Humber Teaching
NHS Foundation Trust

# STANDARD OPERATING PROCEDURE
# EAST RIDING CAMHS
# LOOKED AFTER CHILDREN

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## Contents

## 1. Introduction

Humber Teaching NHS Foundation Trust (HTFT) has close links with East Riding Local Authority Children's Services in order to provide a Looked After Children's Child and Adolescent Mental Health Service for children and young people, and care leavers aged 0-25 years, under the care of East Riding Local Authority.

The East Riding Child and Adolescent Mental Health Service (CAMHS) Looked After Children (LAC) team, also known as the Emotional Health and Wellbeing Service (name under review) offers support to East Riding Children Looked After (CLA) aged 0-16 years, and care leavers under the care of the Pathway Leaving Care Team aged 16-25 years. Similarly, support is also provided to the networks around them (Social Care, Education, Foster Carers, Residential Care Teams, Connected Carers), East Riding Local Authority Residential Homes. Limited support is also offered to East Riding Post Adoption Support Team. The team is trauma-Informed and follows the Attachment, Resilience, Competency (ARC) Framework in all aspects of thinking around cases and support offered. Interventions are highly influenced by Dyadic Developmental Psychotherapy (DDP) and PACE (Playful, Accepting, Curious & Empathic approach to care), with the aim being for all clinicians to be trained to a minimum of DDP level 1. If direct face to face intervention is indicated following assessment, this can be offered to children/young people/carers residing within an hour travel time of The Walker Street Centre in Hull or Beckside House, Flemingate in Beverley. For children and young people residing over one hour travel time from East Riding area, the team will support transfer of referrals to appropriate local agencies and would wherever possible attend any relevant professionals/transition meetings.

The team offers consultations for Social Workers or personal advisors to discuss concerns/queries relating to CLA and care leavers. Requests for consultations can be made by Social Workers or leaving care personal advisors by completing a request form (refer to appendix 1).

At present, all East Riding Local Authority children's residential homes receive support from a clinician within the East Riding LAC CAMHS service. Amount of support varies depending on the individual needs of the staff team and young people in residence but is usually provided on a weekly or fortnightly basis. Current East Riding Local Authority residential provision consists of; a 6-bedroom children's home and 2 solo homes however, East Riding Local Authority's residential offer is soon to expand to include an additional 7 solo/2-bedroom homes and a 6 bedroom learning disability home (no definitive timeframe at this time). Clinicians offer regular reflective discussions to the team of staff, provide a link to East Riding Core CAMHS- facilitating any referrals needed into the service, build rapport with the young people in order to offer regular emotional well-being check-ins, and attend meetings as required in respect of the children and young people residing in residence.

Clinicians within the team offer consultation and reflective practice sessions, on a weekly to monthly basis, to all areas of Corporate Parenting within East Riding Local Authority, which includes Children Looked After Team, Pathway Leaving Care Team and Fostering Teams (2 Mainstream Teams and a Connected Persons Team). Limited support is provided to Post Adoption Support Team via discussion of requests for

externally commissioned therapeutic intervention at Emotional Mental Health Decision Making Forum.

Two clinicians from the East Riding CAMHS LAC Team take part in fortnightly Emotional Mental Health (EMH) Decision Making Forum meetings whereby any requests for externally commissioned therapeutic input are discussed. Representatives from East Riding Local Authority senior management, commissioners and allied health professionals such as LAC Health Nurse and East Riding Core CAMHS Team Leader also sit on this multidisciplinary forum and ensure that any externally commissioned therapies adhere to clinical governance standards and are monitored with regards to efficacy and value for money.

The East Riding CAMHS LAC team comprises an Operational Manager, a Team Leader, 3 wte Clinical Psychologists (1 x Band 8b and 2 x Band 7), 2 wte Advanced Practitioners (Band 7) & 1.0 wte Admin Support (Band 3). Currently there are no vacancies within the team. The team routinely offers placements to Trainee Clinical Psychologists in their final year of training at Hull University, with opportunities available appropriate for social work students in association with the relevant academic departments as the service develops.

## 2. National Drivers

The East Riding CAMHS LAC team has been developed via review of key documents and evidence-based practice.

East Riding CAMHS LAC follows the Thrive Model of Care. The team is a trauma-informed team, following the Attachment Resilience and Competency (ARC) framework. The Team follows the Nice Guidelines for Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care. The team supports the Adaptive Mentalization Based Integrative Treatment **(**AMBIT) model.

## 3. Scope

This SOP covers all staff working for Humber Teaching NHS Foundation Trust in East Riding CAMHS LAC who are responsible for children and young people within the care of East Riding Local Authority, presenting with attachment and developmental trauma needs. The SOP also applies to trainees and students under supervision of clinicians within the team.

## 4. Access and Eligibility

East Riding CAMHS LAC are based on the following underpinning principles: individualised support for all. The Trust aims to be recognised as a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff. We want to be a trusted provider of local healthcare and a great place to work. We want to be a valued partner with a problem-solving approach. The

fundamental standards of the Care Quality Commission, including the 5 key questions: 1. Are they safe? – People are protected from abuse and avoidable harm; 2. Are they effective? – People's care, treatment and support, achieves good outcomes, promotes a good quality of life and is based on the best available evidence; 3. Are they caring? – Staff involve and treat people with compassion, kindness, dignity and respect; 4. Are they responsive to people's needs? – our services are organised so that they meet people's needs; 5. Are they well-led? – Leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## 5. Aims and Objectives of the Team

The team's purpose is to provide a caring, safe and supportive service to improve the emotional well-being, relationships, and placement stability of children looked after and care leavers experiencing attachment difficulties/developmental trauma.

The team works closely with the networks around a child/young person in order to encourage a trauma-informed approach and to support/engender a feeling of safety and acceptance for the child/young person.

The team provides an individualised approach to interventions, following consultations and assessments in order to best meet the needs of the child/young person and their network.

Interventions follow evidence-based practice, provide risk management plans, through use of the Trust's FACE risk assessment and work in partnership with all local resources relevant to the children and young people receiving intervention and promote effective interagency working.

The team uses a range of approved outcome measures, reviews service user feedback and promotes positive service user experience. The team ensures systems are in place to monitor quality of the services, ensure the service emphasis is on inclusion rather than exclusion criteria and ensure the service is delivered in a considered, timely and co-ordinated manner.

## 6. Team Operational Procedures

### 6.1. Hours of Operation.

The team operate Monday to Friday from 09.00 to 17.00, although some hours may take on a variation of this to facilitate aspects of support offered by the team, for example support within the children's residential homes. Trust wide there is an expectation of having the flexibility to work between 8am and 8pm if needed.

Outside of these hours, the CAMHS Crisis team offers a 365 day a year service for urgent mental health crisis support.

East Riding CAMHS LAC- 01482 301701 option 2
CAMHS Crisis- 01482 259400 option 2
Mental Health Advice and Support Line (adults)- 0800 138 0990

## 6.2. Duties and Responsibilities

Operational Manager/Service Manager
The Operational Manager will ensure dissemination and implementation of the SOP.

Team Leader
The Team Leader will disseminate and implement the SOP and ensure the East Riding CAMHS LAC team adheres to the SOP.

Clinical Staff
All clinical staff will familiarise themselves with and follow the SOP. All Clinical staff will work in close liaison with regards to care planning and responsibility for appropriate psychological interventions.

The service manager has direct management responsibility for the East Riding CAMHS LAC team and links with local authority management team.

## 6.3. Partnership Working

The team is committed to partnership working with our referrers, Local Authority residential homes, the virtual school, education providers, foster carers, youth offending services, police, A&E, Advotalk, SMASH/early help services, NHS East Riding Talking Therapies, interpreters, and Clinical Commissioning Groups/Integrated Care Board.

## 6.4. Interface and Transitions

Interface with the CAMHS Crisis Team & Intensive Home Treatment Team and Adult Crisis Team

When out of hours crisis support is required, looked after children and young people can access the CAMHS Crisis team.

For children looked after with an open referral to East Riding CAMHS LAC that present with crises between the hours of 9-5 Monday to Friday, the allocated East Riding CAMHS LAC Clinician will undertake a telephone triage of risk with the young person and/or the young person's carer to discuss the concerns in the first instance. IF the allocated clinician is unavailable, the East Riding CAMHS LAC team Lead will undertake the triage of risk in their absence. If a mental health crisis is not identified, the allocated East Riding CAMHS LAC clinician will then telephone the young person's Social Worker and ask them to visit the young person and their carer to explore the situation further and provide any necessary support. If the Social Worker is unavailable, the Duty Worker will be contacted to visit the family. The East Riding CAMHS LAC clinician will update the FACE risk assessment. If a mental health crisis is identified by the East Riding CAMHS LAC clinician, the East Riding CAMHS LAC clinician will contact the crisis team to discuss the concerns and make a referral to the crisis team if deemed appropriate.

When out of hours crisis support is required for care leavers aged 18-25, individuals can access the Adult Crisis team.

### 6.5. Interface with Contact Point and AMH Single Point of Access Service

For children/young people aged <18, referrals that meet the criteria for further intervention in respect of self-harm, suicidal ideation and/or eating disorders, the referrer/Social Worker is advised to refer directly to Contact Point using the online referral form. For urgent referrals, the Social Worker is directed to telephone Contact Point and out of hours telephone the Crisis team.

For individuals aged between 18-25, referrals that meet the criteria for further intervention in respect of self-harm, suicidal ideation and/or eating disorders, the referrer/Social Worker is advised to refer directly to AMH Single Point of Access Service by using the online referral form, or by telephoning Mental Health Advice and Support Line.

### 6.6. Interface with East Riding Core CAMHS

For queries regarding referrals to East Riding CAMHS that might fit more appropriately with East Riding CAMHS LAC, colleagues from Core CAMHS are encouraged to attend a slot at the East Riding CAMHS LAC weekly team meeting, or in Core CAMHS MDT meeting when East Riding CAMHS LAC clinician is in attendance (on a monthly basis) to discuss a transfer of referral. Alternatively, East Riding Core CAMHS clinical lead can discuss any regarding referrals to East Riding CAMHS LAC team in Emotional Mental Health Decision Making Forum meeting held on a fortnightly basis.

### 6.7. Neurodevelopmental Referrals

In the case of referrals requesting a neurodevelopmental assessment, the referrer is advised to contact the neurodevelopmental Front Door Service in the first instance.

In the case of referrals requesting a sensory processing assessment/intervention, the referrer is advised to contact the East Riding Sensory Processing Service in the first instance.

For referrals querying whether a neurodevelopmental assessment or a sensory processing assessment is required, an initial consultation can be offered by East Riding CAMHS LAC to determine the most appropriate service for young person or care leaver.

## 7. East Riding CAMHS LAC Referral Criteria

The team accepts referrals for East Riding Children Looked After (CLA) aged 0-18 years, residing in foster care, residential homes or connected persons placements or care leavers aged 16-18 (or up to 25 if in education), The team does not currently accept referrals for children cared for on a Special Guardianship Order (SGO) or for children who have returned to the care of their parents on a Care order. If direct face to face intervention is indicated following assessment, this can be offered to children/young people, care leavers and/or carers residing within an hour travel time of The Walker Street Centre or Beckside House in Beverley. For children and young people residing over one hour travel time from Hull or Beverley, the team will support transfer of referrals to appropriate local agencies and would wherever possibly offer a transition meeting. The team accepts referral for East Riding CLA or care leavers who have experienced disrupted attachments and complex developmental trauma.

