Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
HULL CAMHS LOOKED AFTER CHILDREN

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*Oct 2023*	*New SOP. Approved at Children and LD Clinical Governance Meeting (26 October 2023).*

Contents

1. Introduction

Humber Teaching NHS Foundation Trust (HTFT) has close links with Hull 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 aged 0-18 years, under the care of Hull Local Authority residing within Hull and for those residing within one hour travel time of the team's base.

The Hull Child and Adolescent Mental Health Service (CAMHS) Looked After Children (LAC) team (name under review) will offer support to Hull Children Looked After (CLA) aged 0-18 years, and the networks around them (Social Care, Education, Foster Carers, Residential Care Teams, Connected Carers), Hull Local Authority Residential Homes and support is also offered to the Edge of Care service (EoC). 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 in 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. For children and young people residing over one hour travel time from Hull, the team will support transfer of referrals to appropriate local agencies and would wherever possible offer a transition meeting.

The team offers a twice-weekly consultation clinic for Social Workers to discuss concerns/queries relating to CLA. The clinic can be booked into over the telephone and does not require a full referral to be made. The consultation clinics are often a useful precursor to referrals being made.

At present, all Hull Local Authority children's residential homes receive weekly support from a clinician within the Hull CAMHS LAC team, this is two dual homes, five solo homes, four 4-bed homes and two disability homes. Clinicians offer regular reflective discussions to the team of staff, provide a link to 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 residential.

Clinicians within the team offer consultation and direct family support to Hull Local Authority Edge of Care Service (EoC). The EoC service supports children, young people (aged 0-18 years) and their families experiencing complex family dynamics, placing them at risk of entering the Care System. The aim of this support is to offer a more in-depth therapeutic understanding or intervention around the family, to help build an understanding of narratives, family relationships, and attachment relationships, with the view to promote family stability. This may include direct work with family and / or the young person.

The team comprises an Operational Manager, a Team Leader, 3.4 wte Clinical Psychologists, 1.0 wte Counselling psychologist, 0.6 wte Art Therapist, 1.4 wte Play Therapists, 3 wte Advanced Practitioners & 1.0 wte Admin Support. 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 as appropriate for creative therapy, trainee counselling psychologists and social work students in association with the relevant academic departments.

2. National Drivers

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

Hull CAMHS LAC follows the Thrive Model of Care. The team is a trauma-informed team, following the Attachment Regulation 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. The EoC support is influenced by the 'No Wrong Door' approach.

3. Scope

This SOP covers all staff working for Humber Teaching NHS Foundation Trust in Hull CAMHS LAC who are responsible for children and young people within the care of Hull 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

Hull 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:

- Are they safe? – People are protected from abuse and avoidable harm;
- 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;
- Are they caring? – Staff involve and treat people with compassion, kindness, dignity and respect;
- Are they responsive to people's needs? – our services are organised so that they meet people's needs;
- 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 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/network. Interventions follow evidence-based practice, provide risk management plans, through use of the Trust's FACE risk assessment (see Lorenzo), understand 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 will 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.

Hull CAMHS LAC- 01482 301701 option 2
CAMHS Crisis- 01482 301701 option 2

The team has two Leaflets, one for younger-aged children and one for teenagers. These leaflets are currently under review (see appendix 1 and 2).

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 Hull 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.

Team Structure
The team is managed through a single integrated management structure and comprises of a variety of disciplines.

Roles within the team:
Operational Manager
Team Leader
Clinical Psychologists
Counselling Psychologist
Play Therapists
Art Therapist
Advanced Practitioners
Administration support
Access to Consultant Psychiatrist

The team currently offers placement to Trainee Clinical Psychologists with scope to offer Social Worker, Trainee Counselling Psychologists and creative therapy placements as the team develops.

The service manager has direct management responsibility for the Hull 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, Refresh, Police, A&E, Advotalk, Interpreters, and Clinical Commissioning Groups.

6.4. Interface and Transitions
Interface with the CAMHS Crisis Team & Intensive Home Treatment 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 that present with crises between the hours of 9-5 Monday to Friday, the crisis team will initially discuss the young person with their allocated Hull CAMHS LAC clinician for information sharing wherever possible and to decide in the child's best interests who would be the most appropriate clinician to respond. In some circumstances, this may involve a joint response from CAMHS Crisis and the allocated Hull CAMHS LAC clinician. In cases where the Hull CAMHS LAC clinician is unavailable then there would be an expectation for the Crisis Team to respond.

For some children and young people open to Hull CAMHS LAC, the role of the allocated clinician may be consultation to the network only. In these instances, the allocated clinician is not involved in any direct key worker interventions with the young person. An initial discussion between both the crisis team and the allocated Hull

CAMHS LAC clinician would therefore take place to clarify how best to support the young person's needs with the least restrictive option. Following a discussion, it may be agreed that the crisis team are the most appropriate team to respond.

6.5. Interface with Hull Contact Point

For 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.

6.6. Interface with Hull Core CAMHS

For queries regarding referrals to Core CAMHS that might fit more appropriately with Hull CAMHS LAC, colleagues from Core CAMHS are encouraged to attend a slot at the Hull CAMHS LAC weekly team meeting to discuss a transfer of referral. If a transfer of referral is agreed, the Social Worker is requested to complete a Hull CAMHS LAC referral form.

6.7. Neurodevelopmental Referrals

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

For referrals querying whether a neurodevelopmental assessment is required, an initial consultation is offered by Hull CAMHS LAC to determine the appropriate service.

7. Hull CAMHS LAC Referral Criteria

The team accepts referrals for Hull Children Looked After (CLA) aged 0-18 years, residing in foster care, residential homes or connected persons placements. 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/carers residing within an hour travel time of The Walker Street Centre. For children and young people residing over one hour travel time from Hull, the team will support transfer of referrals to appropriate local agencies and would wherever possible offer a transition meeting. The team accepts referral for Hull CLA where the primary need is related to disrupted attachments and complex developmental trauma. Referrals are only accepted from the Child/young person's Social Worker. The team does not accept referrals from parents, foster carers, education, or other health professionals.

The service does not duplicate other children and young people and mental health and neuro/learning disability services in the city. As such the team does not accept urgent referrals, the team does not offer a crisis service. The service will support the sign posting and referral of children and young people to other appropriate services.
The service does not accept referrals for CLA placed by out of area Local Authorities.

7.1. Consultation Clinics

The Hull CAMHS LAC team offer weekly consultation clinics via Microsoft Teams (MST). These consultations are available for Social Workers, regarding Hull CLA, either to explore whether a referral to Hull CAMHS LAC is appropriate, or times when briefer consultation support is deemed adequate. It is not mandatory for a 30-minute consultation slot to have taken place for Social Workers to be able to refer into the team.

7.2. Residential

Referrals of children and young people residing in one of the Hull Local Authority residential homes are made using a specific residential referral form, (currently under review), completed and signed by the child/young person's Social Worker, following agreement at a residential case reflection offered by a clinician from Hull CAMHS LAC.

7.3. Edge of Care Support

Edge of Care referrals for CAMHS LAC support are agreed at the weekly Edge of Care case consultations, attended by a Psychologist from Hull CAMHS LAC. The Social Worker or Edge of Care Manager is able to make a referral to the team via the specific 'Connect' referral form, (currently under review), in addition to an information sharing form signed by the person with parental responsibility.

8. Referrals Process

8.1. Hull CAMHS LAC Referrals

In order to make a referral to the team (see appendix 6), the child/young people's Social Worker from Hull Local Authority emails the following fully completed Hull CAMHS LAC forms to the Hull CAMHS LAC Admin email address hnf-tr.camhslookedafterchildren@nhs.net:

- Hull CAMHS LAC referral form (see appendix 3)
- Information Sharing form (see appendix 4)

There is an expectation that in line with good practice, for all referrals to Hull CAMHS LAC, the Social Worker will have had a discussion with the young person prior to making a referral. Direct intervention does not take place in instances when the child or young person does not consent. If not part of initial meetings, young people will have their consent checked on first meeting a CAMHS LAC practitioner.

8.2. Consultation Clinics

In order to book in to a 30-minute slot, Social Workers should call 01482 303688 and request to be booked into a HULL CAMHS LAC Consultation Clinic slot. Social Workers will be asked to provide the name, DOB and address for the young person/child to be discussed. A convenient time slot will then be allocated, and an MST invite will be sent. (see appendix 5). Consultations provide professional advice to the person with parental responsibility, they are not an assessment of the child/young person, as such, consent from the young person is not required. The consultation is however offered in good faith that the Social Worker is not going against the young person's wishes. As with practice guidance, this would only happen in the case of safeguarding issues.

