

# Community Care Live London 2018

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Business Design Centre London

25<sup>th</sup> September 3:30pm - 4:30pm

## In this session you will learn about

- Up-to-date research on the mental health vulnerabilities of children in care
- How the approaches used by Haringey and Tavistock and Portman NHS Foundation Trust's First Step service are improving access to mental health services and long-term outcomes for children in care
- Tips and best practice for identifying and responding to mental health vulnerabilities in children in care

# The mental health vulnerabilities of children in care

- At least 50% of children in care have emotional and behavioural difficulties in comparison with 10% of children in the general population
- One-third of all children and young people in contact with the criminal justice system have been in care
- The mental health of children in care may be overlooked meaning they do not receive treatment or appropriate support
- Outcomes for children in foster care are better than for children in maltreating families

# Some of the challenges faced by children living in care

- Early experiences of abuse and / or neglect
- Exposure to frequent changes of people and places
- Traumatic experiences of separation and loss
- Emotional needs may be overlooked
- Complex and demanding contact arrangements or no contact
- Conflicting loyalties between foster family and birth family

# Challenges faced by professionals

- Managing the emotional load
- Limited resources and cuts to essential services
- Time pressure; difficulty keeping up; feelings of failure
- Difficulty joining together
- Responsibility for life changing decisions

# Identifying and responding to mental health vulnerabilities in children in care

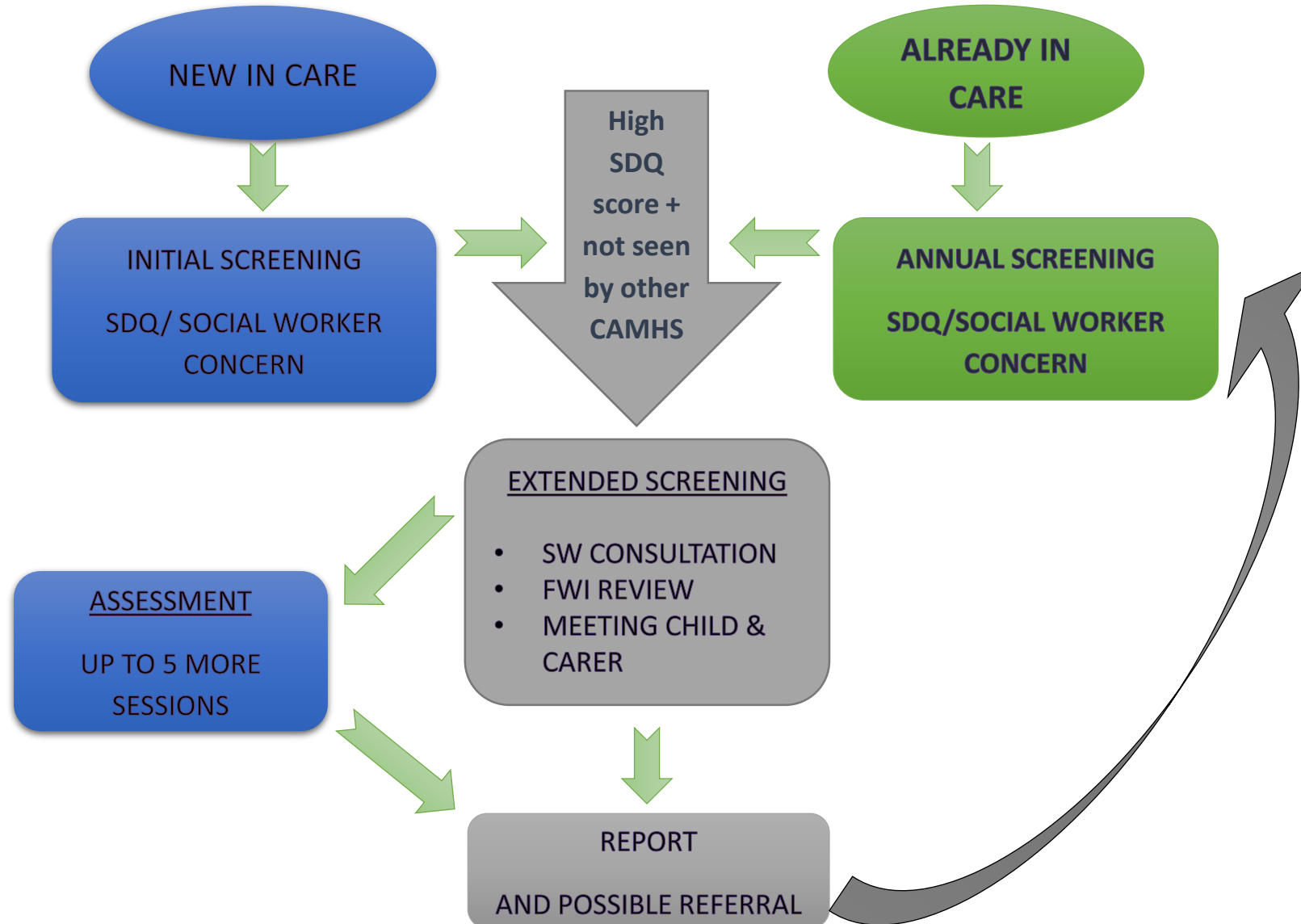
First Step is a community based service commissioned from the Tavistock & Portman NHS Foundation Trust.