Referrals are only accepted from the young person's or care leaver's Social Worker or personal advisor (working for Pathway Leaving Care Team). The team does not accept referrals from parents, foster carers, education, supported lodgings, residential care workers or other health professionals.

Foster carers, connected persons carers, and supported lodgings providers may request that a referral is made to the East Riding CAMHS LAC team by discussing request with young person's or care leaver's allocated Social Worker or personal advisor (working for Pathway Leaving Care Team). Consultations may include foster carers, connected-persons carers, and supported lodgings providers, however referrals must be made by Social Worker or personal advisor (working for Pathway Leaving Care Team).

The service does not replace other children/young people, adult mental health or neuro/learning disability services available in the East Riding area. As such the team does not accept urgent referrals, and the team does not offer a crisis service. The service will support the sign posting and referral of children/young people and care leavers to other appropriate services as required.

The service does not accept referrals for CLA placed by out of area Local Authorities.

## 7.1. Consultations

The East Riding CAMHS LAC team offer consultations (maximum one hour in duration) via Microsoft Teams (MST) or face to face. A consultation request form is completed (refer to appendix 1) by referrer and emailed to East Riding CAMHS LAC admin. Requests for consultations are discussed in weekly team meetings and if appropriate, an East Riding CAMHS LAC clinician will email/telephone referrer to arrange an initial consultation within 2 weeks of receipt of referral (if at all possible taking into account Social Worker's availability). If a request for consultation is denied, referrer will be contacted by an East Riding CAMHS LAC clinician and will be provided with a clear rationale for decision and/or maybe signposted to more appropriate service/s (refer to appendices 2 & 3).

Consultations are usually facilitated by two East Riding LAC CAMHS practitioners and a consultation record form is completed (refer to appendix 4).

Consultations are available for Social Workers and personal advisors (working for Pathway Leaving Care Team) regarding East Riding CLA or care leavers to explore, for example, psychological formulation, complex systemic/relational dynamics, appropriate service/s and therapeutic interventions. If appropriate follow up consultations may be offered to referrer in order to provide continued support. Follow up consultations may also be held with members of young person's or care leavers systemic network such as with carers, supported lodgings providers and residential care staff. For older care leavers, if appropriate, follow up consultations may also include the young person themselves.

Consultations may result in a decision being made that therapeutic intervention is deemed to be appropriate. If East Riding CAMHS LAC Team *are unable* to provide therapeutic intervention in-house (such as in requests for play therapy-not currently available within team), a request for externally commissioned therapeutic intervention

can be presented by referrer and member/s of East Riding CAMHS LAC team who led on consultation, to the EMH Decision Making Forum.

### 7.2. Post Adoption Support

Input is provided to East Riding Post Adoption Support Team (One Adoption) only via discussion of requests for therapeutic intervention (funded by Adoption Support Fund) made to EMH decision making forum. The team does not offer direct therapeutic input to children/young people who are adopted as such support can be accessed via application to Adoption Support Fund.

## 8. Referrals Process

### 8.1. East Riding CAMHS LAC Referrals

Any form of support provided by the East Riding CAMHS LAC team is accessed by referrer initially being offered a consultation with two clinicians. All referrals into the East Riding CAMHS LAC Service are made by the child/young person's or care leaver's Social Worker, personal advisor (from Pathway Leaving Care Team) or residential home worker from East Riding Local Authority emailing a fully completed Consultation Request form to the East Riding CAMHS LAC Admin email address hnf-tr.camhslookedafterchildren@nhs.net (refer to appendix 1).

### 8.2. Processing of Referrals

All referrals to the East Riding CAMHS LAC team are added to the team's consultation Access Plan on Lorenzo at the point of referral by admin. An email is sent to referrer by admin acknowledging receipt of referral and advising that a clinician will respond following discussion at team meeting and advising of appropriate contact details of CAMHS/adult crisis services if urgent support is required. All referrals are added to consultation access plan. Requests for consultations are discussed in team meeting and an outcome is documented in meeting minutes. If request is denied, a clear rationale is provided and if appropriate, signposting to alternative service/s is given (refer to appendix 2). If request is accepted, one or two allocated clinicians from the East Riding CAMHS LAC team will contact referrer to co-ordinate an initial consultation within 3 working days from team discussion.

Within 7 working days of a consultation, an East Riding CAMHS LAC clinician will provide referrer with an electronic copy of a completed consultation record form (refer to appendix 4) via email. Referrer is asked to index this to child/young person's or care leaver's social services record. Referrer is also asked to complete a consultation feedback form (refer to appendix 5) which is emailed to, and collated by, East Riding Corporate Parenting admin (to be reviewed).

The team retains close links with Children's Social Care Managers and Heads of service, the Virtual School and East Riding local authority residential children's homes. Communication with the child/young person's social worker will continue throughout the duration of support offered by the team. If appropriate, regular progress meetings will be held with social worker, carers' and wider network if required, and regular written correspondence will be provided.

## 8.3. Response times

All referrals will be added to the team's consultation access Plan on Lorenzo at the point of referral by admin. All referrals are reviewed weekly in team meeting and allocated to one/two East Riding CAMHS LAC clinicians. If referral is rejected, an email is sent to referrer by the Team Leader or senior team clinician within 3 working days. If referral is accepted, East Riding CAMHS LAC team will contact referrer within 3 working days to arrange an initial consultation referrer within 2 weeks of receipt of referral.

If allocated East Riding CAMHS LAC clinician is unable to make contact with referrer within 2 weeks of sending initial response email/telephone call, referral will be closed and email will be sent to referrer advising that if support is required in the future, that a new referral will need to be made.

The team does not accept urgent referrals. In the case of urgent requests for support, referrals during the hours of 9-5 are directed to CAMHS Contact Point, or Adult Mental Health SPA who will accept the referral and triage. Following triage, if the duty clinician deems there to be a need for urgent support, the referral will be directed to the appropriate Crisis Team. The Crisis Team also operates an out of hour service 365 days a year, 7 days a week which can be accessed out of hours for urgent referrals by telephoning 01482 301701 option 2 or, in the case of adults by telephoning Mental Health Advice and Support Line on 0800 138 0990.

## 9. Initial Consultations

Each episode of care commences with an initial consultation with the network around the child/young person or care leaver (refer to appendices 2 & 3). This must include child/young person's Social Worker or personal advisor, and as relevant, residential staff, fostering social workers, education professionals and foster carers. An initial consultation lasts approximately 60 minutes and take place via Microsoft Teams or face to face as appropriate. A Microsoft Teams invite or calendar invite for the consultation is sent out to the network by the allocated clinician once a convenient date/time has been agreed. The initial consultation is recorded on a consultation record form (refer to appendix 4) which is uploaded to Lorenzo on the 'Letters and Documents' tab on the clinical chart. An electronic copy of the consultation record form is also emailed to referrer to be indexed on social care electronic record system (Azaus).

The initial consultation addresses:

- The child/young person's early experiences of care
- Background history, including moves of placement
- Presenting concerns
- Attachment presentation
- Initial thoughts/opinions around formulation of presenting difficulties
- Any outcomes, further actions, questions, further information required.

## 10. Interventions

At the initial consultation, a care plan of support and outcomes are agreed (refer to appendix 3). Outcomes could include:

- Consultation to the network/wider system.
- Follow up consultation/support to foster carers, connected person's carers or supported lodgings providers' around therapeutic care.
- Individual assessment of the child/young person or care leaver
- Dyadic assessment
- Individual therapeutic interventions such as:
    - Talking Therapy (for example, mentalization based treatment, narrative therapy, cognitive behavioural therapy)
    - Dramatherapy
- Dyadic therapeutic intervention involving child/young person and carers.
- Systemic/family therapy

Direct face to face interventions are preferred by the team and are offered at either:

- Walker Street Centre, Hull
- Beckside House, Beverley
- Pathway Leaving Care Team Base, Beverley (to be reviewed)

## 11. Routine Outcome Measures

The following outcome measures are utilised by the team, however not all will be routinely used as part of every young person's care episode:

- Honosca-by clinician- pre and post intervention (see appendix 7).
- Assessment Checklist for Children for boys (see appendix 8) and Assessment Checklist for Children for girls (see appendix 9) (ACC)- pre and post direct therapeutic intervention and as part of assessment interventions.
- Assessment checklist for Adolescents for boys (see appendix 10) and Assessment Checklist for Adolescents for girls (see appendix 11) (ACA)- pre and post direct therapeutic intervention and as part of assessment interventions.
- Strengths and Difficulties Questionnaire (SDQ)- pre and post intervention (see appendix 12).
- Following every consultation, a consultation feedback form (refer to appendix 5) is sent to referrer via email. Returned forms are collated by East Riding Local Authority Corporate Parenting admin (to be reviewed).
- Following a residential reflective practice session, feedback forms are provided to all staff who have taken part (refer to appendix 14).

## 12. Residential Support

All East Riding Local Authority residential homes are offered support from an identified clinician from the East Riding CAMHS LAC team. Amount of support provided depends upon the individual needs of the young person/people and care staff team at any given time. As a minimum, the following support is provided:
One or two bedroom residential homes are offered half a day a week support from an identified clinician, this should include at least two reflective discussions a month (refer to appendix 13 for an example)
Six bedroom residential home is offered one full day a week support from an identified clinician, each young person will be discussed via reflective discussion once per month as a minimum.
It is planned that disability residential home (due to be opened 2024) will be offered one day a week support with an additional half a day a week admin time. The aim is for each young person to be discussed via reflective discussion once per month.

## 13. Transition to Adult Services:

The planning for transition to adult services should commence at least 6 months prior to the young person's 18th birthday (earlier if possible and relevant) and considers the following:

1. Options for future care needs, e.g. does the young person need to transfer to adult services?
2. What risks are associated with the young person?
3. Can young person's needs be met by another agency or support system?
4. What are the young person's, and their family's views on transition?
5. Does the young person have capacity to make decisions in respect of support required as a young adult?

For those young people accessing child services fewer than 6 months before their 18th birthday, a plan for transition should commence at the assessment stage.

National and local guidelines support flexibility with regards to age of transition. Young people for whom there is a therapeutic rationale to remain open to East Riding CAMHS LAC Service after their 18th birthday, can do so, for example to complete a piece of therapeutic work, or to facilitate an effective transition to adult mental health services. Similarly, follow up consultation may continue to be provided to young person's Social Worker or personal advisor, working in the Pathway Leaving Care Team up to age 21 (or up to 25 if in education).

Due to the complex nature of the presenting concerns for children looked after, when transition planning is required, a consultation with the Complex Emotional Needs Service (CENS) may be arranged by emailing the CENS team if appropriate. At the consultation the young person's needs are identified, in addition to the appropriate team from Adult Services. A referral route to the appropriate adult team is then agreed and actioned.

The East Riding CAMHS LAC clinician will give the young person the opportunity to complete the CAMHS Passport (refer to appendix 15), which if completed is then

stored on the young person's Lorenzo record. Similarly, if East Riding CAMHS LAC clinician holds keyworker responsibility, they will update FACE Risk assessment and Care Plan prior to referral to adult mental health services.

Following a smooth transition to adult services, the young person will be discharged from the East Riding CAMHS LAC team.

All transfers of care between services should be agreed locally by the appropriate teams and the young person placed in the centre of all decision making to avoid unnecessary delays in care.

In exceptional circumstances where there is a disagreement regarding the point at which care is transferred or who is best placed to provide that care, team managers and clinical leads should escalate to service managers and senior clinical leads at the earliest opportunity. If no resolution can be found in a timely manner then escalation of concerns needs to be escalated to the relevant Clinical Divisional Manager(s).

