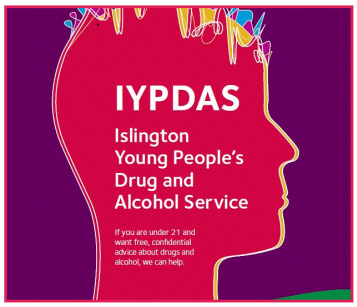
YCSMAS

ISLINGTON
For a more equal future

Annual Report

2022 - 2023

Youth Counselling & Substance Misuse & Alcohol Service



Incorporating TYS Youth Counselling & IYPDAS

Document control	
Document title	**Youth Counselling Substance Misuse and Alcohol Service (YCSMAS) Annual Report**
Document description	Performance report
Reporting period	1 March 2022 to 30 April 2023

Document control	
Document production date	May 2023
Document author	YCSMAS Team Manager - Afra Bell
Document/Data prepared by	La'Vonne Ryan – Data Support, Referral Order & Volunteer Coordinator

Contents

1. Introduction to YCSMAS

“This service provides an opportunity to access a holistic approach to social, emotional and physical wellbeing.”

Youth Counselling and Substance Misuse and Alcohol Service (YCSMAS) is a newly integrated health team that incorporates the Targeted Youth Support Youth Counselling Service and the Islington Young People’s Drug and Alcohol Service (IYPDAS). This service has been created in response to the growing number of young people referred for counselling and/or substance misuse support with comorbidity related presentations. The aim is to allow for closer partnership work between the two services so that specialist and tailored interventions can be offered. It is a holistic health service for young people that integrates two key specialist teams.

The service sits within the Islington Targeted Youth Support (TYS) and Youth Justice Service (YJS) and comprises of the TYS Counselling Service and the Islington Young People’s Drug and Alcohol Service (IYPDAS):

TYS Counselling Service-. This offers up to 12 weekly counselling sessions to any young person aged 12yrs to 21yrs, who lives or studies in Islington and has moderate to complex mental health needs. This service also offers therapeutic crisis response sessions for young people affected by youth violence and group work/detached sessions. The latter is delivered in partnership with TYS’s detached team and other relevant organisations within the community.

In 2019, the TYS Counselling service became a partner agency within the new CAMHS Social Emotional Mental Health (SEMH) pathway. Extra funding has been provided by the Integrated Care Board (ICB) to support additional counselling services for young people who have been referred through this pathway. This additional service offers twelve counselling sessions to young people aged 10yrs to 18yrs who live in Islington and are registered with an Islington GP.

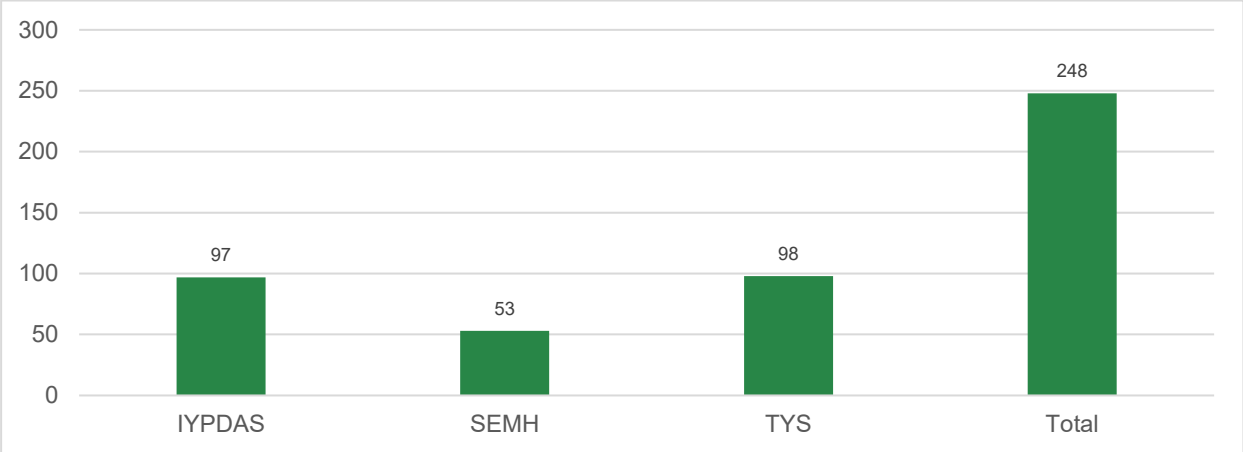
- **Islington Young People’s Drug and Alcohol Service (IYPDAS)** - provides advice and information to young people aged 12yrs to 21yrs using substances and/or alcohol in the borough, or who are at risk of this. Children who are Looked After (CLA) by Islington but placed in other boroughs may also be supported by the team if their needs require this. The team also supports partners working with young people with such needs. IYPDAS also provides structured treatment support for young people whose drug and/or alcohol use requires longer term intervention.
- In addition to this, the Substance Misuse (SMU) practitioners offer group work sessions in the community and hold specialist lead roles. There is a lead for Whittington A&E, a lead for Schools and Alternative provision and a lead for Young Women & Girls. IYPDAS also has a newly developed lead role – Youth Counsellor and Substance Misuse Worker, for the Youth Justice Service. The service will see young people up to

the age of 21 (although up to 25 can sometimes be seen, this will be by exception only and in agreement with the adult drug and alcohol service Better Lives). IYPDAS also offer tailored substance misuse training sessions for professionals and parent/carers.

- YCSMAS also offer formal and informal consultations to professionals and deliver information sessions to support the community in accessing therapeutic and substance misuse interventions.

2. Referrals

2.1. Total Referrals



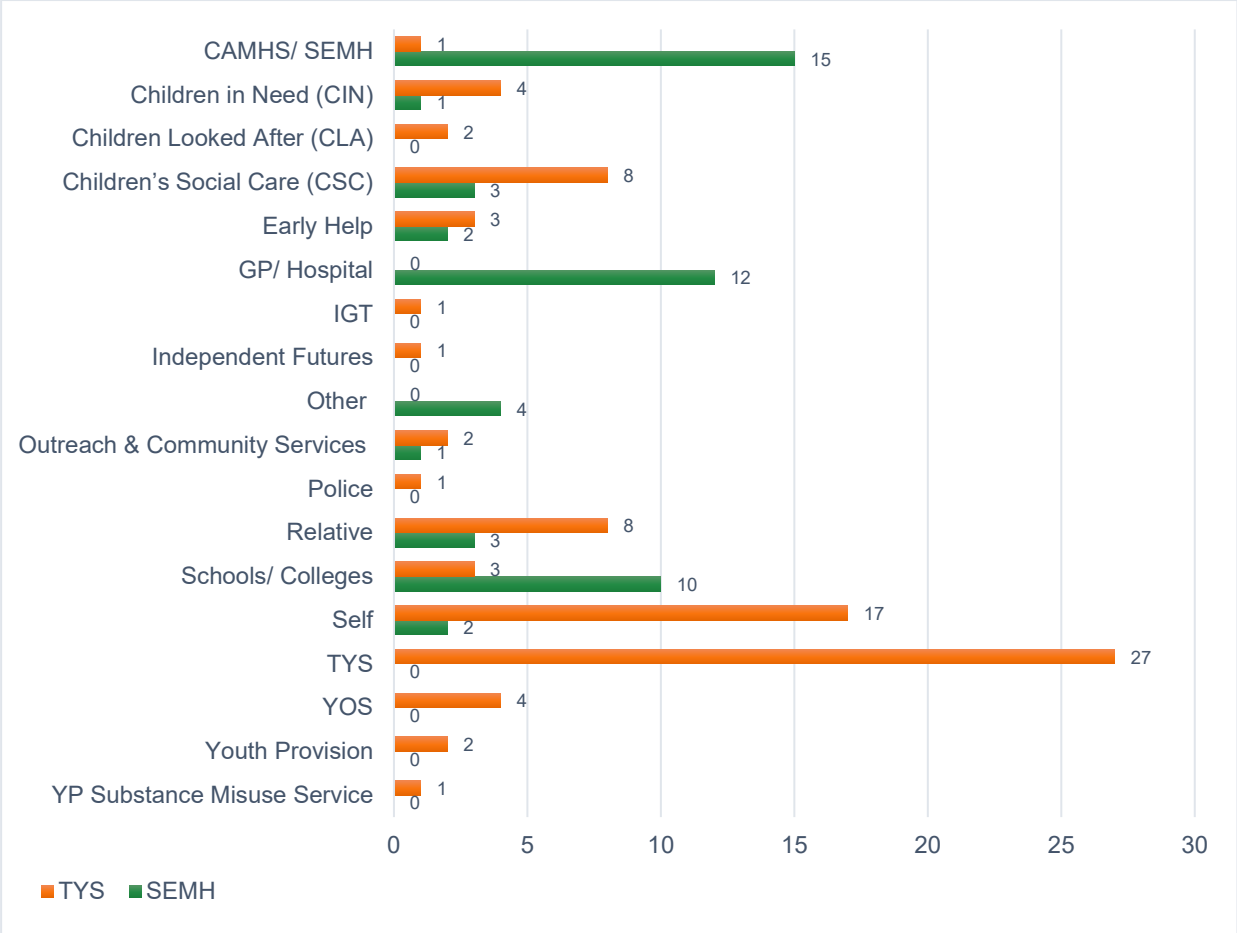
A total of 248 young people were referred to YCSMAS in this financial year, an increase of 26 referrals from the previous year. This is most likely due to the team becoming fully staffed in 2023 and therefore having more capacity. This enabled the service to promote the offer throughout Islington and deliver workshops, drop ins and training to colleagues and professionals and to schools, youth centres, GP's and in community events. This also meant that the service could hold more cases. However, this increase could have possibly been greater, but the waiting lists for TYS and SEMH counselling had to be closed 3 times whilst recruitment was underway and due to the number of young people on the waiting list reaching its limit of 35.

