support responsively.
- Map need: This might be done across a school year and would provide evidence for planning services or support.
- Some of the benefits of using outcome measures identified by research include improving practitioners’ ability to detect worsening of symptoms, providing information that may have otherwise been missed, and ensuring the voice of the service user is heard.

Thurrock CAMHS uses the Outcome Rating Scale (ORS) to measure children's, young people and their families' or carers' feedback. The first ORS are initially completed at the first contact with the service to capture an initial baseline of the young person's presentation. Following this, ORS is utilised to monitor therapeutic progress. The ORS is a four-item session-by-session measure designed to assess areas of life functioning known to change as a result of therapeutic intervention. These areas include personal or symptom distress (measuring individual well-being); interpersonal well-being (measuring how well the user is getting along in intimate relationships); social role (measuring satisfaction with work/school and relationships); social role (measuring satisfaction with work/school and relationships outside of home); and overall well-being. The ORS are straightforward to use with children and young people and facilitate collaborative, person- centred and feedback informed support/ treatment. Thurrock team developed own adapted version of ORS based on the clients' voice, to ensure the outcome measures are user friendly and meaningful for our young people.

Outcome Rating Scale (ORS)

Name _____Age (Yrs.): ____
Gender: _____
Session # ____ Date: _____
Who is filling out this form? Please check one: Child_____ Caretaker_____
If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Please complete this to your best ability. Here is a key to help you fill out this form. Please put an X or I where you think you are on the scale.

0 = I am not doing so well 5= I am doing OK could be better 10= I am doing great

Me
(How do I feel?)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Relationships
(How are your relationships? EG: Family, friends)

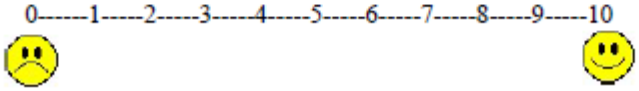
0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Education and Work
(How are my school, activities and hobbies?)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Everything
(How is everything going?)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10



Thurrock Multidisciplinary (MDT) team ensures that ORS are regularly discussed in Post Assessment, MDT and cross-service meetings.

<u>Strengths and Difficulties Questionnaire (SDQ) monthly meetings</u>

SET CAMHS clinicians attend the monthly SDQ (Strengths and Difficulties Questionnaire) meetings and provide additional support to social care in relation to any escalations that may occur. This usually involves discussing the parameters that promotes further consultations and / or advice on appropriate referrals to the SET CAMHS service. In this meeting social care explore the strengths and difficulties questionnaire, in which the Looked after child lead helps formulate some of the potential contributing factors for each case.

Over the last year, a variety of support has been offered during the meetings; ranging from discussing suitability for CAMHS referrals/or re-referrals for reviews, offering a mental health perspective and supporting more thorough formulation, highlighting the effect of adverse childhood experiences on the Looked after child's presentation and in some cases, exploring potential underlying neurodevelopmental contributing factors, recommending referrals for sensory and neurodevelopmental assessments where applicable, thinking systemically about the child/young person's needs, discussing suitability for consultations with other CAMHS teams, considering right timing for Life Story Work or therapeutic interventions, adequate signposting and recommendations for social prescribing.

Given the complexities of looked after children, the SDQ meetings provides opportunities for social care staff to discuss, and share concerns any concerns in relation to cases which the CAMHS clinician can escalate to the CAMHS Team Manager if appropriate.

Social Care and SET CAMHS monthly joint escalation meeting

The Thurrock CAMHS Team Manager alongside the CAMHS Assistant Director and partners attends the monthly joint social care and CAMHS meeting which forms part of the escalation process where cases are discussed to problem-solve issues that may have arisen.

Young people who have been admitted to inpatient units are also discussed so that social care is involved in the collaboration and oversight of care plans.

Audit of Referrals to SET CAMHS and assessments for Looked After Children from May to July 2023 and recommendations.

The audit was completed to gain assurance that the quality target was being met and the Looked after children referred to the service were receiving a timely and effective assessment. The audit outcome was that 90% of referrals for Looked after young people had a consultation within 10 days. The reasons for not receiving a consultation within 10 days were due to either social worker or CAMHS staff availability. Measures have been put in place to increase this number which includes asking social workers to check availability prior to making the referral.

The outcome of the focus group revealed that the young person's voice is not always captured within the consultation process and that professionals' views were predominantly represented. This was identified as a cause for concern as the child/young person's view can affect the appropriate treatment and support being identified, as well as capturing their goals and wishes. However, one of the barriers that was discussed in the focus group is that Looked after children can struggle to engage with CAMHS services due to previous negative experiences with services and also the anticipation that difficult memories will need to be shared, which can create ambivalence and reluctance. There is therefore a need to reduce the barriers that prevent the young person's voice from being captured. Our participation lead is liaising with Thurrock Social Care Participation Lead to identify how the views of children looked after can help us to improve this.

