



**Birmingham and Solihull
Mental Health**
NHS Foundation Trust

Youth First

Community Child and Adolescent
Forensic Service West Midlands



About Youth First

Youth First is a specialist community child and adolescent mental health service for high risk young people with complex needs in the West Midlands region.

The service is run by Birmingham and Solihull Mental Health NHS Foundation Trust, one of the most innovative and complex mental health trusts in the country. It builds on our existing and successful forensic community services, which are already known to and trusted by professionals, young people and families across the West Midlands.

How to contact Youth First

0121 301 4640

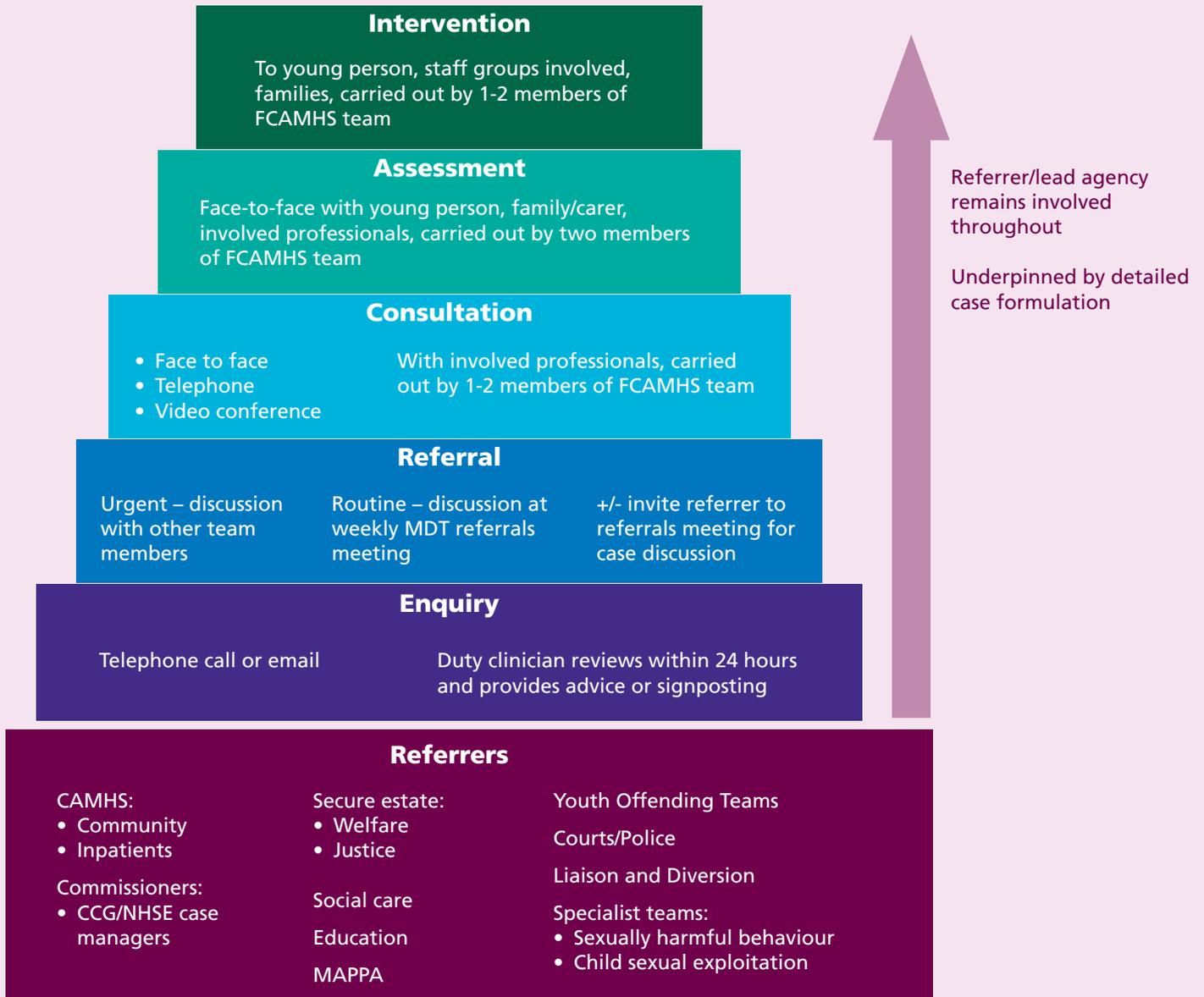
bsm-tr.youthfirst@nhs.net

www.bsmhft.nhs.uk/youthfirst



Our service model

Youth First provides an advisory, consultation, assessment and intervention model of care.