8.3. Residential Pathway Referrals

In order to make a referral to the team for direct therapeutic intervention in addition to the regular residential reflectives, the child/young people's Social Worker from Hull Local Authority emails the following fully completed Hull CAMHS LAC forms to the Hull CAMHS LAC Admin email address hnf-tr.camhslookedafterchildren@nhs.net:

- Hull CAMHS LAC- Residential referral form (see appendix 3)
- Information Sharing form (see appendix 4)
- With a copy of the recent residential case reflection attached, highlighting agreement for the referral to be made.

8.4. Edge of Care Referrals

In order to make a referral to the team, the child/young people's Social Worker from Hull Local Authority emails the following fully completed Hull CAMHS LAC forms to the Hull CAMHS LAC Admin email address hnf-tr.camhslookedafterchildren@nhs.net:

- Hull CAMHS LAC- Connect referral form (see appendix 3)
- Information Sharing form (see appendix 4)
- With a copy of the recent Edge of Care consultation attached, highlighting agreement for the referral to be made.

8.5. Processing of Referrals

All CLA and residential referrals will be added to the team's Access Plan on Lorenzo at the point of referral by Admin. All referrals are reviewed weekly and responded to by the full team at the team meeting with an agreed outcome. The outcome as to whether the referral is accepted or referred back to the referrer is shared via email with the referrer on the day of the team meeting by the Team Leader.

In the event of routine referrals of CLA made to CAMHS Contact Point, Contact Point admin will make contact with the child's Social Worker within 24-48 hours from the point of referral, to book them in to a CAMHS LAC consultation clinic slot, for discussion to ensure the referrals are directed to the appropriate team.

Hull CAMHS LAC does not hold a waiting list for support to EoC. Cases are allocated to the clinician by EoC based on the clinician's capacity.

The team will retain close links with Children's Social Care Managers and Heads of Service, the Virtual School, Edge of Care and Hull 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 to a child/young person, their carers and the network around them.

8.6. Response times:

All referrals will be added to the team's Access Plan on Lorenzo at the point of referral by Admin. All referrals are reviewed weekly and responded to by the full team at the team meeting with an agreed outcome. The outcome as to whether the referral is accepted or referred back to the referrer is shared via email with the referrer on the day of the team meeting by the Team Leader.

For all CLA and residential referrals, once a child has been accepted at the team meeting onto the Access Plan, the child/young person is allocated to a clinician within 18 weeks with an aim of within 12 weeks wherever possible.

Hull CAMHS LAC does not hold a waiting list for support to EoC. Cases are allocated to the clinician by EoC based on the clinician's capacity.

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, 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 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 on tel: 01482 301701 option 2.

9. Initial Consultations

Please see appendix 9 for a consultation, assessment & intervention process diagram. Each episode of care commences with an initial consultation with the network around the child/young person, this must include child/young person's Social Worker, and as relevant, residential staff, fostering social workers, education professionals and foster carers. The initial consultations last approximately 90 minutes and take place via Microsoft Teams or face to face. 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 with the Social Worker. The initial consultation is recorded on Lorenzo on the CTLD Consultation Record under care planning/care pathways tab on the clinical chart (see Lorenzo). A FACE risk assessment is completed by the allocated clinician following the initial consultation.

The Initial Consultation will address:

- The child/young person's early experiences of care
- Background history, including moves of placement
- Physical Health history
- Family time arrangements
- Legal Status
- Presenting concerns
- Attachment presentation

10. Interventions

At the initial consultation, a care plan of support from the team is agreed, this could include:

- Consultation to the network
- Consultation/support to foster carers around therapeutic care.
- Individual assessment of the child/young person
- Dyadic assessment

- Individual therapeutic intervention:
    - Play Therapy & Therapeutic Play-Based sessions
    - Art Therapy
    - Talking Therapy
- Dyadic therapeutic intervention:
    - Theraplay/ Theraplay-informed intervention
    - Filial Therapy
    - Dyadic talking therapy
    - Dyadic Art Therapy

11. Outcome Measures

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

- HoNOSCA -by clinician- pre and post intervention (see appendix 10).
- Assessment Checklist for Children for boys (see appendix 11) and Assessment Checklist for Children for girls (see appendix 12) (ACC)- pre and post direct therapeutic intervention and as part of assessment interventions.
- Assessment checklist for Adolescents for boys (see appendix 13) and Assessment Checklist for Adolescents for boys (see appendix 14) (ACA)- pre and post direct therapeutic intervention and as part of assessment interventions.
- Strengths and Difficulties Questionnaire (SDQ)- pre and post intervention (see appendix 15).

12. Consultation Clinics

At the consultation clinic two LAC CAMHS professionals offer a space to reflect with Social Workers for up to 30-minutes on the young person in question. Given the limited time available, Social Workers are informed that the team do not have time to read reports prior to the consultations. The team asks Social Workers to plan for the consultation with a clear 'task', i.e., what are you wanting to get out of the consultation in mind? Slots must be booked by the Social Worker. Sibling groups require two slots.

The slots are for the child's Social Worker plus, if needed, one other Social Care professional. Foster carers are not invited to this form of Consultation. Social Workers are not required to use the clinic if the young person already has an allocated clinician from Hull CAMHS LAC, in these cases, the Social Worker should contact the allocated clinician directly. During the consultation, one clinician takes notes and a written summary is provided to the Social Worker following the consultation. The summary is copied to the named Independent Reviewing Officer (IRO), The LAC Nursing Team and the young person's GP (see appendix 5 & 6 for processes). The young person is then discharged from the team.

A FACE risk assessment is not completed following a consultation clinic slot. If a referral to the team for intervention is recommended at the consultation, the Social Worker is required to follow the standard referral route.

13. Residential Support

One-bed residential homes are offered half a day a week support from an identified clinician, this should include at least two reflective discussions a month.
Two-bed residential homes are offered one day a fortnight support from an identified clinician, this allows a reflective discussion for each young person to be offered each month (see appendix 16).

Four-bed residential homes are 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 (see appendix 17).

The current 8 bed disability residential home is 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.

The joint long-term and short breaks children's disability residential provision receives one full day a week support from an identified clinician for the respite provision and one half day per week support for the long term provision from an additional identified clinician.

14. Edge of Care Support

The EoC service has received support from Hull CAMHS LAC since 2020. The EoC service currently receives one day per week consultation time from a clinician within Hull CAMHS LAC, and three days per week family support work from a clinician within the team.

15. Transition to Adult Services:

The planning for transition should be started at least 6 months prior to the young person's 18th birthday (earlier if possible and relevant) and consider 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 the 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 must be commenced at the assessment stage.

National and local guidelines support flexibility in the age of transition. Young people for whom there is a therapeutic rationale to remain in Children and Young People (CYP) services beyond their 18th birthday, can do so, for example to complete an

already commenced piece of therapeutic work, or to facilitate an effective transition to adult mental health services.

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) is arranged by emailing the CENS team. 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 Hull CAMHS LAC clinician will give the young person the opportunity to complete the CAMHS Passport (see the intranet), which if completed is then stored on the young person's Lorenzo record.

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

16. Missed Appointments:

Hull CAMHS LAC do not operate a strict DNA policy. The team is flexible to the needs of each individual young person and will aim to support appointments flexibly in order for the young person 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.

17. Discharge

Each child/young person open to Hull CAMHS LAC has a Care Plan completed at the start of the agreed intervention. When the agreed piece of work has been provided, the child/young person will be discharged from the team.

Upon discharge, a discharge summary is provided to the network which includes recommendations for ongoing support needs. The Social Worker is reminded that they are able to access the consultation clinic at any point in the future for further advice and support.

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

- HoNOSCA-by clinician (see appendix 10).
- Assessment Checklist for Children (ACC)- post direct therapeutic intervention (see appendix 11 & 12).
- Assessment checklist for Adolescents (ACA)- post direct therapeutic intervention (see appendix 13 & 14).
- Strengths and Difficulties Questionnaire (SDQ)- if completed at the start of intervention (see appendix 15).

18. Routes for Re-referrals

The team accepts rereferrals via the established referral route.

19. 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.

20. 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.

21. 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) 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.

Students, trainees and in-training 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 and their carers have the right to choose if students are present for their appointments.