- TYS Youth Counselling (including SEMH) referrals = 151 (13 more referrals than the previous financial year)
- IYPDAS referrals = 97 (13 more referrals than the previous year)

2.2. Source of referrals

SEMH & TYS Counselling

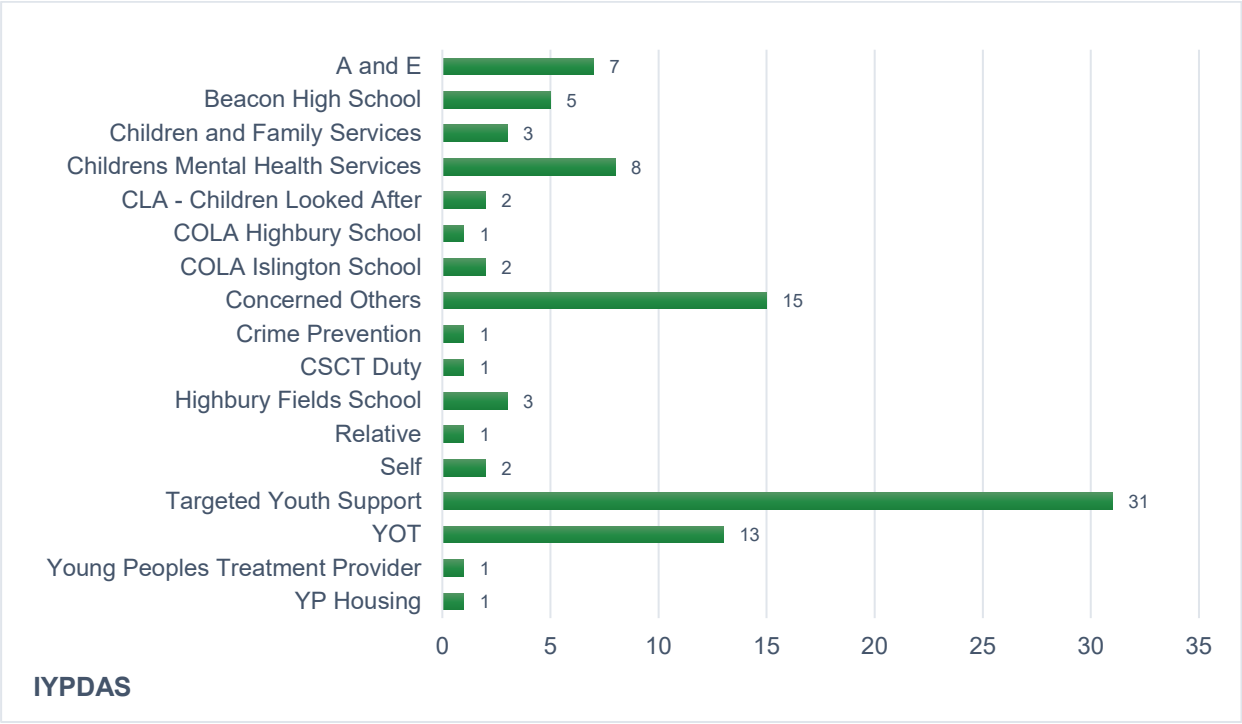
NB: Chart below does not include the clients on the Youth Counselling waiting list and therefore not captured in the graph below.



Referrals have significantly increased from GP's and hospitals. The SMU Lead for Whittington Hospital has also promoted YCSMAS and delivered presentations to various medical teams within the hospital. Referrals have also significantly increased from young people themselves, schools, colleges and from community and outreach services.

Work is currently being done to encourage more referrals from the Safeguarding department's Independent Futures service by providing SMU drop ins at Elwood Street, which can also support onward referrals to the counselling service.

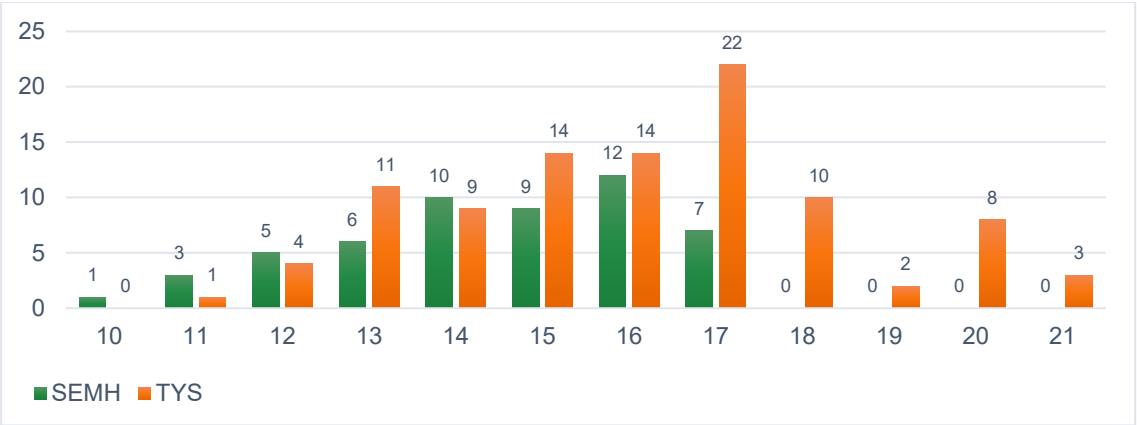
IYPDAS



YJS referrals to IYPDAS/SMU have increased by 11 since last year which is most likely due to an improved and closer working relationship between both services and the newly created post of Youth Counsellor & Substance Misuse Worker - YJS Lead. Referral pathways, processes and procedures have been revised and streamlined. SMU workers now attend the monthly YJS Clinical Specialist Panel (CSP) meetings and the weekly Early Intervention and Diversion Panel (EIDP). The Youth Counselling/SMU (YJS lead) role is also screening each young people that comes into the YJS and is making onward referrals to YCSMAS where needed, for SMU support or for counselling for comorbid presentations.

