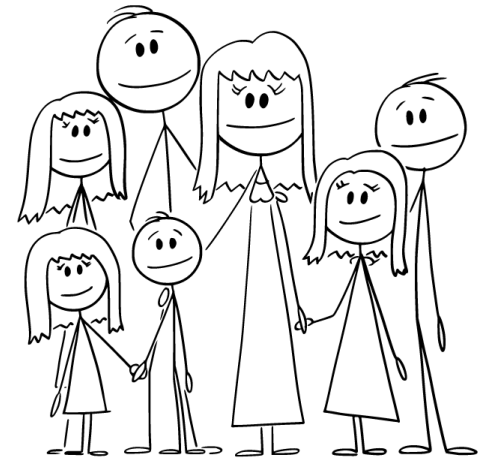




Cheshire and Merseyside

Supporting the mental health and emotional wellbeing of children and young people living in care in Liverpool

February 2025



This toolkit outlines the statutory commissioned offer from Health and Local Authority of services and support available for children and young people in care.

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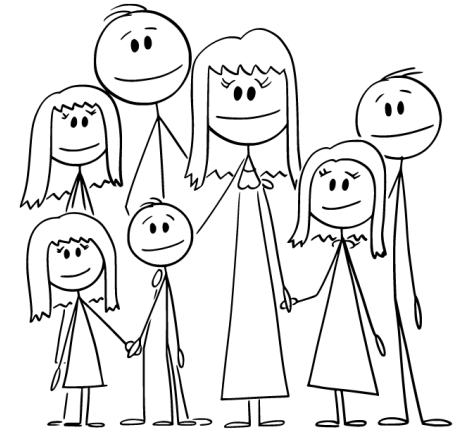
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Glossary of terms

Follow links for more information

ACEs – Adverse Childhood Experiences

Liverpool's Mental Health Support for Children & Young People

CE – Child Exploitation

CSE – Child Sexual Exploitation

CiC – Child/Children in Care

CPA – Care Programme Approach

CYP – Children and Young People

CRHT – Crisis Resolution Home Team

HV – Health Visitor

MCT – Mersey Care Team

MDT – Multi-Disciplinary Team

MH – Mental Health

MHA – Mental Health Act

MHST – Mental Health Support Teams

MYA – Merseyside Youth Association

OAP – Out of Area Placement

SN – School Nurse

SDQ – Strengths and Difficulties Questionnaire

SW – Social Worker

YPAS – Young Persons Advisory Services

VS Virtual School – promote and support education of CLA

The title '**named health practitioners**' also refers to:

- school nurse

- caseload holders

- health visitor

- specialist children in care nurse.

Liverpool's Mental Health Support for Children and Young People

In Liverpool, mental health support for children and young people aged 0-25 and their families is delivered as a collaborative approach. A partnership of NHS providers and 3rd sector organisations work together to deliver services across different levels of need, from prevention - being mentally healthy - to high levels of specialist help.

What do we mean by...

INFORMATION ADVICE & PREVENTION

Being Mentally Healthy

It's about promoting mental health, self-care and building resilience.

Our training is available for professionals working with families, as well as parents and carers, to promote resilience and equip them to identify the signs that a young person may be starting to struggle.

EARLY HELP

Getting Advice and Help

If a child or young person is struggling with their feelings, the Liverpool CAMHS partners are here to help them and offer advice.

They can also tell them about the mental health and emotional wellbeing support available and share information on getting the support they need, whether online or face-to-face.

MORE SPECIALIST HELP

Getting Additional Help

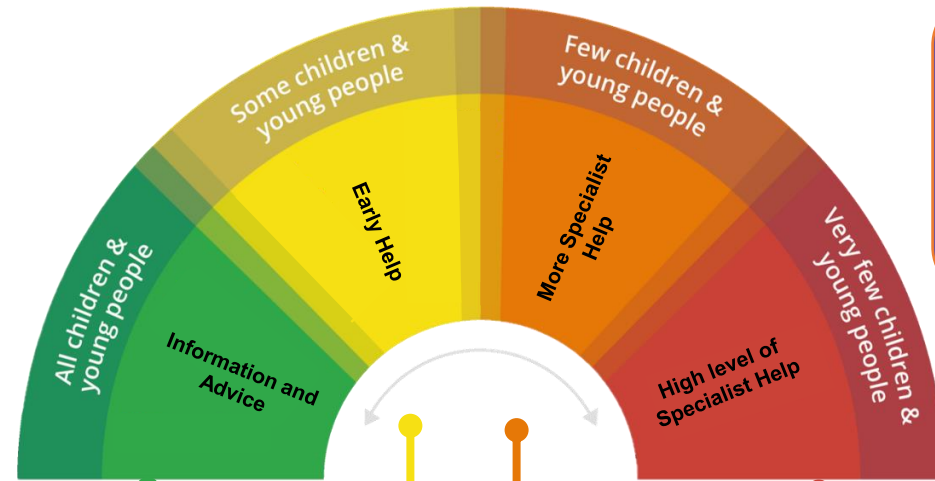
If a child or young person is experiencing moderate or severe mental health and emotional difficulties that significantly impact their daily psychological/social and educational functioning, specialist mental health services in Liverpool are here to support them.

