

## Service User feedback, participation and engagement activities, and case studies



### 1. 42<sup>nd</sup> Street service user feedback



#### What was really good about your care?

- Some of the advice I have been given and the methods have been really good
- Listened to and explained what was happening with me. Got given some great advice that I will carry with me forever!
- You, the support and inclusivity of the staff and how the sessions are specifically tailored towards what I need that week and how u don't say really ableist or transphobic things about my struggles like other therapists have. the specific little goals and positive words said when achieving them or at least attempting them have been fab too
- [WORKER] has helped me to open up and deal with things I have suppressed and let build up.
- It was focused around what I needed and what I felt I would need to help me the most.
- That I was supported when I needed it.
- Confidence has improved so much.
- You just understand me and give me ways to make me better
- You have let me talk and by listening to you I have found helpful things
- You've given me different techniques for how to deal with things and cope and ways to help me; journaling, sleep tips etc.
- The fact it wasn't about just the issues.
- I felt listened to
- I feel that my care was always focused on my needs and what was best for me at any given time. The person I saw continuously [WORKER] always remained in regular contact with me and kept me up to date with any changes to my sessions or any times that she would be unavailable to contact and made sure I was aware of other forms of support I could access should I need it during times she was not available. I feel that I was always listened to and that my worries and feeling were always taken seriously regardless of how big or small they were. I always felt that [WORKER] was genuinely interested in my progress and was happy to be supporting me throughout my sessions. I always felt comfortable expressing how I felt as [WORKER] continuously made me feel comfortable and made the environment feel safe enough to do so.
- the art making allowed me communicate my feelings in colours rather than having to talk



#### Was there anything you didn't like or anything that needs improving?

- just the accessibility of the website itself but that's not something u have full control over fully. you even suggested screen readers and helped me in discovering dark text overlays of my browser and made me feel listened to and like I was a valued member of the team at 42nd street almost, because of my disabilities and the perspectives that brings
- The waiting time was quite long.
- Preferred face-face as didn't feel as comfortable at home
- I cannot fault the service that I have been provided with, a great service all round that I would highly recommend to anyone



## Is there anything else you want to tell us about the service you received?

- I just think it's an amazing service and an amazing thing and I'm really grateful for it
- As I have seen a lot of other counsellors before I can say by far that this is the best service I have ever received, and I cannot thank [WORKER] enough for all of her work throughout my support! [WORKER] has left me feeling empowered and inspired to help others in the ways that she has helped me. Thank you [WORKER]!

### 1a: Direct feedback from young person (from 6 weekly and end reviews, Experience of Service Questionnaire (ESQ))

#### ▶ 6-session review form:

##### What has been helpful?



I have found it helpful to have a space to talk and I feel listened to so far. I feel like you don't want to get rid of me like past therapists and that you actually care.

##### What has changed?

I have been starting to feel more positive and there as less days resigned as "bad" days. I'm journaling more and reflecting on one positive thing a day which is helping a bit.



#### ▶ Feedback from Experience of Service Questionnaire (ESQ), completed after the last session (written by young person):

##### What was good about your care?



I felt listened to and that you really cared about what I had to say. Initially I couldn't look you in the eye or be on my own in the session but after a short space of time I could be on my own and have eye contact. I feel much more at ease in talking about how I feel and feel that I will seek support in future if I need.

##### Was there anything you didn't like or anything that needs improving?

Not at all



##### Is there anything else you want to tell us about the service you received?



I wanted to say thank you very much

### 1b: Example of 42<sup>nd</sup> Street Friends and Family Questionnaire:

36 young people responded in the following ways:

RECOMMENDATION						
How likely are you to recommend 42 <sup>nd</sup> Street to friends and family if they needed similar support?	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
	24	12	0	0	0	0

Based on responses, this represents a 100% positive satisfaction with service.

## 2. Examples of children and young people's voice & engagement



### CAMHS and STARLAC Participation Group: 'Becoming who you want to be'

Young people's interview questions were asked in the I-reach band 6 and band 7 interviews which were offered virtually and face to face in October and were several new staff were successfully recruited to the team for the Manchester and Salford I- Reach teams.

We continue to collaborate with Unity Radio on the 'I believe' Project and identified a young person who completed the last cohort who was struggling with suicidal thoughts so we asked him to be the ambassador on the new cohort and support and mentor young people joining the project for the first time. This has been really fantastic for him and has given him a structure and routine and something to look forward too. After the last group ended and before becoming the ambassador, he was experiencing suicidal thoughts and intent. This has now stopped.

