



EBPU Evidence Based
Practice Unit

A partnership of



Community Forensic CAMHS: Helping the System to Better Help Young People with Multiple Needs

Julian Edbrooke-Childs

Co-Research Lead, CORC

Head of Evaluation, Anna Freud Centre

Professor of Evidence Based Child and Adolescent
Mental Health, UCL

Jenna Jacob (UCL/AFC)
Angelika Labno (UCL/AFC)
Luís Costa da Silva (UCL/AFC)
Hannah Merrick (UCL/AFC)
Rosie Singleton (UCL/AFC)
Liz Cracknell (AFC)
Rebecca Lane (UCL/AFC)
Sophie D'Souza(UCL/AFC)
Jessica Deighton (UCL/AFC)
Peter Fonagy (UCL/AFC)
Peter Fuggle (AFC)
Dickon Bevington (AFC)
Wendy Riches (RAU Partners),
Roz Ullman (RAU Partners)
Lily Jin (RAU Partners)
Duncan Law (RAU Partners)

We would like to thank University College London for sponsoring the study, NHS England & NHS Improvement for commissioning the study, and all of the sites, professionals, children and young people, and parents/carers who took part. In addition, we would like to thank colleagues, Holly Bear and Christie Roman, for their support in analysing some of the qualitative data. Thank you to NHS England & NHS Improvement colleagues, including Oliver White, for comments on the earlier drafts of the report.

Acknowledgements

Key Messages

- A clinical service for children and young people with high forensic risk in the context of mental health difficulties
- Input is associated with improvement in mental health and wellbeing and in overall health and quality of life
- Person-centred care, managing risk without losing sight of the child, empowerment and multi-agency working
- The model was not only readily adapted during increased remote working but thrived
- Potential to scale up the model of Community F:CAMHS to other vulnerable groups with multiple and complex needs as a step closer to achieving integrated care across a dynamic, multifaceted system

Agenda



- What are Community Forensic Child and Adolescent Mental Health Services (F:CAMHS)?
- What was the evaluation?
- What were the findings?
- What are your views on supporting the systems for children and young people with multiple needs?



A Mixed-Methods Realist Evaluation of the Implementation and Impact of Community Forensic CAMHS to Manage Risk for Young People With Forensic and Mental Health Needs: Study Protocol

Rebecca Lane^{1,2}, Sophie D'Souza^{1,2,3}, Maria Livanou⁴, Jenna Jacob^{1,2,3}, Wendy Riches⁵, Roz Ullman⁵, Anisatu Rashid^{1,2,3}, Rosie Singleton^{1,2,3}, James Wheeler¹, Peter Fuggle^{1,2}, Dickon Bevington¹, Jessica Deighton^{1,2}, Duncan Law^{1,3,6}, Peter Fonagy^{1,2}, Nick Hindley^{7,8}, Oliver White^{9,10,11} and Julian Edbrooke-Childs^{1,2,3}*

What are Community F:CAMHS?

Consultation

Any professionals working with a child, young person, or family about whom they are concerned can contact for advice.

Case management

Bringing professionals from different agencies supporting a family together to join up care and keep the voice of the child or young person at the heart.

Assessment

Provide specialist assessments of needs or help access assessments.

Direct work

Direct therapeutic work is provided to a smaller number of children, young people, and families.



What was the evaluation?

We used a mixed-method realist evaluation. The primary outcome was the clinician-rated HoNOSCA, which captures general mental health and social functioning.

Data source	Number
Routine site data on cases	6,122 cases from 13 sites
Staff surveys	208 from 13 sites
Interviews and focus groups with staff	70
Interviews with referrers	34
Interviews with children, young people or parents/carers	23

A woman with long, wavy brown hair and glasses perched on her head is shown in profile, looking towards the left. The image is overlaid with a semi-transparent teal gradient. The text "What were the findings?" is written in a white, sans-serif font across the center of the image.

What were the
findings?

	N	Age Range	Mean Age	Median Age	SD
All	3214	5 to 18	14.3	15	2.31
Male	2681	5 to 18	14.3	15	2.35
Female	528	5 to 17	14.5	15	2.11

NB <3 - - - -
N = 3214. <3 cases with Gender data currently unavailable. 9 cases with Age data missing. *N* reported is cases with age and gender provided.