22. Agile working and use of IT

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

Hull 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. These platforms allow interventions to continue in line with the identified needs collaboratively developed within the patients 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 patients. 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.

23. Lone Working

In line with HTFT Lone Working Policy, Hull 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.

Lone workers must keep colleagues informed of their whereabouts to ensure their own safety in line with departmental procedures. The team is reminded of the Lone Working Policy in regular team meetings.

24. Involvement of Patients and Carers

The involvement of children, young people, 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 and their carers in service delivery and provision.

Hull CAMHS LAC are part of a wider inclusive service.

25. 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.

26. 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.

27. Service Evaluation

Service users and their carer's are given the opportunity to feed back about their experiences of using the service. Their feedback will be used to improve the service. The Hull CAMHS LAC service user experience form is completed by children and

young people at the end of an intervention (see appendix 7). The Hull CAMHS LAC evaluation form is completed by carers and professionals (see appendix 8). A briefer evaluation measure is completed by Social Workers following attendance at the consultation clinic, via a web link:

https://forms.office.com/r/J4qqKAgEqu

28. Research

Hull CAMHS LAC share a monthly slot with the East Riding LAC team to disseminate relevant training and up to date research.

Appendix 1 – CAMHS Hull LAC Children Leaflet

NHS
Humber Teaching
NHS Foundation Trust

Looked After Children Team

Hull Child and Adolescent Mental Health Services

A service in Hull for children who are living with foster carers or in residential care.

Caring, Learning
& Growing Together

Version 1 | November 2020

Page 1 of 4

Who we are

We're the LAC team: Emma, Maddy, Rosalyn, Christine, Maria, James and Peter.

We like to introduce ourselves by our first names so you can get to know us better.

Our job is often called many different things. The most common names are 'Psychologist', 'Therapist', or 'Mental Health Practitioner', but they all mean one thing; we are here to help you.

We have met and worked with lots of children, who for many different reasons, are living with foster carers or in residential homes.

What we do

- We work with children to try and make sense of your big feelings together.
- Our team work closely with foster carers, key workers and social workers to help you feel more settled where you live.
- We also work with your teachers and pastoral workers so we can understand what you need in school.

What happens next?

We will meet with the adults caring for you, to understand their thoughts, feelings or any concerns they may have. We'll also explore how we may be able to offer help to you and your carers.

We will then think about whether it is the right time to invite you to meet with us.

Your worker will meet with you and talk about what it would be like to come and see us more often, showing you the room where we will meet and the types of things that you will be able to do and play with.

How can we help?

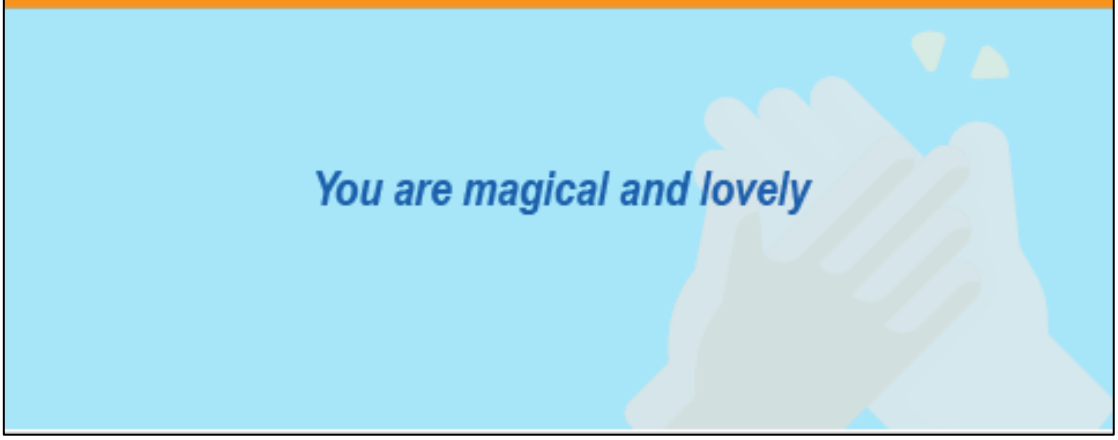
Meetings to support foster carers and professionals.

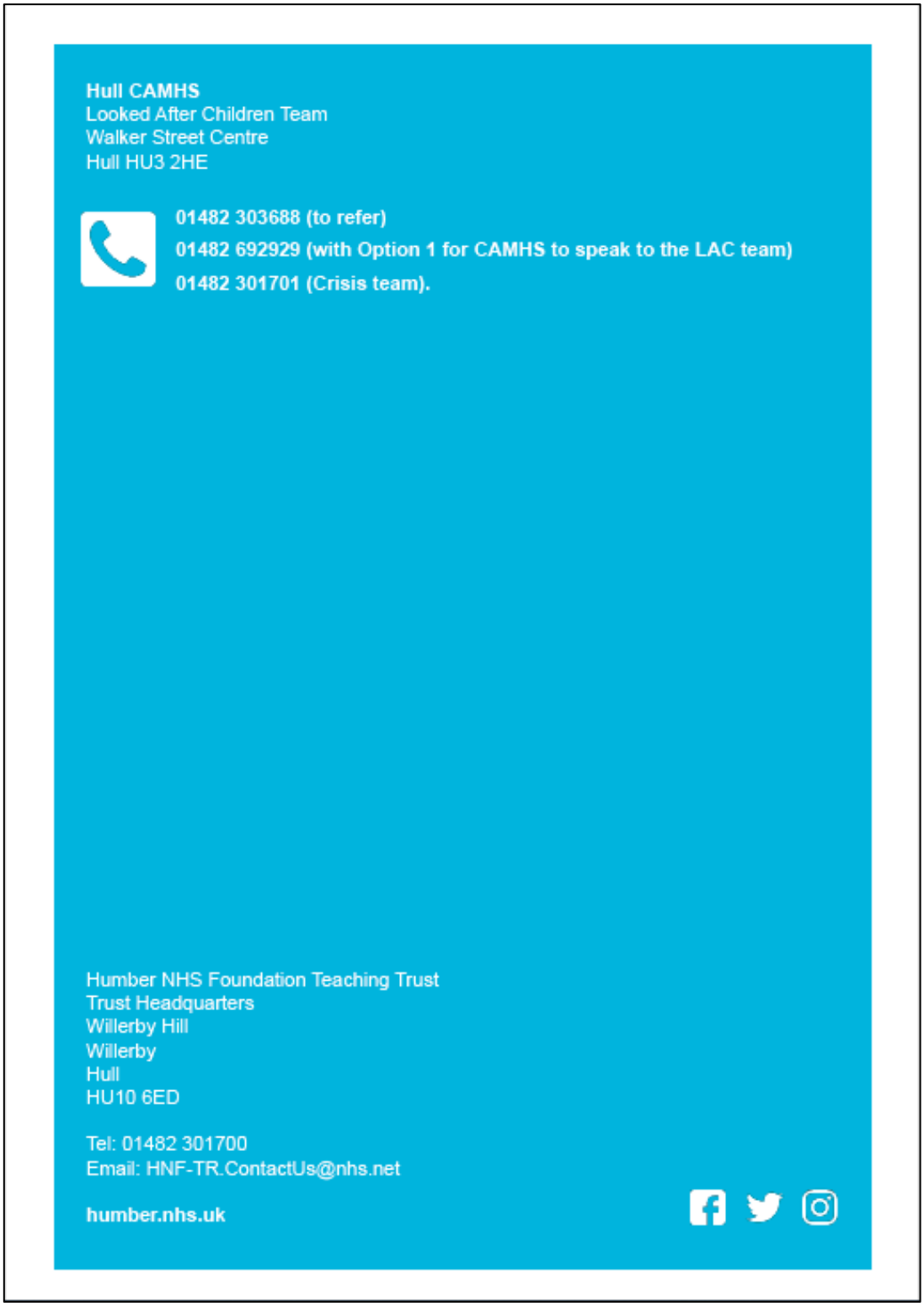
Getting to know you in order to understand your needs. We do this by talking and doing activities. When we first meet each other, you will have a grown up who you know, with you. We may spend some time in the therapy room while your grown up waits nearby, if you are happy to.

Working with you by yourself or with other people in your foster family: If we agree to meet together we will regularly see you either on your own or with your foster carer/family. How we work will be agreed together. We want to make sure you have a trusted adult nearby. We will usually meet at the same time every week

Art Therapy, Play and Creative Arts Therapy and Talking Therapies: Our goal is to support you in finding new ways to show your feelings and learn skills for coping with your emotions. Often, you may find more than one way that you like to work with us. We have toys for music making, puppets, clay and arts and crafts.