## 14. Missed Appointments

East Riding CAMHS LAC do not operate a strict DNA policy. The team is flexible to the needs of each individual young person or care leaver and will aim to support appointments flexibly in order for the young person or care leaver to feel safe enough to attend/engage. In instances of young people failing to attend several appointments, clinicians are encouraged to bring the case to MDT for case discussion to support future planning/decision making. Discussions around caseloads and discharge of clients may also be brought to management supervision.

## 15. Discharge

Each child/young person or care leaver open to East Riding CAMHS LAC has a Care Plan completed at the start of agreed intervention. When the agreed piece of work has been provided, the child/young person or care leaver will be discharged from the team. Upon discharge, a discharge summary letter is provided to the network which includes recommendations around ongoing support needs. The referrer is reminded that they are able to access East Riding CAMHS LAC Service at any point in the future for further advice and support.

Pre-discharge, the following outcome measures may be completed with the child/young person or carer/network as appropriate:

- Honosca-by clinician (refer to appendix 7).
- Assessment Checklist for Children (ACC)- post direct therapeutic intervention (refer to appendices 8 & 9).
- Assessment checklist for Adolescents (ACA)- post direct therapeutic intervention (refer to appendices 10 & 11).
- Strengths and Difficulties Questionnaire (SDQ)- if completed at the start of intervention (refer to appendix 12).

## 16. Routes for Re-referrals

The team accepts re-referrals via the established referral route.

## 17. Clinical Audit

Clinical Audit is one of the components of clinical governance. The team lead is responsible for working with staff to ensure collection of the required information.
Case note record audits will be completed as part of ongoing supervision and other additional audits, such as audits of clinical supervision may be undertaken as appropriate.
It is essential that the team incorporate the learning from serious incidents (SIs) and serious events (SEA's), complaints and audits into clinical practise. The team manager and team lead will oversee the application of learning outcomes in consultation with Trust structures.

## 18. Supervision Structures

HTFT are committed to ensuring that all staff engage in clinical and management supervision as part of their continuing development as well as the organisational and professional accountability. Supervision is included in the terms and conditions of all posts and is a requirement of national standards within Care Quality Commission quality standards and guidance from a range of regulatory bodies. The HTFT supervision policy differentiates management, clinical and professional supervision and lays out recommended frequency of the various types of supervision.

## 19. Training and Development

Training and development will reflect local and national drivers including NICE guidance, the needs of the trust/local authority and individuals who use services. In line with this, all members of the team are encouraged to participate in specialist training, including Dyadic Developmental Psychotherapy (DDP) and ARC, amongst other training requirements.

All staff development needs will be identified and reviewed in line with the Trust Appraisal Policy. All staff will be appraised annually as per the Trust Appraisal Policy.

The Trust recognises that continuing professional development is a key element of ensuring the delivery of evidence-based quality services. Role development and scope of practice is also increasingly relevant to the provision of staff training and supervision.

All staff will keep up to date with their individual statutory and mandatory training requirements either through e-learning or by attending relevant face to face or video conference-based training sessions.

Team managers and clinical leads will facilitate staff and team development as required, liaising with the training and development department or Professional Lead Educator.

On full team training days, the team lead will be contactable for any enquiries.

The Trust aims to provide the highest standards or pre-registration and post-registration training and development.

Trainees and students from various disciplines are regularly attached to teams as part of their training. All such learners will be advised of the operational policy of the teams and will understand the supervision identified for their individual needs.

Young people, care leavers and their carers have the right to choose if students are present for their appointments.

## 20. Agile working and use of IT

All patient activity should be recorded on Lorenzo, the Trust's Mental Health Clinical Record System.

East Riding CAMHS LAC are working in an agile manner; with staff utilising laptops, docking stations and smart phones to support this activity.

Agile working incorporates the use of various platforms such as Microsoft Teams which allows face to face contact over a virtual platform. Although face to face work is preferred, these platforms allow interventions to continue in line with the identified needs collaboratively developed within the young person's care plan.

Wi-Fi is available at all Trust and Local Authority premises, so staff are able to 'drop in' to use available desks to access Lorenzo and other applications rather than having to return to their office base to update the Electronic Patient Record (EPR) after they have seen young people. Additionally, the ability to access these applications from home is available and the Trust also has partnership arrangements with many other organisations, for example GP Practices thus enabling staff to use many locations across Hull and East Riding. Similarly, East Riding CAMHS LAC clinicians can use any East Riding Local Authority owned premises such as County Hall, Beverley and Children's Centres.

## 21. Lone Working

In line with HTFT Lone Working Policy, East Riding CAMHS LAC follows the Raising Standards and Putting People First Strategy 2013-2016 which asks:

- Are we safe?
- Are we caring?
- Are we effective?
- Are we well led?
- Are we responsive to individual needs?

Managers and supervisors have a responsibility to implement this policy. This policy provides general guidelines, information and a working framework to ensure that the personal safety of Trust staff is not unduly compromised.

East Riding CAMHS LAC clinicians are encouraged to work from Beckside House, Beverley two days per week where possible.

Lone workers must keep colleagues informed of their whereabouts to ensure their own safety in line with departmental procedures. All staff must complete Microsoft Outlook electronic diaries in order to comply with lone working requirements. The team are also reminded of the Lone Working Policy regularly in team meetings.

All employees have a responsibility to abide by this policy and any decisions arising from the implementation of it. Any possible risks to the health and safety of themselves or others should be reported to their manager and through the Adverse Incident Reporting mechanism.

All employees who work additional, unplanned or ad-hoc hours must ensure that they inform a colleague of their whereabouts during the period of work to be undertaken. If staff find themselves in situations which later they find causes them distress or stress in any way, they are advised to seek help via their line manager, occupational health or their own General Practitioner (Stress at Work Policy).

## 22. Involvement of Young People and Carers

The involvement of children, young people, care leaver's, their carers' and Social Workers is a high priority for the team. At the start of every intervention/episode of care, a Care Plan is agreed collaboratively with the individual accessing support.

The team is actively involved in Trust projects aimed at increasing the involvement of children/young people, care leavers and their carers in service delivery and provision.

East Riding CAMHS LAC are part of a wider inclusive service.

## 23. Compliments, Complaints and Feedback

Issues and concerns will initially be dealt with locally to a satisfactory level.

Trust complaints and feedback department will co-ordinate all complaints, concerns and compliments.

All team members are responsible for adhering to the trust's complaints procedures and for ensuring that service users and carers know how they can complain or offer a compliment if they wish to do so.

Serious allegations and complaints which cannot be resolved informally will be dealt with according to the trust's complaints procedures, and concerned parties will be advised to contact the complaints and feedback team for support in the process.

## 24. Data Protection

Service user information will be used in accordance with the accessing and sharing information with service users and carer's policy. The operational procedure for sharing information to provide integrated CAMHS/LAC services and the Caldecott and data protection policy and other relevant policy and guidance.

## 25. Service Evaluation

Service users and their carers' are given the opportunity to feed back about their experiences of using the service. Their feedback will be used to improve the service. The East Riding CAMHS LAC service user experience form is completed by children/young people at the end of an intervention (refer to appendix 6). The East Riding CAMHS LAC consultation feedback form is completed by carers and professionals (refer to appendix 5).

## 26. Research

East Riding CAMHS LAC share a monthly slot with Hull CAMHS LAC team to disseminate relevant training and up to date research. The team also encourage trainee clinical psychologists to conduct clinical research projects whilst on placement and to share any findings/learning both in-house with colleagues and with wider local authority service as appropriate.

East Riding CAMHS LAC clinicians also actively promote opportunities for service users to engage in research studies by, for example, making them aware of, and encouraging active participation in current and future research projects and studies.

## Appendix 1 – East Riding CAMHS LAC Consultation Request Form

**EMOTIONAL HEALTH & WELLBEING SERVICE (CORPORATE PARENTING)**

**CONSULTATION REQUEST FORM**

**Please complete this form as fully and accurately as possible. Fields marked with an asterisk (*) are compulsory. Referrals received without all compulsory information will be returned and will result in a delay in accessing services. Please also ensure that for sibling groups, separate request forms are completed for each individual young person.**

**PLEASE EMAIL COMPLETED REQUEST FORM & ASSOCIATED DOCUMENTATION TO:**

**hnf-tr.camhslookedafterchildren@nhs.net**

| | |
|---|---|
| Name*: | Date of Birth*: |
| Gender*: | NHS Number* **(must be provided):** |
| Current Care Status*: 1. Adopted 2. CLA 3. Care Leaver<br><br>5. Other (please specify)……<br><br>**Please note: The team does not currently accept referrals for children cared for on a Special Guardianship Order (SGO) or for children who have returned to the care of their parents on a Care order.** | |

| **A. INFORMATION ABOUT CHILD/YOUNG PERSON'S NETWORK** | |
|---|---|
| Name of person completing this form*: | Profession/Role & Team* (**must be provided):** |
| Date of Request: | |
| Email Address*: | Preferred Contact Telephone Number*: |
| Who holds Parental Responsibility?* | |
| Social Worker Details (if different from above): | |
| Parent/Carer Details: | |

| School Details: |
|---|
| Other agencies currently involved in Child/Young Person's care: |

| B. CONSENT FOR RECORD KEEPING & INFORMATION SHARING |
|---|
| **PLEASE NOTE: A request for consultation results in a record being opened and kept within the Humber NHS Foundation Trust's electronic system. This is recorded under the child's name even when no direct contact with the child or family is undertaken. Please make all relevant parties aware of this and ensure their consent for this is given.**<br>**We also require the Parental Responsibility holder's consent to contact and share information with other agencies as and when appropriate in order to provide a more helpful service. Where the Local Authority has full or shared Parental Responsibility this consent can be given by the Social Worker (or other LA representative). However it is also good practice to include parents / carers and young people (if developmentally appropriate) in providing consent and to make them aware of the consultation request and its implications.**<br>**It is assumed that appropriate consent has been obtained and relevant information shared with all relevant parties prior to the Consultation Request Form being submitted.** |

| C. REASON FOR CONSULTATION REQUEST-PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE |
|---|
| Briefly describe the current social and care context* |
| |
| What are the current concerns?* |
| |
| What is going well?* |
| |
| What are your expectations and hopes for a consultation meeting?* |
| |
| Any other information relevant to discussion (e.g. family history, life experiences, medical and developmental history, previous support received etc.): |
| |