It was agreed that the process of referral and consultation takes into consideration the child/young person context and journey. However, there is sometimes not always access to all the information required. It was suggested that all psychological reports along with Education and Health Care Plans should be shared at the consultation, or preferably prior, as it will help to inform and understanding of the child/young person and improve the consultation and support on offer. Professionals within the focus groups also felt that access needed to be more flexible for Looked after children, and there is a need to ask young people about what would enable them to attend sessions and more creative approach offered in relation to this.

It should be celebrated that the focus groups agreed that partnership working is successful and effective. It should also be highlighted that depending on the treatment offered, CAMHS can have a positive impact on Looked after children and those who are caring for them.

As a result of the audit the below recommendations were made:

- All locality teams to put in place a Looked after child forum to discuss cases with all professionals involved and oversee the support offered to the Looked After Child/Young person.

- The Crisis team and locality team to organise and facilitate a partnership meeting with Social Workers and Looked After Child Nurses to ensure a follow up consultation and joint care planning, if the Looked after child/young person attends A&E.

- CAMHS processes to be more flexible in terms of where assessments are undertaken and accept there may be a number of sessions when the young person does not attend.

- All discharge summaries need to have an in-depth formulation, including summary of outcome measures used as to assist with future support needs.

- CAMHS to develop a leaflet for Social Workers so that there is clear information about the consultation process. To provide clear information about the purpose and focus of the Looked after child consultation and what is required.

- The need for further training for CAMHS clinicians to develop their ability to specifically engage young people who struggle to engage given their Adverse Childhood Experiences (ACE's).

- Social Worker to ascertain Looked after child/young person views and wishes prior to the Looked after child consultation, so that the Looked after child consultation reflects the voice of the child. If the voice of child is not clearly ascertained at the Looked after child consultation, professionals to agree who will be best to contact the child/young person to do this.

CAMHS specialist services

SET CAMHS have specialist services and looked after children are also prioritised within these services. These include CAMHS Learning disability and Neurodevelopmental team, Eating Disorder Team and the Crisis Service.

Crisis service:

The crisis team will undertake Crisis assessments at A&E and offer therapeutic home treatment to young people who present as high risk/suffering a mental health crisis at A&E or in the community. Referrals for Therapeutic Home Treatment support is received from Internal SET CAMHS teams only and can be considered as part of the Care Programme Approach process to support discharge. Young people on the A&E pathway can also be referred for Therapeutic Home Treatment via the crisis team. This support sits under the Getting More Help and System Support aspect of the THRIVE model. This compliments the multi-agency care plan development underway within the service and looks to support the 72 Hr bed Programme (which includes our most intensive offer of support).

The aim of the Crisis intervention is to stabilise the young person and avoid the need for an impatient admission, where possible. Young people are better cared for at

home, where this is possible by providing community support. The Crisis team are a 24/7 service and provide assessment and support calls out of hours. The crisis team will also work with young people who have been discharged from Inpatient units to re-integrate them into the community and prevent relapse. This often requires a multi-agency support plan. The team have a dedicated Looked after child lead to ensure that there is rapid multi-agency planning in relation to any Looked after child who requires a Crisis assessment and intervention.

Youth Justice team

A CAMHS practitioner is co-located within the Thurrock Youth Justice team and works with young people who are referred solely by the Youth Justice team. Included within this cohort are looked after young people who are open to the YJS. This service is an assertive outreach model to engage with young people who often find it difficult to engage with services. YJS and CAMHS work together to develop integrated care plans and these address both their offending behaviour and mental health needs, ensuring a holistic approach to their support and rehabilitation. This could include therapy, counselling, anger management programs, or substance abuse interventions tailored to the individual needs of the young person.

YJT Case Study

A referral was made to CAMHS regarding a Looked after young person open to YJS who was presenting with aggression towards their carer. Carers reported that the young person appeared to have “a lot of hatred” when boundaries were put in place.

The allocated CAMHS worker provided consultations to the social worker and the YJT team. It was agreed that some of the behaviours displayed may be best explained as a traumatic response to historic events in the child’s upbringing. Trauma can significantly impact a person's emotional well-being and may manifest in various ways, including anger.

A multi-agency care plan was agreed, and the clinicians work involved how the young person, carers, and wider network understood how trauma and anger can be interconnected:

1. **Triggered Responses**: Trauma can sensitise individuals to certain triggers, situations, or memories that remind them of the traumatic event. When triggered, they may experience intense emotions, including anger, as a way of coping with or expressing their distress.

