

ISLINGTON CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) IN SCHOOLS AND PRU'S

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CHILDREN, EMPLOYMENT AND SKILLS

ISLINGTON COUNCIL

THE PROVISION

Multidisciplinary team (clinical psychologists, child psychotherapists, systemic psychotherapists and educational psychotherapists)

Schools Forum funded provision

- All Primaries – half a day a fortnight for 5/6 half terms
- All Secondaries – a day a week for 5/6 half terms

Direct SLA with schools:

- 6 of the secondaries,
- 12 of the primaries, 5 specialist provisions purchase additional time

CAMHS in PRU's finding by CCG, schools forum and New River College

- 3 days a week provision to primary, and 2 secondary sites
- Half a day a week to the medical PRU – consultation only
- Half a day a week to the Behaviour Outreach team – consultation only

What Support Do We Offer?

- Service intended to 'wrap around' the core CAMHS provision to target harder to engage families and early intervention.
- Provision negotiated with school and typically includes a mixture of
 - Direct clinical assessment and intervention,
 - Pre-referral parent consultations,
 - Staff consultation on individual children or to support reflective practice,
 - Supporting staff systems and wellbeing,
 - Contribution to pastoral care/inclusion/team around the school meetings,
 - Contribution to team around the child meetings,
 - Staff training,
 - Workshops for parents,
 - Intervention groups
 - Provision of psychoeducation materials and
 - Triaging (linking with wider offer of help)
- We provide a link to all the teams in central CAMHS to facilitate partnership working with schools
- We sit on the securing education board
- We have codeveloped and delivered training with the behaviour outreach team related to attachment behaviour in the classroom
- We are working with new river college to develop their integration/reintegration guidance

Workforce Development

- Bespoke trainings for schools
- Centralised training offer
- Reflective practice groups for headteachers
- Solihull training (public health funded)

Whole School Approaches

- Partnership working with school improvement and public health on
 - The development of islington mental health and resilience framework (IMHARS) and on the
 - Islington trauma informed schools pilot (ITIPS) – 9 primaries, 2 secondaries, new river college

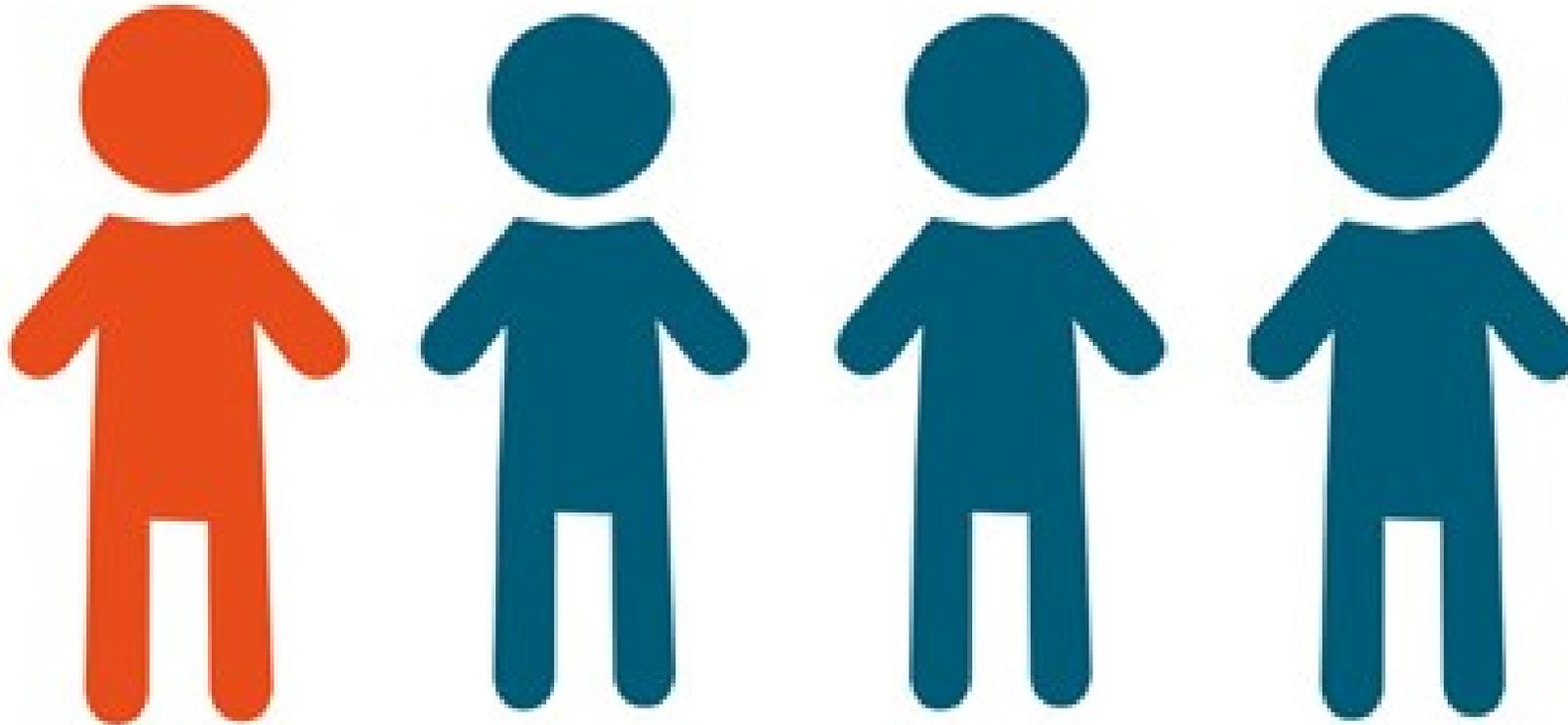
WHY ARE CAMHS WORKING ON ITIPS?