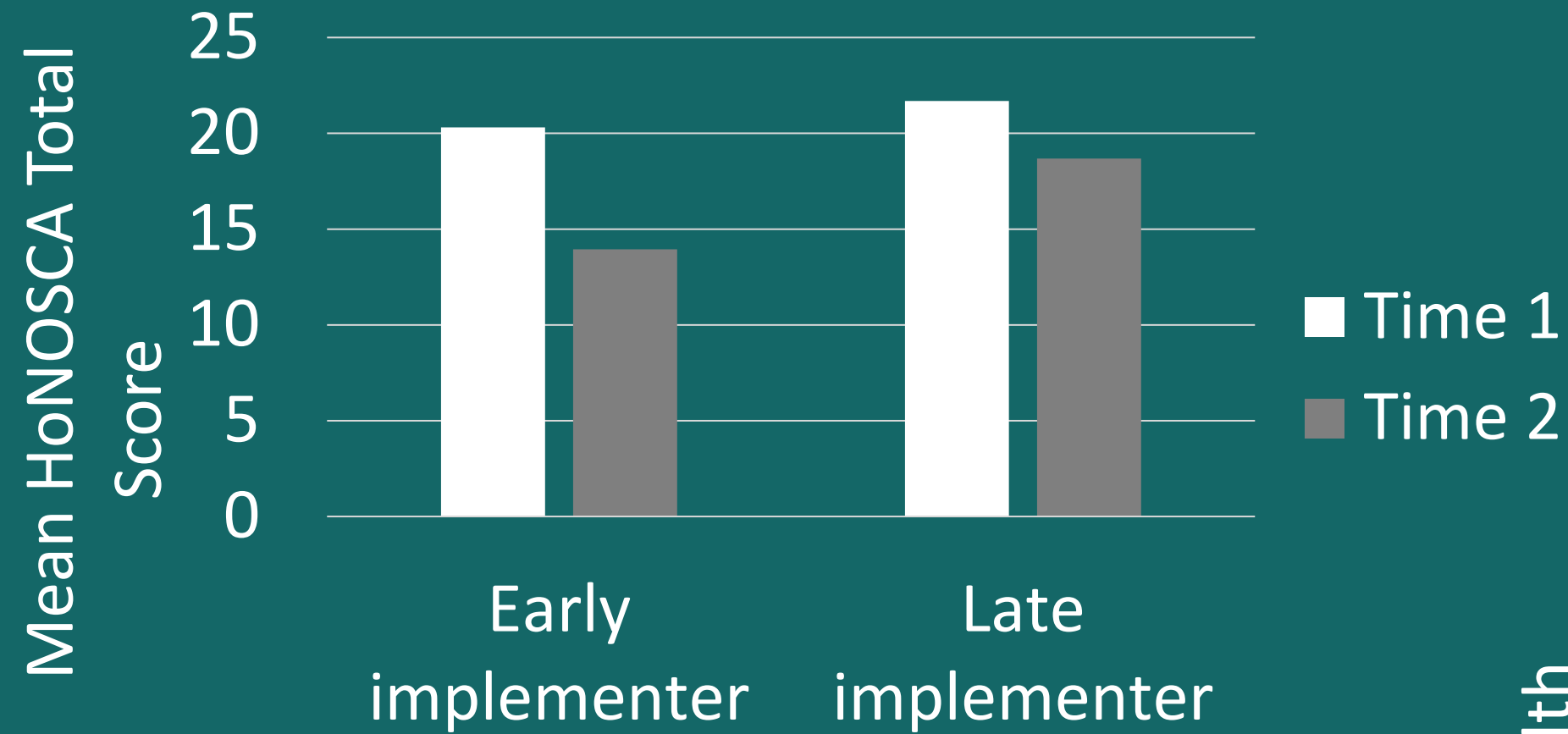


	N	%
Asian	90	3
Black	156	5
“Other” ethnicity	77	2
Mixed-race	223	7
White British	2454	76
White “other”	96	3
Missing	118	4

N = 3214.



