Iriss

Using evidence for change

Social Worker Contribution to the Multidisciplinary Team in Preventative Approaches for Children and Young People at Risk of Mental Health Issues:

Evidence from improvement knowledge

Sheila Inglis, SMCI Associates

Edited by Stuart Muirhead, Iriss

August, 2017

THE NATIONAL EVIDENCE SEARCH & SUMMARY SERVICE

NHS Education for Scotland

Contents

Aim and scope of this work

This report forms part of a suite of reports designed to explore what works to support the multi-disciplinary team to develop preventative approaches for children and young people at risk of mental health issues.

This 'improvement knowledge' will complement and augment the formally published research summarised in a parallel report (December 2016). It aims to capture real-life examples of improvement, recommendations for service improvement, evaluation reports, practice development and piloting / scoping initiatives. Work of this nature is often not published in the peer-reviewed journal literature. It is more likely to be found in case studies, abstracts from conferences and meetings, pilot studies and project reports published informally or locally within organisations. See appendix A for details of websites reviewed for relevant information.

Moreover, this type of knowledge is often tacit – i.e. knowledge that people hold in their heads, based on their experience, rather than writing it down. This means that sometimes it can only be articulated in discussion – e.g. in interviews, storytelling or focus groups. The analysis of focus groups and interviews with practitioners from across the sectors in East Dunbartonshire is provided in a parallel report (May 2017).

Summary of key findings

The 'improvement knowledge' emphasises the importance of understanding the issues in working to prevent the escalation into mental ill-health in children and young people who are presenting indications of mental health problems. This includes understanding the impacts of:

- Of trauma and adverse experiences (1)

- For children who have a parent dying of a terminal illness (3)
- Of emotional abuse and neglect (5, 6)

The following were also identified as important for effective work with children and young people who are at risk of mental health problems:

- Knowing the families of children and young people at risk of mental health issues (3)
- The significance of the transition from children's to adult services, and the need to address this (3)
- Manager support for practitioners working with children and young people who are presenting indications of mental health problems was noted by one item (3)
- Role clarity across the multi-disciplinary team in working with children and young people who are at risk of mental health problems (3).

The need for effective multi-disciplinary working with children and young people who are at risk of mental health issue was stressed (1 2, 3), in particular, the need for psychologists to work closely with (or be "embedded in") social work teams (1, 2).

Training is important in enhancing work with children and young people at risk of developing mental health issues; however this needs to be supported and followed up through supervision (6).

Identified approaches that can be effective in working with children and young people at risk of developing mental health issues include:

- Stress, coping, social skills and conflict resolution programmes delivered by psychologists in schools (4)
- CBT programmes targeted at reducing anxiety disorders delivered in schools (4)

- Use of a shared conceptual framework (5, 6) or risk assessment framework (7).

References and key points

1.Centre for Youth & Criminal Justice 2016

Key messages from the Centre for Youth & Criminal Justice

http://www.cycj.org.uk/wp-content/uploads/2016/12/CYCJ-Key-Messages.pdf

Briefing paper

Objective:

To summarise some of the key findings and messages from CYCJ's work over the past three years. It draws on research; feedback from practice and policy; and reflections about how to better support children and young people involved in, or on the edges of, offending to flourish.

Key messages include:

- Mental health is a major issue for this group of children but we often respond to mental health crises rather than looking to help children manage their experiences and emotions (self- regulation) at an early stage. One initiative which would address this would be for clinical psychologists to be embedded in social work teams throughout Scotland to provide this early stage support.
- Where children and young people's needs are such that they do require to be looked after away from home, there are a number of examples of innovative and evidence based methodologies being delivered in Scotland. 'Trauma informed care' is an important approach, where multi-professional teams around the child underpin everything they do with awareness and understanding of the impact of trauma and adverse childhood experiences. Central to everything is the quality of the relationships between the carers and the young people.
- Improving the support we provide around mental health and wellbeing to address the trauma underpinning offending (in age/stage

appropriate ways). Young people who present with the highest risk and need are frequently unable to access psychological assessment or therapy from mainstream services, and we often respond to mental health crises rather than looking to help children manage their experiences and emotions (self-regulation). The IVY Project demonstrates that joint working between clinical psychology and social work professionals can meet the needs of young people at high risk of offending, but IVY is a unique model in this respect. Embedding more clinical psychologists in social work teams across Scotland might be a way to build on the success of this pilot project, providing benefits such as improving workforce capacity, but most importantly, overcoming many of the challenges young people face when attempting to access psychological assessment and therapy.