Based on the feedback we have had from our LGBTQIA+ young people we are redesigning our staff photo board to include photos of staff with their chosen pronouns on. We are looking forward to unveiling the results soon!

We continue to have an interactive participation board in reception. This was created with lockdown in mind and we asked young people to help us with a handprint and we made a 'rainbow' of hands and have since being asking people to fill in a blank hand with 'what they did during lockdown'.



Some of the comments were:

- To appreciate social time with friends and family more
- I am grateful for all the NHS has done – Thank you NHS
- Thanks to {clinician name} I have learnt its ok to cry
- I wrote songs and learned to play piano
- I have learnt to expect the impossible
- During lockdown I have learnt not to take the freedom and rights we have for granted in England as they were taken away

## 2a: CAMHS – Examples of Service User feedback (2020-21)

### What was really good about your care?

#### YP Responses



- Listened it Helped, Excellent Service
- They listened and suggested some good stuff
- So far, I have been given appointments as often as needed. They haven't been too forceful with the treatment and have just tried to educate e me and my family
- The reassurance
- Talking to someone
- The people I see are very nice
- They provide resources to help until the follow up appointment
- Everything
- They understand
- Worker is easy to talk to and caring] really calm session, listened to
- Comfortable and Happy
- It was because I got a Sticker
- Playing Games
- They know how to help me
- How nice the lady was to me
- Made me Settled


#### Parents Reponses




- They have listened to A and put him at ease, allowing him to let go of some of his issues.
- Taking my child's points into consideration
- I felt I was being taken seriously and listened to.
- CAMHS Listen and try their best to help
- L's care has only just started, but I feel we are in the right place
- The CAMHS Practitioner who sees my daughter is consistent and my daughter is happy to see her. She is a good listener
- Nothing as I have only had one appointment with CAMHS
- They listened and reassured my daughter
- Listened has been given great advice and they always listen to his concerns and worries
- Able to converse well with Sumeet felt comfortable and well listened too
- Helped work through her anxiety
- Being able to explain and engage about my child's condition
- Did listen but my son did not fully engage
- The extended help, kind, friendly
- I felt my child was listened to
- Flexible with appointment times, return calls promptly, willing to listen to air concerns, and give guidance on where we can access other MDT help. Made to feel comfortable takin about personal issues – non-judgemental.
- I don't know its mine and my daughters first time
- We found out she has ADHD and address it with medication
- They listened and advised
- George listens to my concerns about my son
- My son was spoken to
- The people I have dealt with support and next steps
- Friendly, Helpful
- Just amazing the support from NHS is amazing.
- Felt at ease on first visit and confident that the service would support my child
- Made Z very settled

## Was there anything you didn't like or anything that needs improving?

### YP Responses


- 
- There needs to be more therapy for young people for example: Art therapy/DBT, DBT is an essential service, they tried doing it online, but it didn't work
  - The waiting times
  - Waiting in the waiting room
  - No apart from different doctor
  - I Don't like coming here in general
  - Maybe a bigger parking lot that you don't have to pay for
  - I'm not sure but maybe they could show us more technique to help us and maybe more social experiences (I Know it's hard because of the corona virus)
  - More Explanation
  - Waiting area: A TV or Radio

### Parents Responses


- 
- Had problems to start but all sorted now
  - As a Parent I am not always kept informed regarding recommendations made by CAMHS for my Daughters future. I had to hear from another agency
  - My son has had appointments cancelled resulting in not being seen for a year
  - Yes, car parking not enough places when some cars are here all day
  - Not that I Didn't like – just lack of understanding about how this process works – but really pleased with the care taken with me and my daughter. These staff do an exceptional job show commitment to their job, could not ask for more, great service from CAMHS
  - Diagnosis of non-school attendance was not diagnoses/recognised as anxiety
  - I Don't feel my views or schools' views have been taken into consideration when advising what care is provided
  - Was not aware no med for autism, was not aware only med for ADHD
  - Swaps in people leading on care – understand this is sometimes unavoidable but does cause distress for services users. Initial referral there was a mix up and had to come several times for initial assessment before we were allocated a care co-ordinator, once allocated care provided was of a high standard.
  - Because my son attends a special need school CAMHS haven't done much for us apart from given meds.
  - Yes, more help for parents to understand the child's needs I Feel ADHD is a very grey area! More regular apps.
  - The amount of different people my son has seen there could not be any rapper building
  - This is our 2<sup>nd</sup> time here, first time I felt as if I was lying about my child's needs and felt like I was questioned on face that I was saying. This time is different thankfully
  - Diet coke machine