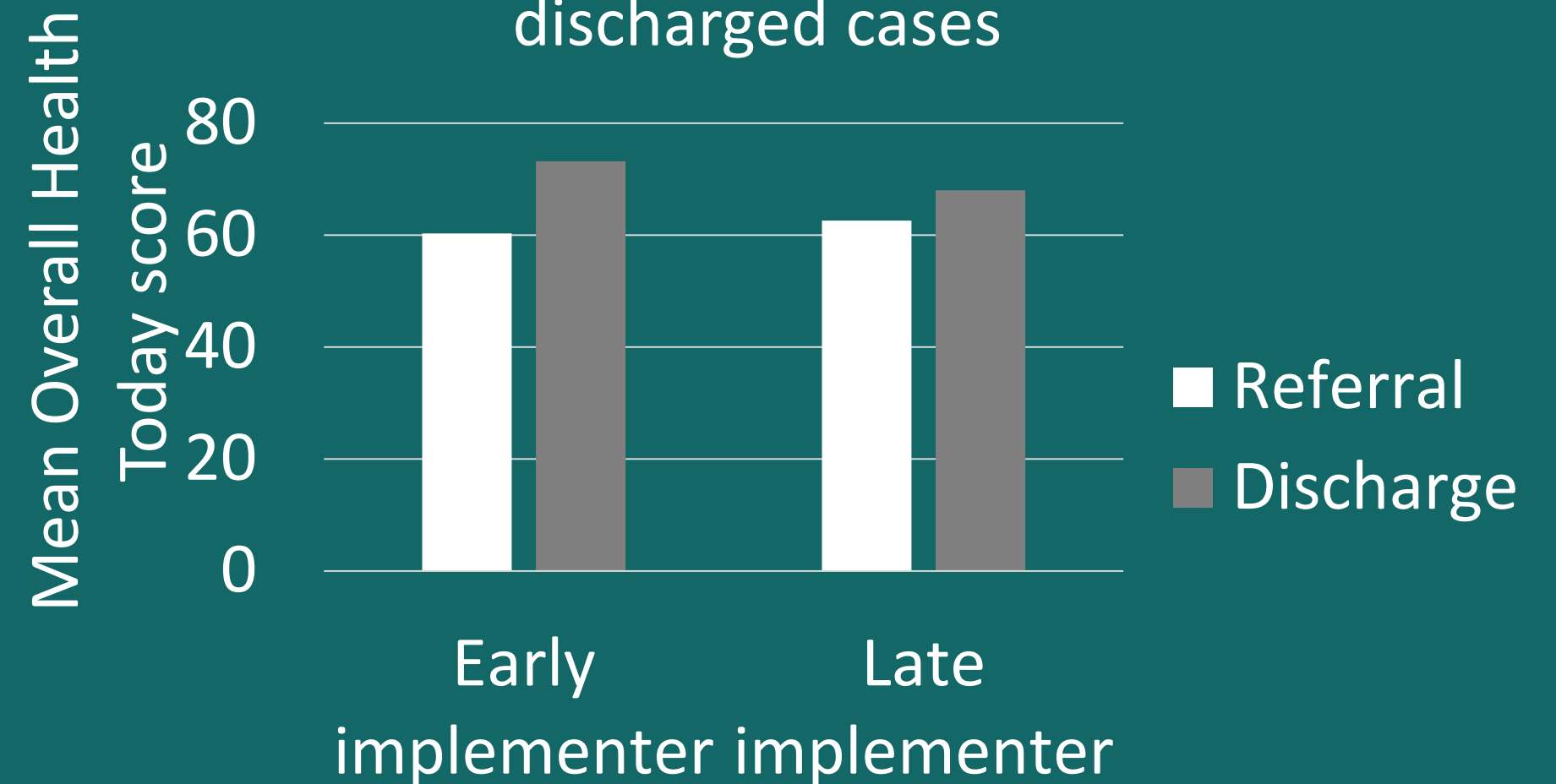
Mean HoNOSCA Total Score for discharged cases



N = 282. $F(1,280)=17.06, p < 0.05$

N = 217. $F(1, 215)=12.82, p < 0.05$

Mean Overall Health Today score for discharged cases



Qualitative data: Person-centred



Young people and parents/carers felt understood and listened to

- This was empowering and had not been experienced before
- It enabled them to have greater involvement in their care
- And experiencing social inclusion in this context in turn facilitated more general social inclusion

Qualitative data: Person-centred



Referrers felt heard and validated

- This was empowering and containing
- It enabled them to have greater involvement in the care of their service users
- These experiences were important skill development opportunities

Qualitative data: Person-centred



CYP

“They don't just look at you for being what people label you, for what people think of you. They get to know you and treat you how you wanna be treated and not how people say that you are.”



