UK TRAUMA COUNCIL

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Shaping Futures Together

Dialogue for change: A conversation guide for understanding what is offered in your area

Finding out about the services you commission: a conversation guide

Evidence-based decision-making is about knowing **what works** so that funding is spent on services that offer children in care the same high quality mental health support as other children.
This resource is designed to **support conversation between commissioners and mental health service leads** (across NHS, social care and third sector mental health services). It may also be a useful guide for supporting conversations between mental health service leadership in the same area, and for involving corporate parenting boards, care home leadership, and other relevant decision makers.

This guide acts as an opportunity to pause and take stock of the overall picture of a service and how it is serving the needs of children in care. Although service leads may not always be in a position to offer information for some of these questions immediately, through discussion and collaboration you will all be better placed to understand what is on offer and more confidently commission services. This approach supports Recommendation 1 from Increasing access to evidence informed mental health service provision for Children in care in England National recommendations for change.

I Getting started – Services

01 Can you tell me about how the offer from your service fits with other offers available in the area, such as
- in the NHS
- in the local authority
- in major voluntary or third sector providers
- in the private sector?

02 Is your service a specialist service for children in care, or a general mental health or wellbeing service?

03 Can you tell me about the specific interventions offered by your service?

04 Does your service work with
- professionals,
- carers,
- children and young people,
- or a combination?

II Mental health interventions

Not all children in care have the same mental health needs but some mental health needs are more common. You'll want to find out whether children in care are accessing mental health assessments and then being offered appropriate best practice mental health support.

05 Is the service able to offer comprehensive mental health assessments that combine both clinical judgement and diagnostic assessments to children in care?

For children who may have more complicated needs or be in complex situations, it can be helpful to have a formulation meeting that brings together key professionals from across sectors and draws on assessment information, to ensure shared understanding and planning.

06 Is the service able to conduct a multi-disciplinary formulation meeting?

It is rare that a single service can offer every intervention. But a quick-way to find out if your services are offering best evidence mental health support for common mental health needs in this group can be to ask:

07 Is this service able to offer children in care interventions that are recommended by the following NICE Guidelines, for example:
- Depression,
- PTSD,
- Conduct Disorder,
- Anxiety Disorder?

III Data collection

Service journey data

One way of getting broad information about the journey for children and young people in care coming into and out of mental health services is to find out about both outputs and outcomes.

08 Can the service collect data on outputs?

Referral	Assessments	Interventions
How many children in care are being referred into a service?	Of accepted referrals how many are offered an assessment?	Of those who are offered an intervention, how many accept?
Of referrals received, how many are accepted? And why?	And of those assessed how many are offered an intervention? And why?	And of those who accept, how many complete all or most of an intervention?
How many referrals are not accepted? And why?	And of those assessed how many are not offered an intervention? And why?	And of those who are offered, how many decline? And why?

Demographics

As part of your goal to provide equitable services, it is important to find out about the demographics of the children in care in your area and their access to mental health services. Services should be aware of GDPR requirements and the need to protect the identity of marginalised groups when reporting data.

A proportion of the children in care for whom you are responsible might be placed out of area and may therefore be accessing mental health support elsewhere.

It might be necessary to start with a focus on those children who are receiving mental health support within the local authority area. However, it is also important to work together to understand what services are or are not being accessed by children placed away from the local authority area.

Below are the types of questions to ask to understand who is accessing support and to identify any potential issues:

What are the demographics of the children and young people in care in this area?

e.g. ethnicity, gender, religion, neurodivergence, sexuality, gender identity, unaccompanied or separated children or young people?

Are these broadly reflected in the demographics of those:

- referred?
- offered assessments?
- offered interventions?
- who complete interventions?

And where there is an over or under representation, how is this being thought about?

And what steps are we able to take to improve equitable access-e.g. access to interpreters?

Outcome data

All mental health services, whether social care, NHS, or charity-based, should be encouraged and supported to collect data that allows them to understand what is and isn't working for the young people accessing the service. This includes symptom measures, sometimes called routine outcome measures.There is considerable amounts of evidence that mental health symptom screening tools are considered acceptable to young people in care, especially when it helps them to feel understood and access support. You might want to ask about the outcomes data a service is collecting, for example:

09 **Does the service use reliable, standardised mental health screening tools (e.g. RCADS) to help identify specific mental health needs for most children and young people?**

You'll also want to ask about any change in the levels of distress and difficulty young people are experiencing at the point of arriving at and leaving the service.

10 **Using the service data, are you able to describe (broadly speaking) the difference between the level of difficulties children have as they enter and leave the service?**

There may be occasions when data is not collected for a child or young person because of their needs or context, however, information about outcomes should generally include most children or young people. For more information on outcomes data follow this link.

11 **Can you tell me what proportion of children that accessed the service are included in the routine outcome measures collected?**

For services to be able to work effectively and safely with children in care, practitioners will need expert support through clinical supervision.

12 **Does the service have strong clinical supervision structures?**

Services working with children in care will need to be designed to work with complexity of need and context. This may include taking a flexible approach to interventions for example:

13 **Can the service offer an increased number of sessions to meet children's needs?**

14 **Can the service work with caregivers alongside the child where needed?**

15 **Can the service offer evidence-based interventions adapted and tailored to individual need?**

IV Additional questions you might ask service leads:

16 How can we monitor the mental health care offered to children placed out of area?

17 How can we make sure that children living in unstable placements are still able to access mental health support?

18 How can we work together to include the voice of young people and caregivers in decision-making about our service?

19 Does the data the service collects help us to understand whether the needs of certain groups are being met (e.g., children from minoritised ethnicities)?

20 How do you adapt therapies for individuals in response to their needs, preferences and interests?

21 What age does your service go up to? And can we think about the 'care cliff' and ensuring to adult mental health services when young people reach 18 years old?

22 And finally, what would the top three priorities be for us to take forward following our conversation today?

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