**PLEASE INCLUDE ANY DOCUMENTATION RELEVANT TO YOUR REQUEST WITH THIS FORM**

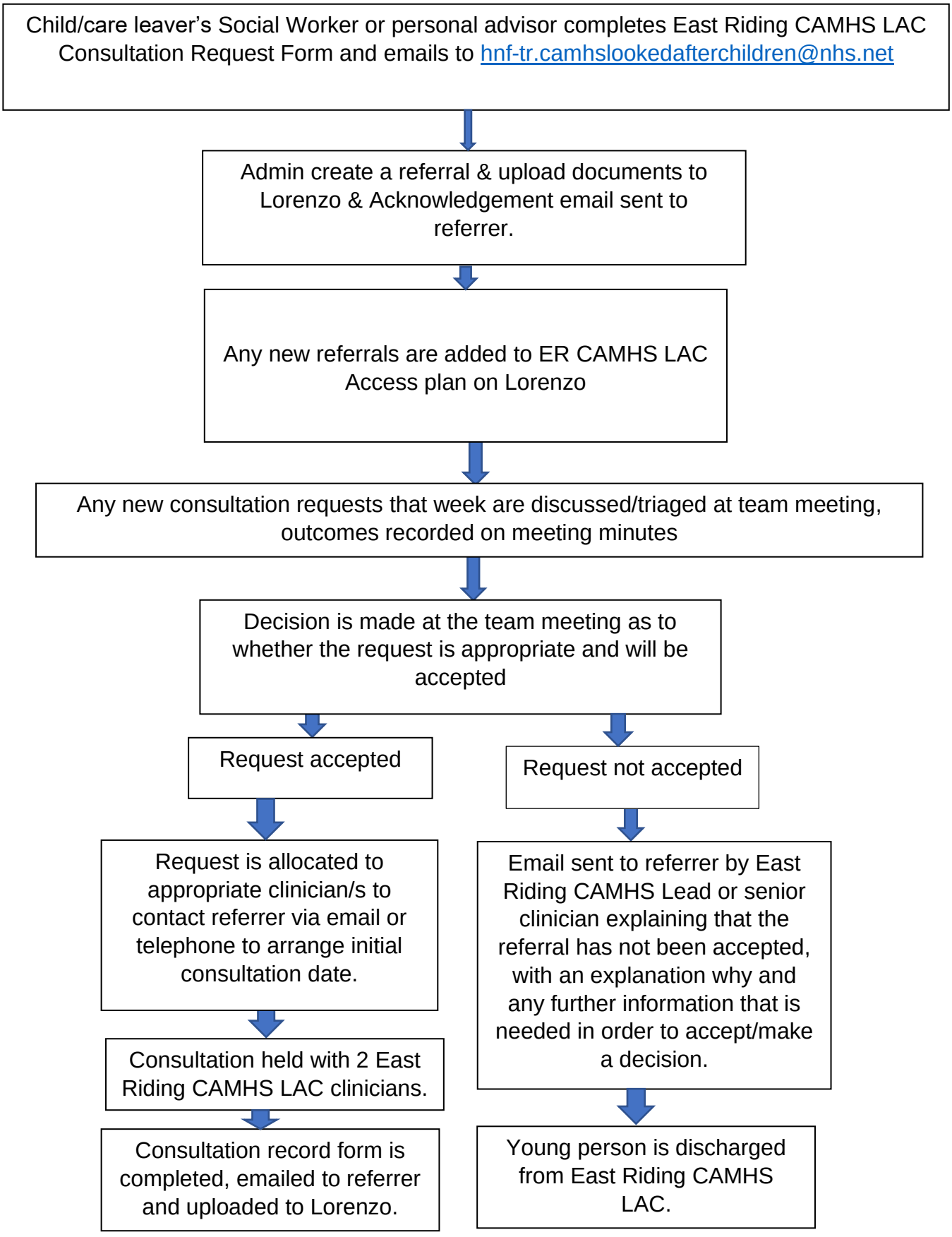
**PLEASE EMAIL COMPLETED REQUEST FORM & ASSOCIATED DOCUMENTATION TO:**

**hnf-tr.camhslookedafterchildren@nhs.net**

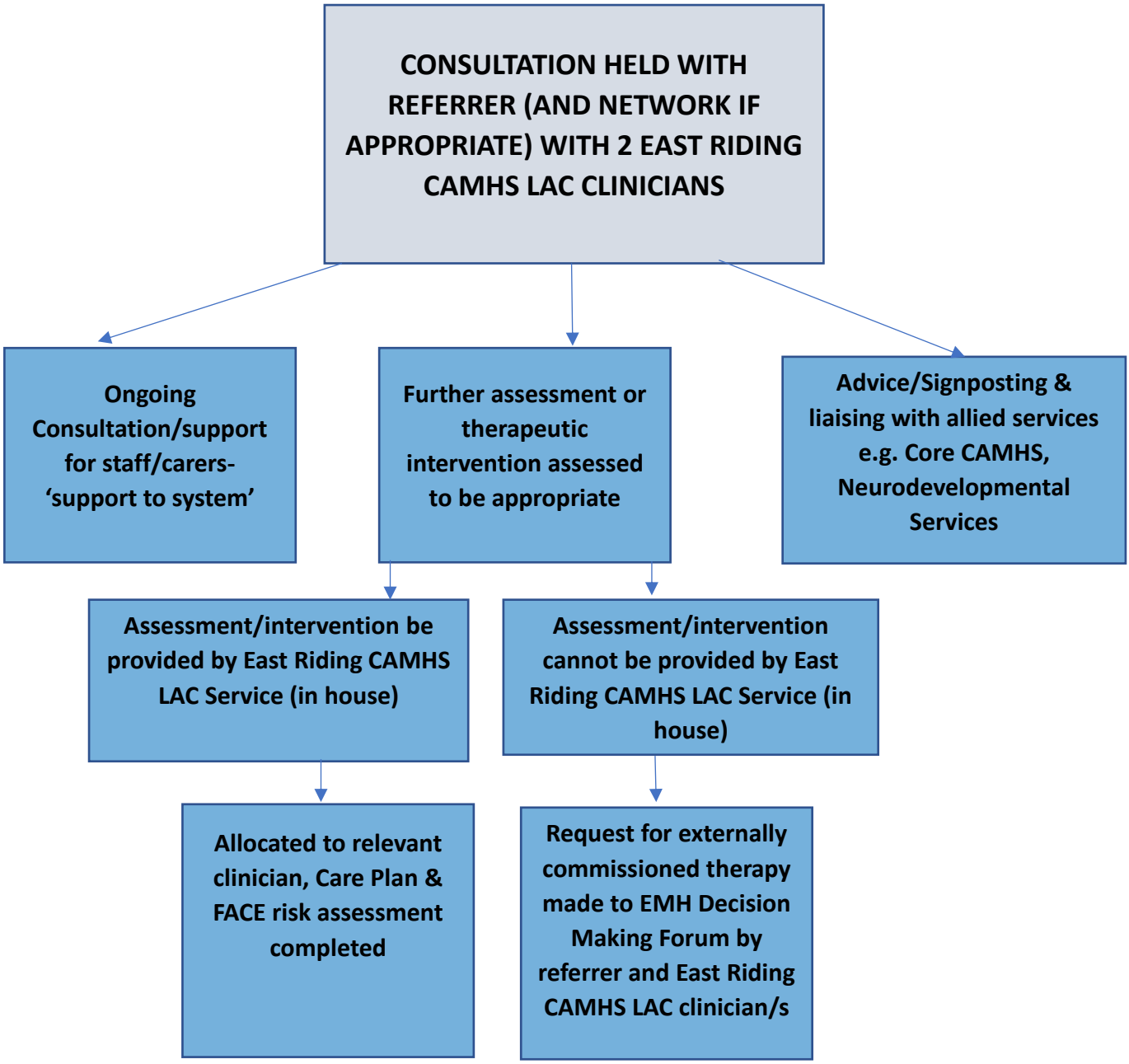
WE WILL ACKNOWLEDGE RECEIPT OF REQUEST AND AIM TO ARRANGE A DATE FOR INITIAL CONSULTATION WITHIN 14 DAYS.

***THANK YOU***

## Appendix 2 – East Riding CAMHS LAC Request for Consultation Flow Chart



## Appendix 3 – East Riding CAMHS LAC Consultation Outcome Flow Chart



## Appendix 4 – East Riding CAMHS LAC Consultation Record Form

### EMOTIONAL HEALTH & WELLBEING SERVICE (CORPORATE PARENTING) CONSULTATION RECORD

| D. INFORMATION ABOUT THE CHILD/YOUNG PERSON | |
|---|---|
| **Name:** | **Date of Birth:** |
| **Address:** | |
| **NHS Number (if available):** | |
| **Current Care Status*:** | |

| E. INFORMATION ABOUT THE PERSON REQUESTING CONSULTATION: | |
|---|---|
| Name: | Role: |
| Service/Team: | E-mail: @eastriding.gov.uk |
| Telephone: | Date of Request (received): |

| F. SUMMARY OF CONSULTATION | |
|---|---|
| **Date & Time of Consultation**: via Microsoft Teams (remote) | **People Present (including role):** |
| **Purpose/Aim of Consultation:** | |
| **Summary of Discussion/Key Points:** | |
| **Agreed Recommendations / Further Actions:**<br>• | |
| **Outcome (for audit purposes):** (please circle or highlight in bold all that apply)<br><br>(1) Follow up Consultation (2) Advice/Support (3) To offer direct intervention<br><br>(4) Sign Posting (5) Joint Working (6) Discussion at EMH decision making forum<br>(7) Other (please specify): | |

| **SIGNED** (Name and Profession): | **DATE:** |
|---|---|

**PLEASE INDEX THIS FORM & PLEASE COMPLETE A CONSULTATION FEEDBACK FORM. Many Thanks** ☺

## Appendix 5 – Consultation Feedback Form (For Referrers)



### EMOTIONAL HEALTH & WELLBEING SERVICE (CORPORTATE PARENTING) CONSULTATION FEEDBACK FORM

| SERVICE AREA: | MONTH OF CONSULTATION: |
|---|---|
| | |

**Thinking about your overall experience of your consultation, please place a mark on or above the lines to indicate how you feel about how it went:**

| | | |
|---|---|---|
| The consultation was not focused in a way I would have | | The consultation was focused in a way I prefer |
| I did not feel heard and understood in the consultation | | I felt heard and understood in the consultation |
| The Consultant/s' approach was not a good fit for me | | The Consultant/s' approach was a good fit for me |
| The Consultation was not helpful to me | | The Consultation was helpful to me |

| |
|---|
| **What did you find most helpful about the consultation?** |
| **Were there any aspects of the consultation process you found unhelpful? If so, what?** |
| **Do you have any other feedback/ideas to improve the provision of our consultation service?** |

**Thank you for taking the time to complete this questionnaire.**
**Your responses help us to improve the service we provide.**

**Please send completed questionnaires to:**
**CorporateParenting.Admin@eastriding.gov.uk**

**Appendix 6 – Children's / Young People's Feedback Form**

## Please tell us what you think on a scale of 1 to 5, when 1=not at all and 5=definitely:

Did you enjoy coming to your assessment/therapeutic sessions with East Riding CAMHS LAC Service?

 1 2 3 4 5 

Was it helpful coming here?

 1 2 3 4 5 

Did your worker listen to what you had to say?

 1 2 3 4 5 

Did your worker understand you?

 1 2 3 4 5 

Did your worker make you feel comfortable in the sessions?

 1 2 3 4 5 

Do your worries/struggles feel better?

 1 2 3 4 5 

Do friendships and other relationships feel easier to manage since attending your sessions?