2.3. Ages

SEMH & TYS Counselling

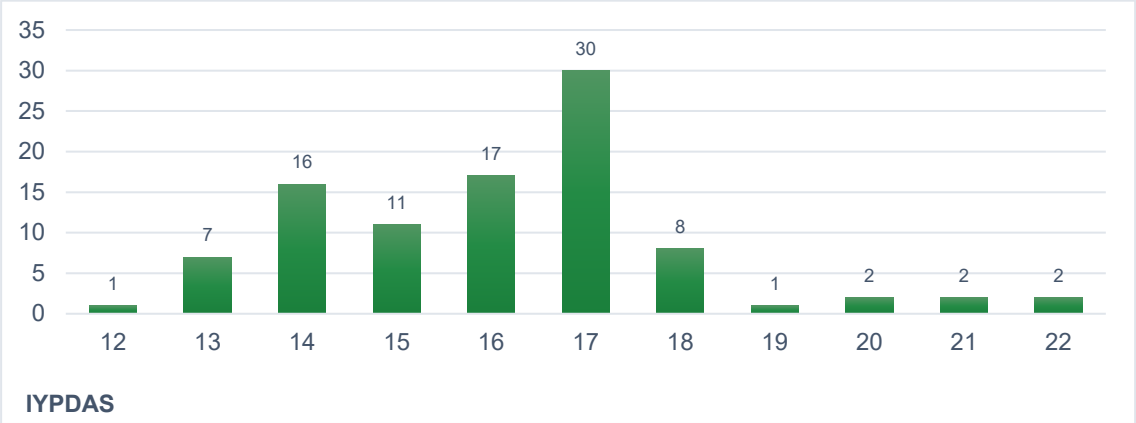


Referrals to TYS/SEMH counselling have significantly increased for young people aged 13, 14, 15 and 16yr olds and have almost tripled for 17 and 18yr olds.

However, referrals for 20yr olds have halved. This is most likely due to recent promotional work and emotional wellbeing awareness sessions within the community and with local GP's.

The rise in referrals for these specific age groups may also be linked to the impact of COVID-19 and the well documented impact that it has had on the wellbeing of adolescents across the country. COVID- 19 has been argued to have interrupted the key transition from primary to secondary and from secondary school to further education/employment.

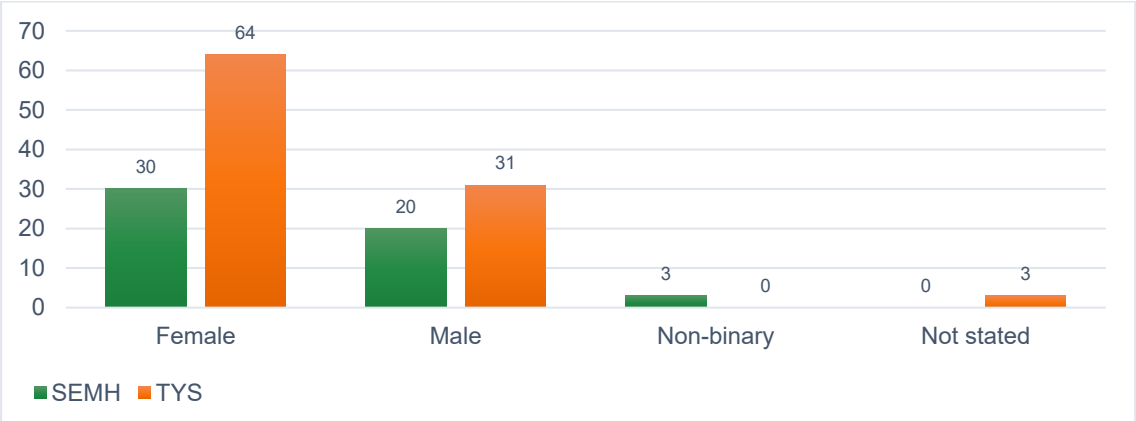
IYPDAS



Referrals to IYPDAS/SMU for young people aged 14yrs – 16yrs have increased. Referrals for 14yr olds have quadrupled since last year and referrals for 17yr olds have almost doubled. This is most likely due the increase in the work that YCSMAS is delivering in schools. However, referrals for 18yr olds have decreased by 13 compared to last year. This may be due to less promotional work having been done with colleges this year due to there being some staffing gaps at points during the year.

2.4. Sex/Gender

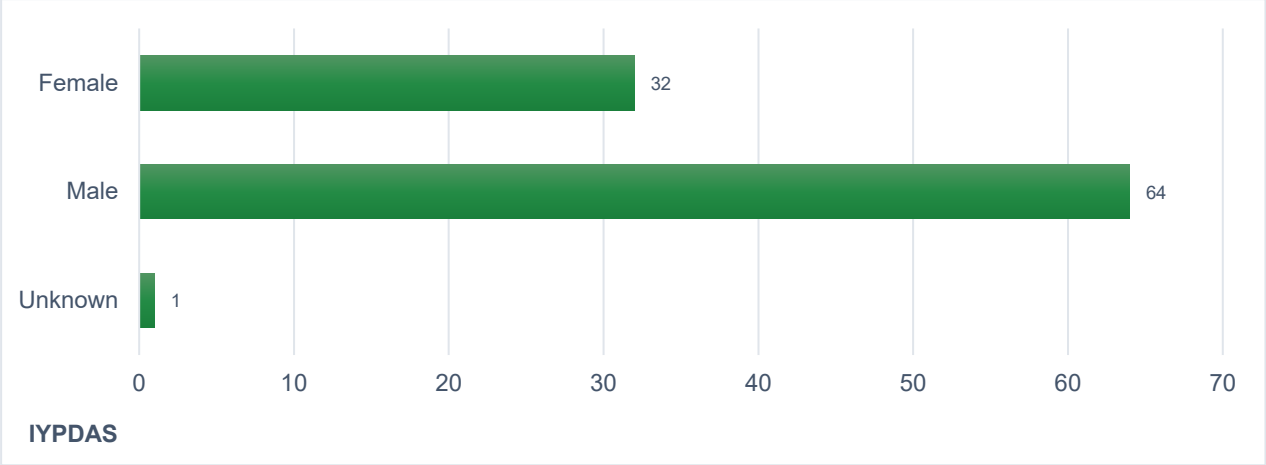
SEMH & TYS Counselling



Referrals to TYS counselling for young men has halved since last year and doubled for young women and girls. It is not clear what may have caused this, but this

increase in referrals for young women may be due to some of the promotional activity delivered with stakeholders by the SMU Lead for Women & Girls and due to some of the targeted work delivered in the local community. In addition, there has also been a closer working partnership working with Abianda who specialise in supporting this demographic of service users and who are commissioned by Young Islington.

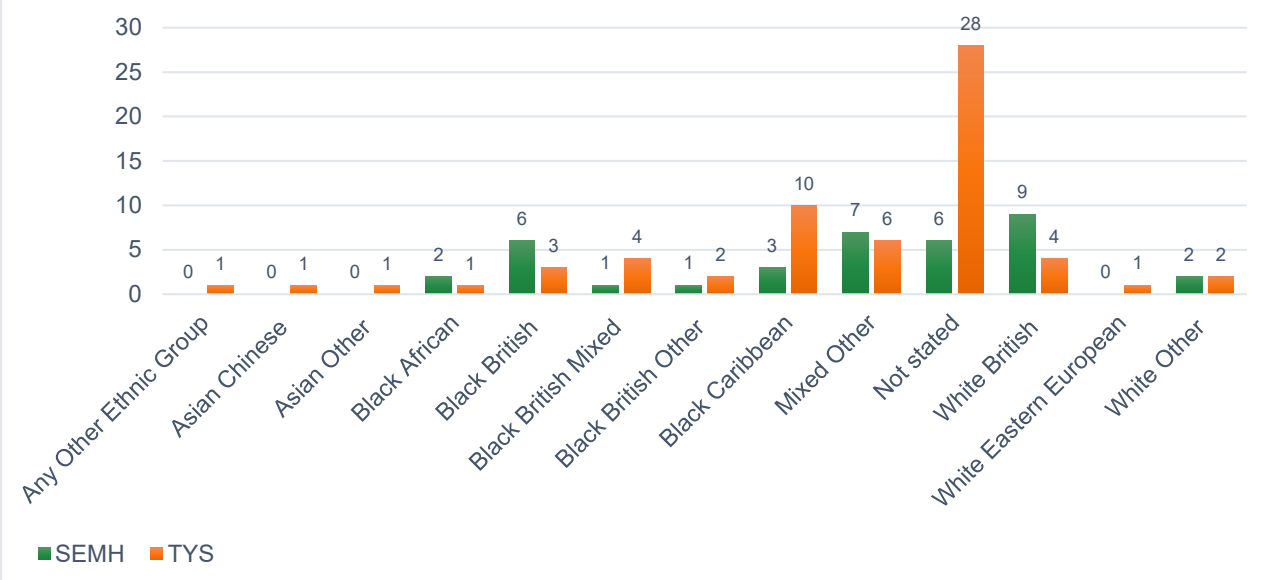
IYPDAS



Referrals to IYPDAS/SMU for young men has increased by 14 compared to last year. This is most likely due to an increase in referrals from YJS and TYS who have a higher cohort of young men accessing their services than females (particularly the YJS).