- THE POPULATION WHO ARE EXCLUDED ARE PARTICULARLY VULNERABLE HOWEVER
 - SCHOOLS OFTEN DO NOT REFER THESE FAMILIES TO US OR ARE REFERRED TO US ONCE ALREADY AT SIGNIFICANT RISK OF EXCLUSION (WHERE FAMILIES ARE PARTICULARLY UNLIKELY TO ENGAGE AND WITHOUT TIME FOR SUITABLE ASSESSMENTS AND INTERVENTIONS)
 - THEIR DIFFICULTIES ARE OFTEN NOT DESCRIBED IN TERMS OF THEIR MENTAL HEALTH
 - THEY ARE OFTEN A GROUP THAT ARE RELUCTANT TO ENGAGE WITH MORE TRADITIONAL CLINIC BASED PROVISIONS AND THIS COMPOUNDED BY SOMETIMES COERCIVE INTERACTIONS WITH SCHOOLS
 - THEIR ADDITIONAL NEEDS ARE OFTEN MULTIPLE AND COMPLEX BUT MAY NOT MEET DIAGNOSTIC CRITERIA OR MAY HAVE NOT BEEN REFERRED/ENGAGED
 - EVEN WHEN CHILDREN DO HAVE A DIAGNOSIS OF SAY ATTENTION DEFICIT HYPERACTIVITY DISORDER OR AUTISTIC SPECTRUM CONDITIONS , SOME SCHOOLS FAIL TO MAKE 'REASONABLE ADJUSTMENTS' TO THEIR APPLICATION OF THEIR BEHAVIOUR POLICIES.
- WHILE WE ACKNOWLEDGE EXCEPTIONS, WE BELIEVE THE EXPERIENCE OF EXCLUSION IS RARELY HELPFUL FOR MANY OF THESE CHILDREN BECAUSE THEIR DIFFICULTIES REFLECT A **LACK OF SKILLS NOT MOTIVATION** AND THAT THE PROCESSES THAT LEAD UP TO, AND THE EXPERIENCE OF, BEING EXCLUDED TYPICALLY EXACERBATES AND OFTEN INCREASES THEIR DIFFICULTIES AND HEIGHTENS THEIR VULNERABILITY IN THE SHORTER AND LONGER TERM.