## Is there anything else you want to tell us about the service you received?

### YP Responses

- 
- There need to be more preventative work for suicide especially for autism because you're more likely to experience depression, anxiety and suicidal thoughts especially during adolescence.
  - It was good
  - It really Helps

### Parent Responses

- 
- My Daughter needs DBT and there is no service currently available.
  - Excellent
  - Great Service could not ask for more.

- I hope she will be able to have more appointments to help with her needs
- Overall happy with the service thank you
- Vicky is amazing and so supportive
- To just thank you

### 3. Children's and Young People's Mental Health Case studies 2020-21 (Salford Services)

#### Case Study 1: CAMHS

Referral of 12-year-old male previously seen by CAMHS in 2018, query Learning Disabilities and complex family dynamics.

Referral in 2020 was for increased level of aggression and reports of hearing voices and subsequent self-harming behaviours.

Seen by CAMHS first appointment ROMS completed and indicated parental distress and anxiety high and young person no areas of concern. Nil evidence of responding to external/internal stimuli orientated to time and place, good eye contact and engaged well in session. 1-1 time facilitated with YP and parent to complete assessment and agree plan going forward was done.

Parental mental health reported and familial changes in last 12 months recorded and associated issues with COVID impacting on wider distress.

YP reported familial conflict and arguments, increased alcohol use in the home during lock down by parents and subsequent family issues. Self-harm at times of distress nil suicidal ideation or intent, voices described as internal thoughts and increased anxiety.

Nil evidence of depressive or psychotic disorder but clear need for further interventions and wider support.

Agreed for further work within family therapy session and for all family members to attend.

Further 1-1 sessions with YP on mood and emotional regulation and management of feelings as opposed to self-injuring.

Wider referral to early help for practical family support

Referral to GP and adult mental health and Alcohol support for parent.

Sessions attended in CAMHS demonstrated improvement in ROMS and initial concerns improved discharged after 16 weeks.

## Case Study 2: STARLAC (Salford CAMHS for looked after children service)

Young person (15) living in a children's home – 'Liv'

Liv had known workers from STARLAC since she was 12. She had been supported in her foster placement where she had experienced bullying from her brother and name calling from the foster father. We were asked to see her again when she moved into a children's home aged 14.

At this point she had been hoping to return to family and was devastated to hear that she would be living in a children's home. This showed itself by her telling professionals she felt let down by them and by rejecting any care that was offered. A worker from STARLAC tried to build a relationship with her over several months by dropping by, writing to her and engaging her in general talk in the home. This was not successful.

By May 2020, Liv was showing her upset by self-harming, hitting the staff that were trying to care for her, and telling everyone in her network how useless they were at their jobs. STARLAC offered risk support to the professional network as Liv was refusing to meet with anyone. We decided to create a formulation that could be used by the network to try and share the anxiety around Liv's behaviour. There were significant experiences from her early childhood that connected with the behaviours she was showing. Liv had five ACEs in her early childhood (neglect and physical abuse, plus three parental absences). Her mum did not accept help from statutory services and missed health appointments and school attendance. Liv was not school ready and was at a disadvantage when she started school. It was noted that she was 'independent', this was also noted in her foster home when she would wash her own hair aged five. It was not surprising that she did not feel able to rely on others to care for her and thought she could do better looking after herself. Liv had been assessed as having an avoidant attachment style aged five. By age 15 she had developed a set of strategies that were successful in regulating others' closeness and distance to her. When she felt under threat, these would become more and more extreme. She attended A&E on three occasions, each time alluding to being sexually assaulted but saying that she did not want to talk about this.

After an episode in which she became very distressed, she was admitted to a Tier 4 adolescent unit. She showed the same rejecting behaviour in this setting and was discharged very quickly. STARLAC worked with the unit to think whether a diagnosis would be useful in her future mental health care. She was diagnosed with PTSD and Disinhibited Attachment Disorder, both of which require specific experiences which we were able to show from looking through her history.