2.5. Ethnic origin

SEMH & TYS Counselling

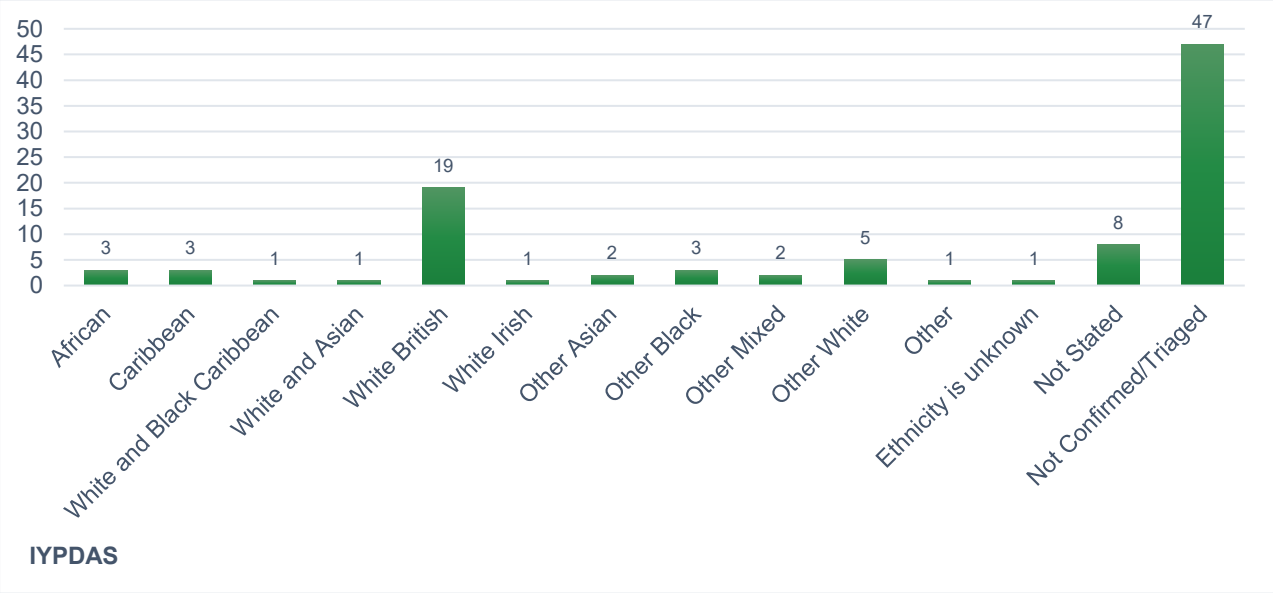


The figure for 'unstated' has reduced, down from 55 last year to 28 this year. Although this is an improvement (achieved by a change in how data was entered and collected), the intention is to reduce this number to 0. TYS Counselling, in particular the TYS Youth counselling arm, continue to have a high proportion of young people

from Black and minoritised communities accessing the service compared to other mental health services in the Borough, although this figure is less than last year. This could possibly be due to the launch of a new mental health and wellbeing support service and alternative referral pathway, 'Elevate' which specialises in supporting young Black and Mixed-Race young men. However, the service will continue to explore how best to promote the service within these communities.

IYPDAS

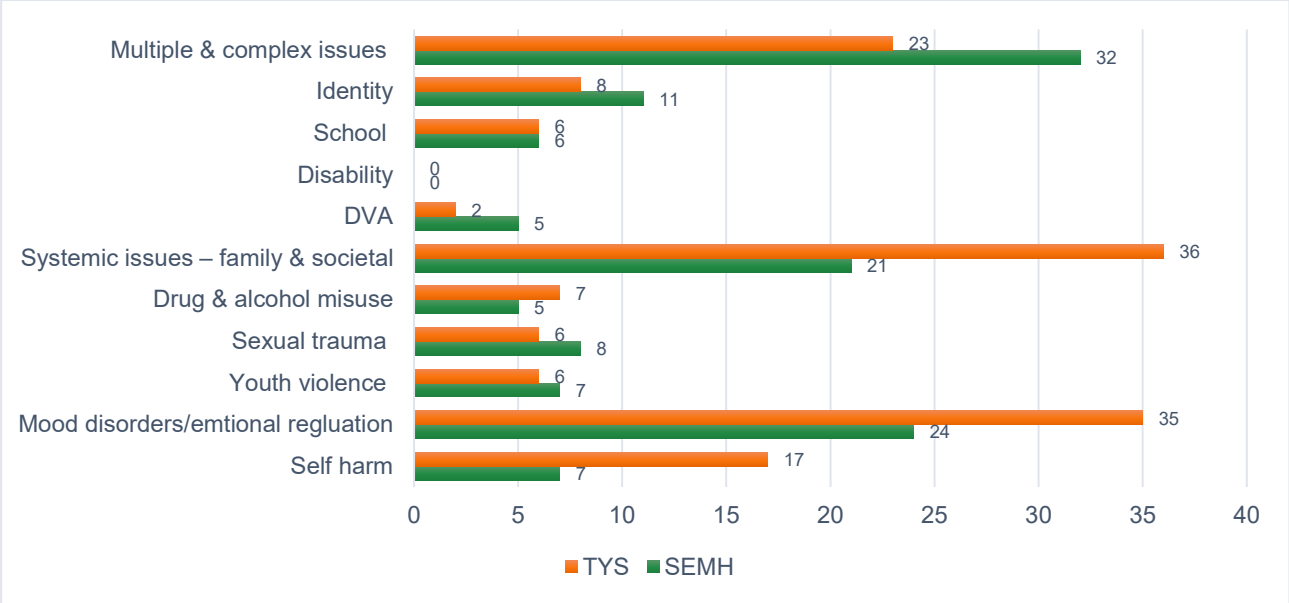
There are still a high number of 'not confirmed' data for ethnic origin, due to the data being captured at the assessment stage of the client's journey. In addition, a high number of referrals received do not indicate the ethnicity, therefore this figure also includes referrals where clients disengaged before being triaged.



3. Caseloads

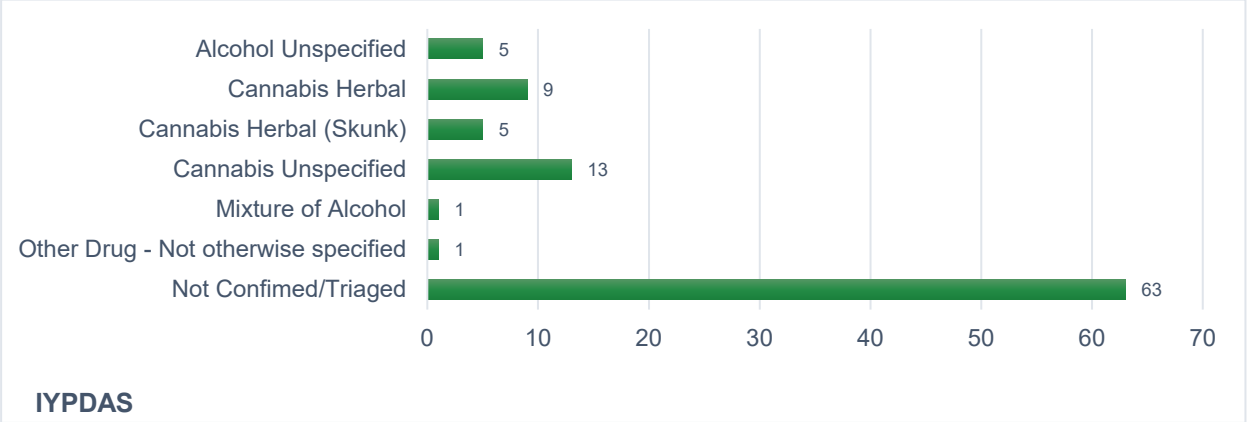
3.1. SEMH & TYS Counselling - assessed presenting needs

Each young person who is referred or who is seen will usually have several different presenting issues. Multiple and complex cases include cases that have three or more of the following presenting issues listed below.