2. **Emotional Regulation**: Trauma can disrupt a person's ability to regulate their emotions effectively. This dysregulation can result in difficulties managing anger, leading to outbursts or aggressive behaviour as a response to perceived threats or stressors.

3. **Defence Mechanism:** Anger can serve as a defence mechanism for individuals who have experienced trauma. It may act as a protective barrier, allowing them to assert control or create distance from perceived threats or vulnerabilities associated with the traumatic experience.

4. **Unresolved Trauma:** When trauma remains unaddressed or untreated, it can contribute to the accumulation of unresolved emotions, including anger. Without proper support and intervention, this anger may intensify over time and manifest in various areas of the individual's life.

5. **Cycle of Violence**: For some individuals, trauma and anger can perpetuate a cycle of violence or aggression. They may reenact the traumatic experiences they have endured or exhibit abusive behaviour towards themselves or others as a way of coping with their unresolved trauma.

By addressing the interplay between trauma and anger, the clinician was able to implement levels of therapeutic techniques that treated the underlying emotional pain and provided support for healing and recovery.

CAMHS working with Foster Carers

Child and Adolescent Mental Health Services (CAMHS) often collaborate closely with foster carers to provide comprehensive support to children and adolescents in foster care who may be experiencing mental health difficulties.

Collaborative Treatment Planning:

CAMHS professionals work collaboratively with foster carers to develop personalised treatment plans for the child or adolescent. These plans may include therapy, counselling, medication management, or other interventions tailored to the individual's needs. Foster carers play a vital role in observing and reporting on the child's behaviour, emotions, and any concerns they may have. They provide valuable insights into the child's history, triggers, and strengths, which inform the treatment approach.

Psychoeducation:

CAMHS offers psychoeducation to foster carers to help them understand and respond effectively to the child's mental health needs. This may involve providing information about specific mental health conditions, teaching coping strategies, and offering guidance on how to create a supportive and nurturing environment based on specific needs of the child.

Training and Skill-Building:

CAMHS may offer training sessions or workshops for foster carers to enhance their skills in managing challenging behaviours, promoting positive attachment, and supporting the child's emotional well-being. This training empowers foster carers to provide informed and compassionate care to the children in their care.

Regular Communication and Monitoring

CAMHS professionals maintain communication with foster carers to monitor the child's progress, address any concerns or challenges that arise, and make adjustments to the treatment plan as needed. Foster carers play a crucial role in providing ongoing feedback and observations to ensure the effectiveness of the interventions.

By working collaboratively with foster carers, CAMHS can provide holistic support that addresses the mental health needs of children and adolescents in foster care, ultimately promoting their overall well-being and resilience.

Transition Planning

CAMHS work together with partner agencies to complete a transition plan for young people transitioning between services or leaving care. This ensures continuity of support and prevents young people from falling through the gaps as they move into adulthood.

Thurrock Looked after children living in Essex or Southend

The CAMHS Looked after Child lead will often liaise with other CAMHS LAC leads when a Thurrock child is placed in another part of the county. This is to ensue appropriate continuation of care is achieved, also to aid information sharing.

Case Study on a young person living outside of Thurrock.

The young person **(A)** was referred to Thurrock SET CAMHS following the closure to Maudsley Hospital, and their GP being asked to manage their medication.

Thurrock CAMHS offered a consultation to explore the current presentation in light of **A**'s reported complex diagnoses of ASD, ADHD, Oppositional Defiance Disorder (ODD), multiple anxiety disorders, emotional and behavioural dysregulation and

features of Foetal Alcohol Syndrome (FAS) and also to discuss Social Care's concerns regarding the medication management.

The social worker shared that **A** was now placed outside of Thurrock and was currently settled, however appeared lower in the mood recently and, at times, experienced behavioural outbursts (being violent towards staff and property).

A utilises a mood chart and sensory/quiet room in his house, and de-escalations have been managed verbally. Given the long history of CAMHS involvement and knowledge from Thurrock CAMHS service, Thurrock Multi-disciplinary Team agreed to conduct a joint review assessment offered by the Consultant Psychiatrist and Senior Clinician with the current CAMHS service.

This review meeting provided the opportunity to explore how some of **A**'s changes in behaviours could be best understood in the context of their pre-existing diagnoses of ASD, ADHD, ODD, emotional, and behavioural dysregulation.

This liaison ensured that the young person treatment was in line with the formulation of his needs. It also demonstrated good practice relating to information sharing from service to service.

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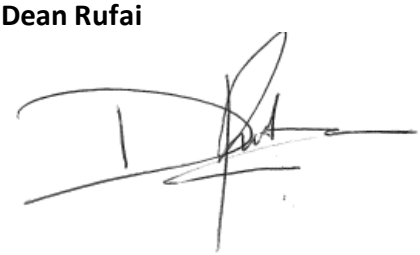

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