



Assessment, Consultation and Therapeutic Service (ACTS)

Annual Report 2014
Service Plan 2015

TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

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Assessment, Consultation and Therapy Service (ACTS)

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(ACTS)**

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Section 1: Introduction

The Assessment, Consultation and Therapy Service (ACTS) was set up in 2013 on foot of recommendations in the report of the Commission to Inquire into Child Abuse, 2009 (the Ryan Report). ACTS is a national specialist service responsible for providing clinical assessment consultation and therapeutic services to young people in special care or detention and those in the community at significant risk of such placements. It is a multidisciplinary and multiagency service which supports the development and wellbeing of young people who are referred, and their families.

This document outlines the purpose and vision of this service as well as a set of core values. Together these inform the strategic focus of the service and form the basis for service development priorities for 2015.

Purpose and Function

ACTS is a national specialist clinical service which provides multidisciplinary consultation, assessment and focused interventions to young people who have high risk behaviours associated with complex clinical needs. ACTS also supports other professionals in their ongoing work with young people and their families.

This includes:

- On-site therapeutic services to young people in secure settings in Ireland (Special Care and the Children Detention Schools);
- Ongoing support when young people return to community settings to help them to re-engage with mainstream services, as appropriate;
- Support through some of the difficult transitions in young people's lives;
- Consultation in the community for young people at significant risk of placement in secure settings.

ACTS provides multidisciplinary interventions supported by evidence based research literature; clinically informed practice based evidence; best international practice and in accordance with relevant legislation, policy and guidelines. The aim of the service is to facilitate the provision of more therapeutic environments in the national Special Care Units and Children Detention Schools and to work in partnership with others to improve outcomes for the most vulnerable young people in Ireland.

Section 2: Vision Statement

To improve outcomes for high risk young people in Ireland by providing consultation, assessment and interventions focused on individual needs in a flexible and timely manner.

Mission Statement

To develop and implement a co-ordinated and effective multidisciplinary service in line with guiding values and principles of:

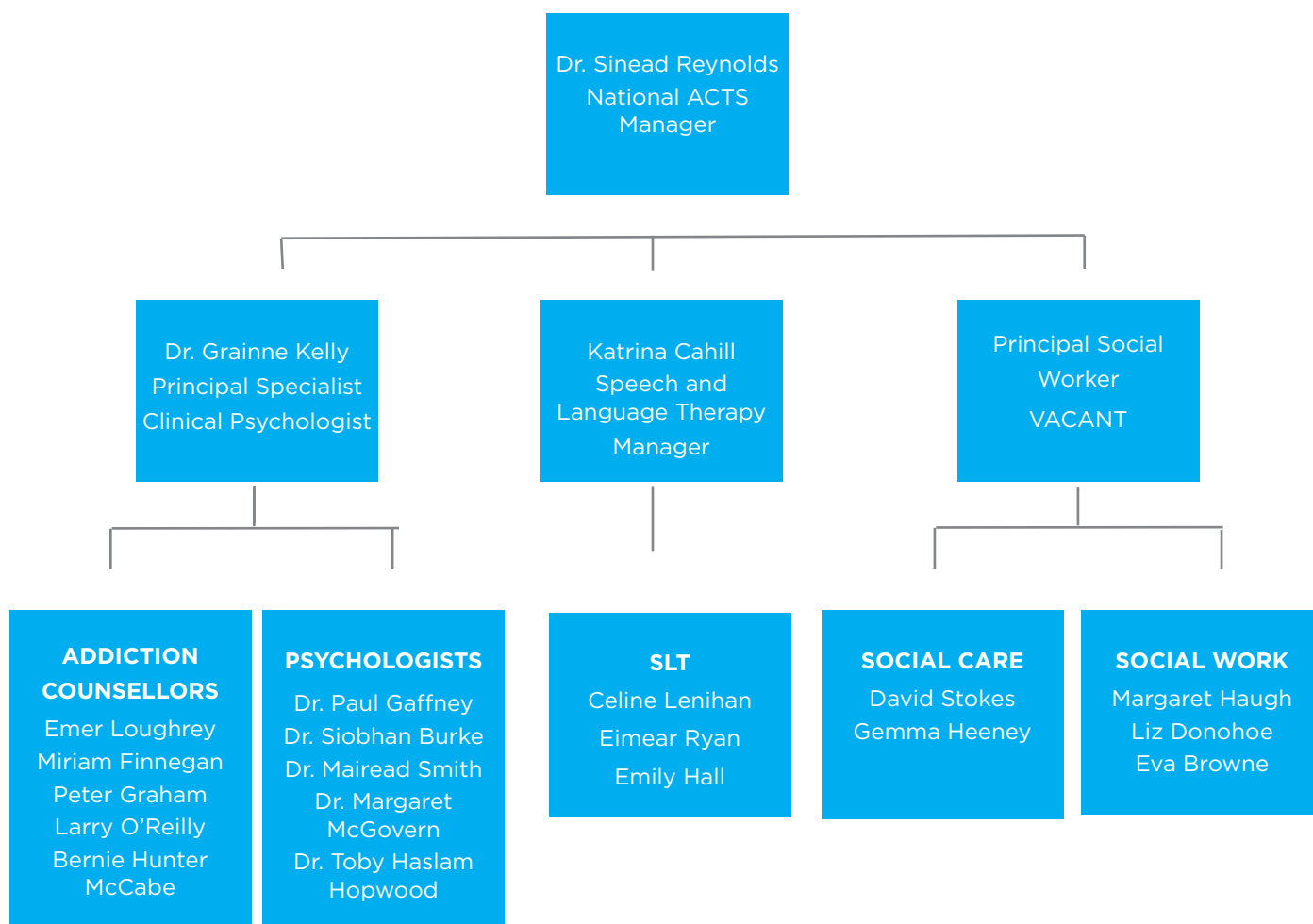
- **Child centeredness:** focussing primarily on the individual needs of the young people with whom the service works;
- **Flexibility:** providing services in a flexible manner in terms of location, timing, setting and changing needs which allows for maximum accessibility for young people;
- **Partnership:** involving young people, carers and relevant others in a meaningful way with the planning and delivery of intervention;
- **Systemic support:** providing support and training to other professionals working with young people;
- **Advocacy:** hearing the voices of young people and implementing the views of young people, where possible and clinically appropriate;
- **Multi-agency working:** crossing service provision boundaries in order to facilitate seamless transitions for young people;
- **Strengths based:** fostering resilience and independence;
- **Quality and effectiveness:** basing interventions on evidence based approaches to ensure the highest standard of care and the optimum use of resources;
- **Equity:** allocating resources on the basis of need and clinical opinion;
- **Respect:** respecting service users and their carers as individuals and treating them with dignity at every level of service provision;
- **Evaluation:** routinely building regular review into service provision to facilitate evaluation based on outcomes for service users.