There has been no significant change to the data for presenting issues compared to last year, apart from a slight reduction in presentation issues for self-harm, DVA and disability, mood disorders and for drug and alcohol related issues. There has also been a slight increase in referrals presenting with sexual trauma, which is of concern.

3.2. Primary substance use for Drug and Alcohol Support assessments



NB: NDTMS data represents substances used by young people who consented to and were seen and assessed for structured Tier 3 interventions However, this data does not include Tier 3/complex work that has taken place when a young person does not consent to structured Tier 3 work/a care plan or to being included in the NDTMS data system. Therefore, NDTMS data also does not fully capture an escalation in polydrug use amongst young people in Islington or include any of the complex and often high-risk Tier 3 case work that does not have a formal care plan and/or consent to input data into NDTMS.

3.3. Tier interventions assessed for Drug and Alcohol Support

Tier 2 interventions generally consist of work around drugs awareness, with a strong emphasis on harm minimisation. They are provided to young people where:

- they are vulnerable to using drugs but not actively using.
- they are using occasionally, or experimentally but who do not require an intervention.
- their drug use cannot be determined.
- they choose not to consent to a care planned intervention.

Tier 3 interventions are generally offered to young people whose drug use can be considered problematic in terms of frequency, quantity of drugs used, the risk factors involved and the presence of co-morbidity (i.e., addiction and/or physical/mental health issues linked to the drug use). They are care planned treatment interventions which entail the consent of the young person to make some positive changes. These changes are agreed and set as goals to be met within the terms of the care plan. Care plan goals can be to:

- reduce the drug taking to safer levels.
- reduce the risks involved in the drug taking (for instance by avoiding high potency substances, or high-risk situations)
- cease using drugs and alcohol altogether.

3.4. Caseloads of young people

	TYS Counselling	SEMH Counselling	Drug and Alcohol
Total	21	6	20

3.5. Caseload activity

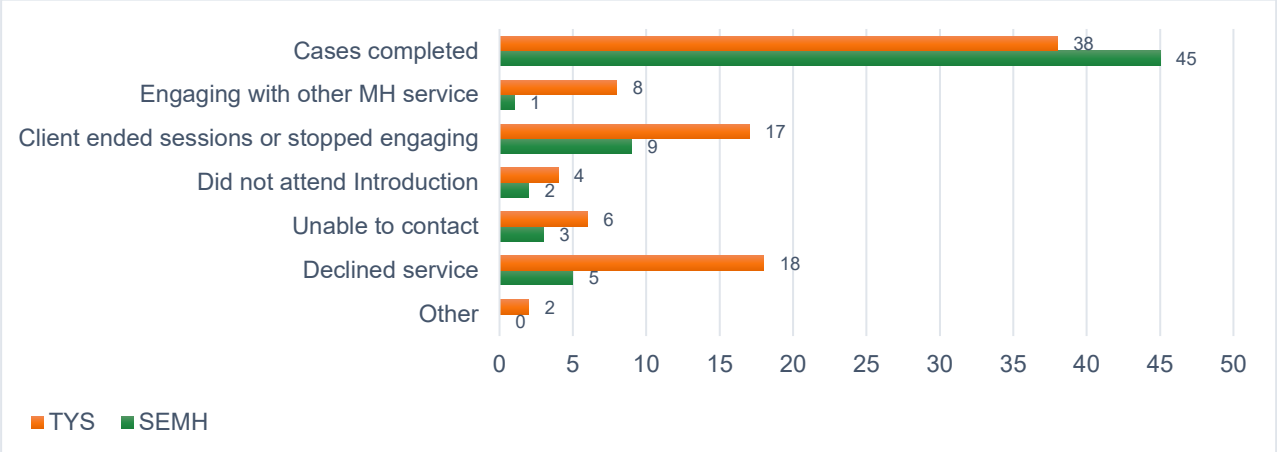
	TYS Counselling	SEMH Counselling	Drug and Alcohol (T2)	Drug and Alcohol (T3)
Number of young people new to caseload	83	51	85	12
Number of discharges/closed cases	38	45	78	12
Number of people on caseloads for up to 6 wks.	17	6	48	1
Number of people on caseloads for 7 - 12 wks.	35	46	31	1
Number of people on caseloads for over 13 wks.	23	12	12	14

The above data demonstrates that the service has a high retention rate where the majority of young people are supported for a period of between 6 – 12wks.

4. Outcomes

4.1. SEMH & TYS Counselling outcomes for young people

93 TYS and 65 SEMH cases closed.



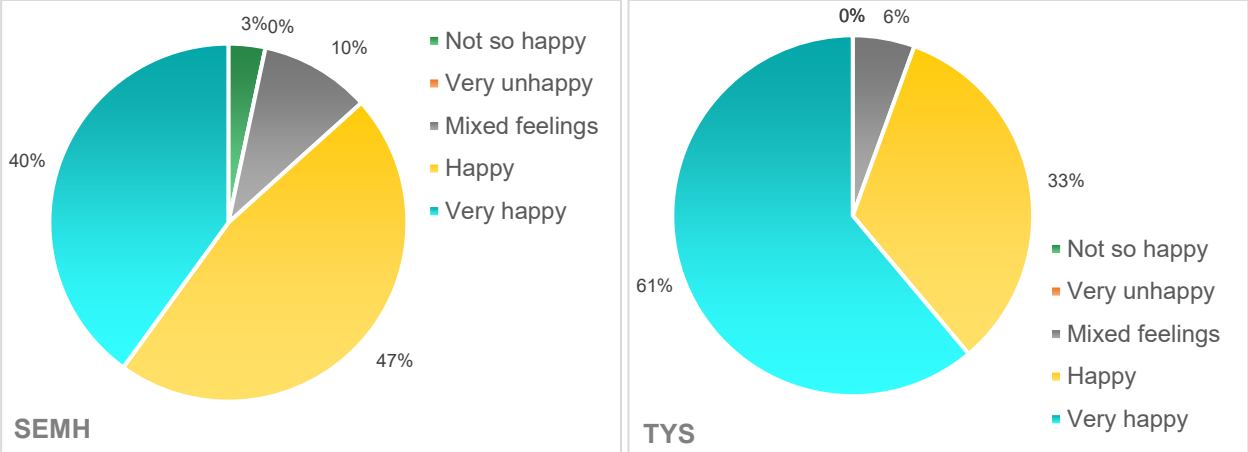
There has been a significant increase in the number of cases that have completed their interventions during the period. There have been 51 more case than last year. Those declining the service have decreased by 8 and young people not attending their induction has decreased by 8. These figures may be due to some of the work that the service has done to reduce the number of non-attenders. The service has also worked with referrers and SEMH triage staff to ensure that all young people who have been referred to the service directly spoken with to discuss the referral to ensure consent.

4.2. Client Outcomes – (clients can select multiple options)

Data shows good outcomes for all categories and a big Increase in the ‘reduction of trauma’ outcome category (an increase of 21) compared to last year (an increase of 10 compared to the previous year). However, there has been a decrease in the figure for ‘improved emotional wellbeing ‘. This may possibly be due to the fact that both young

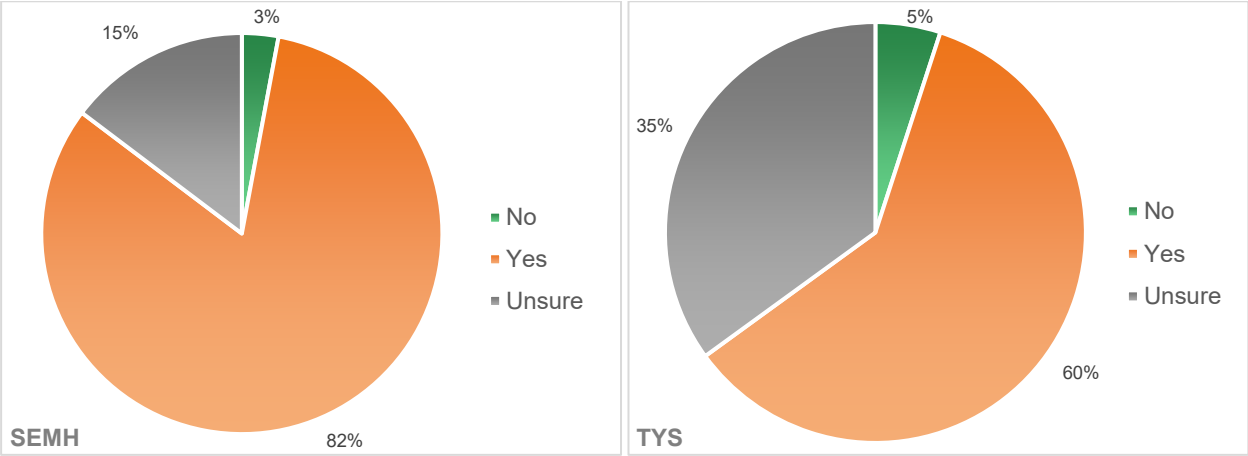
people and practitioners are more trauma informed and understand that reduction of difficult behaviours and emotions can directly correlate with the impact of trauma.