STARLAC then worked with the network to think how these diagnoses translated into Liv's day to day behaviours. We were then able to think slightly differently about her care. The network were keen for Liv to receive individual help for her mental health. However, when we looked at her experiences of neglect, physical and sexual abuse, it became understandable that she had developed a sense that adults were untrustworthy. This had been reinforced by her mum. In trying to help her, she sometimes felt that people were coercing her into something she did not want. This was threatening to her and caused her to try harder in her attempts to escape the perceived threat. A plan was developed where STARLAC would write to Liv and explain that she could receive help without having to tell anyone the details of the sexual assault, and that lots of young people feel this way. The team at Devonshire Road would give her this and tell her that they would contact us when and if she was ready. This seemed to reduce the pressure on both Liv and her care team and she appeared more relaxed in the home. However, it was difficult for others in the network to accept that this plan was a positive option and so STARLAC wrote a letter which could be copied to anyone that recommended the care team spend time trying to persuade Liv to engage with mental health services.

A similar approach was discussed in a school meeting and a time arranged for the LAC EP, Virtual School and Liv's school to think about how the formulation would translate into a school plan.

### Case Study 3: Salford CAMHS Youth Justice Service

#### **What was the CYP situation when they came to the YJS Service?**

A young person recently charged with sexually harmful behaviour had expressed difficulties with his mental health to his YJS case manager and he was referred for telephone support due to COVID.

#### **What support did the YJS – CAMHS Service provide?**

Due to the emotional impact of this conviction on this young person and his disclosure of mental health difficulties. I contacted the young person by phone to assess his risk. Telephone calls can be difficult for young people and as I had not met the young person face to face, I was concerned that he would not be comfortable in disclosing risk issues to a stranger. I agreed to offer a socially distanced meeting and contacted the local youth centre close to his home, to meet. He accepted and attended the appointment.

#### **What was the impact of YJS – CAMHS support on the CYP?**

I was able to see the young person in person so allowing me to assess his needs effectively. We established a good rapport from the start, and he shared that he did not feel able to disclose risk issues over the phone and that there were risks he needed to share. I'm continuing to see this young person and I am pleased to confirm his emotional difficulties have improved owing to the support he has received from YJS team and myself. We were able to provide a service at a challenging in the right environment which through early intervention has reduced the risk factors and improved the young person's mental health.

### Case Study 4: CAMHS Learning Disability Service

Harrison is a child who presents with a complex picture of social, emotional and neurodevelopmental needs. Harrison's case illustrates the complexity of work within the LD/ASC team and the move towards a wider neurodevelopmental team approach within CAMHS.

Harrison presents with high levels of aggression at home and school and is verbally and physically aggressive with adults and other young people. School, parents and the GP had raised concerns in relation to poor attention, over activity and impulsivity. The referral also included concerns around a possible social communication disorder due to on-going difficulties with peer relationships, low empathy and rigidity.

Harrison has experienced trauma following witnessing severe domestic violence from dad towards mum. Dad was imprisoned for this, mum suffered significant injuries and was hospitalized for a period following the last assault. Harrison is very attached to his mum and can struggle to separate at times. Harrison also struggled to tolerate his younger siblings and can be aggressive towards them. A safeguarding referral was made at the point of the initial assessment due to concerns over the level of risk Harrison presented to his younger sister and mum whilst she was pregnant.

Harrison had an initial assessment at CAMHS followed by 4 follow up appointments which have allowed the team to observe Harrison and gather information about his developmental history. The team felt that ASD, ADHD and Attachment needed to be explored as part of the assessment process. Harrison has engaged in a range of assessments including ADOS, QB, play assessment and school observation. Harrison has presented differently in the various clinics and settings and as there is conflicting information from other professionals and external sources, it was felt that some joint assessments with others in the team would be helpful to gather a more comprehensive picture of Harrison's presentations and functioning.

The current formulation is that Harrison is likely to have mild to moderate ADHD. Treatment for this needs further discussion with the team. Whilst Harrison has some nice social communication skills there are clear deficits in reciprocity, emotional recognition and understanding of social relationships. Follow up with CAMHS SALT has been agreed. The assessment process is on-going and liaison with school and social care will continue as appropriate.



## Case Study 5: 42nd Street - Individual Therapeutic Support

*The young person's name has been changed to preserve anonymity and is referred to as Holly throughout.*

### Young Person's Details:

- Gender: Female
- Age: 17
- Ethnicity: White British
- Sexuality: Heterosexual
- Referrer: GP

### Background / Presenting issues

Holly was referred by her GP in July 2018 and was described as feeling low and depressed for 15 months, following the death of her grandparents. She was assessed and placed on the Salford Psychosocial waiting list.