2. Centre for Youth & Criminal Justice 2014

Mental Health Difficulties in the Youth Justice Population: Learning from the first six months of the IVY project

http://www.cycj.org.uk/wp-content/uploads/2014/07/Briefing-Paper-5-final.pdf

Briefing paper

Objective:

To set out the lessons from the first 6 months of the Interventions for Vulnerable Youth (IVY) Scottish Government funded project established to meet the need of children who often do not meet Child and Adolescence Mental Health Service (CAMHS) criteria (criteria vary by health board, but are usually related to meeting diagnostic criteria for a mental disorder such as depression, anxiety or psychosis), but who present with significant psychological difficulties.

The project:

The project provides a clinical forensic psychology service – in partnership with other agencies - that delivers a range of interventions to lead professionals/authorities. The project incorporates and increases accessibility to dual trained mental health and forensic practitioners as well as those who are expert in the Children's Hearing System, Social Work Practice and Legislation. The project is comprised of psychology and social work expertise and is organised around the principles of CAMHS consultation models to ensure best practice in terms of provision and governance.

IVY reflects a multi-disciplinary tiered approach to risk assessment, formulation and management for high risk young people who present with complex psychological disturbances and high risk behaviour in terms of their violent conduct. It exists to contribute to the response to the mental health and risk assessment needs of a marginalised group of young people who, by virtue of their social circumstances, placement issues or sub- threshold level of psychopathology, struggle to access services, or perhaps to access them at the right time. Organised around consultation methods, there are three distinct but interlinked levels to the IVY project:

- Level 1 (the consultation clinic). This takes place on a fortnightly basis. A dual trained consultant clinical and forensic psychologist, a clinical psychologist and two social workers form a panel with whom the lead professional (and other professionals where appropriate) will present the case and in collaboration with the panel, identify the presence and relevance of risk factors for on-going risk. This information is used to form the basis of the clinical formulation (a narrative of the person's presentation), risk scenarios and recommendations for risk management.

Where further assessment or intervention is required, the referral will progress to level 2 and on occasion level 3.

- Level 2 (specialist clinical forensic psychology assessment). For cases where there is a level of complexity and/or psychological factors that

need to be assessed in order to inform case management, a level 2 assessment is conducted by the clinical psychologist under supervision of the clinical forensic psychologist. These are case specific in form but include psychometric assessment, interviews and observations – as per typical clinical psychology practice.

- Level 3 (specialist treatment): Where a level 1 and 2 analysis reveals that a case requires an eclectic treatment intervention and/or where the young person presents with particular responsivity factors requiring specialist input, the clinical psychologist can design and deliver individualised treatment.

Conclusions include:

Although more needs to be done, IVY presents an efficient and cost-effective way forward. It provides a timely and much needed opportunity to gain further insight into the needs of this vulnerable population in Scotland, and an opportunity to consider whether this model might contribute to significant service improvements for high risk youth.

3. Iriss 2012 (Carole Comben, University of Stirling)

Safeguarding children of adults in receipt of palliative care

https://www.iriss.org.uk/resources/irissfm/safeguarding-children-adults-receipt-palliative-care-carole-comben

Transcript of a recording

Objective:

To explore the role of the palliative care social worker in safeguarding and promoting the welfare of children of adults who are receiving specialist palliative care. It examines what palliative care social workers understand by the term 'safeguarding children' and how they and other members of the palliative care multidisciplinary team identify situations where there are concerns about the present and future care of a child.

Methods:

Information was gathered in three ways during the period June 2007 to November 2008: 22 workers contributed in focus groups and 57 completed a questionnaire, of whom 17 were interviewed individually. The majority of participants were from combined in-patient and day hospices with others based in community services, hospitals and in-patient hospices in England, Scotland and Wales.

Findings include:

- Children who have a parent dying of a terminal illness might be feeling bewildered, frightened, unhappy, threatened, lost, guilty, depressed, scared, unsupported and maybe unloved. In these circumstances it would be reasonable to suppose that such children would require consistency and continuity, to be informed, supported, listened to, protected, taken account of, respected and to be prepared for what was and might be happening to them and the people around them.
- Palliative care social workers believed that they would be more effective if their social work role was clarified and their role with children affirmed within the workplace. Also, their practice would be enhanced if they had more time to get to know the families and to provide follow-up; had more experience of working with children; and received more training to keep up-to-date in child welfare matters. More multidisciplinary and 'joined-up' working with the local authority children's services were also considered to be ways of helping them be more effective in their safeguarding role.
- The findings confirm those in other studies which have examined relationships between adult care service workers and those in children's services. In the main, inter-agency co-operation was not a regular feature in everyday practice and there was frustration and disappointment that this should be so. Whilst there were pockets of co-operation and productive joint working, these were in the minority.