4.3. SEMH & TYS Counselling outcome feedback from young people



NB: The 3% 'not so happy' in the SEMH pie chart represents one young person. This young person selected 'not so happy' due to disruptions caused by the closure of Platform Youth Hub. The young person was happy with the Counsellor but selected 'not so happy' due to having to miss out on several face-to-face sessions as a result of the hub closure.

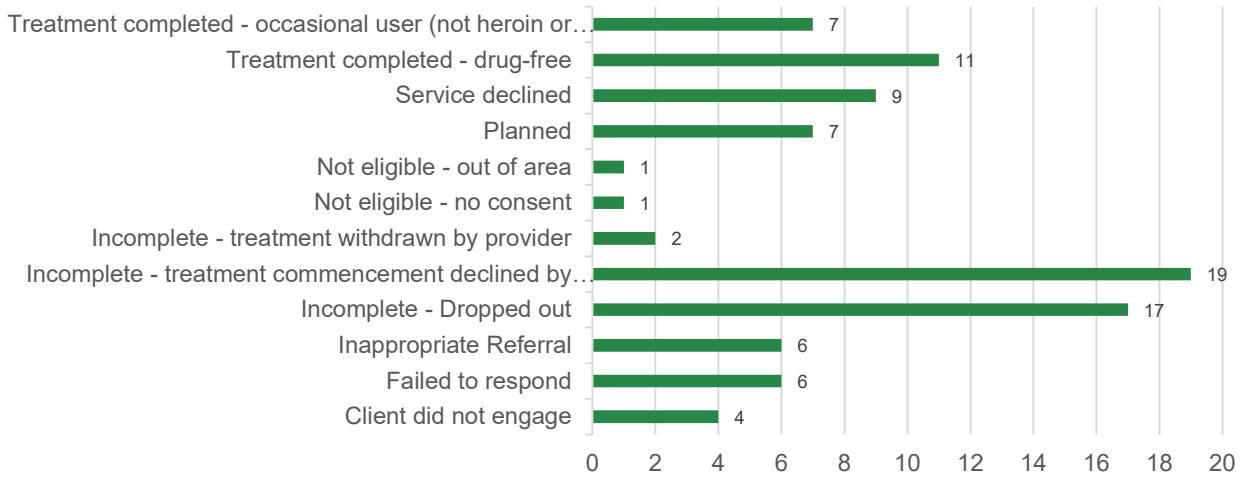
4.4. SEMH & TYS Counselling Reported Improvements



NB: Data related to feedback from young people about any reported improvements is a new piece of data and has been separated for each service. Data shows that the figure for 'unsure' is significantly higher for TYS than it is for SEMH. This needs to be further explored with the counsellors to see if we can identify why this might be and to also support counsellors in supporting their young people to perhaps think more about the journey that they have travelled.

'Unsure' also has a high percentage here because 'unsure' is also marked if a young person doesn't complete the evaluation.

4.5. Discharge reasons for young people accessing IYPDAS (Drug and Alcohol support)



90 clients closed in total. The figure for planned treatment has decreased by 9, as has the figure for 'treatment completed (occasional user)' which has also decreased. This is a concern and is something we need to explore further. 'Incomplete commencement' and 'incomplete dropped out' have significantly increased (by 18 and 16 respectively) which is also concerning. The service will be exploring this further with practitioners to see how the level of engagement can be improved. The number of 'failed to respond' has significantly decreased (by 14) which is an improvement when compared to the previous year.

5. Waiting times and current capacity

At full capacity, YCSMAS holds clinical responsibility for up to one hundred plus young people (including those on waiting lists) and case holds and treats approximately sixty young people within the service every one to two weeks.

	TYS Counselling	SEMH Counselling	IYPDAS
Average wait time in weeks	12	4 - 8	2 – 3
Approx. number of young people on waiting list	35	10	0
Approx. number of young people seen every week	26	20	32
Total number of young people seen	81	68	107
Number of hours/sessions attended. Combined total for TYS/SEMH	912	912	162

6. Additional advocacy and partnership work

- CSCT and Children's Safeguarding department
- Islington youth hubs (Rose Bowl, Lift, Platform, The Zone, CYP and Soapbox)
- Specialist Lead Roles - Whittington A&E, The PRU, various schools, Missing & Exploitation Team
- The Young Black Men & Mental Health Project – Team Manager is on the Steering Committee
- Crisis and Youth Violence response sessions
- Better Lives
- CLA Elwood site
- TYS Detached Team
- Abianda
- SEMH & CAMHS
- DVA support services
- St Giles Trust
- Wipers Mentoring

7. Service developments

- The service is now fully staffed (apart from the new post that we are awaiting confirmation of funding for), and all lead SMU roles have been established and embedded within the local community.
- The overhaul of all data systems and the transfer of the TYS Counselling service data system and case entry, triage, allocation, assessment, and evaluation systems are now complete (apart from the transfer of historical data).
- YCSMAS/SMU staff are offering weekly drop ins in partnership with sexual health nurses for CLA young people at Elwood and in various youth hubs as part of the universal model.
- The TYS Counselling response to youth violence and bereavement is well established. YCSMAS offered rapid support to a school when one of its pupils were murdered. Support drop ins and one to one support was offered at the school every morning for a week and was attended by approx. 16yp each morning.
- YCSMAS has secured 55k funding from the ICB for a new permanent TYS/SEMH Youth Counselling post. Currently waiting for written confirmation before commencing recruitment.
- YCSMAS has also secured two more years of funding for two SMU posts for I-CAN (formerly IGT) and for CLA. This funding also paid for comprehensive SMU training and DBT training for the whole team and paid for updated SMU resources, e.g., two new drug boxes and educational materials, etc.

- A new screening tool has been created by the YCSMAS Data and YJS Panel Coordinator for YJS Case Managers to use for all YJS YP. Update: This has now been passed to the YCSMAS Youth Counsellor/SMU worker - Lead for YJS to do.
- All Out of Court Disposals for SMU are now referred to the YCSMAS SMU/Youth Counsellor Lead for YJS who also attends the weekly Early Intervention Panel. This has enabled more comorbid in-house referrals to counselling to tackle some of the root causes of SMU. (Update: this has now been passed on to another SMU worker as of June).
- A new SMU drop-in group for LGBTQ+ young people is being created and will be delivered later in the year.
- Emotional well-being and SMU training/workshops for parents and foster carers are delivered regularly alongside corporate training for professionals.

8. Issues/emerging risks to the service

- Finding alternative permanent counselling rooms that are available to block book to replace those lost at Platform. Finding suitable counselling space is an ongoing issue which can lead to the closure of waiting lists and leave young people waiting longer for support.
- Complexity of cases and safeguarding concerns continue to rise, as does the resulting impact on practitioners.
- Referrals continue to rise which results in increased waiting times and the closing of waiting lists. Further funding will be explored to fund another counselling post.
- The SEMH management team has had several staff changes which has been a little unsettling for the service.

9. Summary narrative for the reporting period

TYS counselling & IYPDAS have been fully integrated into the new YCSMAS offer. The two services have been successfully integrated resulting in a more robust service with improved safeguarding, new and improved and streamlined processes, polices and systems which allow for better tracking of outcomes. This service is now able to provide a unique and innovative offer, providing bespoke and overarching interventions to Islington young people who need support with mental health and emotional wellbeing and with substance and/or alcohol misuse.

