



Care In Mind Paper 1

**Rejected Referrals: Looked After Children
and Care Leavers' Access to Child and
Adolescent Mental Health Services**

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**Believe in
children**
 **Barnardo's
Scotland**

The Care In Mind series

As part of our ten year strategy, Barnardo's Scotland has identified priority areas for policy influencing. Two of these are mental health and wellbeing and looked after children and care leavers.

Our extensive work with children, young people, families and carers throughout Scotland has shown us that there is a huge overlap in these areas of work and that a spotlight on the mental health and wellbeing of looked after children and care leavers is necessary.

To address this, we are working on a series of reports and resources that aim to draw attention to the particular mental health needs of this population, and look for practical policy solutions. We will be using the experiences of our frontline services and the participation of children and young people themselves to inform all aspects of this work, and will take a 'whole sector' approach by looking at what roles agencies, practitioners and policy-makers can play in implementing positive change.

We come from the perspective that everyone has psychological needs that must be met in order for them to thrive. Looked after children and young people are more likely to have a particular set of needs that require a particular set of responses from the sector. Care-experienced young people are not a homogeneous group and the link between care-experience and mental health needs is not deterministic, but the reality is that children in care and care leavers are more likely to have experienced early adversity including neglect, abuse and

loss, and a trauma-informed response is therefore necessary. Research shows that this group are more likely to have a diagnosable mental health problem¹ and are more likely to attempt suicide in adulthood,² emphasising the need for adequate clinical responses.

Population level planning to respond to these needs should not be stigmatising, but instead seen as part of delivering care journeys that allow space for recovery and increase the prospect of positive outcomes as young people transition to adulthood.

As the Centre for Expertise on Looked After Children in Scotland (CELCIS) attested in 2016:

“The poorer mental health outcomes for looked after children mean that they require action of a scale and intensity that is proportionate to the level of disadvantage”.³

Identifying how this can be achieved is the core objective of this Care in Mind series. We hope it is a useful resource and look forward to further public debate and progress on the issues that will be highlighted.

- 1 Bazalgette, L., Rahilly, T. & Trevelyan, G. (2015) “Achieving Emotional Wellbeing for Looked After Children: A Whole System Approach”. NSPCC. Available at: <https://learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach/>. p5.
- 2 Smith, N. (2017) “Neglected Minds: A report on mental health support for young people leaving care”. Barnardo's. Available at: <https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf>
- 3 Morton, L. (2016) “Response to Consultation on ‘Mental Health in Scotland – A 10 Year Vision’”. CELCIS. Available at: <https://www.celcis.org/knowledge-bank/search-bank/consultation-response-mental-health-scotland-10-year-vision1/>. p.5.



Care In Mind: Paper 1

Rejected Referrals: Looked After Children and Care Leavers' Access to Child and Adolescent Mental Health Services

This paper focusses on looked after children and care leavers' access to Child and Adolescent Mental Health Services (CAMHS). Access to clinical psychological support through the NHS is critical for many care-experienced young people who are struggling with their wellbeing. The Care in Mind series takes a holistic approach to achieving the mental health and wellbeing of care-experienced young people by identifying what roles different actors can play to achieve positive change.

In 2018, Barnardo's Scotland released a report on rejected referrals to CAMHS. This paper investigated the experience of children and young people as a whole (i.e. not necessarily those with care experience) and identified 5 common reasons for a referral to CAMHS to be rejected.⁴



⁴ Wray, N. (2018) "Audit of rejected referrals to Child and Adolescent Mental Health Services in Scotland" Barnardo's Scotland. Available at: <https://www.barnardos.org.uk/report-rejected-referrals-camhs-services-scotland.pdf>

These reasons are problematic for all young people, but it is clear that for many care-experienced young people these circumstances are exacerbated and create a situation where their referral is more likely to be rejected from CAMHS. As such, care-experienced young people are facing additional barriers to accessing clinical support – and it is clear that some of these additional barriers are created by CAMHS, and others by the system of care itself.

To investigate this further, we spoke to practitioners in a range of our services throughout Scotland including fostering and family placement services, care leavers' services and residential children's homes. They told us about their experiences of supporting young people to access and engage with CAMHS and the consequences a rejection or withdrawal of clinical support can have.

This process reflects the methodology of the original *Rejected Referrals* report and allowed us to learn from a range of experiences of how the care sector and mental health services relate to one another. We are developing participative work with care-experienced children and young people to ensure their experiences are directly expressed in their own words in a future Care in Mind report.

This report uses the '5 reasons' framework from the original *Rejected Referrals* report and suggests ways in which policy and practice in CAMHS and the care system can help to bring down some of the barriers care-experienced young people are facing. The third and fourth 'reasons' from the *Rejected Referrals* report have been combined in this paper for ease of analysis. Subsequent sections look in further detail at each of these areas and include 'spotlights' on the experiences of young people who are looked after at home and young people who are transitioning out of care. A summary of our findings and recommendations is available in Appendix 1.

NB: All quotes within this paper have come from members of staff within our services supporting looked after children and care leavers. All names used within this paper are pseudonyms to protect the anonymity of children and young people's experiences.



Summary of findings

A full list of our recommendations can be found in Appendix 1

Section 1: Lack of stability

Our 2018 *Rejected Referrals* report showed ‘instability’ is often cited by CAMHS as a reason to reject a referral. We often hear from mental health specialists that young people need a degree of stability in their lives in order to engage with the kinds of therapies CAMHS can offer. Whilst this is absolutely the case for some therapies such as talking therapies or counselling, there are other therapeutic or psychological interventions which could be considered that do not require such levels of stability e.g. play, music, and art therapy, or life-course work. Instability, in a variety of forms, is a common context for mental health problems, and should not be given as a reason to decline CAMHS support.

When given as a reason to reject a referral, ‘instability’ can relate to many aspects of a child’s life. This includes the stability of their home life, accommodation and relationships. Looked after children and care leavers are more likely to experience these forms of instability due to the nature of the care system, so this reason for a rejected referral disproportionately affects this population group. CAMHS may also describe certain behaviours as displaying ‘instability’ – such as use of drugs and alcohol. Our experience from services shows that these behaviours are often coping mechanisms for other types of instability and are in fact a symptom of the mental health concerns that care-experienced young people face.

In both these ways, ‘instability’ as a reason for a rejected CAMHS referral is likely to disproportionately affect care-experienced young people and creates a barrier for their access to support. In addition, we know from our services that there can be a ‘vicious cycle’ between referral to CAMHS and instability, with a rejected referral

leaving a young person feeling further rejected, and resulting in behaviours which lead to placement breakdown or the use of drugs and alcohol as a coping mechanism. Instead, we want to create a ‘virtuous circle’ in which appropriate mental health support can stabilise placements and nurture good overall health.

We are calling for a child-centred, trauma-informed approach to CAMHS referrals, which considers stability as just one of the factors impacting on the suitability of CAMHS support for a child or young person. We also reflect on the role that the care system can play in promoting stability as an important factor in children’s lives.

Section 2: Lack of engagement

As the *Rejected Referrals* report shows, children and young people’s lack of engagement is a reason given for rejecting a referral and for terminating support that a young person has already been receiving. The way in which this disproportionately affects care-experienced young people is two-fold: Firstly, they may not be able to access the support they need in order to attend appointments and engage fully with the CAMH service; and secondly, the CAMH service itself may create barriers if policy and practice does not deliver an accessible service.