- To provide psychological health understanding for all children in Haringey's care
- To enable access to Child and Adolescent Mental Health Services (CAMHS)
- To facilitate an emotionally friendly care-system

Small multi-disciplinary team, 3 full-time equivalent clinicians

High number of children – approx. 450 aged from birth to 18

# Pathways into the First Step service



# Development of the model

- For children and young people already in care and those new to care
- Strengths and Difficulties Questionnaire or social worker's concern are entry criteria
- Focus on the lived experience and psychological experience of the child and young person



# A wider range of children with vulnerabilities

- Babies and young children in care
- Children on the edge of care
- Children and young people with disability
- Children and young people facing major transitions
- Young people in secure settings
- Children and young people across the country

# The mental health vulnerabilities of babies and young children: Case example 1

## **Shanice and Shamar**

- Through Under 5 forum – for all carers of children in care under 5
- The risks for babies of placement moves
- The risks of neglect
- Network meeting, consultation with SW, home visit observations
- Gaining better understanding of each child's needs
- Support to foster carer
- Contributing to care planning

# First Step Plus

2016 – £100k additional funding for 1 year project to work with children in care who change placements frequently.

Rationale:

A group of particular vulnerable children in care, who

- have high behavioural and emotional needs (difficult to care for)
- move placements frequently (some had 15 / 20 placements)
- are not able to access mental health services, because:
  - ❑ CAMHS are locality based – children are in constant movement
  - ❑ Children will not attend appointments in clinic / require a different approach / do not meet thresholds / have no parental figure who will support them

**-> A chicken and egg situation**

# First Step Plus

## Criteria:

To provide a clinical outreach service for 10 children in care aged 0-18 who had 3 or more placements in the last 12 months and have no current access to mental health services.

## Aims:

- to establish what can provide more stability in the child's life
- to facilitate access to local mental health services, if required
- to provide ongoing psychiatric overview for children sectioned under the mental health act in hospital (no placement - no community CAMHS)

In 2017 – Project successful; service integrated into First Step service.

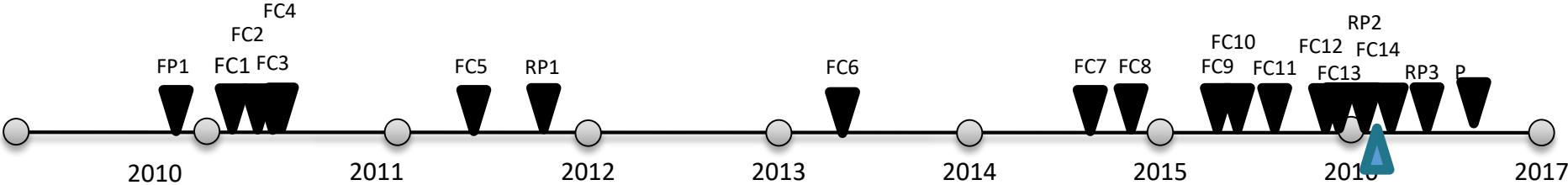
# Profile of Cases

- Children of all ages
- Unassessed and unattended needs (emotional; psychological; psychiatric; educational; health)
- Highly complex emotional and behavioural needs (e.g. self-harming; wetting; frequent violent outbursts; cruelty to animals)
- High levels of risk (e.g. missing from care; gang involvement; substance misuse; teenage pregnancy)
- Often seen as hard to engage young people
- Constant crisis and chaos in their lives
- Everything changes abruptly
- Professional networks not existing / fragmented / constantly changing -> child's story getting lost