There is still much work to do, including completing an update for all YCSMAS guidelines and to create individual guidelines and practice and procedure guidance for IYPDAS and TYS Counselling Service and for the new HALO assessment and case recording system. YCSMAS also needs to do more work to engage young people who are underrepresented and from minority and marginalised cohorts. The team are confident in their ability to do this and to continue to create innovative and creative ways to connect and support Islington young people.

10. Quotes from young people

10.1. IYPDAS

"Thank you. You made everything easy for me to understand and I don't have to use a lot."

"I feel like I have tools to help me cope and tried to distract myself more when I am not feeling good rather than resorting to drug use. I have thought more about the friendships I have and whether they are good people to have around."

"Coming to these sessions has helped me understand that I am not a bad person making bad decisions and that I have been trying to cope with my trauma the best way I can which is taking drugs. I understand my feelings better and have learnt how to manage my triggers in a healthier way so that I don't resort to taking drugs"

"I feel like I know now how to keep myself more safe when I do drink alcohol and my mum worries about me less now when I do go out with my friends".

10.2. TYS/SEMH COUNSELLING

"Counselling has helped me with communication skills, and I am now feeling more open and comfortable to talk to people as my counselling experience has been really good. I like it, because I get to talk to about stuff that I can't talk about at home or with friends. I can express myself and communicate in other spaces better. The consistency of counselling also has helped me to commit to a schedule and helped with my time management which I have always found hard."

"It's been good, helpful, and having the time to myself really slowed down the fast pace of my life and allowed me to have some time to relax. It has allowed me to express myself in different ways."

11. Case studies

11.1. IYPDAS

Tina is 18-year-old young women who was referred to our service via YJS for concerns surrounding her alcohol use. Through our assessment Tina disclosed consuming 35 units of rum per day and named her home life, previous trauma, and lack of structure to her day as the main triggers. When creating her care plan Tina goal was to become a social and moderate drinker and to learn other ways to cope with her stress and sleep issues. Due to the significant number of units of alcohol she was disclosing I consulted with the complex case worker at Better Lives and agreed on a safe reduction plan for Tina in order to avoid any risk of withdrawal symptoms. Tina responded well to this plan, although at times she did reduce her use too fast and did struggle with some withdrawal symptoms. The focus of our work was to support Tina exploring her relationship with alcohol, developing healthier coping strategies, and working on a sleep hygiene plan. Tina also began work which significantly contributed to her decreasing her alcohol use.

Tina continues to be in part time employment and has successfully met her care plan goals going from a daily binge drink to now only drinking occasionally at social events. She has not reoffended since engaging with YJS and YCSMAS and will be discharged from the service shortly.

11.2. Youth Counselling & Substance Misuse

Counselling

I am currently working with a 19-year-old YP who has previously been difficult to engage in TYS services. The YP has had many traumatic experiences growing up and has been within the care system for most of their life. In the initial session, I was able to provide a space where the YP could begin to tell their story. The ability for them to "tell their story" Has been a major theme of the therapeutic work, in enabling them to process their trauma but also empower them to have a voice, especially when they have not had this experience previously. I believe by demonstrating empathy and curiosity towards them their experiences have also been crucial in enabling them to form a relationship with me. I have been particularly inspired by this YP who has had such a challenging childhood yet demonstrates incredible resilience and bravery in sessions with me. It has highlighted to me how important it is for our service to be available to these YP when they are ready to engage. I believe this case highlights how effective this can be when we meet the YP and their needs at the right time.

> "It's been good, helpful, and having the time to myself really slowed down the fast pace of my life and allowed me to have some time to relax. It has allowed me to express myself in different ways."
>
> Anonymous YP

11.3. SEMH

K is a 16-year-old male, referred for low mood, suicidal ideation, anxiety, socially isolating, following a bereavement of a parent. Grief was the dominant force in life dictating his daily moods and unable to manage his emotions around this. K's starting score of how much his difficulties were affecting him was the maximum of **10**. We explored his feelings of regrets, resentments, and appreciations, as well as giving him the space to share stories and memories of his loved one to help process his loss. Using the core conditions of empathic understanding, unconditional acceptance and being a genuine presence for him to connect to, allowed him to feel safe enough to open up and move through his grief and confront uncomfortable feelings honestly.

K began to feel better mid-therapy, he named he was no longer having down weeks or days, only down moments. His confidence and self-esteem began to grow, and life began to get better around the grief. He began socialising with friends more, got a part time job and started regularly attending the gym. His mid evaluation score of

how much his difficulties were affecting him dropped to a **5**, highlighting good improvements. K was able to name that he felt more able to cope with his grief and was on the right path with hope for the future. He now felt confident to manage his low moods and was able to be kind and compassionate to himself in these low moments. The last few weeks of therapy we worked on endings which was inevitably going to be difficult giving the loss of his parent. We explored feelings associated with endings and reflected on the progress he had made and his coping mechanisms, leaving him confident he could cope. We also considered options of future support if needed and the current support around him. K's final score naturally reflected his difficulties with ending, going up a little to a **7** but nevertheless acknowledged the progress and accepted the normality of endings feeling sad. K expressed that he always looked forward to attending his sessions and having time to talk, he attended all 12 sessions and showed real commitment to healing.

11.4. TYS Counselling

Case study #1

S contacted me stating he wanted to try counselling, as his moods were getting worse and was finding it hard to cope with daily tasks. I acknowledge the courage it took to reach out and agreed to his request of seeing myself for counselling, as he explained that our relationship in the group had supported him in wanting to try counselling. During counselling, S began to share about his family relationships and dynamics but was not yet ready to talk about his grief, which I respected. We explored feelings of anger and how often it was projected within his family to defend against difficult feelings. This allowed him to better understand his anger and the anger of others and begin to think about healthier releases for his difficult feelings. We also began to explore his feelings of self-worth and the way he self-cares and gets his needs met. This supported him in beginning a plumbing apprenticeship and helped things at home begin to stabilise. S said he was feeling better and no longer needed counselling but was aware he could re-refer in the future.

Case study #2

S contacted me a year later after a second friend was stabbed to death. At the time, our service was offering crisis sessions for bereaved friends and family. S began crisis sessions where he explored his feelings of guilt and confusion regarding the recent murder bringing up more feelings around his childhood friend who died previously. We explored how complex and non-linear the process of grief is, which alleviated some of these difficult feelings. S had also been having anxiety attacks when he would hear sirens or see a group of masked males. I spoke to him about the primal ways that fear can be activated in the body and how flight, flight and freeze are employed by the body, as a means survive. I explained why his breath became shorter and his hands sweaty, due to the body's clever way of protecting his vital organs, which lessened his feelings of shame. We explored grounding techniques to support him feeling present and empowered in the moment. This decreased his

perceived threat of him being stabbed, which in turn resulted in his anxiety attacks stopping.

S revisited his feelings of anger, and we drew a volcano of anger with all of the other feelings that bubble beneath the surface. This visual really helped him acknowledge feelings of shame, hurt, guilt, sadness, and fear which often fueled his secondary emotion of anger. S began to make links around fear and anger and noticed that he gets angry at his girlfriend when he fears that she is unsafe. This allowed him to have conversations with her about his difficulty in expressing fear and it often came out as anger. S also began to attend the gym regularly as another way to help regulate his nervous system and informed me that he had stopped smoking and was drinking less. During his last crisis session, he said he was feeling more stable, but wanted to go back on the counselling waiting list to explore his feelings at a deeper level in the near future.

Starting score of how much his difficulties are affecting young person	9
Ending score of how much his difficulties are affecting young person	6
User satisfaction	Very Happy

Case study #3

Young person K aged 18 and NEET, was referred after a self-harming incident for which she had attended hospital. At assessment she was seeking support with her confidence and self- esteem she also briefly alluded to a family history of DV.

Focusing on K's self -harm, she identified that she cut when triggered by rows and violence in her home. Exploring this more allowed K to try different coping techniques and she stopped cutting herself and carved into other objects instead.

Exploring the power dynamics in her family helped K to realise that she had autonomy in making change, to reduce the risk of her brother hurting her in the daytime, she suggested looking for volunteer work and agreed to referral to the Progress team. This led to an interview and offer of work at Oxfam. K also engaged in online math's tuition.