The response to this situation must also be two-fold. Where lack of engagement is caused by a model of service delivery which is difficult for looked after children and care leavers to engage with, the model of service delivery must be redesigned. Where a lack of support around the care-experienced young person prevents them from engaging with a service they would otherwise benefit from, that level of support must be increased.

Section 3: Symptoms not severe enough and lack of clarity around referral criteria

Specialist mental health provision for children and young people is currently set up to deal with clinical, diagnosable mental health problems. There is an argument that CAMHS should diversify to include support for lower-level mental health concerns through other models of support to promote positive wellbeing, or that an alternative model of support should be developed to meet those needs. Regardless, our services report that looked after children and care leavers may have their referral rejected even when symptoms are severe – where self-harming or eating disorders are present for example.

This situation links together two of the main findings from the original *Rejected Referrals* report. Firstly, that young people can have a CAMHS referral rejected because their symptoms are deemed to be not severe enough, and secondly, that there needs to be greater clarity over the referral criteria that CAMHS operate. This opens a conversation about what CAMHS can offer to whom, and what additional and alternative models of mental health support could meet the needs of children and young people.

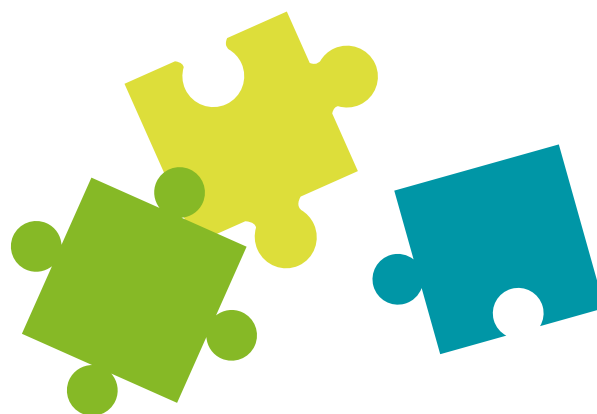
In some ways this is not an area in which looked after children and care leavers are disadvantaged, because unlike other children and young people they are likely to have support from professionals who are experienced in the working of CAMHS. However, the issue remains that there is often no alternative to the clinical, crisis-oriented type of CAMH service which mean young people and their workers are left with nowhere to turn. This means that even where workers are clear on referral criteria and are aware that a referral may be rejected, they proceed with one anyway because there is little or no alternative and not seeking support for the young person is not an option.

We recommend that greater consideration is given to what thresholds can be operated for CAMHS to be trauma-responsive and link to other sources and models of support. Beyond this, the workforce in the care sector should be supported to better navigate the mental health services available to care-experienced children and young people.

Section 4: Service already being provided by another organisation

The 2018 *Rejected Referrals* report showed that some young people are not getting access to specialist mental health support because it is believed that another organisation or service is already supporting them with their mental health needs. This is an issue that particularly affects looked after children and care leavers because they are likely to be in contact with a number of other statutory agencies and voluntary services. Our workers highlighted this as a significant problem for their teams and the children and young people they support, because too much is being asked of the workforce within care settings.

We therefore believe that assumptions should not be made about the level of support being offered by other services a child or young person might be in contact with and that standard thresholds should apply to all CAMHS referrals to ensure equality of access. Alongside this, the workforce in the care sector must be better supported to meet the mental health needs of the children and young people they are working with.



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Whilst this is absolutely the case for some therapies such as talking therapies or counselling, there are other therapeutic or psychological interventions which could be considered that do not require such levels of stability e.g. play, music, and art therapy, or life-course work. Instability, in a variety of forms, is a common context for mental health problems, and should not be given as a reason to decline CAMHS support.

When given as a reason to reject a referral, ‘instability’ can relate to many aspects of a child’s life. This includes the stability of their home life, accommodation and relationships. Looked after children and care leavers are more likely to experience these forms of instability due to the nature of the care system, so this reason for a rejected referral disproportionately affects this population group. CAMHS may also describe other behaviours as displaying ‘instability’ – such as use of drugs and alcohol. Our experience from services shows that these behaviours are often coping mechanisms for other types of instability and are in fact a symptom of the mental health concerns that care-experienced young people face.

In both these ways, ‘instability’ as a reason for a rejected CAMHS referral is likely to disproportionately affect care-experienced young people and creates a barrier for their access to support. In addition, we know from our services that there can be a ‘vicious cycle’ between referral to CAMHS and instability, with a rejected referral leaving a young person feeling further rejected, and resulting in behaviours which lead to placement breakdown or the use of



drugs and alcohol as a coping mechanism. Instead, we want to create a ‘virtuous circle’ in which appropriate mental health support can stabilise placements and nurture good overall health.

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Placement Instability

An unfortunate irony in the use of ‘instability’ as a reason for a CAMHS referral not being accepted, is the way in which lack of psychological support can lead to the breakdown of placements. Our services describe how a young person’s mental health needs can put a placement under strain, but with proper support including clinical interventions, the placement can be stabilised. When a young person has specialist psychological support rejected or withdrawn, this can undermine a young person’s sense of belonging and cause behaviours that disrupt relationships and lead to placements breaking down. The flipside of this is that a positive experience of CAMHS can help to stabilise placements and lead to better mental health outcomes and a more positive care journey for young people.

“When a placement is experiencing a great deal of stress and it is important to get an urgent referral, it is counter-intuitive to reject support because the placement might disrupt - precisely because the lack of intervention causes further distress.”

Whilst it is necessary for CAMHS to recognise and be aware of the ways in which placement instability may impact on the capacity of the young person to benefit from a clinical intervention, this should not impede or prevent the young person from receiving any kind of support from the service; it should be one element of the young person’s wider world that is taken into consideration when deciding on the most appropriate support

While it is therefore necessary for CAMHS to recognise the way in which ‘instability’ can be a reason for accepting, rather than

rejecting, a referral, it is also incumbent on the care system to avoid creating unnecessary instability wherever possible.

The importance of secure attachments to the wellbeing of care-experienced young people has been widely evidenced.⁵ Disruption to family relationships early in life can have long-lasting detrimental impacts on a child’s development, and a sense of trust and belonging in a care placement is vital for delivering a care journey that supports recovery.

“Young people’s experience of the care system can exacerbate poor mental health. We have worked with young people who have experienced 15 or 20 placements between the ages of 6 and 16. Given this number of broken attachments, it’s no surprise that many struggle with their mental health.”

At present, many factors lead to placement breakdown and unnecessary placement moves. This means that creating more stability for care-experienced young people will require a whole system approach.

One area in which there may be room for improvement is the issue of out-of-area placements. There is a drive among some Local Authorities to bring their care-experienced young people ‘home’ from out-of-area placements. In some circumstances this may be a positive, where investment in local support services matches the increased demand generated. In other cases, a placement move can seriously undermine a young person’s wellbeing – by breaking attachments in their current placement and local support networks. This is exacerbated with regard to accessing services because where a young person is moved across Health Board boundaries

5 Furnivall, J. (2011) “Attachment-informed practice with looked after children and young people”. IRISS, Insight 10. Available at: <https://www.iriss.org.uk/resources/insights/attachment-informed-practice-looked-after-children-young-people>

their treatment is likely to be disrupted, or those on waiting lists will return to the bottom in their new area.⁶

Mary's story:

One of our services worked with a young woman who had a history of suicidal ideation and self-harming behaviours. She is currently living in an out-of-authority placement with 1:1 mental health support and is doing well. Recently she was told she must move back to her 'home' authority where this will not be available. She does not want to leave her placement and the workers who have been supporting her are very concerned about her mental health in the short- and long- term.