HIGH LEVEL OF SPECIALIST SUPPORT

Risk & Crisis Support

Support, advice and guidance to children and young people in Liverpool who need specialist help, including crisis care.

Mental health levels of support for Children in Care (CiC)



Children and young people’s mental health support

- 24/7 Crisis Care Support Tel: 0151 293 3577 or freephone 0808 196 3550
- Text SHOUT to 85258
- Make a referral to Liverpool Mental Health Support for Children and Young People [link](#)

Information and Advice: Mental Health Support for CYP

- **online:** [website](#)
- **phone:** 0151 293 3577 or freephone 0808 196 3550
- **text:** the word SHOUT to 85258

Other ways of getting information, advice & help:

- [general practice](#)
- in school (MHST or school nurses)
- social workers
- health visitors.

Early Help:

CYP Support
Online: [Kooth](#)

Direct Support: YPAS (5-25 years) -
[support services](#) or [referral form](#)

Workforce Support

- MYA [training/workshops](#)
- Alder Hey consultations to social work teams.

Parent/carer support
YPAS – [support programmes](#)

Education [Mental Health Support Teams](#)

More Specialist Help:

Alder Hey – (0-18 years)

- group work
- therapeutic consultations
- assessments.

YPAS [counselling and psychological therapies](#) including Spinning World (refugee & asylum seeking CYP).

Online [referral form](#) for the above services.

High Level of Specialist Help:

Alder Hey

- specialist therapies
- complex case management
- complex risk management
- joint work with wider agencies.

Mersey Care (16+)
[Range of mental health services](#)

Accessibility

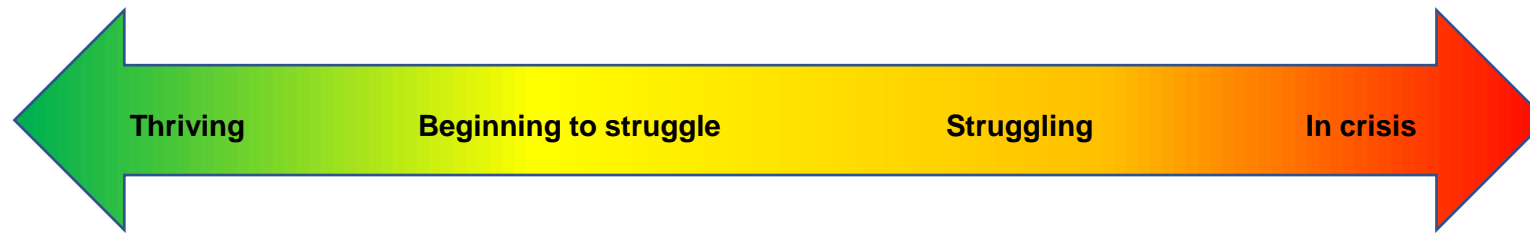
Open Access

Open Access

CiC are prioritised to assessment based on need

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Mental health levels of need for children in care



What is happening at each level?

If a child/young person has good mental health

They're:

- Developing and functioning appropriately for their age and current circumstances.
- Showing good levels of resilience and generally able to cope when things change or go wrong.
- Enjoying getting involved with things and can make and maintain healthy relationships.
- Attending schools consistently.
- Demonstrating positive self-esteem.

If a child/young person is starting to struggle with their mental health

They could be struggling with low-level anxiety/worry/phobias have low-mood or mild behavioural difficulties.

These may be having a minor impact on their learning, attendance, appearance, relationships and academic progress.

Self-esteem may be impacted.

They may be showing signs of living with [ACEs](#).

If a child/young person has been struggling with a clear or a number of mental health difficulties

This has been going on for a while. Their mental health will be having noticeable impact on their learning, attendance, appearance, relationships and academic progress.

Self-esteem is likely to be impacted.

They may be showing signs of living with [ACEs](#).