Over time K disclosed more about the DV. Work focused on safety planning, so K knew how to safeguard herself, there was emphasis on managing escalation, calling the police if at risk and support around referral to Solace which K initially refused.

Just before Christmas K disclosed a violent incident and that she had needed to call the police to safeguard herself. Affirming and supporting her decision to act, helped to ameliorate the reaction she had received from her family who had called her "a grass." K hadn't pressed charges; her mum didn't want K's brother to be prosecuted. However, this time K did consent for me to consult with Clare Doubleday the Young

people's VAWG officer who advised referral for advocacy to young people's IDVA at Solace.

K reported another incident post- Christmas when her mum went back to work. This time more serious; her brother had attacked both K and their mum. K called the police. Her mum finally asked her brother to leave the house and he went to stay with his grandfather. K finally agreed to referral to Solace, but after the intro session she declined the offer of support stating that she didn't trust confidentiality and no longer felt at risk as her mother had resolved not to let her brother live at home again.

K's mood became more stable, and we focused on helping to build her self- esteem. Over the course of our work, she stopped self-harming and no longer cut objects to deal with her feelings. She agreed to referral to the Brandon Centre for further support in dealing with her traumatic experiences.

Starting score of how much his difficulties are affecting young person	10
Ending score of how much his difficulties are affecting young person	6

12. YCSMAS Action Plan

12.1. YCSMAS targets for 2022 – 2023 (Annual report 2021 – 2022)

Priority	Objective	Impact	Action	Timeframe and additional update
1	Securing further funding for 1yr fixed term SEMH counselling post (funding ends in 2023) as it is uncertain whether Public Health will extend funding for the fixed term SEMH post to continue as it was COVID related	If funding for this post isn't extended, we will be left with one SEMH counsellor and waiting times will increase.	To explore possible funding alternatives with ICB	Additional funding from the ICB has been secured (awaiting written confirmation before we are able to recruit) for a 4-day SEMH/TYS Youth Counselling post
2	Further shape the new hybrid role of Youth Counsellor/SM worker (YJS	Such a new and innovative role will need ongoing support to define the offer, maintain boundaries	Regular meetings between the YCSMAS line manager and the YJS matrix	- This post is now carrying out SMU screenings for all YJS yp. - Matrix management meetings are

	Lead) that has been created to support meaningful trauma informed interventions for young people with comorbid presentations	and to offer clear information to young people and staff about what the offer is and the difference between the SMU, counselling and comorbid intervention is. There will be quite a significant amount of multi-tasking between the role of counsellor and the role of YJS SMU Lead, which will cross over OCD, Community resolutions and triages. This role will also need to attend the monthly SMU complex case supervision and clinical pane meeting and hopefully the weekly EIDP, all within 20hrs. There is concern about having a limited number of available sessions due to the meetings that need to be attended	manager will take place to support and define this post. AB to regularly review how the role is shaping up and to adapt any of the processes and procedures and referral pathways if needed to support best practice. CA & JB have assisted with regular meetings. LR has created a referral pathway flow chart which has been signed off by management.	now occurring every month with case reviews done separately for comorbid counselling and for YJS cases. COMPLETED & ONGOING
3	To source and secure further funding to extend the Specialist Youth Counsellor/SM Lead for YJS post	This role crosses over the YJS & TYS service and if possible, would benefit from some additional hours to	AB to explore further funding opportunities within Public Health	Ongoing

	from 20hrs to 35hrs	fulfil all the duties required		
4	To reduce '*failed to respond* to contacts' when initial contact is made with young people referred	We have recently received SEMH referrals that do not have contact numbers for young people (and sometimes parent/carer's). We have also received several referrals for young people who have not had a conversation with SEMH/CAMHS. This conversation is needed to assess, gain consent, explore risk, etc. This then often results in 'unable to contact' issues or missed intro intro/therapy sessions. This can create unnecessary admin, data inputting and waiting times.	Ensuring that referrals are appropriate and have been consented to is an ongoing piece of work. Gathering more data about how many referrals met this criterion will be carried out	November 2022 COMPLETED - There have been various meetings with SEMH partners and clinicians to ensure that each yp referred has been spoken with. - TYS Youth counselling also contacted each yp who has been referred to confirm consent and build rapport. - There has been a significant drop in 'failed to respond contacts'.
5	To migrate The YCSMAS TYS Counselling data system on to HALO	All the current TYS & SEMH counselling data, case management, allocations, etc.is put on to a variety of excel sheets, and although we have made this work in the best way we can, this process and the lack	We are waiting for the IYPDAS HALO updates to take place before we can transfer all the counselling case work and data on to HALO to further support an integrated service.	Perhaps – March 2023 MOSTLY COMPLETED – hope to complete back date of caseloads by mid-Feb

		of a dedicated case recording data system has created a significant amount of additional admin work for the Duty Clinician that cannot be done by the YCSMAS BSU worker. This has an ongoing implication; it is labor intensive and takes away session times and the opportunity to do more group work. It also makes pulling data for reports difficult.		
6	Establish and embed new specialist IYPDAS/YCSMAS Lead roles (Lead for Whittington A&E, Lead for Schools & Alternative Provision, Lead for Young Women & Girls.	These specialist Lead roles are needed to take the SMU offer to the cohorts where it most needed and will have the most impact. and create better outcomes for Islington young people	To initiate and create the related partnership work and referral pathways, processes, and procedures	Two out of the three Specialist Lead roles have been embedded and are now operational. A new staff member will be starting in the role of Lead for Young Women & Girls in two weeks. This role will be embedded into the relevant pathways and working with local partner agencies by January 2023 All lead roles are now active. COMPLETED

7	To increase YJS referrals to YCSMAS/ IYPDAS	More SMU interventions for the YJS cohort will help to improve outcomes, minimize harm, and educate young people about risks.	JB will meet with AB to review	- By end of October 2022 - Referrals have increased by 12 since the last report. COMPLETED
8	To offer SM training and info sessions to TYS & YJS staff, especially in relation to the escalating use of Nitrous Oxide	Training staff will improve awareness of SMU and provide opportunities to reduce risk and harm	IYPDAS has provided an awareness session at the IGT team meeting and will be holding a session for the YJS Practice session and at the TYS Service meeting next week. More staff training sessions and consultations to be arranged.	Awareness training has already begun and more will be rolled out over the next few months and into the New Year. COMPLETED - IYPDAS has facilitated various SMU awareness sessions and practice sessions for staff, families, foster carers, schools and within the local community for Somalian fathers.

12.2. YCSMAS targets for 2023 – 2024 (Annual report 2022 – 2023)

Priority	Objective	Impact	Action	Timeframe and additional update
1	To source and secure further funding to extend the Specialist Youth Counsellor/SM	This role crosses over the YJS & TYS service and if possible, would benefit from some	AB to explore further funding opportunities within Public Health	Ongoing

	Lead for YJS post from 20hrs to 35hrs	additional hours to fulfil all the duties required		
2	To overhaul and update all YCSMAS guidelines, policies, processes & procedures & incorporate new individual service processes & procedures for IYPDAS, YJS & TYS Counselling referral pathways and data management.	This will provide a solid frame of reference for all staff to refer to and will also ensure all services continue to operate in a smooth, uniformed and consistent manner. Furthermore, this will then provide a solid holding for young people and also ensure that all relevant data and outcomes are captured.	AB to complete (with assistance from LR, MM & MW).	By end of January when the transfer to HALO will be complete and YJS SMU related processes have finalized.
3	To secure more counselling space for TYS Youth Counselling	Finding counselling room space has been a historical problem and Platform will be closing room space to counselling in October. Temporary solutions are being found and works to the Truck will be completed before the end of the year, but a more secure and long-term solution needs to be found. Alternatives like a portacabin or a 'wellbeing hut' could be further explored.	AB to explore more long-term options and potential sources of funding. AB has taken the lead in organising the preplacement of the current truck with a new electric van that will double up as a counselling space and exploring possible options in relation to a portacabin.	Ongoing

			AB to liaise with JB & CA	
4	To meet KPI's Increasing referrals for Tier 2 & 3	Increasing referrals will allow yp to access SMU support. It will also improve outcomes around SMU interventions.	AB to continue exploring ways in which to promote the service within the community, especially within schools to facilitate more referrals. AB has met with new SMU commissioner to discuss targets, funding and how to improve service.	Ongoing