Research suggests that those children who enter care with particularly poor emotional wellbeing or having experienced multiple forms of abuse are at greater risk of multiple placement breakdowns.⁷ While other research shows that multiple placement breakdowns, in turn can undermine the mental health and wellbeing of looked after young people.⁸ As the NSPCC put it:

*“In the worst cases this can lead to a cycle of worsening mental health and placement breakdown, with escalating costs as children become ‘difficult to place’”.*⁹

A trauma-informed response to instability

Where ‘instability’ is used in relation to a young person’s behaviour, careful consideration should be taken of whether these behaviours are in fact a manifestation of the distress they are experiencing. A trauma-informed approach takes the view that all behaviour is communication, and where a child is ‘acting out’, this should be responded to with curiosity as to the cause.

While not the case for all care-experienced young people, a high proportion of looked after children and care leavers will have experienced early childhood trauma including neglect, abuse and loss. These experiences can lead to behaviours, especially in adolescence, which challenge professionals, including clinicians. These behaviours should not preclude a young person from the opportunity to access support for dealing with those experiences.

One set of behaviours that can contribute to a young person’s ‘instability’ is use of drugs and alcohol. Our services that work with young people using drugs and alcohol are clear that this is often a form of self-harm or a form of self-medication as a result of previous trauma. While there may be clinical reasons for substance use to preclude prescription of certain medication, it is clear that other therapeutic interventions can support a young person with their underlying distress. CAMHS have a responsibility to provide some sort of support to young people with clinically diagnosable mental health symptoms and this must be discharged regardless of whether or not they are using substances.

A trauma-informed and responsive approach is necessary in all aspects of services delivered to look after children and care leavers. In terms of access to

6 Morton, L. (2016) “Response to Consultation on ‘Mental Health in Scotland – A 10 Year Vision’”. CELCIS. Available at: <https://www.celcis.org/knowledge-bank/search-bank/consultation-response-mental-health-scotland-10-year-vision1/>


7 Bazalgette, L., Rahilly, T. & Trevelyan, G. (2015) “Achieving Emotional Wellbeing for Looked After Children: A Whole System Approach”. NSPCC. Available at: <https://learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach/>.


8 Ibid


9 Ibid


mental health support, such an approach is necessary from the moment a referral and assessment is made. Young people's 'instability' is often a symptom of their distress and should not become a barrier to accessing support.

How can policy and practice within CAMHS improve?


 It should be recognised that 'instability' is a risk in all care-experienced young people's lives: While it may not be a factor at the point of referral, it is likely to be present at other stages. This disadvantages looked after children and care leavers in accessing mental health support.


 It should be possible for CAMHS support to *promote* stability for care-experienced young people. It is clear that support with mental health needs can work to stabilise placements or act as a point of continuity for young people experiencing placement moves.


 Assumptions should not be made about a young person's potential level of engagement due to their circumstances. Lack of engagement is covered in more detail in the next section, but where 'instability' is used to mean 'risk of non-engagement', it should be recognised that this will disproportionately exclude care-experienced young people from accessing mental health support.


 Where behaviours indicating 'instability' are being displayed by a young person, a holistic and trauma-informed approach should be taken to address their needs. This should include a multi-agency approach with the involvement of CAMHS alongside other specialist services who are working to support the young person.

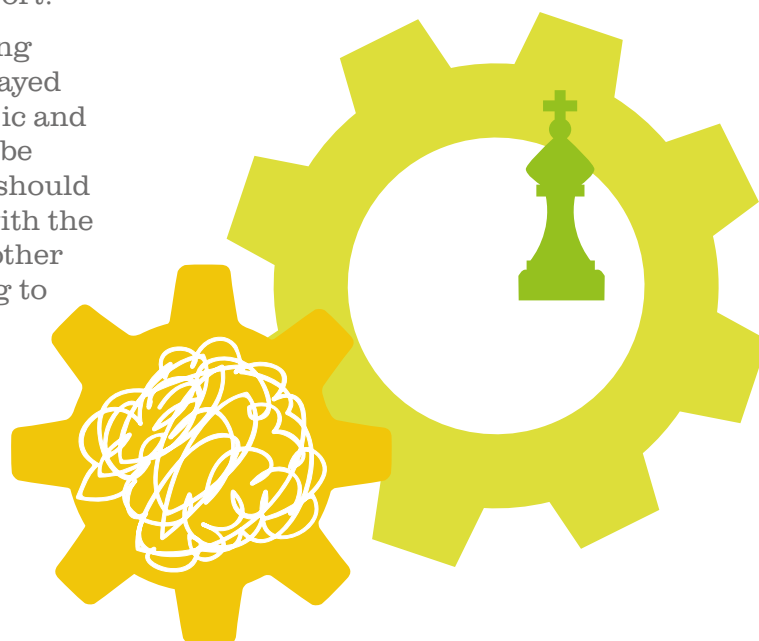
How can policy and practice within the care sector improve?

 All efforts should be made to avoid instability in a child's life. While this is clearly easier said than done, it is important to acknowledge how instability can undermine wellbeing and be a causal factor in mental health problems.

 Achieving this will require much greater multi-agency working and a greater recognition of looked after children's emotional needs when they enter the care system, in order to lay the foundations for stability later on.

 A child's psychological wellbeing should be prioritised within decision-making, placing an emphasis on the importance of attachment and the negative impact disrupted attachments can have on a young person's mental health. This includes decisions made around individual children as well as decisions made at Local Authority level, such as 'return home' initiatives.

 An increased awareness of how instability can affect a referral would be beneficial for Workers supporting a young person's referral to CAMHS. Careful consideration of the timing of referrals could result in a higher success rate e.g. not making a referral during a transition between placements.

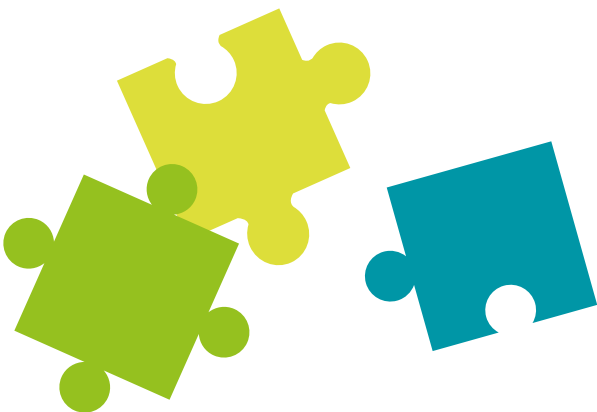


SPOTLIGHT: Care Leavers



Care leavers face particular barriers in accessing support for their mental health. This is especially problematic because leaving care is a challenging time for many young people as they navigate the transition to independence and adult services.¹⁰ This can be a time of heightened vulnerability in which mental health difficulties and trauma symptoms can emerge or resurface. For this transition to be a success, it is vital that care leavers are able to access support for their mental health and wellbeing as and when they need it.

“Evidence suggests that 44% of care leavers experience mental health or emotional/behavioural difficulties, which have links to poorer outcomes in other life areas”.¹¹



Reducing the challenge

We should not simply accept that leaving care will be a challenging time for young people. The particular vulnerabilities that exist during this time should be recognised and steps taken to avoid creating undue pressure or stress for young people.

For example, this period in a young person’s life might be characterised by further broken attachments. Models which allow young people to maintain a longer-term relationship with a service or carer¹² should be more widely explored to ensure that disrupted relationships do not compound the challenge of other changes.