Parent/Carer

“What you find is everyone has their own opinion, so you've then got everyone's opinions, and that's very difficult...And you need someone who is professional and trained and qualified to step in. But he was there for our son as much as anybody. It was very much his voice that was heard, which was good.”



Referrer

“I was actually part of the equation of decisions and helping and sorting out. So it was kind of more on a problem-solving way, rather than being done to children, done to the family, done to us.”



Qualitative data: Multi-agency risk management

Across groups, Community F:CAMHS was described as

- Helping to appropriately manage risk across the network around the child and their family whilst not losing sight of the child or young person
- This was helped by Community F:CAMHS being part of the network but slightly outside the network

Parents/ Carers

“the best thing is that they kind of pull everyone together. They’d come to a lot of the school meetings...it was not only the school...bringing in all sorts of areas, but he was the main man dealing with everybody, trying to put everyone together. He was the main voice, and that helped a lot.”

“F:CAMHS have definitely joined the dots. So they look at the bigger picture and they do their research, they look through the notes, they often refer back to conversations we have had. Which is actually quite reassuring because for us”

Referrers

“F:CAMHS will provide consultation in about how local services can best manage people who maybe fall through the gaps or are difficult to manage in local services.”

“School had major concerns and so having the member from the F:CAMHS really helped to think about risk from a different perspective...school’s way of managing risk was different to what we were suggesting, so having the team support our decisions or our recommendations was quite useful.”



Examples of impact



- “But she has been protected or supported to avoid a custodial and what an impact that will have.” (Staff)
- “it would’ve taken us longer I think, children’s social care to kind of understand the complexities of the case. And it would’ve increased the risks because it’s vital that they’re involved because of this young person’s range of, level of need.” (Referrer)
- “[...] enabled to get him a safeguarding level and engaging in others services, to basically stop him from being criminalised.” (Referrer)

“So it did help us with the relationship, and it stopped, I think, a family breakdown, which was really high.” (Parent/Carer)

“They have definitely saved our family...being more open and talking about mental health issues, and acknowledging that it’s okay to have struggles.”(P/C)

“We were in absolute crisis [...] And it’s taken the team [...] who are all very good and came in and helped and now we don’t feel like we are in crisis anymore.” (P/C)

“[Professional] did keep her out of prison and that’s something I am grateful for because without his intervention she would have definitely gone to prison.” (P/C)



“I used to be really socially awkward and anxious...they've like make me feel comfortable and opened me up more to the world and people.” (CYP)

“they have...given us ways of coping with things; if I didn’t have them, I’m not sure how I would have coped with everything myself.” (Parent/Carer)

“So the reason why I got involved with forensic CAMHS was due to my [...] previous offending behaviour. And all the strategies that they’ve helped me with, I haven’t gone back on that, that kind of lifestyle again.” (CYP)

“If it wasn’t for F:CAMHS, I probably wouldn’t have [name] in this school that he’s in now, which he’s doing brilliantly with.” (Parent/Carer)

Limitations

Substantive changes to the context and working environment

Self selection and social desirability bias: It is possible that individuals with more positive views were more likely to volunteer to participate and complete materials

There are likely to be differences in how sites coded and collated the routine data and the data do not reflect all cases seen

