



## CAMHS Wait List Narrative Report: 2020-2021 Quarter 2

**Aire, Wharfe & Craven Counselling | Bradford Youth Service | Relate Pennine, Keighley & Craven | Step2**

### 1. Progress

Over 226 hours delivered to 34 unique young people.
Providers have completed 164 telephone sessions, 29 video call sessions & 18 face to face sessions. Total sessions = 211
29 initial RCAD/SDQs were completed (70% of new referrals)
12 follow up RCAD/SDQs were completed (86% of 14 cases that were moved on)
Average impact score for RCAD & SDQ demonstrates improvement

AWC		Relate PKC	
KPIs	Progress YTD	KPIs	Progress YTD
Deliver 150 hours of counselling sessions	54	Deliver 100 hours of counselling sessions	11
Complete six sessions per YP	5YP/38 session = 7.6 pp	Complete six sessions with each YP	3YPx10 sessions = 3.3
Complete initial RCADS with 90% of referrals	21 ref/8 RCADS = 38%	Complete initial RCADS with 90% of referrals	10 ref/3 RCADS = 30%
90% of closed cases have follow up RCADS	3 closed/1RCADS = 33%	90% of closed cases have follow up RCADS	1 closed/1 follow up = 100%
50% of YP to identify improvement	Did not report on this	50% of YP to identify improvement	Did not report on this
Step2		Bradford Youth Service	
KPIs	Progress YTD	KPIs	Progress YTD
Deliver 100 hours of counselling sessions	99	Support 24 YP in the 6-month pilot period	18/24
Complete six sessions with each YP	29YP/83 session = 2.9 pp	Provide 144 sessions to 24 YP	126/144
Complete initial RCADS with 90% of referrals	30 ref/21 RCADS = 70%	Complete SDQ with 90% of referrals	100%
90% of closed cases have follow up RCADS	3 closed/3RCADS = 100%	90% of closed cases have a follow up SDQ	100%
50% of YP to identify improvement	Did not report on this	50% of YP to identify improvement	87%

## **2. Significant achievements**

### ***Overall Offer***

- The providers have delivered 226 hours this quarter, that's a 40% increase on Q1 and indicative that the work being done to address blockages to appropriate referrals and issues with referrals being made without client knowledge (leading to very high rate of YP declining referrals) has been effective. Additionally, they have supported 60% more unique clients (from 21 in Q1 to 34 in Q2).
- Telephone sessions have gone up by 73% from 95 in Q1 to 164 in Q2. The total number of contacts has gone up by 47% from 143 in Q1 to 211 in Q2.

### ***Counselling Offer***

- Having a lead provider whose role it is to liaise with CAMHS, take all referrals and pass them out to the other providers as and when appointments become available has been hugely successful and this is demonstrated in the figures for Q2. A lot of work is still to do around this, particularly around the appropriateness of referrals and the referring of YP who are already receiving other therapeutic support, but things have improved vastly this quarter compared to Q1.
- While AWC and Relate PKC did not complete any follow up RCADs this quarter, the 2 follow ups completed by Step2 demonstrated an average improvement of 22 points (from 86 ave initial score to 108 follow up).

### ***Buddy Offer (Youth Work)***

- The service is flexible and the Youth Worker is able to adapt to the needs of the young people referred – this is reflected in the low drop-out/high engagement rate and high follow up SDQ scores
- The Youth Worker has developed a range of tools and resources to work with specific young people with ASD and this is improving her practice month on month
- The “Buddy 6 Autism Peer Group” has been a huge success of the project; it was set up by the Youth Worker and provides a stepping stone into other provision and wider support structures as and when young people are ready. It acts as a really supportive progression step for young people to attend after their six 1-1 sessions are complete.
- 100% of clients had an initial SDQ and 90% had a follow up. 10% dropped out of the programme. 100% of young people who completed support did a follow up SDQ
- Overall improvement to both strengths and difficulties scores across clients; improvement of 4.3 for difficulties (from 17.3 to 13).
- Three individuals (1/3 of clients) demonstrated significant improvements in their difficulties scores; one reduced by 12 points, one by 11 points and one by 8 points. A further 3 clients improved their difficulties scores by 5 points.

## **3. Difficulties and challenges**

Being unable to offer face to face has been problematic for some clients across all providers.