Similarly, statutory agencies including housing and education must strengthen their corporate parenting strategies to ensure that the needs of care-experienced young people are met across the board. Too often care leavers fall through the gaps of child and adult services, or between the gaps of different adult services, and this can cause confusion and distress. Multi-agency working throughout this time of transition is absolutely essential.

Our services working with young people during their transition out of care speak about the challenges they face in ensuring that mental health needs are taken into consideration during the transition to adult services. It is important that all services and decision-makers have appropriate information about how provision might affect the wellbeing of the young person so that better outcomes can be achieved.

¹⁰ Baker, C. (2017) “Care Leavers’ views on their transition to adulthood: A rapid review of the evidence”. Coram Voice. Available at: [https://coramvoice.org.uk/sites/default/files/999-CV-Care-Leaver-Rapid-Review-10%20\(004\).pdf](https://coramvoice.org.uk/sites/default/files/999-CV-Care-Leaver-Rapid-Review-10%20(004).pdf) Care Leavers’ experience of Leaving Care Coram Voice (

¹¹ Morton, L. (2016) “Response to Consultation on ‘Mental Health in Scotland – A 10 Year Vision’”. CELCIS. Available at: <https://www.celcis.org/knowledge-bank/search-bank/consultation-response-mental-health-scotland-10-year-vision1/>

¹² For example, the Lifelong Links work being carried out by the Family Rights Group. More information available at: <https://www.frg.org.uk/involving-families/family-group-conferences/lifelong-links>

Reaching the cliff-edge

CAMHS can only offer support up to the age of 18. This means that at the age at which many young people are transitioning out of care, they are also transitioning out of CAMHS. This may involve a cessation of their mental health support or a transition to adult services.

In addition to this, our services are aware that if CAMHS believe they are unlikely to be able to offer a long-term service to a young person because they will turn 18 within a year or so of starting treatment, their referral is viewed less favourably. This is compounded by long waiting-lists and delays in assessments and initial appointments, meaning those as young as 16 are being turned away on the basis of age.

Inappropriate adult services

Our services that support young people leaving care are clear that adult mental health services are an inappropriate alternative for this group of young people. Where young people are transitioning from CAMHS to AMHS, this can often lead to a reduction in support.

“CAMHS usually pass on a very clear set of diagnosis and recommendations for support to adult services. However when adult services make their assessment, they will often make light-touch recommendations which seem very much based on resources.”

In addition, the service delivery model and location of adult mental health services can exacerbate the non-engagement of young people. For example, one of our services explained how the AMHS were based within a psychiatric hospital and that the stigma of this location engendered fear

and suspicion from young people, who may then refuse to attend appointments.

It has been argued that health services, alongside Local Authorities, should embrace their corporate parenting responsibilities by better supporting care leavers' mental health until the age of 25.¹³ However, access to CAMHS (as currently constructed) throughout this period is not a solution in itself. As we have shown elsewhere in this paper, young people may benefit from a range of mental health and wellbeing support outside the current remit of the clinical approach offered by CAMHS. We would suggest that long-term alternative mental health support is available to care-experienced young people until they are ready to move on to adult services, or do not need support at all.

How can policy and practice be improved for care leavers?



Models of service delivery within mental health services and the care sector should be designed to facilitate long-term relationships without arbitrary cut-offs.



All public bodies should recognise their full corporate parenting responsibilities in order to create an environment which fosters positive wellbeing among care leavers and facilitates their access to appropriate mental health support.



Young people should not be left on a cliff-edge of support where a service is terminated on their birthday, or a service is denied in anticipation of a forthcoming birthday.



Adult mental health services should recognise that some of their service-users will be young people and make all efforts to provide an accessible and appropriate model and level of service for them.

¹³ Bazalgette, L., Rahilly, T. & Trevelyan, G. (2015) "Achieving Emotional Wellbeing for Looked After Children: A Whole System Approach". NSPCC. Available at: <https://learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach/>.

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The response to this situation must also be two-fold. Where lack of engagement is caused by a model of service delivery which is difficult for looked after children and care leavers to engage with, the model of service delivery must be redesigned. Where a lack of support around the care-experienced young person prevents them from engaging with a service they would otherwise benefit from, that level of support must be increased.

Models of Service Delivery

We recognise that the nature of some therapeutic interventions offered by CAMHS, such as counselling or talking therapies, will require a level of stability and engagement from the young person. However, not all types of intervention will; other therapies such as life-story work and play, music or art therapy can and should be considered where a young person is not able to engage with or benefit from more traditional interventions. We want care-experienced young people's experience of CAMHS to be positive and constructive and recognising if and how a young person can receive support is an important skill.

Nevertheless, as CELCIS has stated:

“Services should be open, responsive and willing to change service design to meet the needs of the population”.¹⁴

If a large proportion of care-experienced young people are unable or unwilling to engage with a service, it is incumbent on that service to adapt its processes accordingly.

“Non-engagement works both ways – CAMHS are not designed for the needs of looked after children”

Our services describe a range of ways in which the current processes within CAMHS can be inflexible. For example, many describe how a rigid system of appointments does not demonstrate a person-centred approach. They explained how appointments are often during the school day which creates barriers to children attending and disrupts their education. Many said that the young people they were supporting had needed to decline an appointment for this reason and were not offered a new time for several weeks. Inflexibility around appointments is a particular barrier for looked after young people because they may be reliant on the availability of support workers to help them travel to and engage with their session.

¹⁴ Morton, L. (2016) “Response to Consultation on ‘Mental Health in Scotland – A 10 Year Vision’”. CELCIS. Available at: <https://www.celcis.org/knowledge-bank/search-bank/consultation-response-mental-health-scotland-10-year-vision1/>

Similarly, the geographic location of CAMHS services was highlighted by many of our services. Our teams identified good practice from other NHS services which offer home visits or sessions in other trusted spaces (such as a Barnardo's building) but found this flexibility is rarely available with CAMHS. In addition, our services working with young people in the Highlands said that some young people were being asked to travel up to two hours to an appointment which is clearly unworkable.

Some of our services expressed deep frustration at the lack of flexibility afforded to care-experienced young people within CAMHS given the level of support, encouragement and symptom-management that many workers in the care system have provided during the referral and assessment stages. For example, a residential worker may have a pre-existing trusting relationship with a young person and be there from the moment their mental health problems begin to emerge, they may encourage them to seek help and support their CAMHS referral, all while offering whatever emotional support their training allows – if the CAMH service is then withdrawn or further delayed because the young person was unable to attend an appointment this can be seriously demoralising for the worker and undermine their relationship with the young person, and can have a detrimental impact on all concerned.


CAMHS should be as easy as possible for all its young service-users to access. Achieving this must include particular consideration of the needs of looked after children and care leavers to ensure a model of service delivery in which they are not disadvantaged.

Choice and Control

As well as these processes, our services highlight how children and young people are often expected to fit into an 'adult' model of health care delivery where their views and experiences are not taken fully into account.

We know that experiences of the care system can remove children's agency by making decisions that may be in their interest, but which they may not fully understand or agree with. This can compound the trauma a child has experienced and lack of control they may feel.¹⁵ As such, any service aiming to support care-experienced young people with their mental health must employ a trauma-informed approach which recognises the importance of choice and control in the young person's therapeutic journey.

Anna's story:



One of our services works with a teenage girl who has been receiving support from CAMHS. She had been prescribed anti-depressant medication but found that it lowered her mood so she stopped taking it. The response from CAMHS was to reduce her sessions with them due to non-engagement/non-compliance with treatment.