 1 2 3 4 5 

| How have the sessions helped you? |
| --- |
| |

| What could we do better? |
| --- |
| |

MANY THANKS FOR YOUR HELP! ☺

## Appendix 7 – Health of the Nation Outcome Scales

### Child and Adolescent Mental Health

# HoNOSCA
## Score Sheet

**Scale 0 - 4** **Rate 9 if not known**

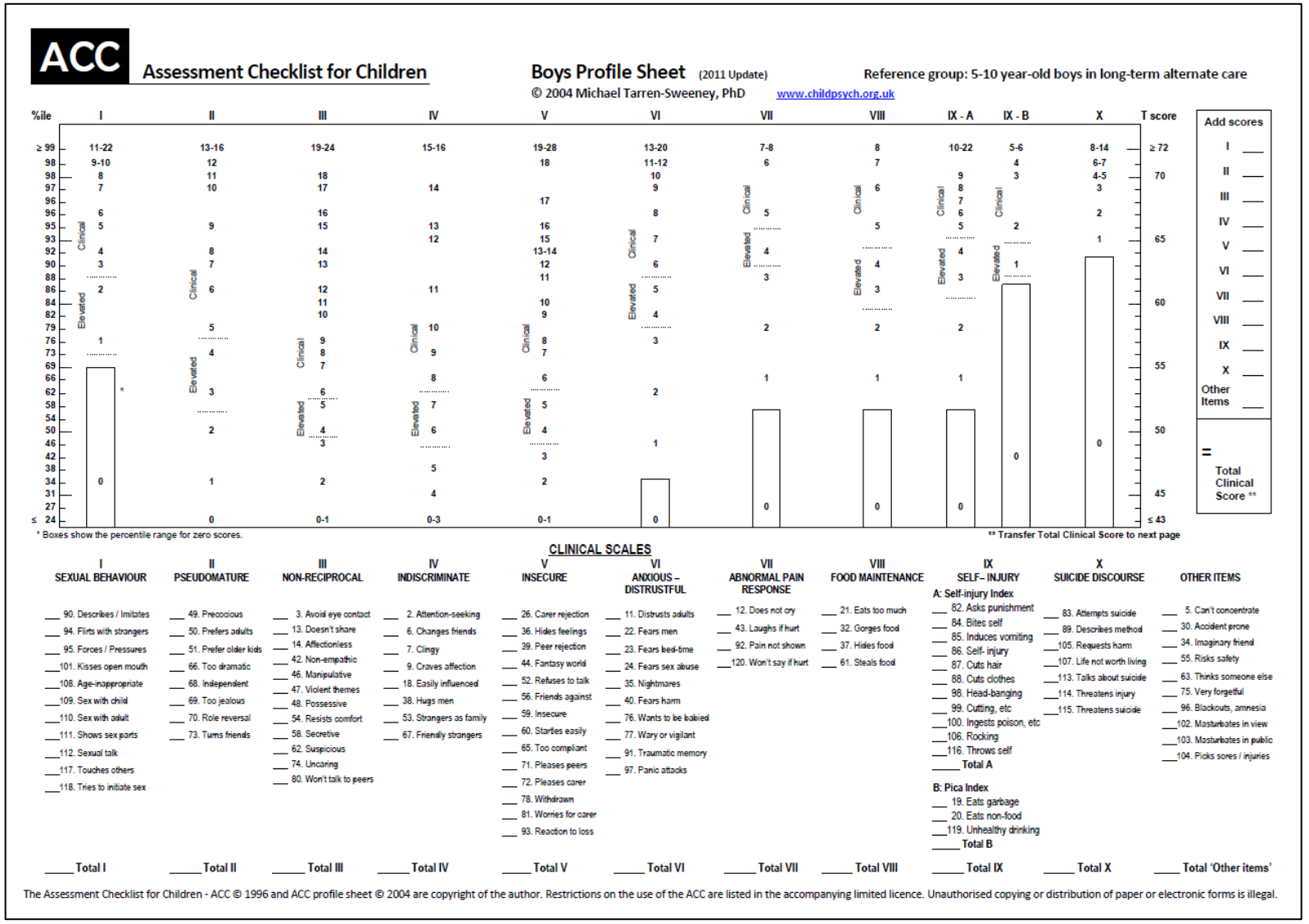
**Section A**

| | | |
|---|---|---|
| 1. | Disruptive, antisocial or aggressive behaviour | |
| 2. | Overactivity attention and concentration | |
| 3. | Non accidental self injury | |
| 4. | Alcohol, substance/solvent misuse | |
| 5. | Scholastic or language skills | |
| 6. | Physical illness or disability problems | |
| 7. | Hallucinations and delusions | |
| 8. | Non-organic somatic symptoms | |
| 9. | Emotional and related symptoms | |
| 10. | Peer relationships | |
| 11. | Self care and independence | |
| 12. | Family life and relationships | |
| 13. | Poor school attendance | |
| | **SECTION A TOTAL SCORE** | |

**Section B**

| | | |
|---|---|---|
| 14. | Lack of knowledge - nature of difficulties | |
| 15. | Lack of information - services/management | |
| | **SECTION A + B TOTAL SCORE** | |

# Appendix 8 – Assessment Checklist for Children (Boys' Profile)



ACC Assessment Checklist for Children

Boys Profile Sheet (2011 Update) Reference group: 5-10 year-old boys in long-term alternate care

© 2004 Michael Tarren-Sweeney, PhD www.childpsych.org.uk

| %ile | I | II | III | IV | V | VI | VII | VIII | IX - A | IX - B | X | T score |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ≥ 99 | 11-22 | 13-16 | 19-24 | 15-16 | 19-28 | 13-20 | 7-8 | 8 | 10-22 | 5-6 | 8-14 | ≥ 72 |
| 98 | 9-10 | 12 | | | 18 | 11-12 | 6 | 7 | | 4 | 6-7 | |
| 98 | 8 | 11 | 18 | | | 10 | | | 9 | 3 | 4-5 | 70 |
| 97 | 7 | 10 | 17 | 14 | 17 | 9 | Clinical | 6 | 8 | Clinical | 3 | |
| 96 | | | 16 | | | 8 | | | 7 | | | |
| 96 | 6 | | | | 16 | | 5 | | 6 | | 2 | |
| 95 | 5 | 9 | 15 | 13 | 15 | 7 | | Clinical | 5 | 2 | | |
| 93 | | | | 12 | 13-14 | Clinical | Elevated | | Clinical | | 1 | 65 |
| 92 | 4 | 8 | 14 | | 12 | 6 | 4 | 5 | 4 | Elevated | | |
| 90 | 3 | 7 | 13 | | 11 | | | Elevated | Elevated | 1 | | |
| 88 | | | | 11 | | 5 | 3 | 4 | 3 | | | |
| 86 | 2 | 6 | 12 | | 10 | Elevated | | | | | | 60 |
| 84 | | | 11 | | 9 | 4 | | 3 | | | | |
| 82 | | | 10 | | | | 2 | | 2 | | | |
| 79 | | 5 | | 10 | 8 | 3 | | 2 | | | | |
| 76 | 1 | | 9 | 9 | 7 | | | | | | | |
| 73 | | 4 | 8 | | | | 1 | 1 | 1 | 0 | 0 | |
| 69 | | | 7 | 8 | 6 | 2 | | | | | | 55 |
| 66 | | | | | | | | | | | | |
| 62 | | 3 | 6 | 7 | 5 | | | | | | | |
| 58 | | | 5 | | | | | | | | | |
| 54 | | | | 6 | 4 | 1 | | | | | | |
| 50 | | 2 | 4 | | | | | | | | | 50 |
| 46 | | | 3 | | 3 | | | | | | | |
| 42 | | | | 5 | | | | | | | | |
| 38 | | | | | 2 | | | | | | | |
| 34 | 0 | 1 | 2 | 4 | | 0 | 0 | 0 | 0 | | | |
| 31 | | | | | | | | | | | | 45 |
| 27 | | | | | | | | | | | | |
| ≤ 24 | | 0 | 0-1 | 0-3 | 0-1 | | | | | | | ≤ 43 |

* Boxes show the percentile range for zero scores.

** Transfer Total Clinical Score to next page

Add scores: I ___ II ___ III ___ IV ___ V ___ VI ___ VII ___ VIII ___ IX ___ X ___ Other Items ___ = Total Clinical Score **

## CLINICAL SCALES

**I SEXUAL BEHAVIOUR**
___ 90. Describes / Imitates
___ 94. Flirts with strangers
___ 95. Forces / Pressures
___101. Kisses open mouth
___108. Age-inappropriate
___109. Sex with child
___110. Sex with adult
___111. Shows sex parts
___112. Sexual talk
___117. Touches others
___118. Tries to initiate sex
_____ Total I

**II PSEUDOMATURE**
___ 49. Precocious
___ 50. Prefers adults
___ 51. Prefer older kids
___ 66. Too dramatic
___ 68. Independent
___ 69. Too jealous
___ 70. Role reversal
___ 73. Turns friends
_____ Total II

**III NON-RECIPROCAL**
___ 3. Avoid eye contact
___ 13. Doesn't share
___ 14. Affectionless
___ 42. Non-empathic
___ 46. Manipulative
___ 47. Violent themes
___ 48. Possessive
___ 54. Resists comfort
___ 58. Secretive
___ 62. Suspicious
___ 74. Uncaring
___ 80. Won't talk to peers
_____ Total III

**IV INDISCRIMINATE**
___ 2. Attention-seeking
___ 6. Changes friends
___ 7. Clingy
___ 9. Craves affection
___ 18. Easily influenced
___ 38. Hugs men
___ 53. Strangers as family
___ 67. Friendly strangers
_____ Total IV

**V INSECURE**
___ 26. Carer rejection
___ 36. Hides feelings
___ 39. Peer rejection
___ 44. Fantasy world
___ 52. Refuses to talk
___ 56. Friends against
___ 59. Insecure
___ 60. Startles easily
___ 65. Too compliant
___ 71. Pleases peers
___ 72. Pleases carer
___ 78. Withdrawn
___ 81. Worries for carer
___ 93. Reaction to loss
_____ Total V

**VI ANXIOUS – DISTRUSTFUL**
___ 11. Distrusts adults
___ 22. Fears men
___ 23. Fears bed-time
___ 24. Fears sex abuse
___ 35. Nightmares
___ 40. Fears harm
___ 76. Wants to be babied
___ 77. Wary or vigilant
___ 91. Traumatic memory
___ 97. Panic attacks
_____ Total VI

**VII ABNORMAL PAIN RESPONSE**
___ 12. Does not cry
___ 43. Laughs if hurt
___ 92. Pain not shown
___120. Won't say if hurt
_____ Total VII

**VIII FOOD MAINTENANCE**
___ 21. Eats too much
___ 32. Gorges food
___ 37. Hides food
___ 61. Steals food
_____ Total VIII