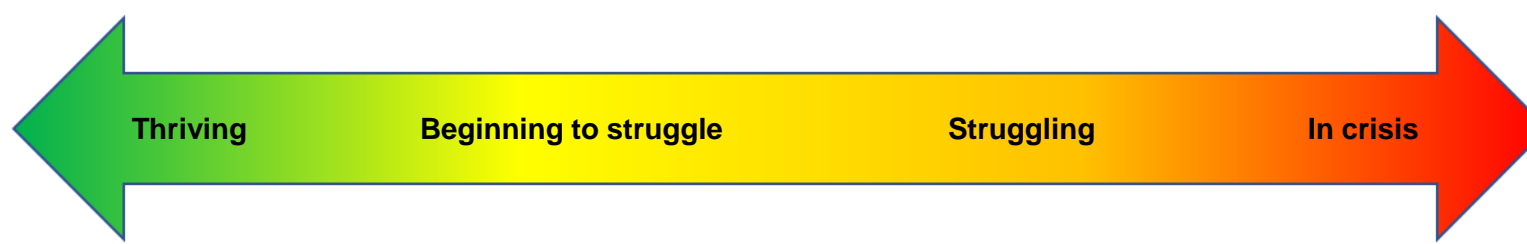
If a child/young person is reaching crisis point with their mental health

They may have one clear, or a number of mental health difficulties that will be having a significant impact on their daily functioning, including school attendance, appearance, relationships and academic progress.

Self-esteem is impacted and peers may struggle to engage with them.

They could be finding it very difficult to attend groups and activities outside of school.

They may be showing signs of living with [ACEs](#).



As professionals, the first thing we will notice is a behaviour change if a child or young person is struggling with their mental health. This behaviour change shouldn't go unnoticed. Rather the behaviour is a form of communication - how we respond to that is key.

What should I look out for in the child/young person?

They may seem happy, talkative, playful, enjoying learning and making expected academic progress

They typically:

- look physically well and cared for
- adapt to changes and challenges
- visibly enjoy taking part in fun activities, are emotionally literate in line with age
- developing normally
- can tolerate and sometimes enjoy solitude and can self-regulate their emotions.

Consider SDQ score.

May not seem as happy as usual and do not want to take part as much

Their mood may be decreasing; you could see a behaviour change in them - they could be quieter than usual or act out. They may display behaviours that need attention more than usual or they may withdraw from activities.

If anxious or worried, they may have a recurrent tummy aches and need the toilet or breaks more often. They may seem tense or fidgety. appear tired or on edge. They may struggle to regulate emotions – especially at home. All of these may be more obvious at home.

Signs of CE/CSE/engaging in criminal activity/going missing.

Consider SDQ score

Obvious behaviour changes

Reduced contribution to education-based activities; not seeming like themselves. Reduced attendance at school and groups/activities outside school.

They may be struggling to cope with friendships and with regulating emotions.

They may seem regularly anxious, tired, low, angry or withdrawn. Their mental health is likely to be having a negative impact on their physical health and wellbeing.

They may feel problems are piling up and they can't cope. Signs of CE/CSE/engaging in criminal activity/going missing.

They may be having thoughts of or experiencing suicidal ideation, self-harm or eating disorders.

Consider SDQ score.

Significant behaviour changes and frequent acting out or withdrawal

They may be significantly withdrawn, low, anxious or depressed. Their mental health could be having a significant impact on their physical health.

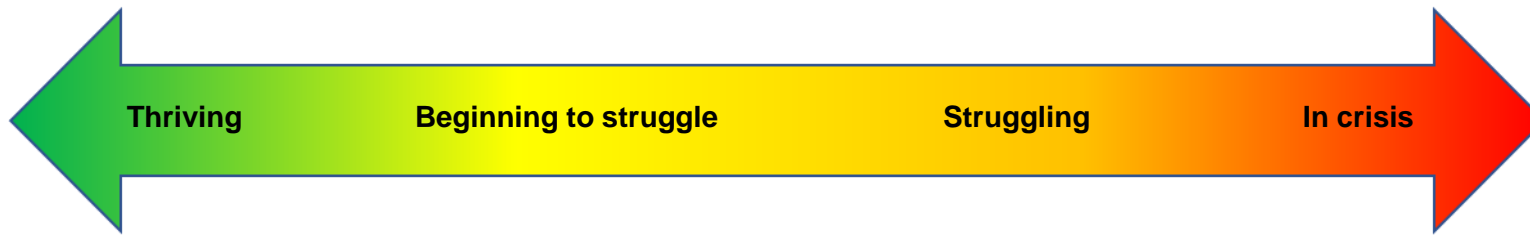
They may be overwhelmed, appear confused or forgetful and is likely to be experiencing disturbed Sleep, and so may appear tired.