Flexibility in terms of time and place are important, but developing flexible practice which allows children and young people to exercise agency around their own treatment should also be a priority for specialist services. Exploring options with young people, finding out what works best for them, and why they might avoid certain interventions is vital to delivering a person-centred service.

Our services explained how rejection of a referral or cessation of service due to lack of engagement can leave a young person feeling to blame for the lack of support, even if they had made an effort to overcome barriers to engagement. As with instability, non-engagement should be considered as a symptom of the struggles care-experienced young people face and should be responded to with additional offers of support from existing or alternative services.

15 Smith, N. (2017) "Neglected Minds: A report on mental health support for young people leaving care". Barnardo's. Available at: <https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf>

Levels of Support

While the model of CAMHS delivery creates barriers for many young people, the level and structure of support around looked after children and care leavers can amplify the problem. Our services have observed that children who are in stable foster care placements are most likely to be able to attend their CAMHS appointments because of the consistency and availability of the support provided by their carers.

However, there is a significant proportion of looked after young people who are living in other types of household. Our services reported that children who are looked after at home are least supported to engage with CAMHS. This is because their families may struggle to find the financial and emotional resources to support a young person and because contact with Social Work and other support services may be seen as 'light-touch' meaning these workers are similarly unable to give the time needed, even to attend routine appointments. This is explored further in the spotlight on children looked after at home below.

Our services recognise the role that Project Workers play in supporting a young person to recognise their own mental health needs and to take steps towards a referral. In some services, this work is particularly intense – for example, when a young person in a residential children's home is in crisis and the support workers within that service have to 'bridge the gap' while an assessment is made. This role is made harder when there are delays in the CAMHS response because young people feel they have been misled by the worker they trusted in the process, or lose faith that anyone else will help them.

It is essential that Social Workers and Project Workers have the right training, flexible working practices and professional support to offer care-experienced young people the right level of support to attend and engage with CAMHS.

How can policy and practice within CAMHS improve?



A more flexible system of appointments should be implemented within CAMHS, including evenings and weekends so that care-experienced young people do not have to choose between their education and their mental health, and which allows those supporting the young person to do so effectively.



Similarly, CAMHS should seek to be more physically accessible in terms of using premises dispersed over a geographic area or facilitating sessions in other safe spaces in order to reduce travel times and increase engagement for those young people facing additional barriers.



Children and young people should be offered greater choice and control over the time and location of their treatment and over the nature of the treatment itself.



The context around a young person should be considered carefully before withdrawing a service due to non-engagement because there are particular groups of looked after children and care leavers who struggle most with engaging with CAMHS due to inconsistent support from elsewhere.

How can policy and practice within the care sector improve?



Children who are being looked after in all types of placement should have adequate support made available to them in order to attend CAMHS appointments as easily as possible – both in terms of physically turning up to sessions, as well as being emotionally prepared for the session i.e. not hungry, tired, rushed etc.



Particular attention should be paid to children who are looked after at home and to care leavers to ensure that statutory agencies and the voluntary sector can provide wrap-around support.

SPOTLIGHT: Children and Young People Looked After at Home



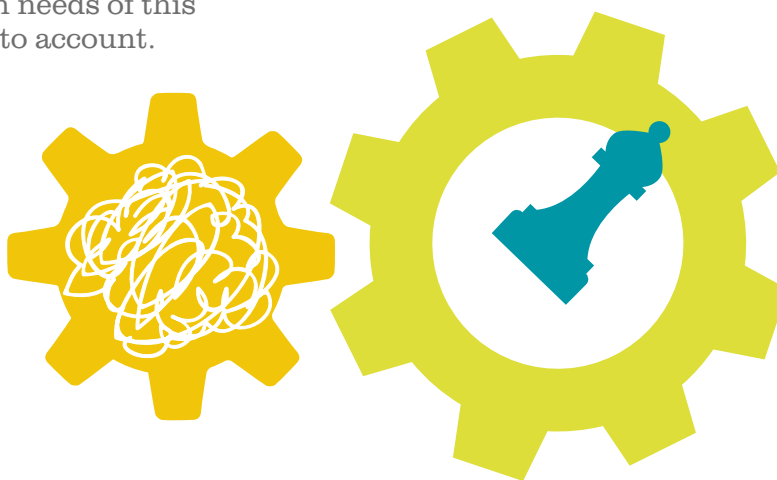
It is important to recognise the distinct mental health needs of children and young people who are 'looked after at home' and to understand the different barriers they may face in accessing services. Recent research by the Scottish Children's Reporter Administration (SCRA) showed that Home Compulsory Supervision Orders (CSOs) are the most common type of CSO made by Children's Hearings, and in 2018 there were 4,270 children and young people on a home CSO.¹⁶ Barnardo's Scotland services work alongside many children, young people and families where such an order has been made and our experience in this area was reflected in our 2015 report *Overseen But Often Overlooked*.¹⁷

Although children looked after at home are in no way a homogenous group, on average outcomes are poorer than they are for other looked after children. That knowledge alone should motivate everyone involved in the system to investigate the issue further. SCRA's research demonstrates that Home CSOs work best as a "tailored intervention to address specific needs"¹⁸ and we would argue that the mental health needs of this group must also be taken into account.

Nurturing wellbeing

Those who are or have been looked after at home may experience early adversity for longer periods of time, depending on how successful support offered to the family is at creating a home in which the child's wellbeing is nurtured. It is important that interventions within the home are focussed on this outcome and that the mental health needs of all are taken into consideration when decisions are made and services offered.

Children who are looked after at home are at particular risk of missing out on routine health promotion and preventive health care, such as that obtained at school or through attendance at health appointments. This means that professionals interacting with children and families should be especially aware of the baseline of knowledge from which the child is being supported, and may want to provide additional support to introduce messages about positive wellbeing and how best to maintain it.



16 Scottish Children's Reporter Administration (2019) "Research on Home CSOs". Available at: <https://www.scra.gov.uk/2019/09/research-on-home-csos/>

17 Welch, V. et al (2015) "Overseen But Often Overlooked: Children and young people 'looked after at home' in Scotland". Barnardo's Scotland. Available at: http://www.barnardos.org.uk/17187_su_scot_overseen_but_overlooked.pdf

18 Scottish Children's Reporter Administration (2019) "Research on Home CSOs". Available at: <https://www.scra.gov.uk/2019/09/research-on-home-csos/>

Lack of support from services

The major finding of research into Home CSOs is that the level of need children and young people are experiencing should not be underestimated. This is worth emphasising because children looked after at home can be seen by professionals as a group whom the state has less duty to support than other looked after children, and who therefore require only relatively light-touch intervention.

As has been noted elsewhere, it is important that public bodies recognise and implement their corporate parenting responsibilities to all looked after children and care leavers, and make particular efforts to recognise the needs of those who are or have been looked after at home. As with service provision generally, it should not be assumed that young people with this type of care experience only require a light-touch approach, and so it is necessary that all agencies and service providers are working together to nurture wellbeing and offer mental health support based on the individual needs of the child or young person.

Lack of support in the home

Our services report that the issue of non-engagement is particularly relevant to children who are looked after at home. These young people remain living in households that are still experiencing instability and therefore they might not be supported by their families to engage with CAMHS. Our services know that some families do not have the emotional and material resources to prioritise these appointments. Particular attention should be paid to children who are looked after at home to ensure that statutory agencies and the voluntary sector can provide wrap-around support.