### ***Counselling Offer***

- Ongoing issues with inappropriate referrals/high levels of non-engagement or disengagement

- Of the referrals received, many are already working with other services, leading issues with cross referring.
- Some young people require face to face service due to not having anywhere private to speak on the phone; this had led to one referral being declined.
- Some YP not engaging because the referrals were for YP who had been waiting for such a long time to access a service that when they were contacted many were not in a state of readiness to engage; their initial presenting issues were from many months ago when they first joined CAMHS' wait list, many couldn't even remember or didn't know why they had been referred. Step2 have worked with CAMHS on this and they are now prioritising YP who have recently come into the service and who are ready to engage in therapeutic work in the moment.
- Some YP agree to the service and then stop after one or two sessions; Step2 have set up meeting with CAMHS to explore and try to make sense of why this might be happening
- There have been delays in YP being offered and appointment after Relate PKC and AWC have received referrals. Step2 working with Relate PKC and AWC to share good practice ideas around initial contact with YP and a smooth assessment process to try and make this more efficient

#### ***Buddy Offer (Youth Work)***

- Not being able to work as freely as needed (face to face) has been a barrier to some young people engaging
- High anxiety levels from young people and families in regards to COVID and lockdown has proved difficult as compounds issues around ASD

#### **4. Client feedback**

One young boy stated “I feel more in control of my anger and sadness. I feel more in control of my emotions. It's made me feel more confident. I'm hanging around with my family more”

“Thank you for your support, we didn't know what was happening and you have helped get things clear for us.”

‘thanks to your team for seeing some of the mum's I work with, they have given you very positive feedback, so many of them had such difficult lives’

#### **5. Changes**

Please list any changes to staffing levels, spend on projects or services, partnerships or anything that impact on the delivery of service as per your agreement (this may include vacancies, underspend, partnership arrangements, premises etc.).

Moved to having Step2 as lead provider so all referrals and liaison with CAMHS is through one named contact.

## **6. Case Studies**

1.

<b>CONTEXT OF THE WORK</b> <b>for example, was it one to one or group work, what length of time, who referred the young person?</b>
1:1 Counselling, 15yr old male Referred to Step 2 by CAMHS Offered up to 10 sessions. 6 session taken. Sessions delivered via video call
<b>WHAT THE CHALLENGE/ISSUE WAS</b> <b>think about the reason for referral, presenting issues, YP's goals/aims as well the goals/aims of others involved</b>
Anxiety, anger, sadness
<b>HOW YOU APPROACHED/DEALT WITH THIS</b> <b>think about relationship-building, signposting, multi-agency work and work with family/friends and other agencies, use of MYMUP, evidence-based approaches such as solution-focussed, task-centred etc.</b>
YP was offered 6 sessions of person centred therapy. He responded positively to the counsellor being within his frame of reference and was empowered by being encouraged and able to set his own pace and focus for the work.
<b>WHAT WAS THE OUTCOME?</b> <b>Think about what has changed and how things have improved. What are the next steps for the YP?</b>
Since his CAMHS referral he was feeling more settled and felt clear about the areas of his life that he wished to focus on and those he didn't. YP focused and reflected on how he manages his often-overwhelming emotions; namely anger and sadness. This reflective process helped YP to increase his self-awareness and build his confidence. He was able to identify other sources of support that he found valuable and reflect on his experience of these. At the end of the work Jordan reported feeling more in control of his emotions and that his family relationships felt less strained.
<b>YP/PARENT FEEDBACK ON EXPERIENCE</b> <b>Please let us know about any feedback received by the YP/Parent about the support</b>
'I feel more in control of my anger and sadness. I feel more in control of my emotions. It's made me feel more confident. I'm hanging around with my family more'

2.

**CONTEXT OF THE WORK**

**for example, was it one to one or group work, what length of time, who referred the young person?**

One to one work  
8 weeks.

**WHAT THE CHALLENGE/ISSUE WAS**

**think about the reason for referral, presenting issues, YP's goals/aims as well the goals/aims of others involved**

I have been working with young person A since July 2020 and have seen them develop into a more confident, resilient young person. A was on the waiting list for a diagnosis for Autism, but during the first phone-call to arrange a home visit, I realised that A had never had any type of 1-1 support. Young person's mother had mentioned that it was very difficult to engage with A, as she usually doesn't like meeting new people. One of her mother's concerns were that A was not like her other children, and therefore had difficulty understanding her – this was followed by being worried about A's social life and how she would as she got older. On the first phone-call, I tried to get as much information about A's personal likes, dislikes and interests so that I could try and find something we could have in common as from the previous group of young people I have worked with – I have found that this works best. Quite quickly, I found that young person A enjoyed cartoons, fashion-designing games and playing on her own.