Home life can be significantly affected.

Signs of CE/CSE/engaging in criminal activity/going missing.

They may be having thoughts of, or experiencing suicidal ideation, self-harm or eating disorders.

Consider SDQ score.



Are there any risk factors?

No risk to self or others

Adverse Childhood Experiences (ACEs) and other risk factors, such as bullying.

Any ACEs that are present are not causing them any problems as a strong level of resilience factors and other support balances them.

Consider SDQ score.

if SDQ is completed – send to the designated teacher of the child’s school for inclusion in the PEP

Little or no risk to self or others

ACEs and other risk factors, such as numerous placement moves.

ACEs that are present are not causing them any significant problems as a reasonable level of resilience factors and other support balances them.

Consider SDQ score.
if SDQ is completed – send to the designated teacher of the child’s school for inclusion in the PEP

There may be some risk to self or others

There may be some complexities, ACEs and other risk factors such as CE/CSE/criminal activity and any that are impacting on their mental health.

Levels of resilience and support may be low.

These could include unmet SEN needs. They may have a child protection plan.

There may be some low risk/intensity self-harm such as scratching/biting themselves or hitting out at others when they are distressed and/or eating disorders.

Consider SDQ score.
if SDQ is completed – send to the designated teacher of the child’s school for inclusion in the PEP

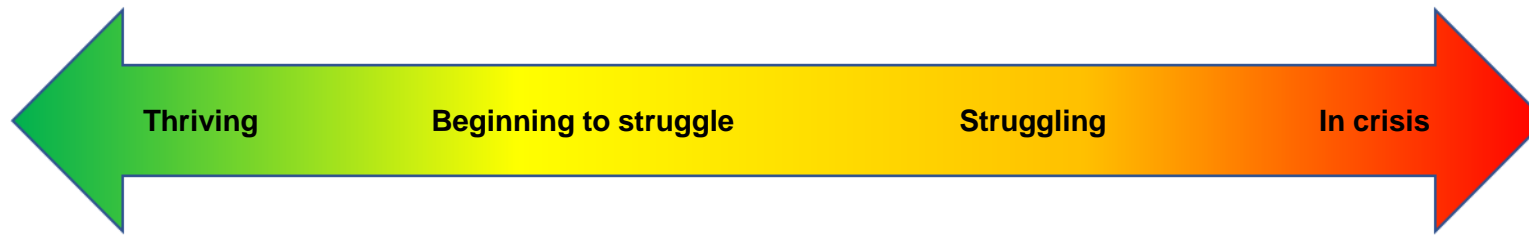
There may be significant risk to self or others

There may be multiple complexities, ACEs and other risk factors, such as CE/CSE/criminal activity and any that are significantly impacting their mental health.

They may have unmet SEN needs. They may have a child protection plan.

There may be frequent and higher intensity self-harm and/or suicidal thoughts and/or eating disorders.

Consider SDQ score.
if SDQ is completed – send to the designated teacher of the child’s school for inclusion in the PEP



What could help?

Information and Advice:

CAMHS website:

- selfcare
- support services available
- resources for CYP, professionals, parents & carers
- access to online referral form
- resilience-building tools.

MYA

- psycho-education
- trauma-informed/ACEs training
- introduction to grooming & exploitation training
- peer mentoring
- participation – opportunities to get involved.

Early Help:

MYA

- professional training
- resilience-building workshops & events.

Alder Hey

Meetings with individual social workers as requested (face-face or virtual).

YPAS

- range of wellbeing services & community events
- support for parents/carers.

More Specialist Help (needs-led):

Alder Hey

In-depth assessment by a specialist clinician with carer, system and young person, leading to formulation, advice, support and intervention planning.

Therapy delivered through:

- individual sessions (face-face or virtual)
- dyadic session
- group work
- multi-agency meetings (consultation)
- social care liaison.

YPAS

Counselling and psychotherapy.

High Level of Specialist Help:

Alder Hey

Therapy delivered through:

- individual sessions (face-face or virtual)
- dyadic session
- family work
- multi-agency meetings (consultation)
- social care liaison.

Mersey Care (16-17)

- (CRHT) Emergency care for young people who need further interventions when in crisis.
- Mental health liaison team assess when a young person attends any adult AED.

