

Cumbria, Northumberland Tyne & Wear NHS Trust  
Sunderland Children Cared for Report

September 2022 (May 2022 – July 2022)





## **Sunderland Children Cared for Report. May 2022 – July 2022**

### **1) Activity**

	May	Jun	Jul
Referrals	10	7	13
Referrals discharged unseen	2	3	0

#### **Referrals discharged unseen**

The following provides narrative in relation to reasons why the young people were not seen by the service.

#### **May**

Young person could not attend appointments in Sunderland due to ongoing court case, attempts to gain further information from social worker were not successful and young person turned 18 during this time. Discharged and sign posted to adult services.

Young person referred with little information, advised if further information was not received within the week the referral would be declined. Further information received, no evidence suggestive of a need for involvement with a specialist mental health service.

#### **June**

Contact was attempted with the family to offer referral telephone triage appointment however no response received despite multiple attempts/methods of contact used. Young person was discussed within the team, however due to being out of area they were discharged from the service.

Young person had a history of sporadic engagement with services. They were discharged from services in October 2020, and have since turned 18 therefore were signposted to adult services upon re-referral.

Young person was referred to CYPS, however due to upcoming 18<sup>th</sup> birthday (within a 4 month time span) they were referred on to adult services.

#### **July**

All referrals seen.

## 2) Referral Urgency

All young people referred to CYPS are either by phone and email or in written format are reviewed on a daily basis by a Clinical Lead. The purpose of this initial review is in order to signpost any cases that have been inappropriately referred and to ensure any cases that require an emergency or urgent response are highlighted and actioned immediately. Senior members of the Cared for Children Pathway triage any appropriate referrals weekly.

CYPS Intensive Community Treatment Service (ICTS) offer a 24/7 service 365 days per year. ICTS will respond to the young person via telephone to offer a telephone triage within 1 hour.

Any young person requiring an emergency appointment will be offered an appointment within 4 hours of referral being received and for urgent referrals the young person will be offered an appointment within 24 hours

	May	Jun	Jul
Emergency	0	0	0
Urgent	2	0	0
Total	2	0	0

## 3) Waiting Times (All Referrals)

Current Waiting Times to Treatment are detailed below. (Treatment is defined as second attended contact)

	May (Weeks)	Jun (Weeks)	Jul (Weeks)
Wait to Treatment	9	10	9

### **Referrals**

During COVID the service has continued to accept all referrals and complete assessments and interventions. New Ways of Working have been fully embraced by the Team to facilitate contact with young people and their families / carers such as online consultation and phone contact. Young people can be seen in their school environment if this is their preference.

### **Children who are Cared for Pathway**

This Pathway has recently been reviewed, it specifically undertakes direct therapeutic work with children and young people, along with Foster Carers where appropriate.

Consultation is provided in conjunction with Together for Children, and CYPS continue to scaffold and support to Residential Homes.

Young People are offered priority appointments within CYPS and following assessment will access treatment usually within 10 weeks. The Pathway is a multi-disciplinary team consisting of nursing, Social Workers, Psychologists, Child Psychotherapists and are able to access Psychiatry if required.

The team have all completed specific formal training to deliver psychological therapies to meet the needs of the young people and their carers.

#### 4) **Current Caseload**

	May	Jun	Jul
Total Children Looked After	82	86	84
Total CYPS Caseload	1543	1528	1519
Total % Children Looked After	5.3%	5.6%	5.5%

#### 5) **Positive Case Study**

Young person was referred in June 2020 with a query around ADHD, concerns around emotional health and wellbeing, and difficulties with peer relationships. Interventions included 1:1 work and indirect work with carers and school. The ADHD assessment was deemed not necessary

##### **1:1 work**

- Supporting Young Person to open up around earlier life experiences and process their feelings around these.
- Support given to understand, manage, and express emotions that promoted resilience, confidence, and sense of self.
- Sought further understanding of their emotional world and offered support as they explored their identity and developed their relationships.
- Thinking together about day-to-day life and healthy coping mechanisms
- Working together to understand more around triggers, in particular around current school experience.
- Understanding more about how earlier experiences continue to have an impact emotionally, leaving the person feeling at risk.
- Supporting them in developing relationships and having trust in 'positive' others, particularly with carers and school staff.

##### **Indirect Work: Support to Carers/School**

- Thinking together about their presentation, changes to their presentation, and the way they navigate the world.
- Thinking about the impact of early life experiences on their current relationships.
- Thinking around 'family time' and how this might work best.
- Carers worked hard to try and understand and began to respond using the PACE approach. This allowed them to understand the importance of having to 'connect' and understand the feelings and think more about their underlying experience.
- School was given support to inform their understanding around the young person's presentation and advocacy for support around emotional and mental health, support was offered to consider ways to respond to the young person's needs.

##### **Outcomes**

- Prior to discharge, the young person shared that they felt they had more understanding around their earlier experiences. They reported feeling more in touch with their emotions, they felt they now have strategies that could help them to express their anger and other feelings in an appropriate and more positive way. They reported that they felt happier, safer, and more settled living with carers. They also shared that when things felt difficult, they now felt more able to ask for support at home and at school. They also felt able to express wishes and feelings in relation to Family Time.
- School reported positive change in school setting.
- Carers fed back that they had valued the support, and that they felt they had a deeper understanding of the young person's needs and felt more able to respond appropriately to any change in presentation challenges etc. Carers also reported the young person as presenting as happier and more stable and settled in the family environment and noted that school had also reported a positive shift, with the young person being more settled and happier at school and presenting with less distress and challenges.