WHY ARE CAMHS WORKING ON ITIPS? (CONTINUED)

- Despite longstanding mental health provision to those schools who have persistently remained the highest excluders (despite multiple changes in clinicians and headteachers) we have not yet seen a significant enough shift in the practices of these schools.
- We are passionate about addressing the needs of this vulnerable group whose difficulties often ripple far beyond themselves and across generations and we, therefore, recognize the need for creative whole school approaches to addressing this need and very much welcome a borough focus on this.
- We believe early adversity and trauma is often the common theme and that school inadvertently risk retraumatizing vulnerable young people and families
- A large body of evidence demonstrates that these young people and families face **predictable challenges** in relation to accessing education that can be addressed in a compassionate, proactive, preventative way that will not only help them function in school but in their wider and longer term functioning.

Islington Trauma Informed Schools Pilot (ITIPS)



Exposure to Adverse Childhood Experiences

Inner: CDC- Kaiser
(Felitti et al., 1998)

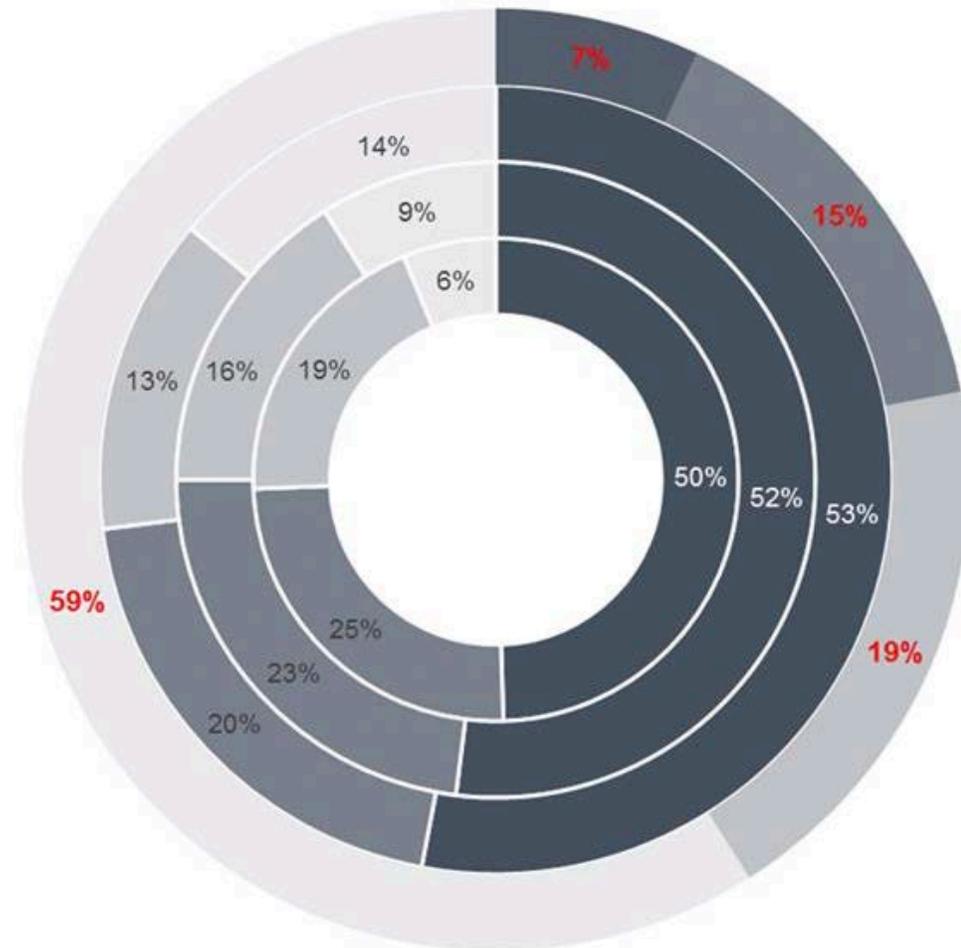
2nd: England (Bellis et al., 2014)

