CORC TRAINING

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CORC Forum 2021

Being curious: outcome measures as tools for exploration.
Learning from recent projects

Lee Atkins, CORC Improvement Officer

Being curious: outcome measures as tools for exploration.

1. Overview of a recent project

Mental health assessment pilot for Looked After Children (LAC)

2. Other's experiences

What are the challenges? What are the facilitators?

3. The future

How can this approach be embedded into routine practice?

Mental health assessment pilot for Looked After Children

GOV.UK

Topics   Departments   Government activity

→ **Coronavirus (COVID-19)** | Guidance and support

Home > Parenting, childcare and children's services > Safeguarding and social care for children > Looked-after children and children in care > Health, wellbeing and education of looked-after children

Press release

Improved mental health support for children in care

Children in care will get better mental health assessments as they enter the care system under a new £1million pilot scheme.

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Mental health assessment pilot for Looked After Children

Outcomes:

To improve the mental health and emotional wellbeing assessments that children receive when they enter care, so that they are:

- Carried out consistently as part of health assessment
- Thorough and of good quality
- Enabling accurate identification of need
- Occurring at the right time
- Needs-focused and person-centred.

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Principles of the assessment

- Relational assessment

- Focus on wellbeing and not just on disorder/problem

- Building trust with a young person, carer and the system

- Shared decision making with a child/young person and their carer

- Sharing an understanding with the system and developing a coherent narrative

- Understanding type and level of need

- Assessment process can be therapeutic – shared understanding leads to feeling of containment and child feeling understood ('mentalized').

Mental health assessment pilot for Looked After Children

Training for staff
- LAC nurses and staff
- Social Care staff
- MH practitioners
- Others

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What are practice tools?

Practice tools are **outcome and feedback measures** that are used to benefit practice; to provide a better understanding of the mental health (MH) and wellbeing strengths, difficulties and needs of children and young people (CYP), and to enable improved support for them.

What are practice tools?

- **Questionnaire based**

    Often take the form of a questionnaires about how an individual feels or functions.

    Can be filled in by children, young people, parents, carers, practitioners, teachers

- **Measure specific things**

    Each measure is designed to measure specific aspects of a person's mental health and wellbeing

- **Validated and standardised**

    We aim to use measures that have been through a process of research, which means that we know they are tried and tested and reasonably robust, so that they give us some context for the responses we get.

Why are practice tools helpful?

The benefits of using practice tools in the MH assessments of CiC are that:

- **They provide valuable information and insights into the MH and wellbeing of CYP**

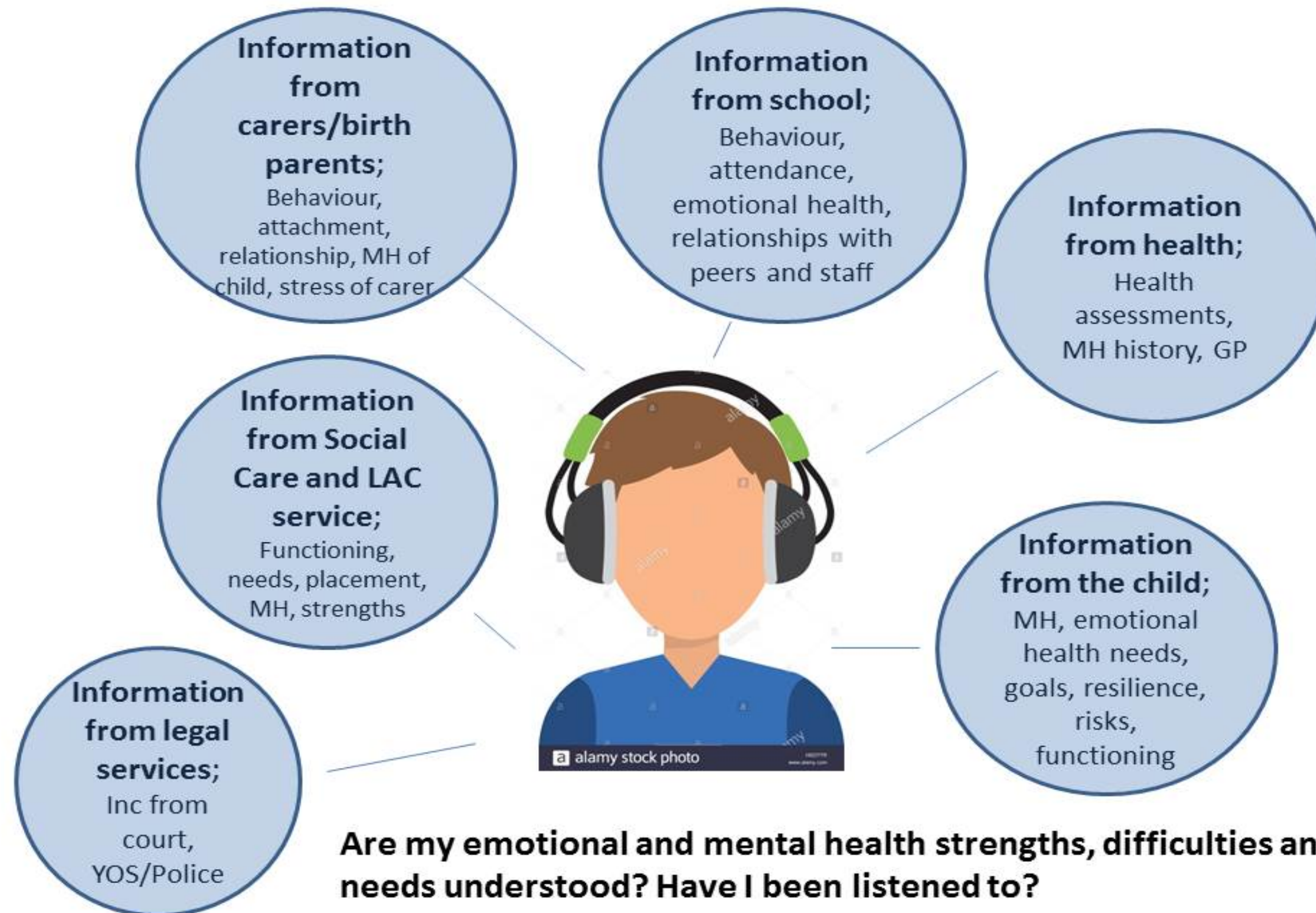- **They put the CYP in the centre of the assessment**

Why are practice tools helpful?