A related issue might be that parents are less likely to seek mental health support for their children while they are being looked after at home, meaning that young people may not even get to the point of being referred to CAMHS. In 2016, CELCIS commented that:

“Parents may be particularly concerned that accessing mental health services will bring scrutiny on their parenting capacity and may lead to the removal of children from their care. Services need to be sensitive to these concerns and work positively with families to ensure the mental wellbeing of all involved”.¹⁹

How can policy and practice be improved for children and young people looked after at home?



All service providers and decision-makers should recognise the full extent of the mental health needs of children who are looked after at home and it should not be presumed that a ‘light-touch’ approach will suffice.



Services working with children and families should prioritise the mental health needs of children, helping to provide and reinforce positive health messages and signpost towards mental health support.



Specialist mental health services must develop greater understanding of the particular barriers that children who are looked after at home face when engaging with mental health services, and make appropriate adjustments to policy and practice.

19 Morton, L. (2016) “Response to Consultation on ‘Mental Health in Scotland – A 10 Year Vision’”. CELCIS. Available at: <https://www.celcis.org/knowledge-bank/search-bank/consultation-response-mental-health-scotland-10-year-vision1/>

Section 3: Symptoms not severe enough *and* lack of clarity around referral criteria

Specialist mental health provision for children and young people is currently set up to deal with clinical, diagnosable mental health problems.

There is an argument that CAMHS should diversify to include support for lower-level mental health concerns through other models of support to promote positive wellbeing, or that an alternative model of support should be developed to meet those needs. Regardless, our services report that looked after children and care leavers may have their referral rejected even when symptoms are severe – where self-harming or eating disorders are present for example.

This situation links together two of the main findings from the original *Rejected Referrals* report. Firstly, that young people can have a CAMHS referral rejected because their symptoms are deemed to be not severe enough, and secondly, that there needs to be greater clarity over the referral criteria that CAMHS operate. This opens a conversation about what CAMHS can offer to whom, and what additional and alternative models of mental health support could meet the needs of children and young people.

In some ways this is not an area in which looked after children and care leavers are disadvantaged because unlike other children and young people they are likely to have support from professionals who are experienced in the working of CAMHS. However, the issue remains that there is often no alternative to the clinical, crisis-oriented type of CAMH service which mean young people and their workers are left with nowhere to turn. This means that even where workers are clear on referral criteria and are aware that a referral may be rejected, they proceed with one anyway because there is little or no alternative and not seeking support for the young person is not an option.

We recommend that greater consideration is given to what thresholds can be operated for CAMHS to be trauma-responsive and link to other sources and models of support. Beyond this, the workforce in the care sector should be supported to better navigate the mental health services available to care-experienced children and young people.

Understanding symptoms and trauma

It has already been noted that experiences of early adversity and of the care system mean that the care-experienced population are more likely to require support with their mental health and wellbeing. This might not always present itself as a crisis, but does not diminish the distress looked after children and care leavers may be experiencing. It is important that CAMH services recognise the extent of this distress and offer appropriate support or signposting.

“Sometimes the criteria are so high, young people have to be harming themselves or at risk of harming other people in order to be seen – in the meantime they are suffering, sometimes they are screaming out for help, and they won’t get it.”

Best, trauma-informed, practice suggests that trauma can present itself in many ways and that it is important to offer a supportive response regardless. As the *Rejected Referrals* report showed, young people's distress can be dismissed as a behavioural issue rather than a mental health issue. This is a deficit model which places responsibility on the young person, rather than recognising that they need help. Some of the symptoms associated with experience of trauma include disrupted attachments, developmental delay and risk-taking behaviours. These symptoms may not show up for weeks or months after the event,²⁰ so for these young people with trauma histories the model of diagnosing mental illness based on presenting symptoms is less reliable and effective.

Risking escalation

The potentially unintended consequence of citing severity of symptoms as a reason for rejecting a referral is the creation of an incentive to escalate or exaggerate symptoms in order to access support – potentially resulting in a 'cry for help' situation. Our services report that children and young people who have sought help can have extremely negative reactions to their referral being rejected, especially when they feel they have not been listened to. It is important that CAMHS thresholds are not set so high as to permit a downwards spiral.

This could be framed in terms of the preventative healthcare agenda. If a care-experienced young person is presenting to CAMHS with 'low level' symptoms, it is important that while the type of support CAMHS can offer may not be appropriate at that time, it is still necessary to refer on to or signpost to another service in order to prevent the situation developing into a more acute or chronic mental health problem.

The benefits of an early intervention approach to mental health support have been noted with reference to care-experienced young people for some time. A participative study by the NSPCC found that: "Participants agreed that an important part of a system that supports the emotional wellbeing of children in care is the need for a more proactive and preventative approach. Children in care need an environment that supports their wellbeing and this support should be provided at an early stage, rather than after a crisis, as too often happens at present".²¹

Alternative models

It is clear that a range of mental health and wellbeing services should be made available for care-experienced young people, both through universal provision and more targeted support. In future resources, the Care in Mind series aims to explore different models of support that could be made available. We understand that multi-agency working which draws on the expertise of health, social work and the voluntary sector is particularly valued by young people and those who work alongside them.

Nevertheless, care-experienced young people who do not currently meet the thresholds for a successful referral to CAMHS could still benefit from some form of specialist mental health provision. Consideration should be given to whether or not the current structure of CAMHS is fit for purpose to meet the needs of this particular population.



20 Perry, B. (2014) "Helping Traumatized Children: A Brief Overview for Caregivers". Child Trauma Academy. Available at: https://childtrauma.org/wp-content/uploads/2014/01/Helping_Traumatized_Children_Caregivers_Perry1.pdf

21 Bazalgette, L., Rahilly, T. & Trevelyan, G. (2015) "Achieving Emotional Wellbeing for Looked After Children: A Whole System Approach". NSPCC. Available at: <https://learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach/>.


Supporting the care workforce


It has already been noted that workers within the care sector often ‘bridge the gap’ when a clinical intervention is unavailable. This can become particularly problematic where young people are displaying symptoms which are below the threshold for CAMHS but beyond the training of Project and Residential Workers.

The impact this can have is three-fold and is particular to the context in which care-experienced young people live. Firstly, this means that the young person themselves is unlikely to be receiving adequate or appropriate attention to support them with their mental health needs. Secondly, it places the workforce in a difficult position of handling situations in which they don’t feel adequately skilled/qualified or supported. Thirdly, this impacts on other young people who may be living in the same space or receiving the same service because they may witness their peers’ distress or their workers’ fatigue.


It is imperative then that the workforce within the care sector is equipped to support looked after children and care leavers who are experiencing mental health problems, including the management of potentially serious symptoms. Our services said that they especially valued consultancy and supervision models and the Care in Mind series aims to explore this further with reference to multi-agency working in future resources.


How could policy and practice in CAMHS improve?

 Consideration should be given to what thresholds are necessary and appropriate to operate a service which recognises and responds to trauma, and if necessary signposts on to other services. This should be resourced in order to meet the increased demand.

 Where mental health concerns exist, but symptoms are not considered severe or not suited to the types of interventions currently offered by CAMHS, an alternative model of support must be available.

How can policy and practice within the care sector improve?

 Those supporting children and young people experiencing mental health difficulties must be aware of what the thresholds are for accessing the service and must either manage the expectations of the young person or seek alternative routes to support (where possible).

 Where a young person is displaying severe symptoms – whether they are receiving CAMHS support or not – the carers and other professionals around that child must be supported to manage risks and provide adequate and appropriate support.