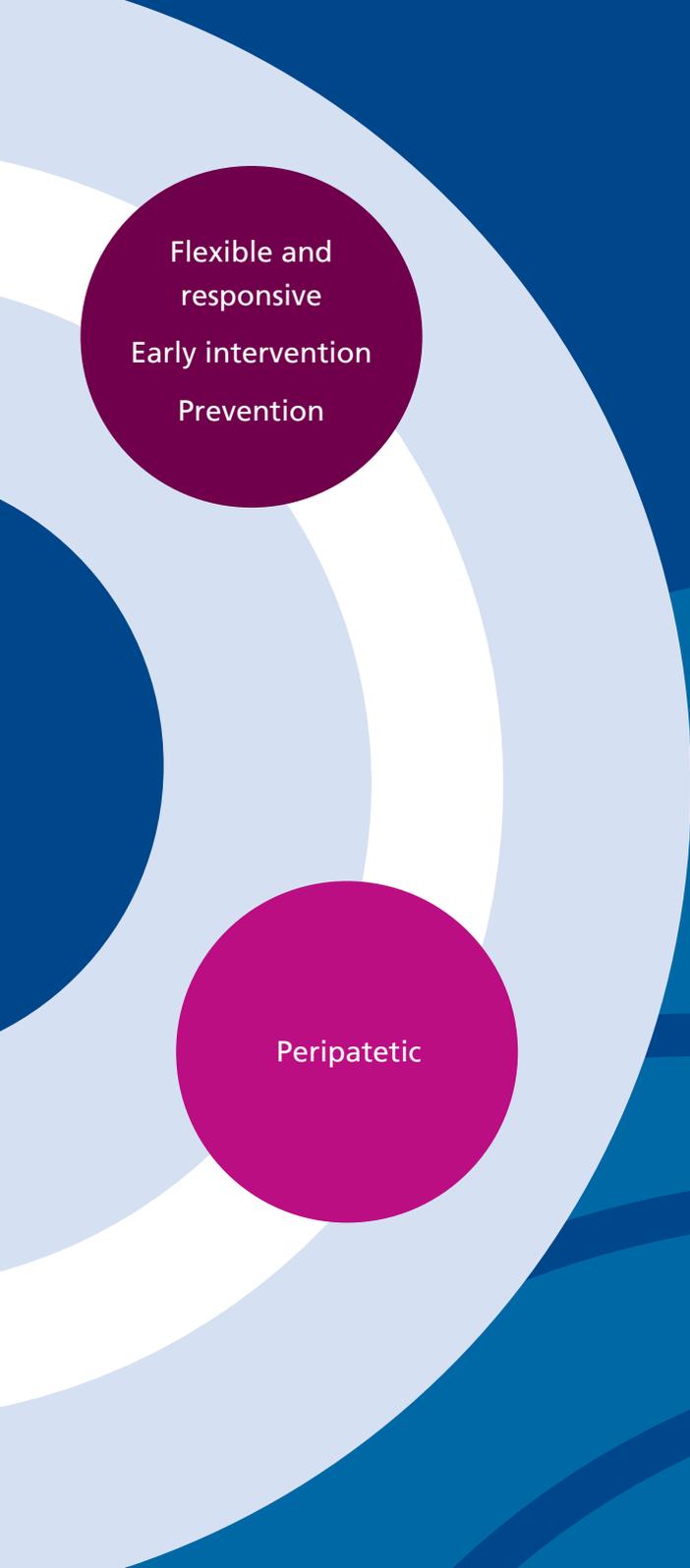
Our key principles

- Our flexible and responsive approach means that referrals are prioritised so that resources are deployed on the most urgent cases and care planning is tailored to the different forensic or non-forensic needs of the young person.
- We work closely with health, social care, youth justice, policy, courts, youth offending teams and education in a whole system approach.
- Our team is visible and accessible across the West Midlands and forges strong relationships with local services, providing services close to home at locations to suit the young person and their family.
- We work collaboratively with commissioners and other stakeholder to identify gaps in services and pathways, share innovation and best practice and develop strategic solutions to influence practice and improve outcomes.
- We provide clinical supervision, teaching and training to local services and teams to give them the skills and confidence to identify high risk young people early, manage risk and provide interventions.
- We provide early intervention to address mental health needs and risks and prevent escalation into youth custody or inpatient care.
- We play an important role in enabling the voices of young people and their families are heard.

Whole system approach
System reform

Person-centred
Advocates
Safeguarding

Expert
Authoritative
Upskilling
Capacity building



Flexible and
responsive

Early intervention

Prevention

Peripatetic

Referral criteria

The team is accessible to any professional who wishes to make an initial contact regarding a young person aged under 18 who is giving cause for concern and about whom there are questions regarding his/her mental health or neurodevelopmental difficulties including learning disability and autism who:

- present high risk of harm towards others and about whom there is major family or professional concern, and/or
- are in contact with the youth justice system, or
- about whom advice about the suitability of an appropriate secure setting is being sought because of complexity of presentation and severe, recurrent self-harm and/or challenging behaviour which cannot be managed elsewhere.

About our team

The Clinical Lead for Youth First is Dr Tina Irani.

The service is led by a service manager. Our multidisciplinary team is highly specialist and experienced and includes psychiatrists, psychologists, clinical nurse specialists, an occupational therapist and sessional input from a social worker, family therapist and speech and language therapist.

Our team members:

- have years of experience working in a range of environments including inpatient, community and custodial settings
- have specific expertise and training to be able to respond to a wide range of complex needs