From the outset, Holly was clear that she wanted to focus on:

- worrying and overthinking less,
- reduce the anxiety she had around certain compulsive behaviours, such as checking and locking the door,
- and let go of the idea that something bad was going to happen.

### Nature and details of support / intervention offered

#### 1. Beginning work

Holly and the MHP originally contracted for 12 sessions to be held weekly in person at a community venue. The MHP adopted a psychosocial approach; underpinned by transactional analysis theory and concepts; utilising creative and visual activities to explore Holly's thoughts, feelings and behaviours.

Holly reported a nagging feeling that something bad was going to happen, particularly surrounding the compulsion she had to lock the door and a fear of what could happen if she had not locked it properly. The MHP introduced a piece of psychoeducation work around trauma and coping strategies; always expecting something bad is going to happen as a way of preparing for trauma/traumatic events.

Holly was able to use this learning and apply it to her own anxiety and make meaning from it. "I know my anxiety isn't directly about locking the door, but about avoiding that pain" – referring to the pain she felt when her grandparents passed away. Holly became aware that her behaviours had begun shortly after they died, but had never made a connection between the two or seen them as a way of coping.

In the sessions that followed, Holly linked a number of beliefs she held surrounding feeling responsible for looking after them and how she feels now. Holly came to understand that the compulsive behaviour was just another way of coping or of displacing the anxiety and feelings of responsibility she had identified and placing it on the physical act of locking the door.

The MHP provided a safe space and permission for Holly to really begin to grieve and allow herself to feel sadness at the loss of her grandparents. Something she said she did not have the opportunity to do at the time. Holly recalled there being very little support from school and an expectation from school staff and her peers that she should 'be over it soon'. As such, Holly adopted a 'Be Strong' mentality and 'don't feel' in order to behave in a way that was 'acceptable'.

Holly shared that she held a belief that she was responsible for everyone and it was her job to take care of everyone. The challenge in the sessions that followed, was giving herself

permission to be looked after and allow mum and dad to 'take back' responsibility. Thereby giving Holly's 'Child' the opportunity to be seen, heard and listened to.

Shortly after the 12<sup>th</sup> session, a nationwide lockdown was announced in response to the global covid-19 pandemic. The MHP began conducting all work remotely and Holly was offered support either online or over the phone. Holly continued to receive support via weekly telephone sessions.

As Holly was no longer attending college in person or leaving the family home each day, the behaviours surrounding locking the door when she left in the morning shifted, and the focus was now on locking the door at night and a new bedtime routine emerged.

The MHP introduced Eric Berne's Ego States model to explore the different parts of Holly, by way of identifying ways to notice and soothe the anxiety. Holly identified that she struggled to ask for help and see her needs as being important. By developing her understanding of the 'Nurturing Parent', Holly created phrases and affirmations to say to herself and write in her journal each night - "I'm ok" / "Everything is ok" / "It's not my responsibility".

Holly wanted to share this learning and insight with mum and dad, so they could better support her. Together with the MHP, Holly devised a few short sentences beginning "The story I am telling myself is..." and "What I need from you to support me is..." As a result, mum and dad were able to offer her reassurance at night when she felt most anxious and give Holly's 'child' the reassurance it needed to settle. Holly fed back that her relationship with mum and dad grew closer and she felt increasingly more supported by them.

In the space of 5 weeks, Holly's anxiety around the night-time routine went from a 4/10 to a 9/10 and she directly attributed this improvement to:

1. writing in her diary before bed and using verbal affirmations; 'I'm ok' / 'everything is ok'
2. trusting mum and dad - 'they're responsible'
3. looking forward to things and making plans for the future

Over the phone, the MHP shared a list of emotions via email to Holly and asked her to choose some and categorise them as either 'good' or 'bad' and to explain why she had chosen each one, giving examples from her life to explain her responses.

From the therapeutic discussion that ensued, Holly became aware that she perceived some emotions as 'ok/acceptable' and others as 'not ok/not acceptable' and would often tell the same story of having to retreat to her room because she was feeling a particular way; cutting herself off from support at home, saying that it is "exhausting trying to be positive all the time" and that she has been trying to 'control' negative feelings, rather than let them in. Holly was able to notice patterns of behaviour and verbalise the 'story' she was telling herself. "if I ask for help then... I am mithering". Holly again shared this learning with mum and was able to devise a plan with her, whereby she could safely be more open about how she was feeling and ask for what she needed when she felt a certain way.