Section 4: Service already being provided by another organisation

The 2018 *Rejected Referrals* report showed that some young people are not getting access to specialist mental health support because it is believed that another organisation or service is already supporting them with their mental health needs.

This is an issue that particularly affects looked after children and care leavers because they are likely to be in contact with a number of other statutory agencies and voluntary services. Our workers highlighted this as a significant problem for their teams and the children and young people they support, because too much is being asked of the workforce within the care system.


We therefore believe that assumption should not be made about the level of support being offered by other services a child or young person might be in contact with and that standard thresholds should apply to all CAMHS referrals to ensure equality of access. Alongside this, the workforce in the care sector must be better supported to meet the mental health needs of the children and young people they are working with.

Equal access

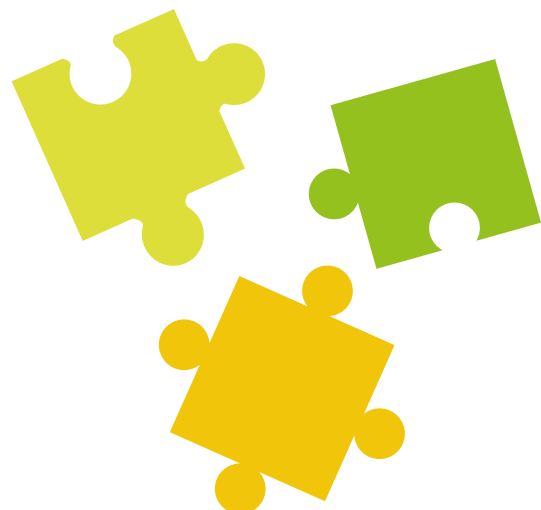
Concern was raised among our services that care-experienced young people can often be perceived as being better protected and supported than other young people, and that this may lead to thresholds for accessing CAMHS being higher in some circumstances than they would be for non-care-experienced young people.

We would not want to see assumptions being made about the level of support or mental health expertise that a young person has access to via children and families services. It is important that care-experienced young people have the same access to clinical support as their non-care-experienced peers.

Craig's story:



One of our residential services worked with a young man whose trauma history and emotional state demonstrated the need for specialist mental health support. His referral to CAMHS was rejected because he was “living well” within the service and some of his behaviour had calmed down since moving there. This meant that the underlying issues have not been addressed and, sadly, his wellbeing has begun to deteriorate again. Staff in the home are supporting him as best they can and attempting to find other services that could support him with his mental health.

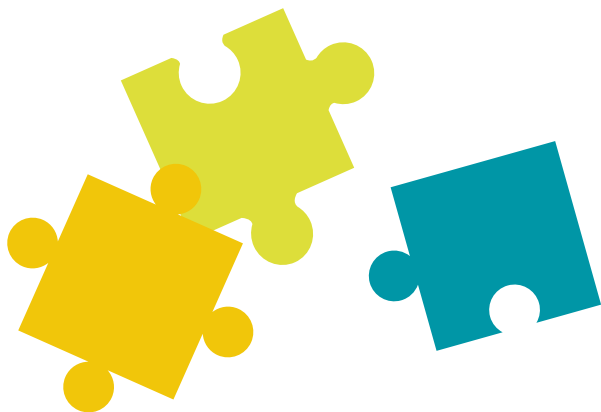


Understanding professional roles

It is important that all agencies involved in a young person's care journey understand their professional roles and importantly the roles of others. CAMHS is specialist in the nature of the support it can provide, but in our experience there can sometimes be a lack of understanding about the limitations of the support offered by other, non-specialist services. For example, residential workers can be supported to manage a young person's self-harming behaviour, and are often best placed due to their existing relationships, but if specialist therapy is needed to address underlying trauma, they will likely not be able to provide this.

Some Barnardo's services have therapeutically trained staff embedded in the team such as play or art therapists or psychologists. However this is very much dependent on what that service has been commissioned or set up to do. Many of our services will not have that kind of expertise so there should not be an expectation that they, or other third sector providers, will be able to provide specialist mental health provision.

"We're not equipped to deal with the scale and extent of this."



In pursuing a holistic approach to supporting a young person's mental health, it is essential that agencies work together using GIRFEC to place the needs of the child or young person at the centre. Any support is arguably better than none, but if the needs of the young person require a specialist mental health intervention this should be accessible. For example, if a young person was accessing support for drug and alcohol use, this does not mean that all of their mental health needs are being met and that they would not benefit from a service from CAMHS at the same time.

At a local level, there should be open dialogue between departments with responsibility for children and young people and Health Boards with responsibility for mental health about the different types of support that each can offer in order to avoid gaps in support and promote multi-agency working.

Avoiding 'ping-ponging'

The issue of mental health support being denied by a service on a basis that this need is being met by another service is not unique to CAMHS. Barnardo's *Neglected Minds* research found that mutually exclusive referral criteria across organisations can lead to young people "ping-ponging" between services and making multiple referrals which are rejected because a different service is recommended.²²

For care-experienced young people this can be especially distressing because it can seem that nobody is listening, which can trigger feelings of abandonment. This should therefore be avoided by greater inter-agency understanding of what can be provided by alternative services.

²² Smith, N. (2017) "Neglected Minds: A report on mental health support for young people leaving care". Barnardo's. Available at: <https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf>

Recognising the concerns of the care workforce

At present, Project Workers are asking why they have to fill in the gap left by mental health services. This manifests both as an anxiety about dealing with mental health issues - particularly a fear of being implicated in a serious incident - and frustration at going beyond job descriptions without commensurate training, support and remuneration. This contributes to a high turnover of staff in the care sector which undermines the consistency of relationships that children and young people can benefit from.

“When a young person is in crisis, and there is no clinical support available, residential staff are worried that they might make a mistake despite a deep commitment to their wellbeing.”



How can policy and practice within CAMHS improve?



CAMHS must operate the same thresholds and referral criteria for all children and young people to avoid creating an inequality in access to the service. As the *Rejected Referrals* report recommended:

“Clearly understood, consistent referral criteria AND assessment processes for referrals to CAMHS should be established nationally”.



Assumptions should not be made about what kind of support is being offered by other professionals in other services, referrals should be assessed on a case-by-case basis based on the information provided by the referrer, and this should be supported by inter-agency discussions at a local level.

How can policy and practice within the care sector improve?



In line with the Scottish Government commitment to a trauma-informed and responsive workforce,²³ workers within children and young people’s services must be properly supported to meet the needs of the care-experienced young people they are working with. This might include higher standards of mental health training across the workforce as well as consultation and supervision arrangements with specialists.

²³ NHS Education Scotland (2019) “National Trauma Training Framework”. Available at: <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>

Conclusions

This paper has used the framework provided by our 2018 *Rejected Referrals* report to explore the barriers care-experienced children and young people face when in need of mental health support.

What has become clear is that in many instances, looked after children and care leavers are disproportionately affected by rejected referrals to CAMH services, and that policy and practice in the care sector needs to be improved in order to better support good mental health and wellbeing. This has resulted in a situation in which many care-experienced children and young people who need support with their mental health and wellbeing are currently not receiving the services that they need.

Overall, in terms of CAMHS, the problem is two-fold: Firstly, the types of therapy made available are not suited to meet the mental health and wellbeing needs of the care-experienced population who are more likely to be struggling with mental health problems as a result of trauma; Secondly, aspects of policy and practice within CAMH services create additional barriers for looked after children and care leavers. As such, we are calling for a variety of mental health supports to be made available to care-experienced young people which meet their needs and support their engagement. We believe this is best achieved through co-production.