3rd: Wales (Bellis et al., 2015)

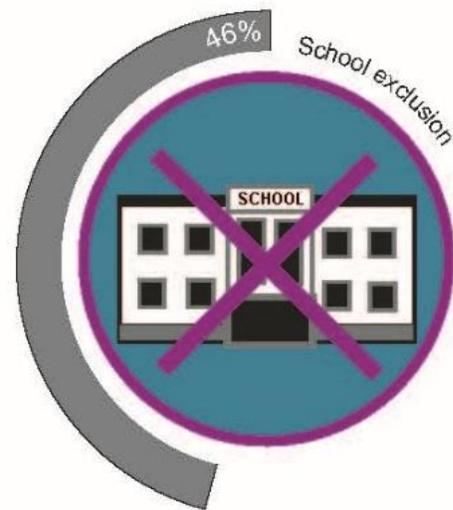
Outer: IVY sample
(2018)

Figure 1. ACE Exposure: IVY compared to key Adverse Childhood Experience studies

■ 0 ■ 1 ■ 2-3 ■ 4+



130 high risk 11-18 year olds, Scotland 2018



Most Common Measured Outcomes (n=130)

http://www.cycj.org.uk/wp-content/uploads/2018/08/Adverse-Childhood-Experiences-in-high-risk_CYCJ-Final-Version-proofed.pdf

TRAUMA'S DOUBLE HIT ON DEVELOPMENT

WHILE KIDS ARE GETTING GOOD AT SURVIVING,
WHAT ARE THEY NOT GETTING GOOD AT?

- PRIORITISATION OF SKILLS /RESPONSES / ADAPTATION
WHICH HELP THE CHILD SURVIVE THEIR ENVIRONMENT
- DE-EMPHASIS OF DOMAINS OF DEVELOPMENT WHICH
ARE LESS IMMEDIATELY RELEVANT TO SURVIVAL

Trauma Informed Practice

Behaviour is often a communication of unmet needs

Avoids repeating trauma

Connection before correction

Empathy, collaboration and good use of authority

Relationships that support development of new coping strategies

Choice/ autonomy

Dysregulated adults can't help dysregulated children



HOW SCHOOLS USE US IN RELATION TO EXCLUSION

Often the children who are permanently excluded have not had their needs understood in terms of mental health so often they have not been referred to CAMHS or they are referred just before the school moves to exclude the child. Many schools, however, use our input very well for complex families in their work to **'get ahead of the problem'**;



Structural disconnect between pastoral care, SEN and behavior management and classroom teaching means we are rarely asked to contribute to the thinking about reducing the risk of exclusion or strategic thinking about how to hold on to children with complex needs



Attention to the engagement of hard to reach families; often involved in trying to rebuild home-school relationships that have broken down.

COMPLEXITIES WE SEE CONTRIBUTING TO EXCLUSIONS

- Links to complex trauma/adverse childhood experiences (links to attachment, regulation and lagging skills in attention, problem solving, frustration tolerance) → children lagging in skills often leading to ‘secondary behaviours’ related to being dysregulated or trauma triggered seeing a rapid escalation of sanctions.
- Multiple layers of disconnection repeated across systems. Structural disconnect within schools, limited use of external agencies e.g. How team around the school is used (or not), who attends etc, social care links
- How we provide timely, specialist, accessible and acceptable provisions to these families within current constraints
- Disempowered or disenfranchised parents/carers (links to intergenerational trauma, parental mental health) – escalating breakdown plus difficulties advocating for their children.
- How children’s needs are understood across the staff team and links to who gets what training and the application of reasonable adjustments