Accessibility

Open Access

Open Access

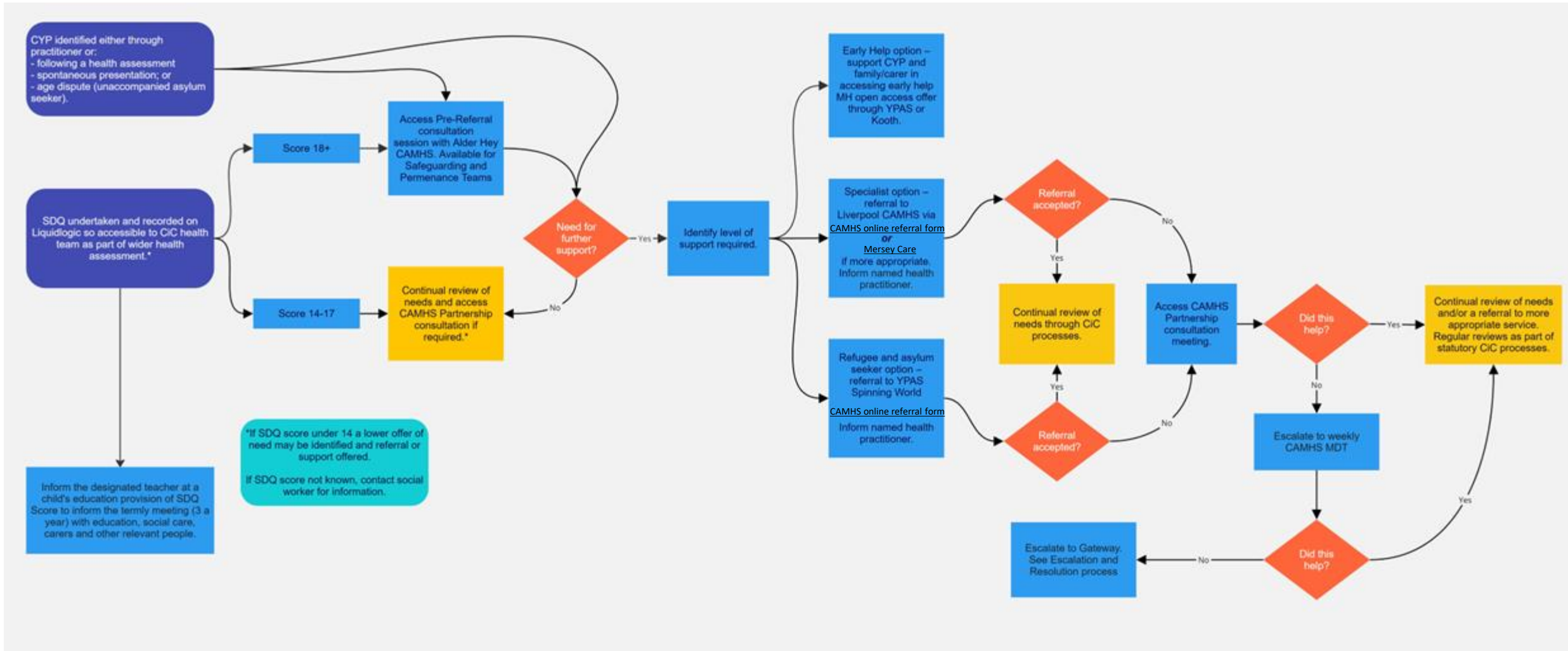
CiC are prioritised to assessment based on need

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Ensure the wider needs of children, young people and families/carers are explicitly considered and made clear at the referral point, e.g. the need for interpreters, SEN/disabilities, etc.