After a while: we hope you will feel like you know us well and feel comfortable. At this time, we would love to hear your thoughts about the service and if you think we could do things better.




Hull CAMHS
Looked After Children Team
Walker Street Centre
Hull HU3 2HE
01482 303688 (to refer)
01482 692929 (with Option 1 for CAMHS to speak to the LAC team)
01482 301701 (Crisis team).
Humber NHS Foundation Teaching Trust
Trust Headquarters
Willerby Hill
Willerby
Hull
HU10 6ED
Tel: 01482 301700
Email: HNF-TR.ContactUs@nhs.net
humber.nhs.uk

Page 4 of 4

Appendix 2 – CAMHS Hull LAC-Young Person Leaflet

NHS
Humber Teaching
NHS Foundation Trust

Looked After Children Team

Hull Child and Adolescent Mental Health Services

A service in Hull for children and young people who are living in foster care or residential care.

Version 1 | December 2020

Page 1 of 4

The Team

- Emma Griffiths, Clinical Psychologist
- Maddy Vernau, Art Therapist
- Rosalyn Nelson, Clinical Psychologist
- Christine Barker, Play Therapist
- Maria Rowbotham, Play Therapist
- James Porter, Counselling Psychologist
- Peter Court, Mental Health Practitioner

Everyone in the team has met and worked with lots of young people, who for many different reasons, are living in foster or residential care.

Our aims

- We will contact your social worker within 12 weeks of your referral, to arrange to meet with them and discuss.
- To offer support to young people as they work to heal from their past experiences. This can be anything from trouble with thoughts and feelings, to struggles with relationships.
- To support foster carers and other professionals to help you feel more settled in your foster placement or residential home. Sometimes we work closely with schools to help them understand your needs.

How would I be referred?

If you are below the age of 18 and living in foster or residential care, and your social worker is in Hull, they can make a referral to us. All they need to do is complete a referral form, a consent form and send these to us with a recent Strengths and Difficulties Questionnaire (SDQ).

There's a variety of teams within CAMHS who can help children and young people work their way towards a greater sense of social, emotional and mental wellbeing.

We accept referrals from the other teams within CAMHS if it is felt that our team might be more appropriate for you.

What happens next?

Once you have been referred to our team an Initial Meeting will be offered to your Social Worker and Foster Carers/Key Workers.

We will work to make sense of the current thoughts, feelings and concerns of the adults caring for you and explore how we may be able to offer help as a service. We will then think about whether it is the right time to invite you to meet someone in our team.

Sometimes young people choose not to meet with us, or for different reasons it is not the right time for us to offer to meet with you. We can still provide support for the adults that care for you. We regularly work with carers to help them understand how young people in similar circumstances may be feeling, and how things can be done differently to make things easier for everyone.

It's really important to us to hear your feedback so we can continue to improve our service for young people. Please do take the time to let us know your thoughts.

We can support in the following ways:

Meetings to support foster carers and professionals.

Getting to know you so we can understand your needs. We do this through talking and activities, and you can choose whether or not you want your carer to be present.

Individual or Family Therapeutic Approaches: when we meet with you. These approaches will be agreed together with your carer/ family.

Art Therapy, Play and Creative Arts Therapy and Talking Therapies: to help you express your struggles through new ways such as painting, music or drama. Your relationship with your therapist is really important, and we want to find a way that works best for you.

You will be given the option to work with us to better understand your past experiences and how they have made you feel. We will explain ways that might help you cope with your thoughts and feelings moving forwards.

Hull CAMHS
Looked After Children Team
Walker Street Centre
Hull HU3 2HE

01482 303688 (to refer)
01482 692929 (with Option 1 for CAMHS to speak to the LAC team)
01482 301701 (Crisis team).

Humber NHS Foundation Teaching Trust
Trust Headquarters
Willerby Hill
Willerby
Hull
HU10 6ED

Tel: 01482 301700
Email: HNF-TR.ContactUs@nhs.net

humber.nhs.uk

Appendix 3 – Hull CAMHS LAC Referral Form

Hull CAMHS LAC Referral Form

Child's Name:	
DOB:	
Address:	
Social Worker Name:	
Carer's Name(s):	
Carer's Tel No:	
Social Worker address and telephone number:	
Social Worker email address:	
Date of Referral:	
Length of time residing in current placement:	
Has the foster carer(s) attended attachment, trauma and brain development training?	Yes/No
Has the foster carer(s) attended TCIF training?	Yes/No
Fostering Social Worker/Residential Key Worker Name :	
Email address of FSW/Key Worker:	
If an IFA, what support is provided by the agency?	
Religion of child/YP:	
Parents Details:	
Ethnicity of child/YP:	
First Language:	
Legal Status:	
School:	
Does the child/young person have an EHCP?	
Person with PR:	
Date of entry in to Local Authority Care:	
Has the young person consented to the referral:	

Presenting Concerns (and/or Identified Strengths)

1. Child/Young Person Social Worker Concerns:

2. Child/Young Person Concerns (preferably in their own words):

3. Fostering Social Worker/Residential Key Worker Concerns:

4. Foster carer's concerns:

5. Schools concerns:
Background Information (Please attach any LAC review minutes, a chronology and latest Social Care assessment):
Please list interventions previously offered to the child/young person and services previously and currently involved. Please detail which interventions were useful, the impact of the interventions/differences noticed:
Please detail how the carers are implementing principles of Therapeutic Parenting and TCI-F principles in their day to day fostering practice:
What support/input do you hope for from CAMHS?

PLEASE ENSURE THAT YOU HAVE COMPLETED AND ATTACHED THE CONSENT FORM.
Forms to be emailed along with the additional info to: hnf-tr.camhslookedafterchildren@nhs.net

Signed:
Referring Social Worker: ……. Agreed by Team Manager: …… Date: …….

Appendix 4 – Hull CAMHS LAC Consent Form

HULL CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) LOOKED AFTER CHILDREN'S TEAM (LAC)

INFORMATION **SHARING DECISION RECORD**

Childs Name:			
Date of Birth:		NHS No:	

Person with Parental Responsibility:

Name:	
Relationship to Patient:	
Address:	
Telephone Number:	

If Parental Responsibility is shared with anyone else, please provide details below:

Name:	
Relationship to Patient:	
Address:	
Telephone Number:	

In order for us to be able to provide the best service we can, we will always inform and liaise with a patient's GP, Social Worker and Fostering Social Worker. For Children/young people residing in residential homes, this will also include the residential care staff team. This will involve sharing information regarding a patient's background information, current difficulties and any risk factors.

Is there any information that you do not want to be shared? Please detail below or tell your case worker:

……

……

……

……

……

For patients residing in Local Authority Residential Homes, this form will remain relevant up to a period of 6 months, at which time a further form will need completing or following a patient change of address.

SHARING INFORMATION WITH OTHER PEOPLE ABOUT YOU/YOUR CHILD

Please provide the names and occupations of any other professionals involved in your/the patients care and whether you consent to us liaising and informing them of our involvement in your/the patients care:

	Yes	**No**

Signature of Child (if appropriate):	
Print name	
Signature of person(s) with parental responsibility	
Print name(s)	
Date:	

POST DISCHARGE

	Yes	**No**
Are you happy for us to contact you following discharge to enable us to gather information around your experience / involvement with CAMHS?		

Appendix 5 – Consultation Clinic Process Flow Chart

Consultation clinic slots from the rota added to the clinic Outlook diary two weeks in advance every Monday morning by Team Leader.

When booked by Social Workers: MST invite links will be sent by Contact Point admin to LAC clinicians allocated to undertake the clinics.

Upon receipt of the invite, one of the allocated clinicians sends the 'pre Consultation Clinic email' (in clinic folder on v drive) to all attendees with the information sharing form attached.

Prior to the clinic slot, clinicians familiarise themselves with existing Lorenzo records.

Clinicians access MST link for consultation 5 minutes before scheduled time. Decision made regarding who leads and who undertakes admin

Consultation Takes Place

One clinician 'leads' and gathers details of IRO. Second clinician takes notes and supports lead clinician. Roles reverse for second consultation

At the end of the consultation, clinician puts evaluation link into slot teams chat or sends to attendees via email for completion.

Following the consultation, admin clinician:

Completes the 'consultation summary sheet' the template is located in the 'Consultation Slots' folder on the V drive.