COMPLEXITIES WE SEE CONTRIBUTING TO EXCLUSIONS

- Stressed, overwhelmed staff leading to escalating, reactive and punitive management of behavior.
- Dilemma for busy schools of the nationally incentivized nature of excluding certain students without clear enforceable checks and balances or independent scrutiny that is easily accessible for vulnerable families.
- Difficulties in systems that don't allow for a relational 'repair' e.g. reintegration back into class, back into school after a fixed term exclusion means reoccurrence of the behavior is likely.
- Accessing training
 - Lack of educators trained in evidence based behavior management
<https://www.Apa.Org/pubs/info/reports/zero-tolerance.Pdf> ;
https://www.Researchgate.Net/publication/236785368_evidence-based_practices_in_classroom_management_considerations_for_research_to_practice; positive behavioural supports, incredible years for teachers
 - Small, specific group of staff accessing current training and consultation related to factors that contribute to behavioural problems. However, they are often not the ones implementing the behavior policy and deciding about exclusions

COMPLEXITIES WE SEE CONTRIBUTING TO EXCLUSIONS

- Significant numbers of vulnerable students who have complex needs but don't meet criteria for diagnosis and do not have an EHC plan → gap in understanding of and provision for their needs or challenges providing this in large mainstream settings.
- School ethos and systems that 'react rather than respond' but also those that use this exclusion in multiple forms in a strategic way e.G. Links to alternative provision, elective home education, school transfer
- Behavioural systems that don't allow for differentiation despite children's needs/contexts → sets vulnerable children up to fail
- Reduction of resources that facilitate/attend to 'connectedness' with families and young people such as home-school liaison officers, education welfare officers, teaching assistants and learning mentors.

IMPACT

- Compounds vulnerability – removal of an important ‘safe system’
 - Isolating them from peers (where this may be an area they already struggle in)
 - Compounds feelings of rejection and internal attribution of difficulty (links to early adversity and trauma)
 - Falling further behind with their work, when accessing this may have already been part of the problem, whilst also often lacking the skills required to ‘catch up’ or tolerate the anxiety of not knowing
 - Unstructured, sometimes unsupervised time makes them vulnerable to association with antisocial peers, sexual exploitation and gang affiliation and substance misuse
- Impact on theirs and their parents’ longer term relationship to education and ‘help’ more generally (betrayal, rejection) with far reaching implications
- Process of permanent exclusion often traumatizing in its own right. – Profound sense of rejection, loss, hopelessness, helplessness
- Stressing stressed families
 - Negative impact on parent-child relationship
 - Practical and financial impact – e.g single parent having to leave/being sacked from much needed job to be at home due to exclusions, creating further coercive interactions with parents and feelings of shame for child
 - Where adversity/on-going trauma is occurring in their homes or communities that may be contributing to their challenging behavior in school e.g. Domestic violence, physical, emotional and sexual abuse and neglect - exclusion places them at greater risk of this
 - Heightened risk of escalations at home – if parent has mental health problems, - can either compound distress or sets up a cycle of school avoidance

IDEAS/WISHES/QUERIES MOVING FORWARD

- A great emphasis for school on understanding the function of the behavior and suitable adjustments e.g. trauma informed practices
- How to share information on vulnerability/complexity more widely within staff teams (e.g. Pyramid of need) to increase understanding and compassion whilst honoring confidentiality.
- Whilst recognizing the dilemma for schools and the national pressures they face, for those schools who persist in high levels of exclusion (in its multiple forms) it remains more beneficial than costly to continue with their practice, without processes/supports that hold schools more directly accountable, it is hard to see what might motivate them to change.
- Workforce development on mental health and how it relates to behavior and attainment to have a wider reach, whilst recognizing the practical challenges for schools releasing staff.
- School improvement plans for staff wellbeing, more access to reflective practice/supervision or mentoring for all school staff that focuses on the relational aspects of their work alongside
- Behaviour management most effective in the context of a relationship. Training and skills sharing in evidence based approaches to behavior management.
- Resourcing of supportive staff that can focus on building relationships and support
- Supported, smaller scale education provision which recognizes complexity of need that can be offered proactively to better enable