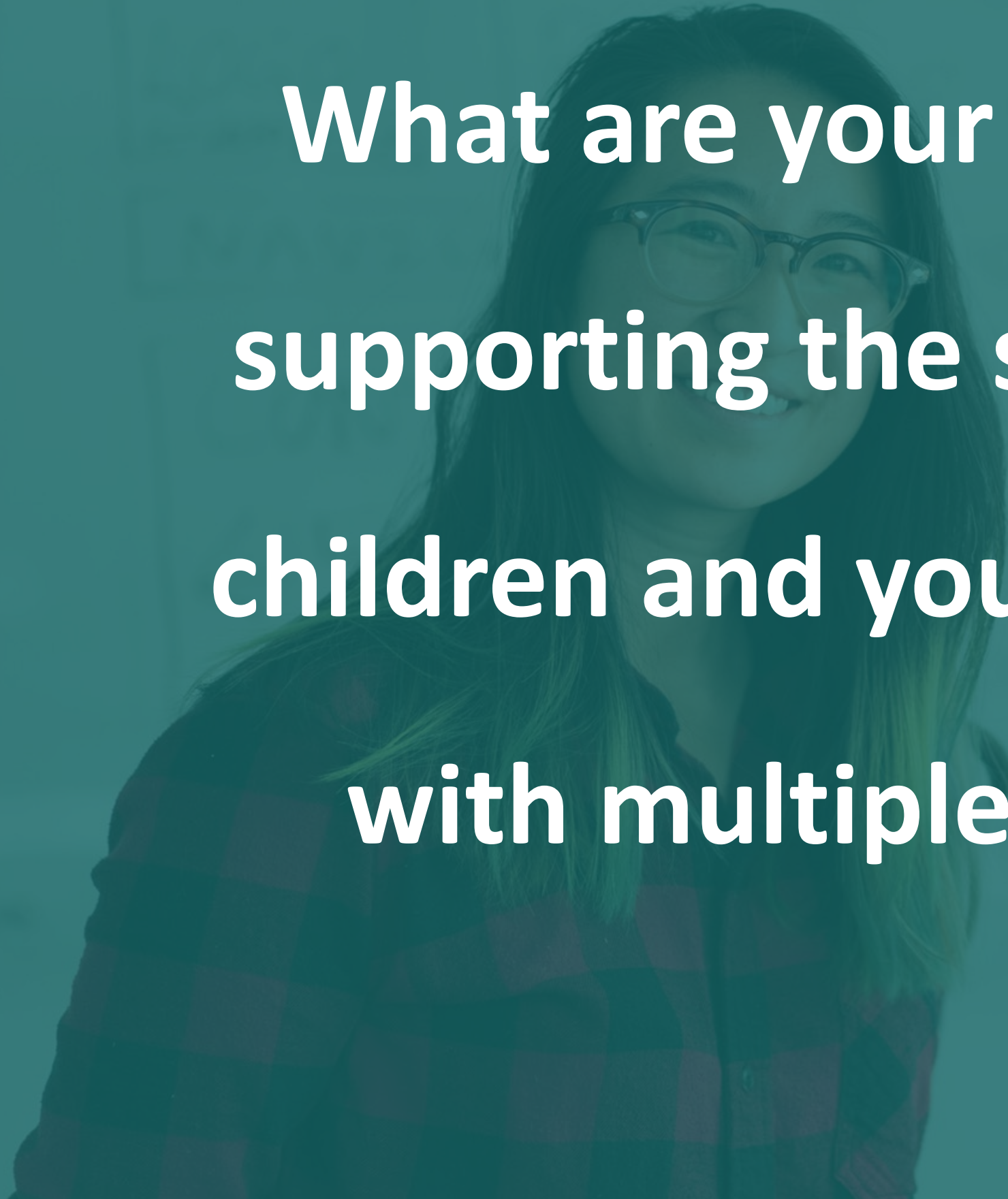
Data collection directly from young people and parents/carer was known to be a challenge for this project and, correspondingly, less qualitative data were included from these groups

Key Messages

- A clinical service for children and young people with high forensic risk in the context of mental health difficulties
- Input is associated with improvement in mental health and wellbeing and in overall health and quality of life
- Person-centred care, managing risk without losing sight of the child, empowerment and multi-agency working
- The model was not only readily adapted during increased remote working but thrived
- Potential to scale up the model of Community F:CAMHS to other vulnerable groups with multiple and complex needs as a step closer to achieving integrated care across a dynamic, multifaceted system

Do these
findings fit with
your
experience?

Questions,
comments, and
reflections welcome



**What are your views on
supporting the system for
children and young people
with multiple needs?**

CORC ADDRESS

4-8 Rodney Street,
London N1 9JH

PHONE NUMBER

+44 (0)20 7443 2225

EMAIL ADDRESS

corc@annafreud.org

TWITTER

[@CORCcentral](https://twitter.com/CORCcentral)

CONTACT INFORMATION