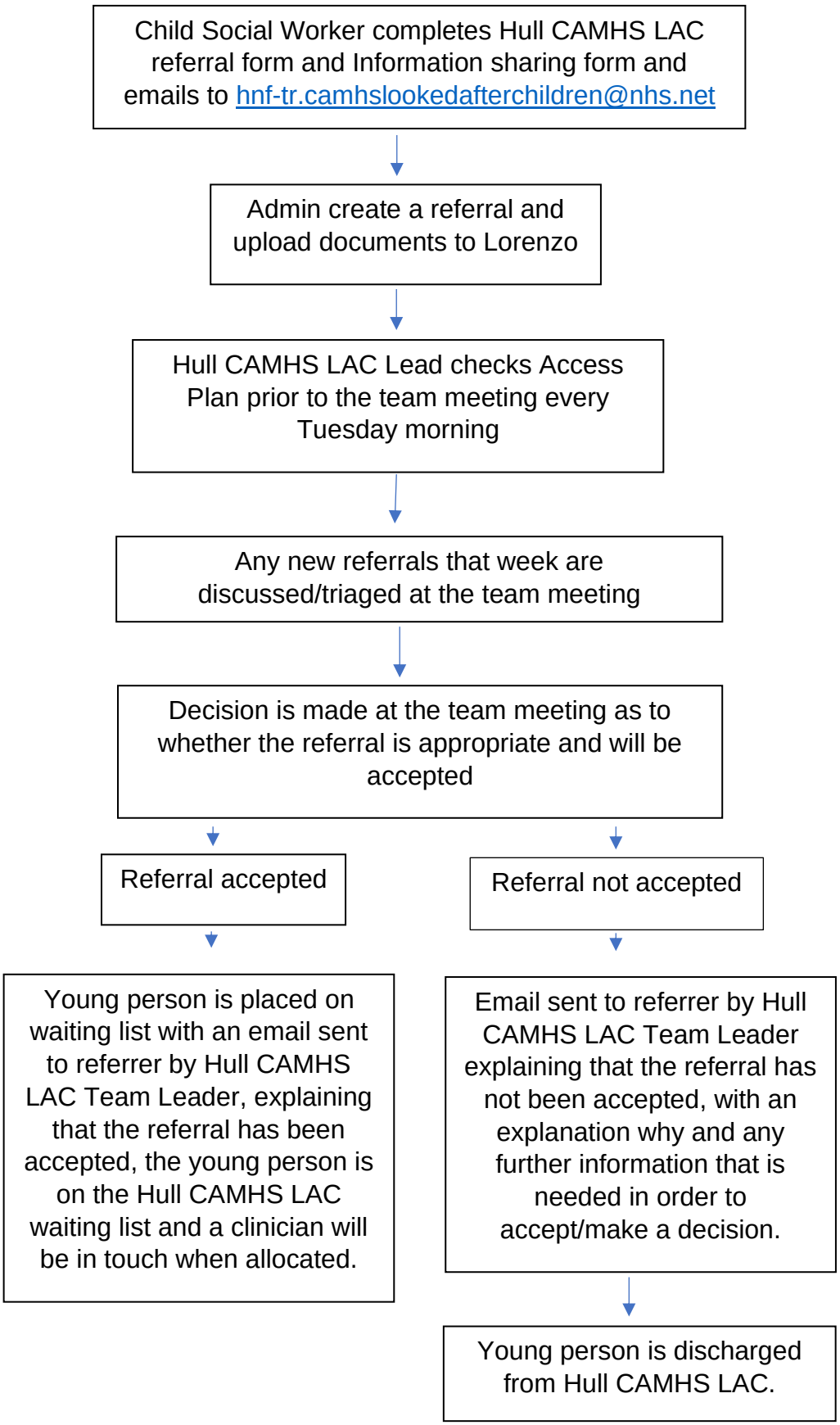
Inputs the contact onto Lorenzo, tagging in the lead clinician.
Adds a communication note to reflect the consultation taking place
Inputs the consultation basic information on to the excel spreadsheet labelled

Admin clinician then emails the completed summary to the lead clinician to read through.

When lead clinician has read through the summary and any changes have been made, admin Clinician emails the summary to admin requesting the summary is sent via a Lorenzo 'clinical letter to Other' and copies sent to LAC Nurses, GP, IRO and other Attendees with email addresses provided in the email to admin.

Once the letter has been sent to the clinician by admin for final checks, clinician responds with any final amendments and requests the letter to be distributed and for the YP to be discharged from Lorenzo.

Appendix 6 – Hull CAMHS LAC Referral Flow Chart



Appendix 7 – Children's Feedback Page

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 at CAMHS?

 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 CAMHS sessions?

 1 2 3 4 5 

How have the sessions helped you?

Appendix 8 – LAC CAMHS Evaluation Page

LAC CAMHS EVALUATION

Please comment on how the service has helped you

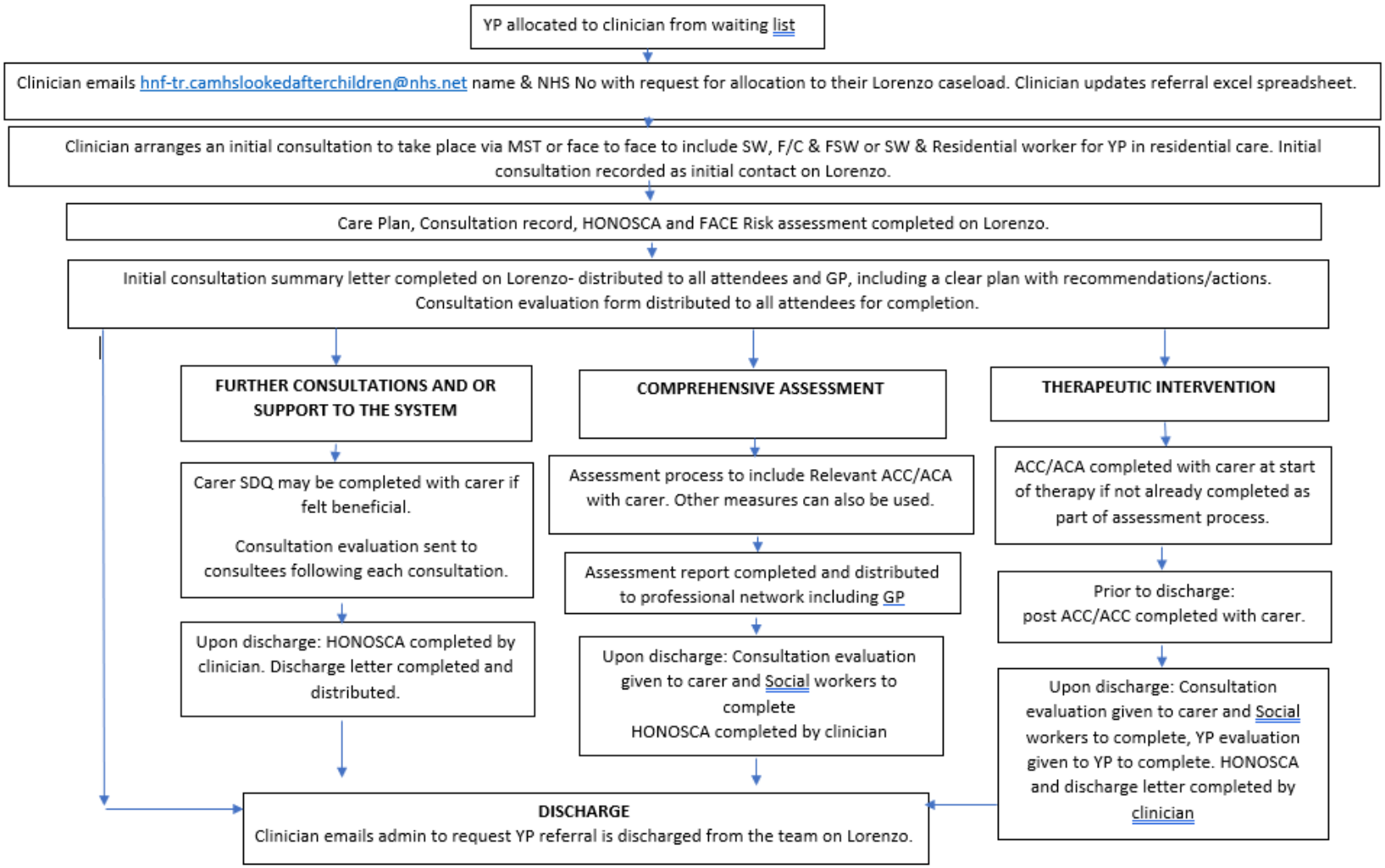
Please rate the practitioner on:	Poor	Fair	Average	Good	Very Good	Excellent	Comments
Knowledge of subject area							
Understanding your needs							
Responding to your questions							
Providing appropriate advice/support							
Meeting your expectations							
Improved understanding of your child's needs							

How do you rate facilities and administration?	Poor	Fair	Average	Good	Very	Excellent	Comments
Welcoming upon arrival							
Venue and room							
Convenience of location							
Time suitable for you							

Name (optional): …….
Date……

Thank you for your evaluation, the information you provide will enable us to improve our services.