There appeared to be a range of impediments to productive co-operation with poor communication being a key issue. For some palliative care social workers there was a fear of alienating the family by involving children's services. Occasionally difficulties occurred due to a lack of information about each other's tasks and responsibilities. There did not appear to be any sustained attempts by managers in either setting to alter the situation. Individual palliative care social workers had tried to improve communication but these attempts tended to fall by the wayside due to lack of time and effort. A commonly held view by palliative care social workers was that children's service social workers did not have enough understanding of death and dying and its impact on families, particularly in relation to children, and hence shied away from involvement.

Practice implications include:

The quality of the relationship between palliative care social workers and local authority social workers requires to be examined in order to improve communication. This would help to establish ways in which the needs of this community of children can be fully understood and realised. In these ways the role of the palliative care social worker in safeguarding children of adults who are receiving specialist palliative care would be made more certain.

4. NHS Health Scotland 2012

Evidence Summary: Public health interventions to support mental health improvement

http://www.mnic.nes.scot.nhs.uk/media/23121/mental_health_evidence_review_-_final.pdf

Objective:

To present a summary of highly processed evidence related to public health interventions to support mental health improvement from pre-birth through to 18 years.

There is a focus on school-based interventions. Evidence relating to the multi-agency team is summarised here:

Stress, coping, social skills and conflict resolution programmes:

- There is some evidence that short term stress and coping programmes delivered by psychologists are effective in the short term. There is also evidence, of reasonable quality, that short term conflict resolution programmes delivered by teachers and involving peer mediation are effective in the short term. Longer term programmes covering social problem solving, social awareness and emotional literacy are effective in the long term.

Anxiety and Mood disorders:

- There is evidence of the effectiveness of CBT-based programmes targeted at reducing anxiety disorders, that they have been transferred successfully between countries, indicating a high level of generalisability. There exists some good quality evidence of the effectiveness of the Penn Prevention Programme in relieving and preventing depressive symptoms. Evidence from other CBT-based treatment programmes with children with mild to moderate depressive symptoms is mixed.

ADHD, Conduct disorder and oppositional defiant disorder:

- There is an absence of successful interventions to identify and respond to symptoms of attention deficit hyperactivity disorder. Interventions using peer norming and negative attribution reversal techniques, have had modest effects on young people with conduct disorder and oppositional defiant disorder, however, these benefits are not sustained over time.

5. Danya Glaser 2011

How to deal with emotional abuse and neglect – Further development of a conceptual framework (FRAMEA, Child Abuse & Neglect 35 (2011) 866 - 875

Objective:

To describe the development of a conceptual framework for the recognition and management of emotional abuse and neglect.

Rationale:

Emotional abuse and neglect is a cause of substantial harm to the child's functioning and development, often extending into adult life. Evidence shows consistent associations between emotional abuse and neglect in childhood and a wide range of emotional, behavioural, and cognitive difficulties in childhood, adolescence and adulthood.

Outcomes include:

A coherent conceptual framework encompassing the definition, recognition, assessment and management of emotional abuse (FRAMEA)

6. Danya Glaser, Vivien Prior, Katherine Auty, Susan Tiki 2012

Does training in a systematic approach to emotional abuse improve the quality of children's services?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181602/DFE-RB196.pdf

Department of Education Research Brief

Objective:

To investigate whether training and follow up consultation in FRAMEA would improve professional activity in terms of clarity of conceptualisation of

concerns, recognition of emotional abuse and the nature of professional response and intervention in emotional abuse.

Methods:

Evaluation of training in FRAMEA provided to 335 professionals across 4 children's services settings in England.

Findings include:

The findings suggest that it is difficult to introduce new thinking into already established procedures and ways of working, especially with a relatively brief training, to professionals with a very heavy workload as was the experience of the health visitors and in settings where there is little time set aside for peer / team case discussions and in- depth, non procedure-driven case supervision or consultation, as was the case for social workers. Future more effective training in implementation of FRAMEA would therefore require more time spent with the teams following initial training and the involvement of supervisors as well as practitioners in the full process.

Practice implications include:

- Interagency training needs to address the issue of respective agencies' thresholds both for referral and acceptance of referrals of cases of emotional abuse.
- Offering training is only likely to be effective if practitioners also have regular times for peer or supervised case discussions in which new thinking can be embedded.