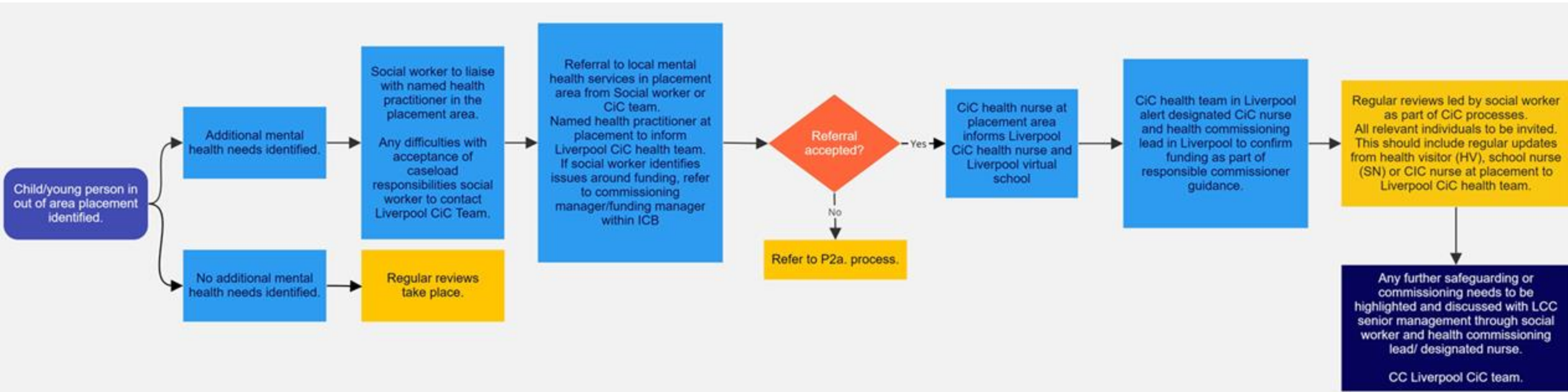
Process Maps

P1. Local mental health pathway for children in care

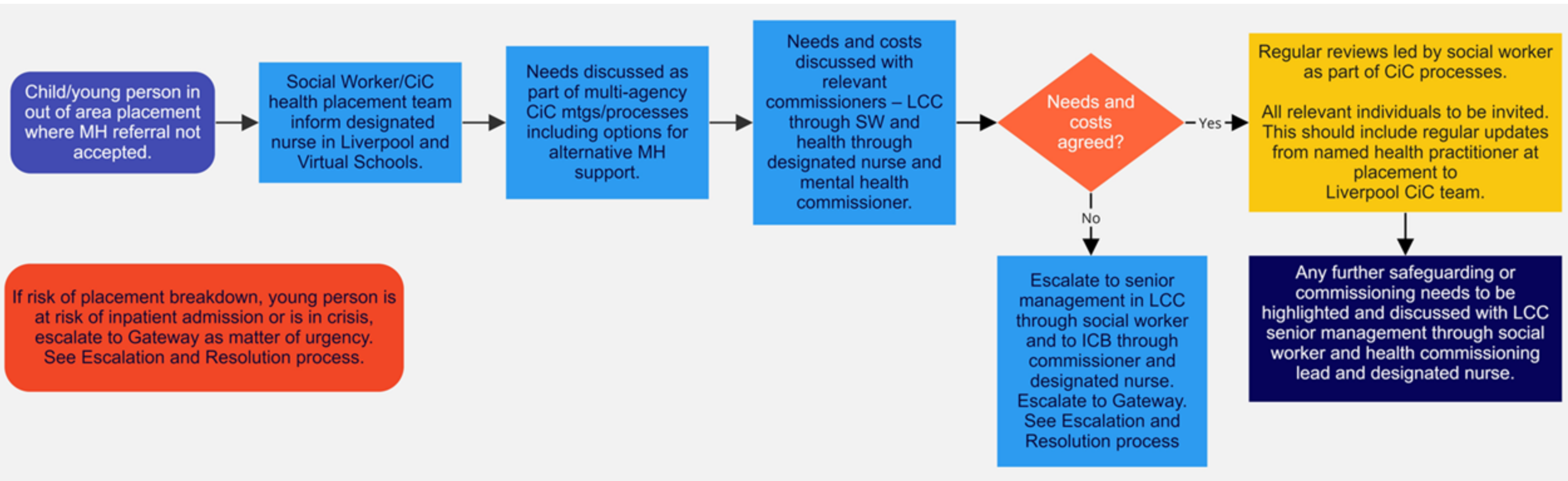


*Referral through this route might result in access to Alder Hey CAMHS or YPAS therapeutic service dependent on need. This will be agreed as part of a CAMHS MDT between both organisations. Families/carers needs will also be considered as part of referrals

P2. Process for child/young person in out of area placement (OAP) requiring additional mental health support



P2a. Process when a mental health referral is not accepted



Dynamic Support & Gateway Process

This process focuses on C&YP, who:

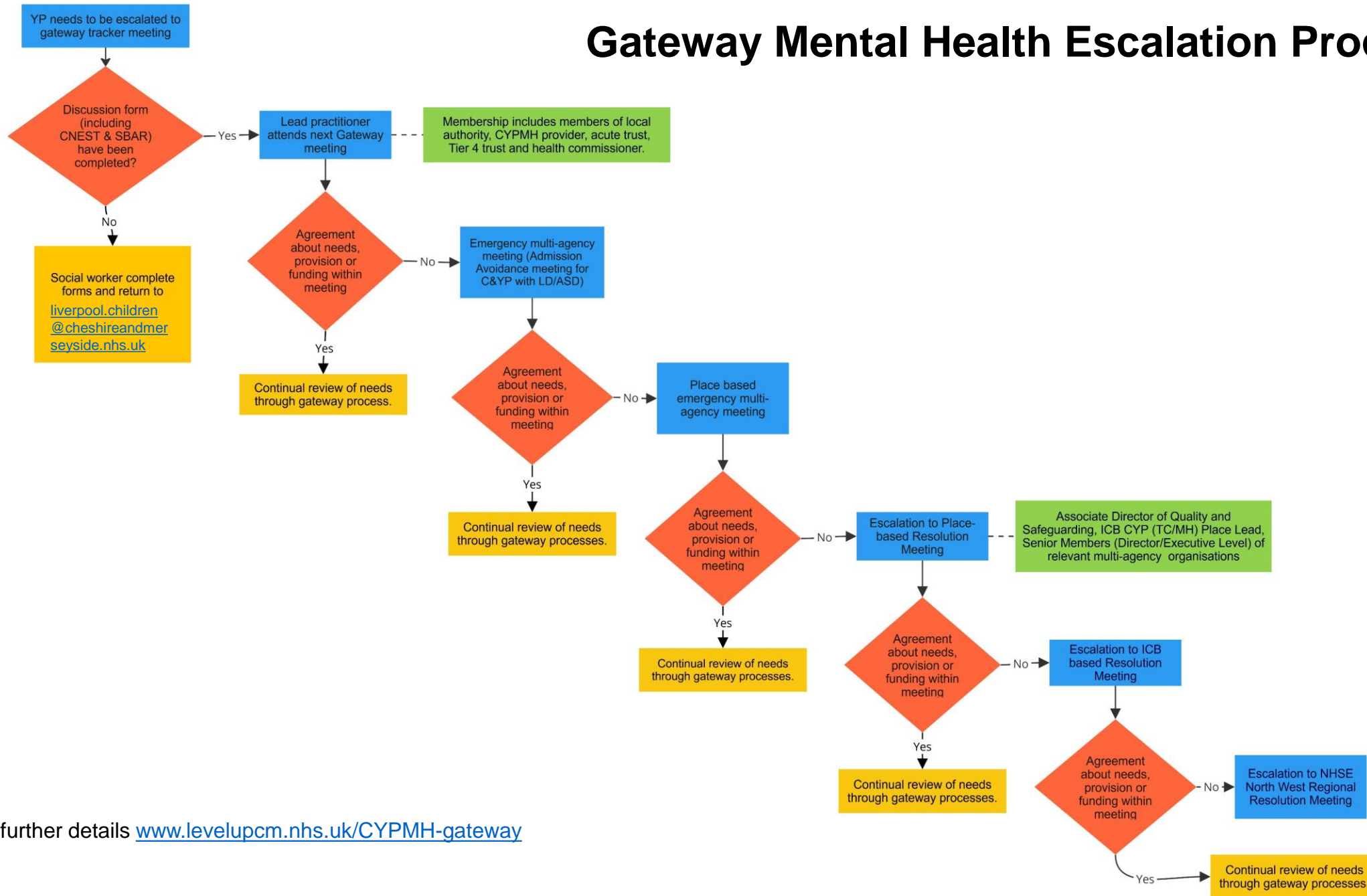
- are at risk of admission to Tier 4 CAMHS or
 - C&YP who are already admitted to Tier 4 CAMHS
 - C&YP whose placement is at risk of breaking down or
 - those at risk of becoming children looked after due to complex mental health issues or
 - C&YP with LD and/or autism or both (and in some cases additional needs) who display behaviour that challenges, including mental health conditions, and who may be at risk of escalation in terms of need and risk.
-
- Dynamic support is for C&YP with ASD or LD. A team of key workers supports the children or young people, their families, and the team of professionals working with them.
 - The gateway process is a series of multi-professional meetings to de-escalate those children and young people at risk with behaviour that challenges, including mental health conditions.