Appendix 9 – LAC CAMHS Intervention Flow Chart



Appendix 10 – Health of the Nation Outcome Scales

Child and Adolescent Mental Health

HoNOSCA
Score Sheet

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

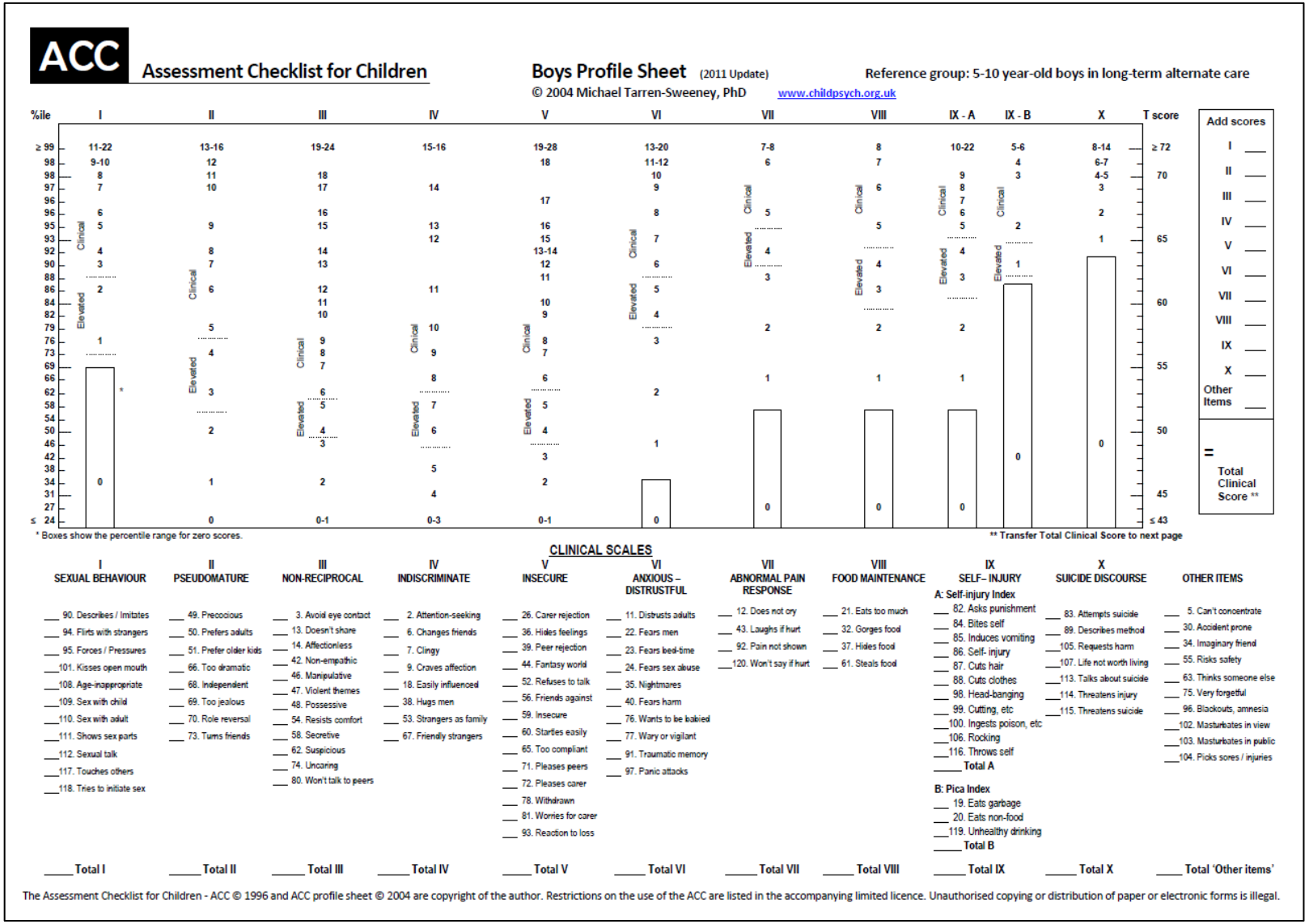
Section A

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 11 – Assessment Checklist for Children (Boy's 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						8			7			
96	6		16		16		5		6		2	
95	5	9	15	13	15	7	Elevated	5	Clinical 5	2		
93				12	13-14	Clinical	4		4		1	65
92	4	8	14		12	6		4	Elevated	1		
90	3	7	13		11		3	Elevated	3	Clinical		
88						5		3				
86	2	6	12	11	10	Elevated	2		2	Elevated		
84			11		9	4		2		1		60
82			10		8				1			
79		5	9	10	7	3	1	1		0	0	
76	1		8	9	6							
73		4	7	8	5	2						
69			6	7	4							55
66				6	3	1						
62		3	5	5								
58			4	4	2							
54			3	3								
50		2			1							50
46				2								
42												
38				1								
34	0	1	2		2							
31				0								
27												
≤ 24		0	0-1	0-3	0-1	0	0	0	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 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

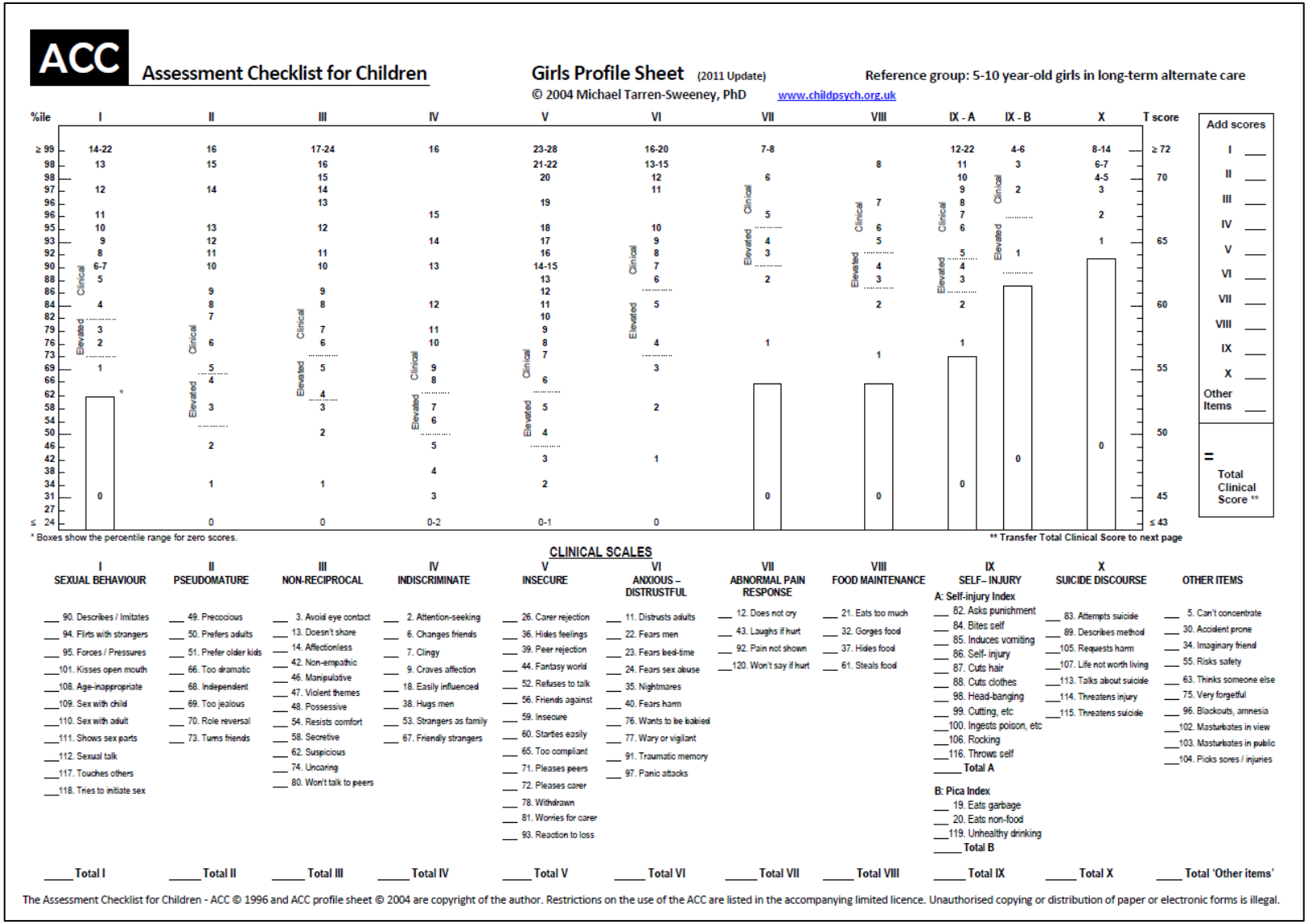
___ Total X

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 12 – Assessment Checklist for Children (Girl's profile)