- **They provide valuable insights into and information about the MH and wellbeing of CYP**

The Wellbeing Passport is a record of the our best understanding of the strengths, difficulties and needs of CYP. This means capturing the best information, insights and views of the CYP and those closest to them, including carers, birth parents in some cases, teachers and health professionals.
Some of this information we can collect simply by asking all of these people some relevant questions and practice tools support us to do this in a systematic way that reduces the risk of missing or overlooking important bits of information. For many people (adults and CYP), verbally explaining MH can be a challenge, and these tools help to limit this challenge

Why are practice tools helpful?

The Wellbeing Passport:

By **using practice tools effectively and with a mentalizing stance**, we can collect valuable information from across the CYP's network that improves our collective understanding of that CYP.

Why are practice tools helpful?

- **They put the CYP in the centre of the assessment**

The Wellbeing Passport puts the CYP at the centre of the assessment process; it is for them, they have ownership of it.
The use of practice tools in a mentalizing manner means that the voice of the CYP is central to the assessment, meaning that their views and perspective are at the core of the process and the resulting Passport. The practice tools capture the inner voice of CYP that otherwise can be difficult to hear and can provide powerful self-insights.
This pilot is not about doing assessments *to* CYP, only *with* them, at the very centre of the work.

Which Practice Tools and why?

		0-5 years	6 – 10 years	11-17 years
Caregiver			(1) Carer SDQ Plus :	
		Various age specific attachment measures; suggested use: Attachment and Bonding Questionnaire, Attachment Screening Assessment (ASA), Ages & Stages Questionnaire (ASQ),	(1) (B)AC-C (attachment, trauma and MH) (2) BPSES (Parent self-esteem)	(2) (B)AC-A (attachment, trauma and MH) (3) BPSES (Parent self-esteem)
Child		YCORS (3-5 years)	(1) Me and My Feelings (6-10 years) (2) Child Outcome Rating Scale CORS (3) Student Resilience Survey SRS (7+ years)	(1) SDQ child report, (2) Outcome Rating Scale ORS (3) Student Resilience Survey SRS
			Where there is a known traumatic event affecting CYP: CRIES-8 (impact of trauma, 8+)	Where there is a known traumatic event affecting CYP: CRIES-8 (impact of trauma)
Professional	Education	(1) SDQ teacher (3-5 years) – SDQ teacher – to be completed by the most informed educational professional	(1) SDQ teacher – to be completed by the most informed educational professional	(1) SDQ teacher – to be completed by the most informed educational professional
	Front line professional carrying out assessment		CGAS (6+) (functioning)	CGAS (6+) (functioning)
All perspectives	Choice	DAWBA (consider only where this is already in place and associated training received)		
All perspectives	Essential:	Information from health professionals and Social Care regarding the development, observed wellbeing and functioning of child or young person The Three Houses (Signs of Safety or equivalent)		

Anna Freud
National Centre for
Children and Families

Mentalizing stance??

A good way to remember the key principles of the mentalizing stance is the professional APE:

- **A**ttention and curiosity

- **P**erspective taking

- **E**mpathetic and validating responses

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The practice tools are to be used with the CYP, which means:

- **Building trust** with the CYP and using the tools on the basis of this trust
- Being **open and honest** with the CYP and carers about the tools,
- Using the tools **in conversation** with the CYP and carers
- **Checking out and discussing** the learning from the tools
- Giving CYP and carers **feedback** on the results of the tools,

Concentrating upon:

- Being **curious**, what could the resulting information mean?
- taking **perspective**; what does the information tell us about how the CYP feels and functions?
- Providing **validation** for the CYP; we are not judging nor challenging but want to get the best understanding we can

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Preparing to use practice tools

- Using a suitable tool for the job
- Being familiar with the measurement questionnaire
- Preparing to introduce it
- Using it to explore and to understand with the child or young person
- Preparing to give feedback and discuss responses and scores
- Plan ahead

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https://www.corc.uk.net/training-events/online-training-resources/

Our starting point for understanding the best effective practice around measures was to listen to young people, particularly ex-service users, to understand what works and what causes challenges. This module is based upon work with young people and practitioners and aims to break the process of using measures effectively down into six easy-to-follow steps that can be followed in practice."

Let's begin:

This module also sits alongside a brief video co-produced by Anna Freud Centre Young Champions, CORC and CORC members from mental health services, about **how outcome measures should be used in mental health**. The messages from young people in this video can also be really useful where routine outcome monitoring is being introduced for the first time, or if you are reviewing practice, in ensuring the use of measurement questionnaires is meaningful for those being supported.

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Findings:

- Use of the SDQ moved from 'meaningless to meaningful'
- New discoveries
- New measures helpful – mixed reviews in all contexts
- Too many measures? Or too much choice?
- Feedback from CYP
- Time burden
- Scoring measures and writing up findings
- Mentalizing principles – familiar but require effort & attention

Mentalizing training

What are your experiences of using measures in this way?
What are the challenges? And the facilitators?

How can we make this standard practice?

Step 1

Step 2

Step 3

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