For more information about regional Gateway: <https://www.levelupcm.nhs.uk/CYPMH-gateway>

For more information about the Dynamic support offer:

<https://fsd.liverpool.gov.uk/kb5/liverpool/fsd/service.page?id=xmxMvUsL97Q>

Gateway Mental Health Escalation Process



For further details www.levelupcm.nhs.uk/CYPMH-gateway

Mental Health Act

The Mental Health Act is a law that tells people with a mental health disorder what their rights are and how they can be treated. The term "mental health disorder" is used to describe people who have a mental illness, a learning disability or a personality disorder. Being detained (also known as sectioned) under the Mental Health Act is when you're made to stay in hospital for assessment or treatment. Someone can be detained in hospital because they are suffering from a mental disorder that can only be treated in hospital and/or for their own health or safety or to protect other people.

Section 2: Assessment

Admitted to hospital because two doctors and an Approved Mental Health Professional think treatment or care is needed. Patients must stay in the hospital so they can find out what is wrong and how to help them. The Mental Health Act says they can stay in hospital for up to 28 days. If the patient wants time off the ward during their admission, they must ask the staff. The staff must agree that the patient can have time off the ward. This is called section 17 leave.

Section 3: Treatment

Admitted to the hospital because two doctors and an Approved Mental Health Professional think treatment is needed. Patient must stay in hospital so can find out what is wrong and how to help them. The Mental Health Act says they can stay in hospital for up to six months. If the patient wants time off the ward during their admission, they must ask the staff. The staff must agree that the patient can have time off the ward. This is called section 17 leave.

Section 117: After Care

Under Section 3 of the Mental Health Act, patients have the right to care and support when they leave hospital. Section 117 of the Mental Health Act says how they should receive care and support after leaving the hospital. This is called aftercare. Aftercare is there to help the patient stay well outside of the hospital, preventing them from needing to go into hospital again.

Health and social care are both responsible for providing the aftercare needed to meet mental health needs. They will work with the patient to understand their needs and plan how to support you. This is called a care plan. No one has to pay for section 117 aftercare to keep your mental health well. It is free as long as needed.

Section 136

Section 136 gives the police the power to remove a person from a public place, when they appear to be suffering from a mental disorder, to a place of safety. The person will be deemed by the police to be in immediate need of care and control as their behaviour is of concern. It is important to point out that a person is not under arrest when the decision is made to remove the person to a place of safety. The police power is to facilitate assessment of their health and wellbeing as well as the safety of other people around them.

A person can be detained on a Section 136 for up to 24 hours, extendable by up to 12 hours if the person cannot be assessed for clinical reasons. This may include support from the community mental health team, admission into hospital or discharge to the care of their GP.

Role descriptions

Health Visitors are Specialist Community Public Health Nurses with expertise in child health and development and family and public health. The Health Visiting team includes Health Visitors, Community Health Nurses and Community Nursery Nurses. Health Visitors work in people's homes, community health centres, Children's Centres, and GP surgeries, supporting parents in promoting the health and wellbeing of all pre-school-aged children across Liverpool. All children receive this service from birth and, in some circumstances, before birth.

The Health Visiting Team works in accordance with the Healthy Child Programme, a national programme aimed at promoting optimal health and wellbeing for all children. We also work closely with Midwives, Family Nurse Partnership (FNP), School Nurses, Children's Centres, GPs, Social Care and Voluntary services.

The Child in Care Team is made up of registered specialist nurses who have expertise in child health and child development and are committed to promoting the emotional health and wellbeing of children and young people in care. We work in partnership with all agencies to ensure we achieve the best outcomes for children and young people and allow them to reach their full potential and live healthy, happy lives.

The Virtual School has a statutory responsibility to support and promote the education of CLA. This includes termly multiagency meetings focused on education and participation in the care planning process, and each CLA has timely and appropriate provisions.

The role of the Designated Nurse and Designated Doctor for Children in Care focuses on improving outcomes, quality and safety for the most vulnerable children across the healthcare services that the NHS Integrated Care Boards commission by:

- raising key issues with commissioners and providers of health services for children in care;
- providing expert advice to increase quality and productivity and to improve health outcomes for children in care and care leavers;
- developing, leading and monitoring quality assurance processes and service improvement of health services for children in care;
- ensuring all health services commissioned meet the statutory requirement to promote the health and wellbeing of children in care;
- ensuring the voice of children in care and their carers are taken into account locally, including those children in care placed out of the local area; and
- ensuring there is enough provision within the local area to meet the needs of any Unaccompanied Asylum-Seeking Children placed there.

The school nursing service comprises a team of health professionals committed to promoting the emotional health and well-being of school-age children from 4 to 19 years in accordance with our Healthy Child Programme. School nurses are registered nurses with experience and specialist training in public health. They work closely with schools and other professionals. They are committed to working in partnership as an integrated team with all agencies to achieve the best outcomes for children and young people.