- are highly proficient in communicating with hard to engage young people
- have an established presence in the West Midlands with good local relationships and links with multiple agencies including health, justice, education and social care
- will ensure smooth transitions for children and young people between CAMHS services, secure youth justice and welfare settings through
 - experience of working across systems and navigating between services and agencies
 - extensive knowledge of legislative frameworks and excellent relationships with health and justice commissioners.

Tina Irani

Consultant Child and Adolescent Forensic Psychiatrist

Dr Irani is passionate about services for young people and their families and is a dually trained Consultant in Child and Adolescent and Forensic Psychiatry. She is the Clinical Lead for the Forensic CAMHS services which include inpatient low and medium secure services for young people and the community FCAMHS service for the West Midlands. She also provides in reach to HMPYOI Werrington.

As the West Midlands and East Representative to the Clinical Reference Group (CRG) to NHS England, Dr Irani has been actively involved in developing the service specifications for the Tier 4 CAMHS services and Community FCAMHS.

She has worked previously in forensic mental health services across the country including Scotland. This included working as a Locum Consultant at West London Mental Health NHS Trust's FCAMHS inpatient unit, as well as working as Acting Consultant at Glasgow's Looked After Accommodated Children (LAAC) CAMHS , a highly specialised post working with very complex young people and Community FCAMHS services.

Involving young people and their families

Our approach is person-centred and involves young people and their families and carers throughout. We are passionate about working with young people and our clinicians are trained in different engagement models to ensure they communicate clearly, avoid jargon, and actively seek and record views and wishes.

Our assessment and care planning is for the whole family and our clinicians are trained in Behavioural Family Therapy.

We involve service users and their families in:

- development of information resources
- recruitment and appraisals of staff
- design and review of the service model
- focus groups and feedback surveys.



Our hub and spoke model

Our service will be accessible across the large geographical area of the West Midlands through a hub and spoke model that will include:

- a central team base in Birmingham
- a dedicated clinician for each geographical area, who will develop local contacts and be embedded in local networks, supported by our community link worker
- a peripatetic team using local bases close to the young person's home
- effective use of technology to enable staff to work flexibly and remotely.