**HOW YOU APPROACHED/DEALT WITH THIS**

**think about relationship-building, signposting, multi-agency work and work with family/friends and other agencies, use of MYMUP, evidence-based approaches such as solution-focussed, task-centred etc.**

At the first home-visit, I could see that A was incredibly nervous. She found it very difficult to engage with any type of eye contact and spoke quietly and often didn't respond while I was trying to make conversation. During the initial visit she did not know how to respond verbally, so just smiled a lot; I decided we would play a few games that would allow us to get to know each other. The game was a lot of fun as we had 2 cards each, and depending on which card you showed – you either had to tell the other person a fact about you, or ask the other person a question. Each time, A would pick asking me a question. This was reassuring for me as it showed she had interest in my support, and wanted to get to know her Youth worker. A also showed great interest in my phone and asked some questions about social media. This was a great ice-breaker, as then we discussed social media and how popular it is. I also asked A what she would prefer to do next week and she asked if we could take a walk down to the local park.

The following home-visit was a huge success; we went to the local park and sat on the swings. This is where we saw other young girls in the park who I engaged in conversation about COVID PPE asking whether they had enough hand sanitizers etc. A took this opportunity to ask one of the girls if she wanted to play on the swings. Although A hesitated and looked at me the whole time for reassurance, she had challenged herself and got involved. A showed that she is often lonely, whether that is in School or in her Local area, but that she wanted to make friends so I tried to introduce her to a situation where she could try and socialise with other young people her age. We also discussed friendships and A mentioned she had one friend on her street who was a few years younger than her. I used this opportunity to inform A about a small Youth session that was starting the upcoming week, I asked A if she would like to attend. I told her she didn't have to make a decision straight away and that she could take a few days to decide. I informed her that the group was focused on building confidence, improving self-esteem, building resilience and making good, healthy friendships. A came to the session and it was a success; we had great, flowing conversation and A responded to everything really well.

**WHAT WAS THE OUTCOME?**

**Think about what has changed and how things have improved. What are the next steps for the YP?**

After the home-visit, quite quickly A texted me off her mother's phone letting me know she would like to attend the session, but would want with her when meeting new staff and new young people. When meeting before the group, A mentioned she had butterflies and asked if that was normal. I reassured her that this was a massive step and of course butterflies came with new situations. A asked if I could stay for a little while and I told her I was happy to do so. Both new staff were so friendly with A that

she was constantly smiling. Both staff encouraged A to have conversations with other young people there. Gradually, A was so distracted by everything else that was going on, she no longer needed support from me. I took this time to do some other work but saw that A was having a great time. This was a really successful day.

Towards the end of the session, I came back to join the group and A asked if she could come again next week. Both staff members were happy with A and expressed that she was a good addition to the group. A then showed me all the things she had been doing during the session, e.g. decorating her own wellness box, her own mask, her own sand-bottle and all the new games she had learnt.

For the next 3 weeks, I supported A in attending the Hub group where she has improved her confidence massively. She has learnt new skills and made new friends. She is still looking forward to attending all future sessions and will be actively involved with the Youth Service.

A and I still have weekly calls just to check in and see how she has been doing and I have delivered a few activity packs off to her which she has been doing and sending me photos of. This support has been such a positive for A and has benefitted her massively. I hope to continue doing good work with A

3.

**CONTEXT OF THE WORK**

**for example, was it one to one or group work, what length of time, who referred the young person?**

One to one work for 6 weeks.

**WHAT THE CHALLENGE/ISSUE WAS**

**think about the reason for referral, presenting issues, YP's goals/aims as well the goals/aims of others involved**

Not attending school, High level of anxiety, Little routine in his life

**HOW YOU APPROACHED/DEALT WITH THIS**

**think about relationship-building, signposting, multi-agency work and work with family/friends and other agencies, use of MYMUP, evidence-based approaches such as solution-focussed, task-centred etc.**

Weekly meetings:

First meeting the young person would not come out of the house. Second visit he sat and spoke to me in the garden

Third, fourth and fifth visit we went for a walk around the local area. Sixth visit garden visit and ending.

**WHAT WAS THE OUTCOME?**

**Think about what has changed and how things have improved. What are the next steps for the YP?**

Young person is now more connected to family.

Young person is now getting support from specialist services.

Young person is now back in school for an hour a day.

**YP/PARENT FEEDBACK ON EXPERIENCE**

**Please let us know about any feedback received by the YP/Parent about the support**

Thank you for being patient and helping x understand the wider system and helping him to understand he has choices.