ACC Assessment Checklist for Children

Girls Profile Sheet (2011 Update) Reference group: 5-10 year-old girls 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	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					7		2	
95	10	13	12		18	10	5	Clinical	6			
93	9	12		14	17	9	4	6		1	1	65
92	8	11	11		16	8	Elevated	5	Clinical	Elevated		
90	6-7	10	10	13	14-15	7	3	Elevated	5			
88	5				13	6		4	4			
86		9	9		12		2	3	Elevated			
84	4	8	8	12	11	5			3			
82		7		11	10	Elevated		2				60
79	3		7	10	9		1		2			
76	2	6	6		8	4		1				
73				9	7	3			1			
69	1	5	5	8	Clinical							55
66		4			6	2			0			
62	*		4	7								
58		3	3	Elevated	5	1						
54				6	Elevated							
50		2	2		4							50
46				5							0	
42				4	3							
38												
34		1	1	3	2	0				0		
31	0						0	0	0			45
27												
≤ 24		0	0	0-2	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
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___ 51. Prefer older kids
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___ 68. Independent
___ 69. Too jealous
___ 70. Role reversal
___ 73. Turns friends

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

IV INDISCRIMINATE

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

V INSECURE

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___ 39. Peer rejection
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___ 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

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

VII ABNORMAL PAIN RESPONSE

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

VIII FOOD MAINTENANCE

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

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

X SUICIDE DISCOURSE

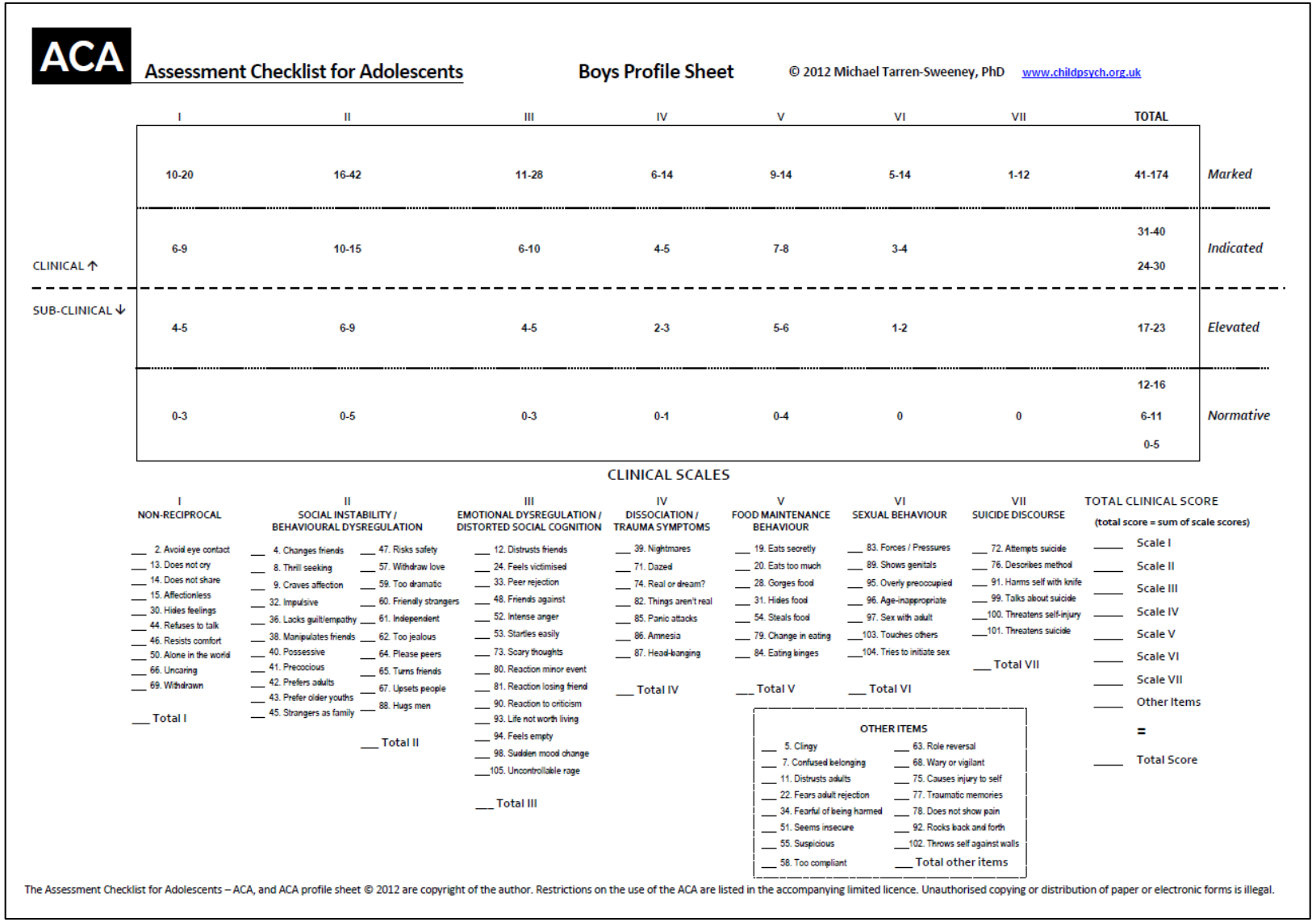
___ 83. Attempts suicide
___ 89. Describes method
___ 105. Requests harm
___ 107. Life not worth living
___ 113. Talks about suicide
___ 114. Threatens injury
___ 115. Threatens suicide

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 I **___ Total II** **___ Total III** **___ Total IV** **___ Total V** **___ Total VI** **___ Total VII** **___ Total VIII** **___ Total IX** **___ Total X** **___ Total 'Other items'**

Appendix 13 – Assessment Checklist for Adolescents (Boy's profile)



ACA Assessment Checklist for Adolescents — Boys Profile Sheet

	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*
CLINICAL ↑	6-9	10-15	6-10	4-5	7-8	3-4		31-40 24-30	*Indicated*
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 6-11 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