## Case example 2: Jerome, 14 years old

- More than 20 placements in 7 years in care
- Social Worker asking for help – “running out of options”
- Very aggressive and violent behaviours ending with constant placement breakdowns
- Exclusion from mainstream education
- No existing network; ever changing professionals
- No consistent access to CAMHS; no knowledge about possible mental health concerns
- Conflicting relationship between parents and children’s service

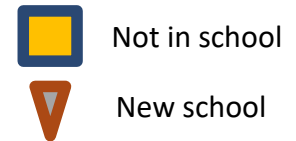
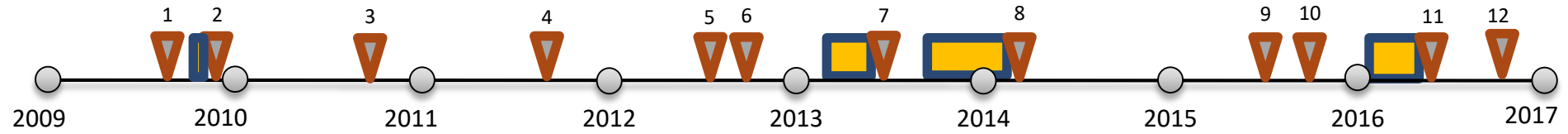
# Jerome – 14 years old, Placement Timeline



FP – Family Placement  
FC – Foster Placement  
RP – Residential Placement  
P - Parents

(This timeline may not include all respite placements)

# Education Timeline





# What has helped in the work?

- **Working with the child / young person's own goals:**

What is important for and to the child? *Jerome's goals: seeing parents / mainstream school*

- **Helping to maintain existing relationships / connections:**

Who is important? What can they help with? Including birth families and other important people / promoting stable continuous quality relationships

- **Involving children and young people:**

Attending / chairing network meetings – having their voice heard

- **Supporting Transitions:**

Building a bridge between parent / previous carer and current carer to share knowledge about child's history / likes and dislikes

- **Not giving up easily** -start with one person if necessary

# Challenges

- Difficulty of accessing local CAMHS despite high levels of need
- Limited resources: e.g. psychiatric assessments take time to organise and do not necessarily happen on a Thursday afternoon -> requirement for flexible working arrangements
- The labour intensity of the work -> engaging and building relationships with professionals, families and children and young people takes time and effort
- The sadness / frustration when things do not work out, for example when it is not possible to engage people / when recommendations are not followed

# Best practice for identifying and responding to mental health vulnerabilities in children in care

Therapeutic network meetings: **Bringing people together** (e.g. involved family members and professionals) with the aim of creating functioning parental networks - working closely together with colleagues from health, education and social care.

## Keeping in mind:

- A hopeful stance- everyone is doing the best they can in difficult circumstances
- A respectful stance- everyone has a valuable perspective

## Providing:

- Containment (high levels of anxiety – “we are in this together”)
- A nurturing environment (tea, location etc.)

# Best practice: approaches

- Using child or young person led approaches (involving the child; children's goals)
- Gathering a joined understanding: Importance of the child-centred chronology
- Using observations to inform care planning: Recognising the value of bearing witness
- Helping those involved to connect with the child's experience / child-centred-thinking 'what is on ..'s mind'?

# Best practice: teamwork

Importance of looking after oneself and each other:

- Teamwork
- Working in pairs
- Reflective supervision
- Taking a moment to catch up / Caring for each other

# Service feedback from children and young people

- 'You didn't give up on me.'
- 'I felt comfortable talking and I felt like she really understood and paid attention to my perspective.'
- 'They listen what I had to say and spoke about it with everyone so they can understand.'
- 'I was able to express my feelings and I was able to be open with my opinions/views.'

## Feedback from foster carers

- ‘Someone else seeing what I have been seeing.’
- ‘It was such a short session, it was only the one... I was really surprised with the amount of knowledge she had picked up.’
- ‘It was done in a stepped back way, there was no pressure on the kids.’
- ‘I hope the recommendations are actually followed up.’
- ‘They have identified it (the need), ... there is a gap in what happens after.’

## Feedback from social workers

- ‘One (child) refused to engage, they worked well with him and he started to engage, they go by the needs of the child.’
- ‘It provides me with a different perspective .. it does inform how I work.’
- ‘I think about the case in a bit more in depth from a different angle. It reminds yourself why you work with the child in the first place.’
- ‘Bringing people together helped to move things forward.’



# Discussion

**Thank you for coming !**

***Please see the First Step website for more information,  
and guidance leaflets:***

**[www.tavistockandportman.nhs.uk/firststep](http://www.tavistockandportman.nhs.uk/firststep)**

***Psychological health service for Haringey's looked-after  
children and young people***