**IX SELF– INJURY**

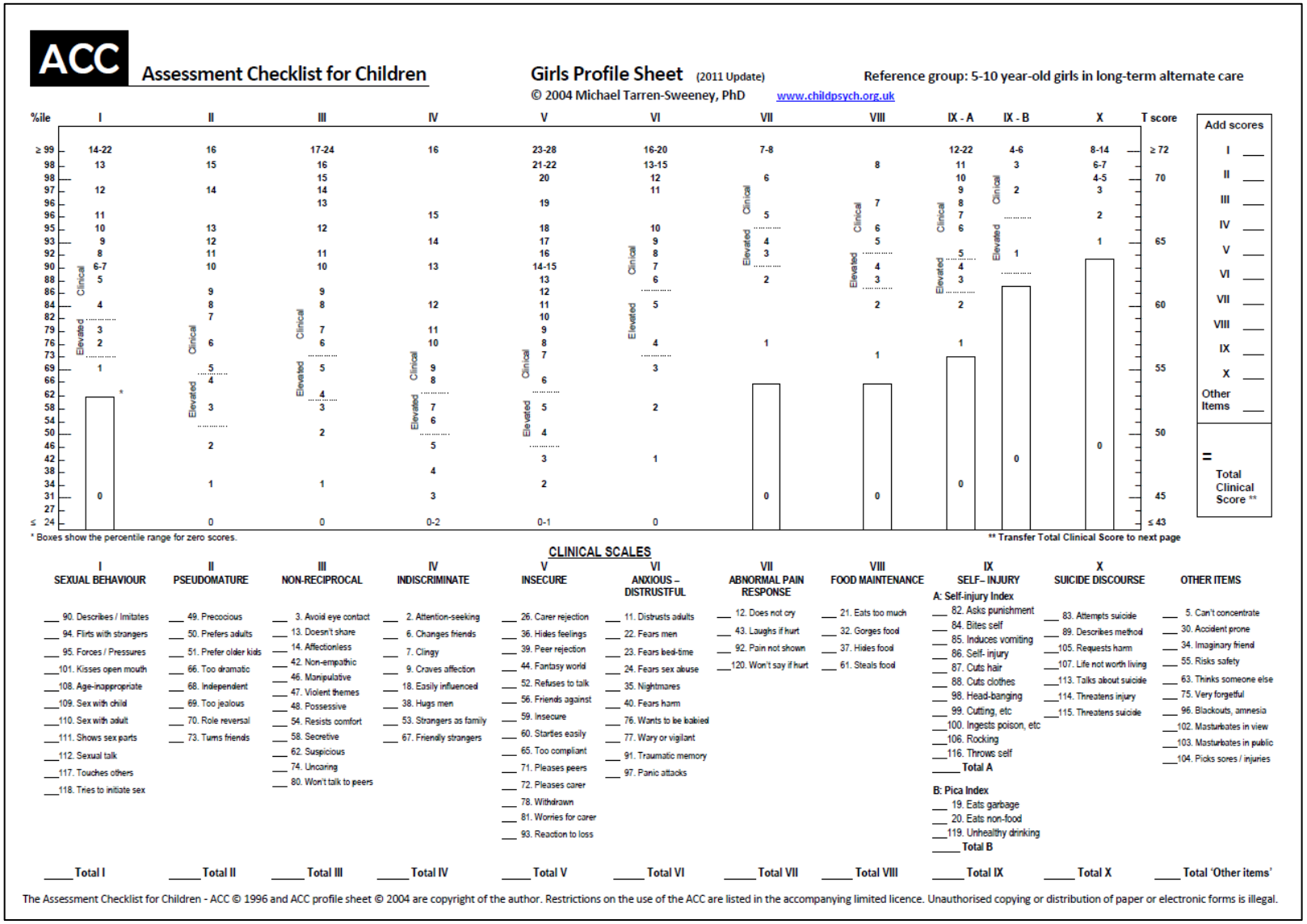
A: Self-injury Index
___ 82. Asks punishment
___ 84. Bites self
___ 85. Induces vomiting
___ 86. Self- injury
___ 87. Cuts hair
___ 88. Cuts clothes
___ 98. Head-banging
___ 99. Cutting, etc
___100. Ingests poison, etc
___106. Rocking
___116. Throws self
_____ Total A

B: Pica Index
___ 19. Eats garbage
___ 20. Eats non-food
___119. Unhealthy drinking
_____ Total B
_____ Total IX

**X SUICIDE DISCOURSE**
___ 83. Attempts suicide
___ 89. Describes method
___105. Requests harm
___107. Life not worth living
___113. Talks about suicide
___114. Threatens injury
___115. Threatens suicide
_____ Total X

**OTHER ITEMS**
___ 5. Can't concentrate
___ 30. Accident prone
___ 34. Imaginary friend
___ 55. Risks safety
___ 63. Thinks someone else
___ 75. Very forgetful
___ 96. Blackouts, amnesia
___102. Masturbates in view
___103. Masturbates in public
___104. Picks sores / injuries
_____ Total 'Other items'

# Appendix 9 – Assessment Checklist for Children (Girls' Profile)



ACC Assessment Checklist for Children

Girls Profile Sheet (2011 Update) Reference group: 5-10 year-old girls in long-term alternate care



%ile | I | II | III | IV | V | VI | VII | VIII | IX - A | IX - B | X | T score

≥ 99 | 14-22 | 16 | 17-24 | 16 | 23-28 | 16-20 | 7-8 | | 12-22 | 4-6 | 8-14 | ≥ 72
98 | 13 | 15 | 16 | | 21-22 | 13-15 | | 8 | 11 | 3 | 6-7 |
98 | | | 15 | | 20 | 12 | 6 | | 10 | | 4-5 | 70
97 | 12 | 14 | 14 | | | 11 | | | 9 | 2 | 3 |
96 | | | 13 | | 19 | | Clinical | 7 | 8 | Clinical | | |
96 | 11 | | | 15 | | | 5 | | 7 | | 2 |
95 | 10 | 13 | 12 | | 18 | 10 | | Clinical | 6 | Elevated | | 65
93 | 9 | 12 | | 14 | 17 | 9 | 4 | 6 | Clinical | 1 | 1 |
92 | 8 | 11 | 11 | | 16 | 8 | Elevated | 5 | 5 | | |
90 | 6-7 | 10 | 10 | 13 | 14-15 | 7 | 3 | Elevated | Elevated | | |
88 | 5 | | | | 13 | 6 | 2 | 4 | 4 | | |
86 | | 9 | 9 | | 12 | | | 3 | 3 | | |
84 | 4 | 8 | 8 | 12 | 11 | Clinical | | | | | | 60
82 | | 7 | | | 10 | 5 | 1 | 2 | 2 | | |
79 | 3 | | 7 | 11 | 9 | | | | | | |
76 | 2 | 6 | 6 | 10 | 8 | Elevated | | 1 | 1 | | |
73 | | | | | 7 | 4 | | | | | |
69 | 1 | 5 | 5 | 9 | Clinical | 3 | | | | | | 55
66 | | 4 | | 8 | 6 | | | | | | |
62 | * | | 4 | | | 2 | | | | | |
58 | | 3 | 3 | 7 | 5 | | | | | | |
54 | | | | 6 | Elevated | | | | | | |
50 | | 2 | 2 | | 4 | | | | | | | 50
46 | | | | 5 | | 1 | | | | | 0 |
42 | | | | | 3 | | | | | 0 | |
38 | | | | 4 | | | | | | | |
34 | | 1 | 1 | | 2 | | | | | | |
31 | 0 | | | 3 | | | 0 | 0 | 0 | | | 45
27 | | | | | | | | | | | |
≤ 24 | | 0 | 0 | 0-2 | 0-1 | 0 | | | | | | ≤ 43

Add scores: I ___ II ___ III ___ IV ___ V ___ VI ___ VII ___ VIII ___ IX ___ X ___ Other Items ___ = Total Clinical Score **

* Boxes show the percentile range for zero scores.

** Transfer Total Clinical Score to next page

## CLINICAL SCALES

**I SEXUAL BEHAVIOUR**

___ 90. Describes / Imitates
___ 94. Flirts with strangers
___ 95. Forces / Pressures
___ 101. Kisses open mouth
___ 108. Age-inappropriate
___ 109. Sex with child
___ 110. Sex with adult
___ 111. Shows sex parts
___ 112. Sexual talk
___ 117. Touches others
___ 118. Tries to initiate sex

___ Total I

**II PSEUDOMATURE**

___ 49. Precocious
___ 50. Prefers adults
___ 51. Prefer older kids
___ 66. Too dramatic
___ 68. Independent
___ 69. Too jealous
___ 70. Role reversal
___ 73. Turns friends

___ Total II

**III NON-RECIPROCAL**

___ 3. Avoid eye contact
___ 13. Doesn't share
___ 14. Affectionless
___ 42. Non-empathic
___ 46. Manipulative
___ 47. Violent themes
___ 48. Possessive
___ 54. Resists comfort
___ 58. Secretive
___ 62. Suspicious
___ 74. Uncaring
___ 80. Won't talk to peers

___ Total III

**IV INDISCRIMINATE**

___ 2. Attention-seeking
___ 6. Changes friends
___ 7. Clingy
___ 9. Craves affection
___ 18. Easily influenced
___ 38. Hugs men
___ 53. Strangers as family
___ 67. Friendly strangers

___ Total IV

**V INSECURE**

___ 26. Carer rejection
___ 36. Hides feelings
___ 39. Peer rejection
___ 44. Fantasy world
___ 52. Refuses to talk
___ 56. Friends against
___ 59. Insecure
___ 60. Startles easily
___ 65. Too compliant
___ 71. Pleases peers
___ 72. Pleases carer
___ 78. Withdrawn
___ 81. Worries for carer
___ 93. Reaction to loss

___ Total V

**VI ANXIOUS – DISTRUSTFUL**

___ 11. Distrusts adults
___ 22. Fears men
___ 23. Fears bed-time
___ 24. Fears sex abuse
___ 35. Nightmares
___ 40. Fears harm
___ 76. Wants to be leabied
___ 77. Wary or vigilant
___ 91. Traumatic memory
___ 97. Panic attacks

___ Total VI

**VII ABNORMAL PAIN RESPONSE**

___ 12. Does not cry
___ 43. Laughs if hurt
___ 92. Pain not shown
___ 120. Won't say if hurt

___ Total VII

**VIII FOOD MAINTENANCE**

___ 21. Eats too much
___ 32. Gorges food
___ 37. Hides food
___ 61. Steals food

___ Total VIII

**IX SELF– INJURY**

A: Self-injury Index

___ 82. Asks punishment
___ 84. Bites self
___ 85. Induces vomiting
___ 86. Self- injury
___ 87. Cuts hair
___ 88. Cuts clothes
___ 98. Head-banging
___ 99. Cutting, etc
___ 100. Ingests poison, etc
___ 106. Rocking
___ 116. Throws self
___ Total A

B: Pica Index

___ 19. Eats garbage
___ 20. Eats non-food
___ 119. Unhealthy drinking
___ Total B

___ Total IX

**X SUICIDE DISCOURSE**

___ 83. Attempts suicide
___ 89. Describes method
___ 105. Requests harm
___ 107. Life not worth living
___ 113. Talks about suicide
___ 114. Threatens injury
___ 115. Threatens suicide