On the 20<sup>th</sup> session Holly and the MHP agreed that there would be 3 'tapered' transitional sessions, to prepare Holly for support concluding. This space in between sessions were to deliberately provide Holly with space to 'prove' and test her coping strategies.

Understandably, there was a certain level of anxiety around building confidence for 'going back out into the world' after several months of isolation.

## **2. Outcomes of intervention (must include Routine Outcomes Measures data for all individual therapeutic support).**

### **Qualitative commentary:**

Holly had 24 sessions of support, and by the final session fed back that she felt the support had helped her understand what her anxiety was about and tips and strategies to manage it.

“Being able to identify what was underneath and tackle both the surface and the hidden stuff”

By the time support ended, Holly reported ‘hardly using’ her journal at night, and not needed much reassurance at all from mum and dad.

The session recording outcomes below are evidence of the positive relationship between the MHP and Holly.

SRS	1	2	3	4	5	6	7	8	9	10	11	12
Relationship	10	10	10	10	10	10	10	10	10	10	10	10
Goals & topics	10	10	10	10	10	10	10	10	10	10	10	10
Approach/ method	10	10	10	10	10	10	10	10	10	10	10	10
Overall	10	10	10	10	10	10	10	10	10	10	10	10

Direct feedback from young person (from PEQ 1, in-support reviews and end reviews, Experience of Service Questionnaire (ESQ)  
PEQ 1:

<u>CHOICE</u>	YES	NO	
1. Were you given information about options for choosing a support type that is appropriate for your needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Do you prefer any of the support types among the options available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			N/A
3. Have you been offered your preference?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>SATISFACTION</u>	Completely satisfied	Mostly satisfied	Neither satisfied nor dissatisfied	Not satisfied	Not at all satisfied
1. How satisfied were you with your assessment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## In-support reviews:

### What has been helpful?

Notes from 6 session review – Holly has found the following helpful:

- “the breaking down of stuff and writing it out and the diagrams”.
- “They’ve been helpful in understanding what I’ve been going through”.
- “I’ve learnt a lot more techniques to help with anxiety and have broken it down into steps.”
- “Talking about how I’ve dealt with my anxiety over the last week and figuring out what techniques I like best.”

### Feedback from Experience of Service Questionnaire (ESQ), completed after the last session (written by young person):

		Certainly True	Partly True	Not True	Don’t know
1	I feel that the people who saw me listened to me	x			
2	It was easy to talk to the people who saw me	x			
3	I was treated well by the people who saw me	x			
4	My views and worries were taken seriously	x			
5	I feel the people here know how to support me	x			
6	I have been given enough explanation about the support available here	x			
7	I feel that the people who have seen me are working together to support me	x			
8	The facilities here are comfortable (e.g. waiting area)	x			
9	My sessions are usually at a convenient time (e.g. don’t interfere with school, clubs, college, work)	x			
10	It is quite easy to get to the place where I have my sessions.	x			
11	If a friend needed this sort of support, I would suggest to them to come here	x			
12	Overall, the support I have received here is good	x			

### What was good about your care?

- “everything from the boxes above!”
- “Listened to and explained what was happening with me.”
- “Got given some great advice that I will carry with me forever!”

### Was there anything you didn’t like or anything that needs improving?

- No

### Is there anything else you want to tell us about the service you received?

- “I just think it’s an amazing service and an amazing thing and I’m really grateful for it”

### 3. Use of other 42<sup>nd</sup> Street Services

Holly got involved in the creative projects online over the summer. Holly has got involved in a range of different groups since ending support: Change Makers, Creative Agents and Peer Ambassadors.

### 4. Signposting / referral to other agencies

The MHP also connected Holly with; The Princes Trust, Talent Rise and the Rio Ferdinand foundation to explore opportunities for traineeships and build skills to support her into paid employment.

### Case Study 6: 42<sup>nd</sup> Street

The young person will be referred to as 'Peter' to preserve anonymity and the Case Study has had input from Early Help, Peter and his school.