Alongside this, change is needed in the care sector so that structural barriers to mental health support are removed and the workforce is better supported to meet the needs of looked after children and care leavers. This links to Scottish Government initiatives to ensure a trauma-informed workforce and will require greater multi-agency working between children's services, adult services and health services.

We want to see a system in which looked after children and care leavers have their mental health needs acknowledged, recognised and responded to in the most effective, accessible and consistent way. This requires a commitment to improving the wellbeing of the care-experienced population and a willingness to examine policy and practice across sectors. We hope the recommendations of this report provide a constructive contribution to this process and look forward to exploring related issues in other Care in Mind resources.



Appendix 1 – List of Recommendations



1. Lack of stability

How can policy and practice within CAMHS improve?

- It should be recognised that ‘instability’ is a risk in all care-experienced young people’s lives: While it may not be a factor at the point of referral, it is likely to be present at other stages.
- It should be possible for CAMHS support to *promote* stability for care-experienced young people. It is clear that support with mental health needs can work to stabilise placements or act as a point of continuity for young people experiencing placement moves.
- Assumptions should not be made about a young person’s potential level of engagement due to their circumstances.
- Where behaviours indicating ‘instability’ are being displayed by a young person, a holistic and trauma-informed approach should be taken to address their needs. This should include a multi-agency approach with the involvement of CAMHS alongside other specialist services who are working to support the young person.

How can policy and practice within the care sector improve?

- All efforts should be made to avoid instability in a child’s life.
- Achieving this will require much greater multi-agency working and a greater recognition of looked after children’s emotional needs when they enter the care system, in order to lay the foundations for stability later on.
- A child’s psychological wellbeing should be prioritised within decision-making,

placing an emphasis on the importance of attachment and the negative impact disrupted attachments can have on a young person’s mental health. This includes decisions made around individual children as well as decisions made at Local Authority level, such as ‘return home’ initiatives.

- An increased awareness of how instability can affect a referral would be beneficial for Workers supporting a young person’s referral to CAMHS. Careful consideration of the timing of referrals could result in a higher success rate e.g. not making a referral during a transition between placements.

How can policy and practice be improved for care leavers?

- Models of service delivery within mental health services and the care sector should be designed to facilitate long-term relationships without arbitrary cut-offs.
- All public bodies should recognise their full corporate parenting responsibilities in order to create an environment which fosters positive wellbeing among care leavers and facilitates their access to appropriate mental health support.
- Young people should not be left on a cliff-edge of support where a service is terminated on their birthday, or a service is denied in anticipation of a forthcoming birthday.
- Adult mental health services should recognise that some of their service-users will be young people and make all efforts to provide an accessible and appropriate model and level of service for them.

2. Lack of engagement



How can policy and practice within CAMHS improve?

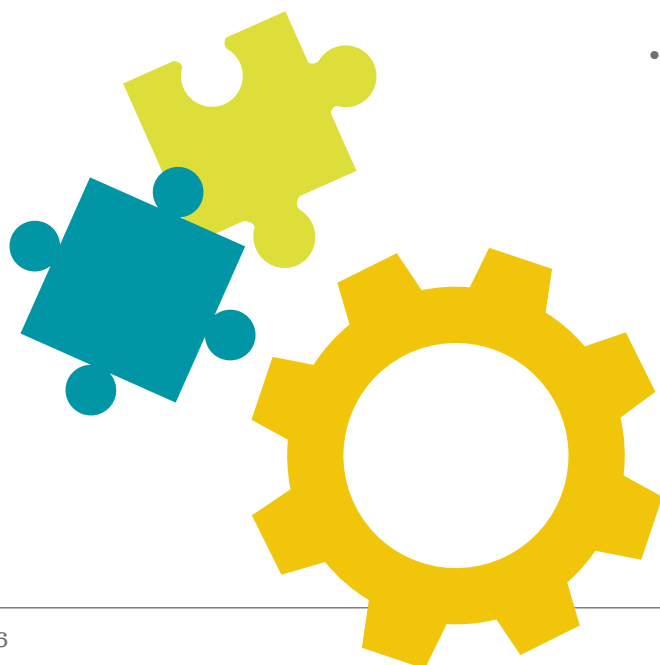
- A more flexible system of appointments should be implemented within CAMHS, including evenings and weekends so that care-experienced young people do not have to choose between their education and their mental health, and which allows those supporting the young person to do so effectively.
- CAMHS should seek to be more physically accessible in terms of using premises dispersed over a geographic area or facilitating sessions in other safe spaces in order to reduce travel times and increase engagement for those young people facing additional barriers.
- Children and young people should be offered greater choice and control, over the time and location of their treatment and over the nature of the treatment itself.
- The context around a young person should be considered carefully before withdrawing a service due to non-engagement because there are particular groups of looked after children and care leavers who struggle most with engaging with CAMHS due to inconsistent support from elsewhere.

How can policy and practice within the care sector improve?

- Children who are being looked after in all types of placement should have adequate support made available to them in order to attend CAMHS appointments as easily as possible – both in terms of physically turning up to sessions, as well as being emotionally prepared for the session i.e. Not hungry, tired, rushed etc.
- Particular attention should be paid to children who are looked after at home and to care leavers to ensure that statutory agencies and the voluntary sector can provide wrap-around support.

How can policy and practice be improved for children and young people looked after at home?

- All service providers and decision-makers should recognise the full extent of the mental health needs of children who are looked after at home and it should not be presumed that a light-touch approach will suffice.
- Services working with children and families should prioritise the mental health needs of children, helping to provide and reinforce positive health messages and signpost towards mental health support.
- Specialist mental health services must develop greater understanding of the particular barriers that children who are looked after at home face when engaging with mental health services, and make appropriate adjustments to policy and practice.



3. Symptoms not severe enough *and* Lack of clarity over referral criteria



How can policy and practice within CAMHS improve?

- Consideration should be given to what thresholds are necessary and appropriate to operate a service which recognises and responds to trauma, and if necessary signposts on to other services. This should be resourced in order to meet the increased demand.
- Where mental health concerns exist, but symptoms are not considered severe or not suited to the types of interventions currently offered by CAMHS, an alternative model of support must be available.

How can policy and practice within the care sector improve?

- Those supporting children and young people experiencing mental health difficulties must be aware of what the thresholds are for accessing the service and must either manage the expectations of the young person or seek alternative routes to support (where possible).
- Where a young person is displaying severe symptoms – whether they are receiving CAMHS support or not – the carers and other professionals around that child must be supported to manage risks and provide adequate and appropriate support.

4. Service already being provided by another organisation



How can policy and practice within CAMHS improve?

- CAMHS must operate the same thresholds and referral criteria for all children and young people to avoid creating an inequality in access to the service. As the *Rejected Referrals* report recommended: “*Clearly understood, consistent referral criteria AND assessment processes for referrals to CAMHS should be established nationally*”.
- Assumptions should not be made about what kind of support is being offered by other professionals in other services, referrals should be assessed on a case-by-case basis based on the information provided by the referrer, and this should be supported by inter-agency discussions at a local level.

How can policy and practice within the care sector improve?

- In line with the Scottish Government commitment to a trauma-informed and responsive workforce, workers within children and young people’s services must be properly supported to meet the needs of the care-experienced young people they are working with. This might include higher standards of mental health training across the workforce as well as consultation and supervision arrangements with specialists.

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