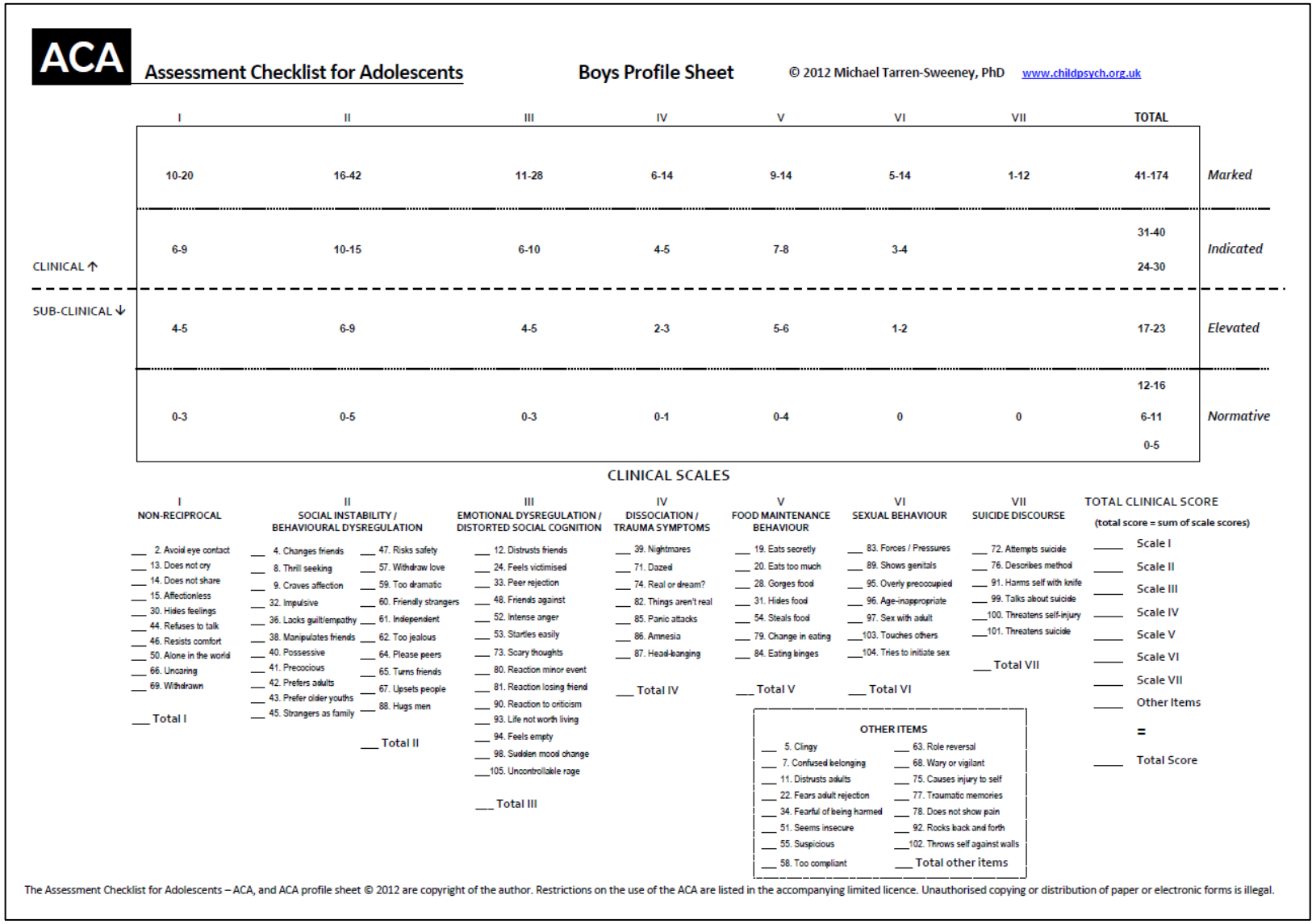
___ Total X

**OTHER ITEMS**

___ 5. Can't concentrate
___ 30. Accident prone
___ 34. Imaginary friend
___ 55. Risks safety
___ 63. Thinks someone else
___ 75. Very forgetful
___ 96. Blackouts, amnesia
___ 102. Masturbates in view
___ 103. Masturbates in public
___ 104. Picks sores / injuries

___ Total 'Other items'

# Appendix 10 – Assessment Checklist for Adolescents (Boys' Profile)



**ACA** Assessment Checklist for Adolescents — Boys Profile Sheet — © 2012 Michael Tarren-Sweeney, PhD www.childpsych.org.uk

| | I | II | III | IV | V | VI | VII | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|
| | 10-20 | 16-42 | 11-28 | 6-14 | 9-14 | 5-14 | 1-12 | 41-174 | *Marked* |
| | 6-9 | 10-15 | 6-10 | 4-5 | 7-8 | 3-4 | | 31-40<br>24-30 | *Indicated* |
| CLINICAL ↑ | | | | | | | | | |
| SUB-CLINICAL ↓ | 4-5 | 6-9 | 4-5 | 2-3 | 5-6 | 1-2 | | 17-23 | *Elevated* |
| | 0-3 | 0-5 | 0-3 | 0-1 | 0-4 | 0 | 0 | 12-16<br>6-11<br>0-5 | *Normative* |

## CLINICAL SCALES

**I NON-RECIPROCAL**

___ 2. Avoid eye contact
___ 13. Does not cry
___ 14. Does not share
___ 15. Affectionless
___ 30. Hides feelings
___ 44. Refuses to talk
___ 46. Resists comfort
___ 50. Alone in the world
___ 66. Uncaring
___ 69. Withdrawn

___ Total I

**II SOCIAL INSTABILITY / BEHAVIOURAL DYSREGULATION**

___ 4. Changes friends
___ 8. Thrill seeking
___ 9. Craves affection
___ 32. Impulsive
___ 36. Lacks guilt/empathy
___ 38. Manipulates friends
___ 40. Possessive
___ 41. Precocious
___ 42. Prefers adults
___ 43. Prefer older youths
___ 45. Strangers as family
___ 47. Risks safety
___ 57. Withdraw love
___ 59. Too dramatic
___ 60. Friendly strangers
___ 61. Independent
___ 62. Too jealous
___ 64. Please peers
___ 65. Turns friends
___ 67. Upsets people
___ 88. Hugs men

___ Total II

**III EMOTIONAL DYSREGULATION / DISTORTED SOCIAL COGNITION**

___ 12. Distrusts friends
___ 24. Feels victimised
___ 33. Peer rejection
___ 48. Friends against
___ 52. Intense anger
___ 53. Startles easily
___ 73. Scary thoughts
___ 80. Reaction minor event
___ 81. Reaction losing friend
___ 90. Reaction to criticism
___ 93. Life not worth living
___ 94. Feels empty
___ 98. Sudden mood change
___ 105. Uncontrollable rage

___ Total III

**IV DISSOCIATION / TRAUMA SYMPTOMS**

___ 39. Nightmares
___ 71. Dazed
___ 74. Real or dream?
___ 82. Things aren't real
___ 85. Panic attacks
___ 86. Amnesia
___ 87. Head-banging

___ Total IV

**V FOOD MAINTENANCE BEHAVIOUR**

___ 19. Eats secretly
___ 20. Eats too much
___ 28. Gorges food
___ 31. Hides food
___ 54. Steals food
___ 79. Change in eating
___ 84. Eating binges

___ Total V

**VI SEXUAL BEHAVIOUR**

___ 83. Forces / Pressures
___ 89. Shows genitals
___ 95. Overly preoccupied
___ 96. Age-inappropriate
___ 97. Sex with adult
___ 103. Touches others
___ 104. Tries to initiate sex

___ Total VI

**VII SUICIDE DISCOURSE**

___ 72. Attempts suicide
___ 76. Describes method
___ 91. Harms self with knife
___ 99. Talks about suicide
___ 100. Threatens self-injury
___ 101. Threatens suicide

___ Total VII

**OTHER ITEMS**

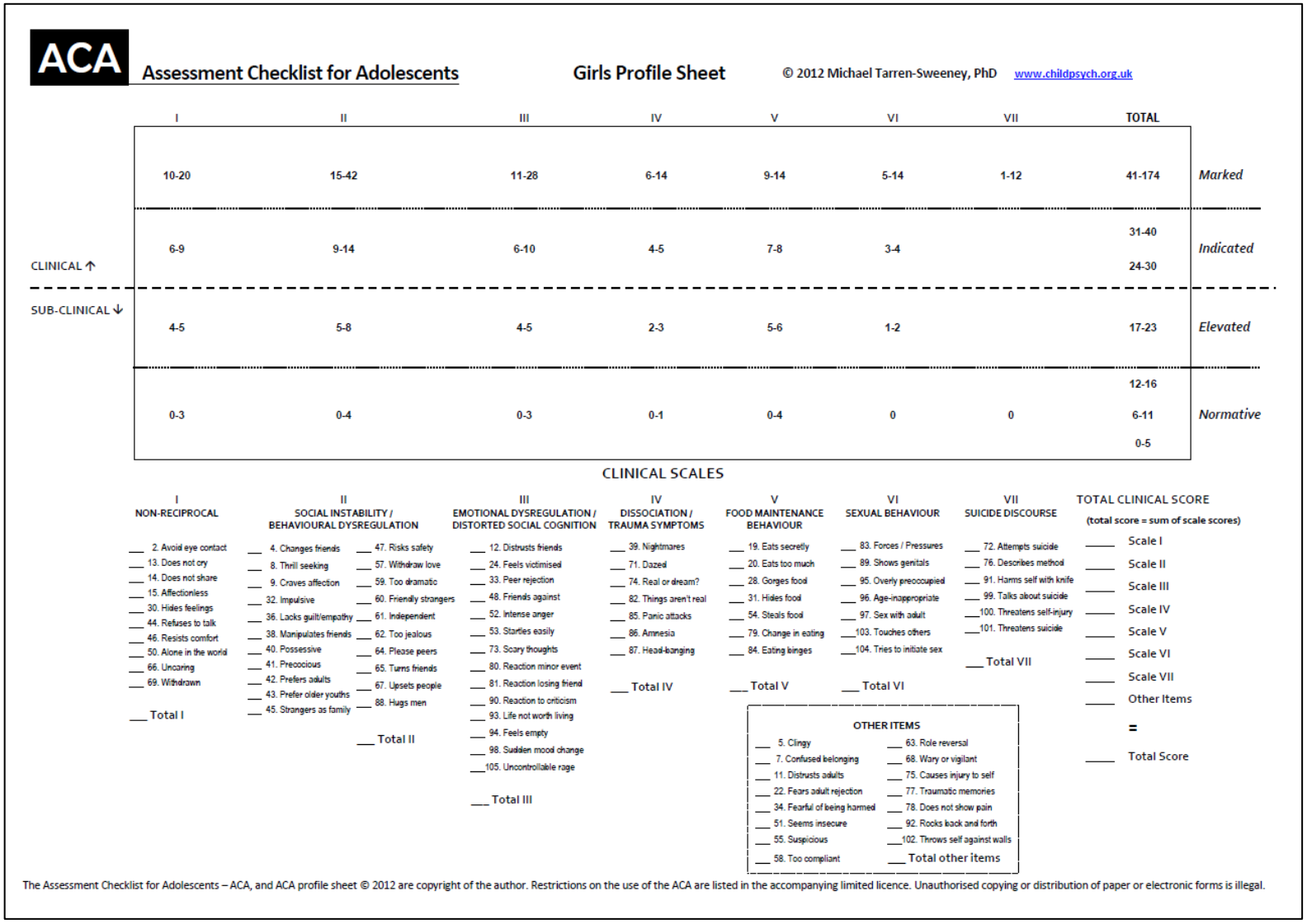
___ 5. Clingy
___ 7. Confused belonging
___ 11. Distrusts adults
___ 22. Fears adult rejection
___ 34. Fearful of being harmed
___ 51. Seems insecure
___ 55. Suspicious
___ 58. Too compliant
___ 63. Role reversal
___ 68. Wary or vigilant
___ 75. Causes injury to self
___ 77. Traumatic memories
___ 78. Does not show pain
___ 92. Rocks back and forth
___ 102. Throws self against walls

___ Total other items

**TOTAL CLINICAL SCORE**
**(total score = sum of scale scores)**

_____ Scale I
_____ Scale II
_____ Scale III
_____ Scale IV
_____ Scale V
_____ Scale VI
_____ Scale VII
_____ Other Items
=
_____ Total Score

# Appendix 11 – Assessment Checklist for Adolescents (Girls' Profile)



**ACA** Assessment Checklist for Adolescents — Girls Profile Sheet — © 2012 Michael Tarren-Sweeney, PhD www.childpsych.org.uk

| | I | II | III | IV | V | VI | VII | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|
| | 10-20 | 15-42 | 11-28 | 6-14 | 9-14 | 5-14 | 1-12 | 41-174 | *Marked* |
| CLINICAL ↑ | 6-9 | 9-14 | 6-10 | 4-5 | 7-8 | 3-4 | | 31-40<br>24-30 | *Indicated* |
| SUB-CLINICAL ↓ | 4-5 | 5-8 | 4-5 | 2-3 | 5-6 | 1-2 | | 17-23 | *Elevated* |
| | 0-3 | 0-4 | 0-3 | 0-1 | 0-4 | 0 | 0 | 12-16<br>6-11<br>0-5 | *Normative* |

## CLINICAL SCALES

**I NON-RECIPROCAL**

___ 2. Avoid eye contact
___ 13. Does not cry
___ 14. Does not share
___ 15. Affectionless
___ 30. Hides feelings
___ 44. Refuses to talk
___ 46. Resists comfort
___ 50. Alone in the world
___ 66. Uncaring
___ 69. Withdrawn