**Background:** Peter (male, aged 11) presented with risk of suicide. He would make (often graphic) threats to others about ending his life. Peter appeared to display a lack of empathy and found it difficult to relate to others. He often felt powerless and felt that to feel powerful, he needed to intimidate others. Peter struggled with friendships and struggled to form secure attachments with adults. He had difficulty understanding how to relate to peers. Peter has special Educational needs including ADHD, Sensory and attachment difficulties. Peter was referred to ICR for support to understand his emotions, control angry outbursts and to reduce risk of suicide.

**Important Factors to Consider:** Due to Peters additional needs the ICR worker was able to meet F2F using appropriate PPE.

Peter had difficulties in school which was emphasised through a lack of boundaries with staff, which led to him feeling unsafe and caused him to become a threat to himself. Some examples of this would be screaming and crying "I will stab myself" or "I will kill myself" and getting a knife and threatening to slit his wrists. When Peter wasn't getting his needs met he would make threats to harm teachers, peers, parents and sometimes this escalated to holding broken glass up to another pupil's throat, and being physically abusive to mum. At times of distress Peter would express lots of self-loathing e.g. "I hate myself". ICR worked with Peter in a multi-agency approach to help refer him to a specialist school that could follow the recommendations made to ensure Peter had a supported environment and safe relationships with staff/pupils.

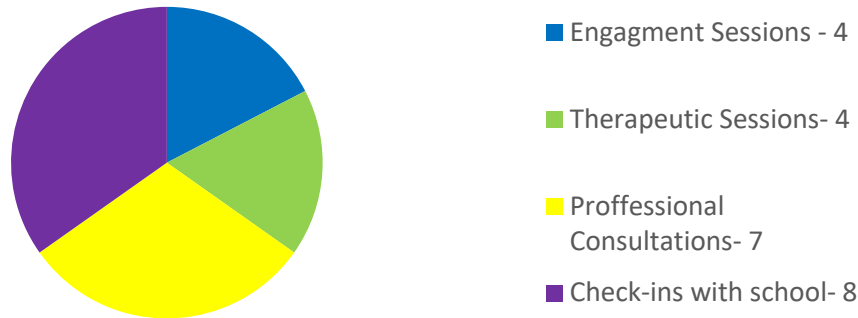
### Multi-agency approach to support



### Effective Multi-Agency Working

Consultations between ICR & the CAMHS ICR consultant psychiatrist led to a rapid-response multi-agency meeting set up where the ICR worker was able to highlight Peters mental health and attachment needs to ensure the support did not remain solely on his neurodevelopmental and sensory needs but also his emotional needs. The ICR worker also fed into the CAMHS formulation for attachment difficulties that had not been assessed before ICR involvement.

## Overview of Support



**During sessions:** Peter found it difficult to talk about how he was feeling and therefore he had four engagement sessions as he had just started ADHD medication and found it hard to concentrate. The ICR worker was able to use creative methods to engage Peter. To ensure the work was appropriate for Peter's needs, the ICR worker used Lego (something he enjoys) to help Peter relate to the activity. The ICR worker also used games and art to reflect on his feelings.

Peter stated during assessment that he does not have suicidal thoughts but tells people he would hurt himself as he felt it would make people care 'I wouldn't even do it I'm just angry'.

"I wouldn't even do it, I'm just angry"

## Outcomes and Impact of Service

- Peter became more **confident in exploring his emotions and recognising his behaviour**
- Peter became **more confident** in working with adults
- His **social skills improved and he** feels more **comfortable talking about himself**
- ICR were able to provide a summary to social worker to **support transition of social care** to new local authority area. Ensuring Peter continues to be supported at child in need level.
- Weekly consultations with the school ensured **school staff felt supported and were more regulated and confident** in supporting Peter with his distress.

## Peter's Feedback

- It was really helpful and I really enjoyed talking to someone. My mum was happy too.
- It was helpful to talk because I didn't usually want to talk. I felt I had to keep things on the down low.
- Better social skills and is braver to talk to people now.
- Sian said I didn't have to talk about anything if I didn't want to. I could keep a few little things back and she made sure I was safe too.

## School Safeguarding Lead Feedback

- Sian was good enough to come safely in PPE during lockdown which shows how dedicated she is to see her work through

- The child needed to talk and get some of the things he had struggled with for so long out and to be able to talk in a safe place.
- I could see week on week the engagement and trust was building up.
- Having Sian there to talk and ask questions was a massive support for me too.
- He could express himself with no worry of causing upset to anyone at home and he felt comfortable enough to do that in whichever way he needed to
- Knowing the same time each week was his protected time and when he felt reluctant she would wait for him patiently.