Local networks

Herefordshire and
Worcestershire

Birmingham and
Solihull

Base –
Ardenleigh

Black Country

Young person

What young people say about Youth First



"I felt my own community team didn't know how to help me – it'll be good for young people to know they can be supported by people who are more experienced instead of being referred to different teams or services"

"It's really important that there is more help in the community to help reduce the chances of a young person having to go into hospital."

Case stories

Below are two illustrative examples of the Youth First service in action.

Tom is 15 and has a history of violence in the community. He is a heavy drug user with affiliations to gangs and has not been attending school. He is frequently in trouble with the police for drugs and petty theft and has most recently been in custody for carrying a knife. Mental health and social care services have struggled to engage with Tom and social services have referred him to Youth First as his risk behaviours are increasing.

Youth First organises a professionals' meeting involving social services, community CAMHS, youth offending team and a support worker. An assessment is arranged with Tom and his family separately but unfortunately Tom does not attend and it's not possible to assess his mental state.

A response emergency plan is agreed and all emergency services are notified of this. The plan includes a mental health assessment to be carried out given what is now known by all the services. A clear pathway has been identified within the plan for if Tom presents with a mental disorder and risk, just a mental disorder or just risk behaviour. Alongside this, further advice and supervision is offered to the services working with Tom to manage the risk to himself and others.

Tom offends within a week and is in police custody. Because the response emergency plan

is in place this is actioned and a mental health assessment carried out by the on call CAMHS team, who have the plan and all the background information from the professionals' meeting.

The assessment confirms that there are no mental health concerns and Tom presents with complex risk behaviours and substance misuse. Because of this complex presentation, Youth First supports the Liaison and Diversion team in custody with an assessment of fitness to be interviewed.

Tom is given a six month detention training order and following advice from Youth First is placed at a secure training centre. Whilst there he shows violence towards others and there are behavioural concerns around him not adhering to boundaries and damaging property.

Youth First supports the placement with understanding Tom's formulation and developing a management plan for his behaviours which includes a positive behavioural support plan. The Youth First team also support local services to develop relationships with Tom ready for his release.

In this case Youth First have supported the shared understanding of presentation and risk across the system, improved Tom's risk management strategies with a reduction of risk, improved Tom's engagement with services including education and also his relationship with his family.

Cassie, aged 14, is a very intelligent and articulate young person but her family is at the end of their tether. Cassie is being bullied and has been looking for information online on how to build bombs to blow up her school, as well as accessing terrorist websites and the dark web. Prevent, social services and the school are all raising concerns and the school wants to exclude Cassie. CAMHS are also involved as Cassie is depressed and self-harms.

Cassie has now started stalking a peer on Facebook and is making threats and defamatory comments. The CAMHS team refer Cassie to Youth First as they are concerned about her complex presentation and risk to others. They are also concerned that she is on the autistic spectrum. In addition, Prevent are struggling to engage with Cassie.

Youth First meets with all of the professionals involved as well as with Cassie and her family. They develop a care plan for the services involved in Cassie's care, including clarifying outstanding assessments in relation to ASD, online stalking, risk of exploitation by terrorist groups and risk of weapon making. The Youth First team helps to plan levels of supervision within the home, at school and in the community, for example no unsupervised access to the internet or mobile phones at home or school. Clear boundaries and consequences are put in place with a graded escalation plan including what to do if Cassie gets a criminal conviction for stalking.

The Youth First team also identifies a gap in training for the professionals in working with young people with ASD and provides a one day ASD training package.

Youth First then provides eight one-to-one intervention sessions with Cassie and her family around reducing the risk of internet offending and a sensory assessment through its specialist occupational therapist.

As a result of Youth First's involvement, Cassie and her family have developed a good understanding of the formulation and risk. Cassie is engaging with local services and is attending ASD friendly support groups and developing alternative coping strategies. She also has intervention from Prevent for six months and is deemed safe to be discharged with ongoing input into professional meetings. Cassie has been able to safely maintain her school placement and is working well towards her GCSEs.





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