___ Total I

**II SOCIAL INSTABILITY / BEHAVIOURAL DYSREGULATION**

___ 4. Changes friends
___ 8. Thrill seeking
___ 9. Craves affection
___ 32. Impulsive
___ 36. Lacks guilt/empathy
___ 38. Manipulates friends
___ 40. Possessive
___ 41. Precocious
___ 42. Prefers adults
___ 43. Prefer older youths
___ 45. Strangers as family
___ 47. Risks safety
___ 57. Withdraw love
___ 59. Too dramatic
___ 60. Friendly strangers
___ 61. Independent
___ 62. Too jealous
___ 64. Please peers
___ 65. Turns friends
___ 67. Upsets people
___ 88. Hugs men

___ Total II

**III EMOTIONAL DYSREGULATION / DISTORTED SOCIAL COGNITION**

___ 12. Distrusts friends
___ 24. Feels victimised
___ 33. Peer rejection
___ 48. Friends against
___ 52. Intense anger
___ 53. Startles easily
___ 73. Scary thoughts
___ 80. Reaction minor event
___ 81. Reaction losing friend
___ 90. Reaction to criticism
___ 93. Life not worth living
___ 94. Feels empty
___ 98. Sudden mood change
___ 105. Uncontrollable rage

___ Total III

**IV DISSOCIATION / TRAUMA SYMPTOMS**

___ 39. Nightmares
___ 71. Dazed
___ 74. Real or dream?
___ 82. Things aren't real
___ 85. Panic attacks
___ 86. Amnesia
___ 87. Head-banging

___ Total IV

**V FOOD MAINTENANCE BEHAVIOUR**

___ 19. Eats secretly
___ 20. Eats too much
___ 28. Gorges food
___ 31. Hides food
___ 54. Steals food
___ 79. Change in eating
___ 84. Eating binges

___ Total V

**VI SEXUAL BEHAVIOUR**

___ 83. Forces / Pressures
___ 89. Shows genitals
___ 95. Overly preoccupied
___ 96. Age-inappropriate
___ 97. Sex with adult
___ 103. Touches others
___ 104. Tries to initiate sex

___ Total VI

**VII SUICIDE DISCOURSE**

___ 72. Attempts suicide
___ 76. Describes method
___ 91. Harms self with knife
___ 99. Talks about suicide
___ 100. Threatens self-injury
___ 101. Threatens suicide

___ Total VII

**OTHER ITEMS**

___ 5. Clingy
___ 7. Confused belonging
___ 11. Distrusts adults
___ 22. Fears adult rejection
___ 34. Fearful of being harmed
___ 51. Seems insecure
___ 55. Suspicious
___ 58. Too compliant
___ 63. Role reversal
___ 68. Wary or vigilant
___ 75. Causes injury to self
___ 77. Traumatic memories
___ 78. Does not show pain
___ 92. Rocks back and forth
___ 102. Throws self against walls

___ Total other items

**TOTAL CLINICAL SCORE**
**(total score = sum of scale scores)**

_____ Scale I
_____ Scale II
_____ Scale III
_____ Scale IV
_____ Scale V
_____ Scale VI
_____ Scale VII
_____ Other Items
=
_____ Total Score

## Appendix 12 – Strengths and Difficulties Questionnaire

### Strengths and Difficulties Questionnaire

P 4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name ..... Male/Female

Date of Birth.....

| | Not True | Somewhat True | Certainly True |
|---|---|---|---|
| Considerate of other people's feelings | ☐ | ☐ | ☐ |
| Restless, overactive, cannot stay still for long | ☐ | ☐ | ☐ |
| Often complains of headaches, stomach-aches or sickness | ☐ | ☐ | ☐ |
| Shares readily with other children (treats, toys, pencils etc.) | ☐ | ☐ | ☐ |
| Often has temper tantrums or hot tempers | ☐ | ☐ | ☐ |
| Rather solitary, tends to play alone | ☐ | ☐ | ☐ |
| Generally obedient, usually does what adults request | ☐ | ☐ | ☐ |
| Many worries, often seems worried | ☐ | ☐ | ☐ |
| Helpful if someone is hurt, upset or feeling ill | ☐ | ☐ | ☐ |
| Constantly fidgeting or squirming | ☐ | ☐ | ☐ |
| Has at least one good friend | ☐ | ☐ | ☐ |
| Often fights with other children or bullies them | ☐ | ☐ | ☐ |
| Often unhappy, down-hearted or tearful | ☐ | ☐ | ☐ |
| Generally liked by other children | ☐ | ☐ | ☐ |
| Easily distracted, concentration wanders | ☐ | ☐ | ☐ |
| Nervous or clingy in new situations, easily loses confidence | ☐ | ☐ | ☐ |
| Kind to younger children | ☐ | ☐ | ☐ |
| Often lies or cheats | ☐ | ☐ | ☐ |
| Picked on or bullied by other children | ☐ | ☐ | ☐ |
| Often volunteers to help others (parents, teachers, other children) | ☐ | ☐ | ☐ |
| Thinks things out before acting | ☐ | ☐ | ☐ |
| Steals from home, school or elsewhere | ☐ | ☐ | ☐ |
| Gets on better with adults than with other children | ☐ | ☐ | ☐ |
| Many fears, easily scared | ☐ | ☐ | ☐ |
| Sees tasks through to the end, good attention span | ☐ | ☐ | ☐ |

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

| No | Yes- minor difficulties | Yes- definite difficulties | Yes- severe difficulties |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

| Less than a month | 1-5 months | 6-12 months | Over a year |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

- Do the difficulties upset or distress your child?

| Not at all | Only a little | Quite a lot | A great deal |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

- Do the difficulties interfere with your child's everyday life in the following areas?

| | Not at all | Only a little | Quite a lot | A great deal |
|---|---|---|---|---|
| HOME LIFE | ☐ | ☐ | ☐ | ☐ |
| FRIENDSHIPS | ☐ | ☐ | ☐ | ☐ |
| CLASSROOM LEARNING | ☐ | ☐ | ☐ | ☐ |
| LEISURE ACTIVITIES | ☐ | ☐ | ☐ | ☐ |

- Do the difficulties put a burden on you or the family as a whole?

| Not at all | Only a little | Quite a lot | A great deal |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

Signature ..... Date .....

Mother/Father/Other (please specify:)

**Thank you very much for your help**

## Appendix 13 – One or Two bedroom Residential support 'Vision Board'

**Availability:**
**1 day per fortnight.**
- Consistent day (usually spent based from the home)

**2 Reflective Case Discussions:**
- per month
- Each 60-90 minutes
- Typed and stored on CAMHS EPR.

**Attendance to Professionals meetings:**
- CLA Reviews.
- PEP meetings.
- Core Groups.
(etc. can be arranged for visit day)

**Wellbeing 'Check ins':**
- Available to the young people. Providing 'light' therapeutic intervention when needed.

- Support CAMHS referrals.
- Liaise with CAMHS colleagues.

**Link Professional**

**Training Workshops:**
- bespoke training workshops delivered when needed.
- Facilitated by someone the team has a relationship with.

**2 Bedded Home**

**Relationship building & Team Integration:**
- quality time with young people and staff to develop relationships.

CAMHS
Child and Adolescent Mental Health Services

## Appendix 14 – Residential Weekly Feedback Form

**Consultation Feedback**

**Instructions:** Help us to learn and develop what is most helpful for the team and how to best support you. Please place a mark on the lines to indicate how you feel about the reflective session.

**DATE: …….. CHILD'S INITIALS:……**

| | | |
|---|---|---|
| This consultation session was not focused | ---------- | This consultation session was focused |
| The practitioner and I did not understand each other in this session | ---------- | The practitioner and I understood each other in this session |
| This consultation session was not helpful to me | ---------- | This consultation session was helpful to me |

We would also appreciate any written feedback you would like to share with us.

1. **What are you taking away from today's consultation?**

2. **How would you describe today's case consultation?**

**Appendix 15-Transistion from CAMHS to AMH Poster**

NHS
Humber Teaching
NHS Foundation Trust

# CAMHS TRANSITIONS

## ARE YOU A YOUNG PERSON OR PARENT LOOKING FOR INFORMATION ABOUT MOVING FROM CAMHS TO ADULT MENTAL HEALTH SERVICES?

Scan the QR code above with your phone or visit the link below for further information:

**www.humber.nhs.uk/Services/camhs-transitions**

Caring, Learning & Growing Together

LEAVING CAMHS PASSPORT

## Appendix 16 – Equality Impact Assessment

### For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: East Riding CAMHS LAC Service
2. EIA Reviewer (name, job title, base and contact details): Dr. Jemma Jackson (Clinical Lead) Walker Street, Hull, Tel: Tel: 01482 303688
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

| **Main Aims of the Document, Process or Service**<br>To support delivery of a looked after children and careleavers emotional health and wellbeing service in the East Riding of Yorkshire. |
|---|
| Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma |

| Equality Target Group | Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? | How have you arrived at the equality impact score? |
|---|---|---|
| 1. Age<br>2. Disability<br>3. Sex<br>4. Marriage/Civil Partnership<br>5. Pregnancy/Maternity<br>6. Race<br>7. Religion/Belief<br>8. Sexual Orientation<br>9. Gender re-assignment | Equality Impact Score<br>Low = Little or No evidence or concern (Green)<br>Medium = some evidence or concern(Amber)<br>High = significant evidence or concern (Red) | a) who have you consulted with<br>b) what have they said<br>c) what information or data have you used<br>d) where are the gaps in your analysis<br>e) how will your document/process or service promote equality and diversity good practice |

| Equality Target Group | Definitions | Equality Impact Score | Evidence to support Equality Impact Score |
|---|---|---|---|
| **Age** | Including specific ages and age groups:<br><br>Older people<br>Young people<br>Children<br>Early years | Low | This SOP is applicable to all children and young people who are looked after or careleavers' under the care of East Riding Local Authority |
| **Disability** | Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:<br><br>Sensory<br>Physical<br>Learning<br>Mental health<br><br>(including cancer, HIV, multiple sclerosis) | Low | The SOP is applicable to all young people (as defined above) regardless of disability |
| **Sex** | Men/Male<br>Women/Female | Low | This SOP is not impacted by whether a young person/care leaver is pregnant or whether they have a child/ren. |
| **Marriage/Civil Partnership** | | Low | This SOP is not impacted by an individual care leaver's marital/civil partnership status. |
| **Pregnancy/ Maternity** | | Low | This SOP is not impacted by whether a young person/care leaver is pregnant or whether they have a child/ren. |
| **Race** | Colour<br>Nationality<br>Ethnic/national origins | Low | This SOP is not affected by race or ethnicity |

| Equality Target Group | Definitions | Equality Impact Score | Evidence to support Equality Impact Score |
|---|---|---|---|
| **Religion or Belief** | All religions<br>Including lack of religion or belief and where belief includes any religious or philosophical belief | Low | This SOP is not affected by religious or cultural beliefs. |
| **Sexual Orientation** | Lesbian<br>Gay men<br>Bisexual | Low | This SOP is not affected by an individual's sexual orientation |
| **Gender Reassignment** | Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex | Low | This SOP is not affected by an individual's gender alignment or gender identity. |

**Summary**

| | |
|---|---|
| Please describe the main points/actions arising from your assessment that supports your decision.<br><br>No points arising for further action. | |
| EIA Reviewer: Dr. Jemma Jackson | |
| Date completed: 11.06.2024 | Signature:  |