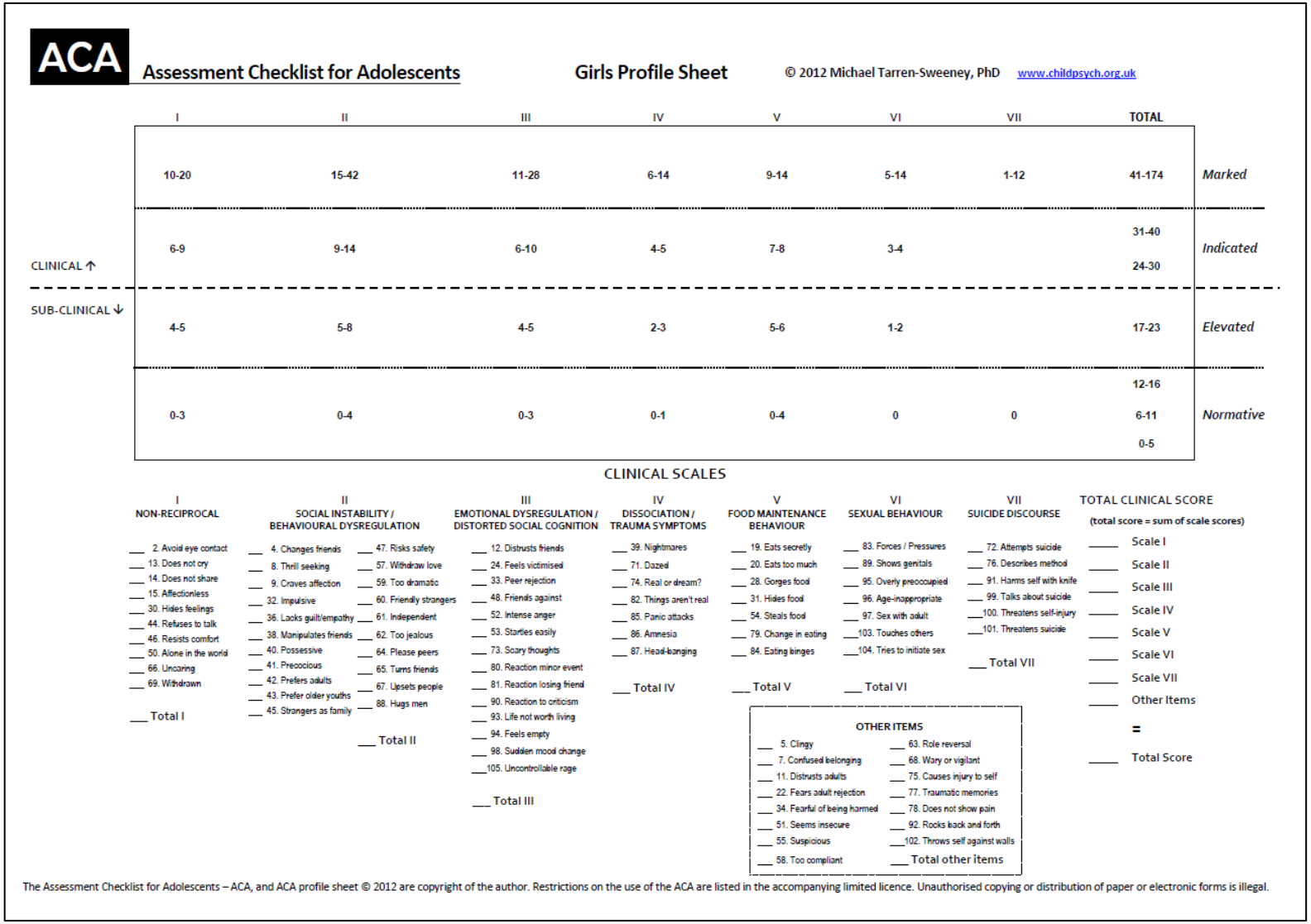
___ 5. Clingy
___ 7. Confused belonging
___ 11. Distrusts adults
___ 22. Fears adult rejection
___ 34. Fearful of being harmed
___ 51. Seems insecure
___ 55. Suspicious
___ 58. Too compliant
___ 63. Role reversal
___ 68. Wary or vigilant
___ 75. Causes injury to self
___ 77. Traumatic memories
___ 78. 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 14 – Assessment Checklist for Adolescents (Girl's profile)



ACA Assessment Checklist for Adolescents — Girls Profile Sheet

	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 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 6-11 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 15 – 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 16 – Two bed 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.

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

2 Bedded Home

Link Professional

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

CAMHS
Child and Adolescent Mental Health Services

Appendix 17 – Four bed Residential support 'Vision Board'

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

4 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.

Link Professional

- Support CAMHS referrals.
- Liaise with CAMHS colleagues.

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

4 Bedded Home

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

CAMHS
Child and Adolescent Mental Health Services

Appendix 18 – Consultation Feedback Form

Improving Health and Wellbeing

Humber NHS Foundation Trust

LAC CAMHS EVALUATION

Please comment on how the service has helped you

Please rate the practitioner on:	Poor	Fair	Average	Good	Very Good	Excellent	Comments
Knowledge of subject area							
Understanding your needs							
Responding to your questions							
Providing appropriate advice/support							
Meeting your expectations							
Improved understanding of your child's needs							

How do you rate facilities and administration?	Poor	Fair	Average	Good	Very Good	Excellent	Comments
Welcoming upon arrival							
Venue and room							
Convenience of location							
Time suitable for you							

Name (optional): …… Date……

Thank you for your evaluation, the information you provide will enable us to improve our services

Appendix 19 – Carer Feedback Form

LAC HULL CAMHS Carer Feedback following an Intervention

If you prefer to complete on-line please click on link or scan QR Code: LAC HULL CAMHS (office.com)

1. I felt listened-to in my contacts with the LAC Team at Hull CAMHS (please check one box)

☆☆☆☆☆	☐
☆☆☆☆	☐
☆☆☆	☐
☆☆	☐
☆	☐

2. I felt the needs of my child and the wider system were explored (please check one box)

☆☆☆☆☆	☐
☆☆☆☆	☐
☆☆☆	☐
☆☆	☐
☆	☐

3. I felt the needs of the child were understood (please check one box)

☆☆☆☆☆	☐
☆☆☆☆	☐
☆☆☆	☐
☆☆	☐
☆	☐

4. **The struggles that I or my child/young person came with are (please check one box):**

Much improved	☐
Improved	☐
The same	☐
Worse	☐
Much worse	☐

---

5. **I found the LAC Team at Hull CAMHS to be helpful (please check one box):**

☆☆☆☆☆	☐
☆☆☆☆	☐
☆☆☆	☐
☆☆	☐
☆	☐

---

6. **Please note any other comments to help us understand how we helped you and/or your child/young person and how me might improve**

7. **Please enter your child/young person's name (optional)**

THANK YOU

Appendix 20 – 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 21 – Residential Pre-Measure Questionnaire

(Pre Measure)

Date Completed: .....

Listed below are a number of statements concerning you and the children you look after. Read each item and decide whether you agree or disagree and to what extent.
Use the following rating scale, with 7 if you strongly agree; and 1 if you strongly disagree. The midpoint, if you are neutral or undecided, is 4.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree

1. _____The only time I'm certain the children I care for like me is when they are smiling at me.
2. _____I always know what the children I care for want.
3. _____I like to think about the reasons behind the way the children I care for behave and feel.
4. _____The children I care for acts up/are difficult around strangers to embarrass me.
5. _____I can completely read the minds of the children I care for.
6. _____I wonder a lot about what the children I care for are thinking and feeling.
7. _____I find it hard to actively participate in make believe play with the children I care for.
8. _____I can always predict what the children I care for will do.
9. _____I am often curious to find out how the children I care for feel.
10. _____The children I care for sometimes gets ill to keep me from doing what I want to do.
11. _____I can sometimes misunderstand the reactions of the children I care for.
12. _____I try to see situations through the eyes of the children I care for.
13. _____When the children I care for are being difficult they do that just to annoy me.
14. _____I always know why I do what I do to the children I care for.
15. _____I try to understand the reasons why the children I care for misbehave.
16. _____Often, the behaviour of the children I care for is too confusing to bother figuring out.
17. _____I always know why the children I care for act the way they do.
18. _____I believe there is no point in trying to guess what the children I care for feel.

Appendix 22 – Residential Post-Measure Questionnaire

(Post Measure)

Date Completed: .....

Listed below are a number of statements concerning you and the children you look after. Read each item and decide whether you agree or disagree and to what extent.
Use the following rating scale, with 7 if you strongly agree; and 1 if you strongly disagree. The midpoint, if you are neutral or undecided, is 4.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree

1. _____The only time I'm certain the children I care for like me is when they are smiling at me.
2. _____I always know what the children I care for want.
3. _____I like to think about the reasons behind the way the children I care for behave and feel.
4. _____The children I care for acts up/are difficult around strangers to embarrass me.
5. _____I can completely read the minds of the children I care for.
6. _____I wonder a lot about what the children I care for are thinking and feeling.
7. _____I find it hard to actively participate in make believe play with the children I care for.
8. _____I can always predict what the children I care for will do.
9. _____I am often curious to find out how the children I care for feel.
10. _____The children I care for sometimes gets ill to keep me from doing what I want to do.
11. _____I can sometimes misunderstand the reactions of the children I care for.
12. _____I try to see situations through the eyes of the children I care for.
13. _____When the children I care for are being difficult they do that just to annoy me.
14. _____I always know why I do what I do to the children I care for.
15. _____I try to understand the reasons why the children I care for misbehave.
16. _____Often, the behaviour of the children I care for is too confusing to bother figuring out.
17. _____I always know why the children I care for act the way they do.
18. _____I believe there is no point in trying to guess what the children I care for feel.