ACTS aims to translate these values into actions that demonstrate unity of purpose and a commitment towards collaborative working to identify the most effective and compassionate approaches for young people, their families and staff.



Section 3: Structure and skill mix of team

At the end of December there were 18 clinicians and three managers working in ACTS. All managers in ACTS also engage in clinical work. The structure of the team is illustrated below.



The multidisciplinary team includes a number of clinicians across five disciplines including addiction counselling, speech and language therapy, social care, social work and psychology. Many clinicians have post-graduate qualifications and further training additional to their formal qualifications. Some clinicians have dual qualifications across more than one of the disciplines in ACTS. In addition, team members have experience in a number of different services. This diverse experience and knowledge base informs integrative clinical working and enhances the ability of the team to work from an interagency and multisystemic perspective. Multidisciplinary team working is at the core of service delivery in ACTS. Clinicians from the five disciplines share common skills around engaging young people and families with complex presentations. The contribution of a variety of perspectives to our understanding of young people enhances our ability to improve outcomes for the young people seen by the ACTS team. All ACTS clinicians engage in continual professional development based on the clinical needs of the populations with whom they work.

Section 4: Access Criteria

The ACTS model is flexible and focused on the complex needs of young people at risk which generally involve the interplay of attachment, development, trauma and emotional dysregulation.

There are a number of ways in which ACTS is different from other clinical services. The first of these is persistence when engagement is challenging and this is viewed as an integral part of service provision. Creativity, child centredness and tenacity are essential in this endeavour. Another difference is that the flexible national model allows clinicians to continue working with young people when they move through special care placements and detention. This is unprecedented in terms of clinical service provision in Ireland and it fits with the vision for the Child and Family Agency articulated in the Task Force Report published in July 2012. As a Tusla clinical service, ACTS is well placed to meet the often repeated recommendation in child abuse inquiries for improved interagency working. The service works hard to include the many stakeholders who are involved with young people. This necessitates a broad perspective which sees beyond the specific role of different agencies and which endeavours to bring agencies together when the temptation to act separately may be strong.

Access Criteria for ACTS provision in National Special Care

The criteria for admission to Special Care include the prerequisites that the behaviour of the young person is such that it poses a real and substantial risk of harm to his/her life, health, safety, development or welfare and that the therapeutic value of placement in Special Care is considered the best and only option to meet the young person's identified needs at this time. Given these criteria, the ACTS team considers the clinical needs of all young people when they enter Special Care. Following placement in Special Care, ACTS clinician(s) are allocated to each individual young person. All young people in Special Care are then reviewed clinically at regular multidisciplinary clinical meetings.

Access Criteria for ACTS provision in the Children Detention Schools

ACTS provides clinical services in the Children Detention Schools. Work is ongoing to ensure that this will be done in partnership with the national forensic mental health service. In order to make the best use of a limited clinical resource and in line with best practice, all young people remanded or committed to the children detention schools are now screened using an evidence based assessment tool for mental health and clinical need. Following the completion of this screening, residential care staff in the detention schools refer to the clinical team who meet weekly on campus to review referrals and plan clinical interventions.

Access Criteria for ACTS provision in the community

ACTS clinicians provide services to a significant cohort of young people living in community settings because clinical service provision continues through transitions back to community placements following a placement in a secure setting. This transitional time can be very difficult for many young people. Services offered when young people are in the community are based



on the clinical needs of the young person. ACTS cannot replace existing community clinical services and so seeks to add value to the work of community services when young people are particularly vulnerable.

The current criteria for the acceptance of new referrals to the ACTS community service are that consultation will be provided around young people who have been:

1. Referred to National Special Care Services in the last six months - young people no longer need to be on a waiting list for Special Care to avail of this service;
2. Previously placed in Special Care and where current clinical needs exceed the threshold of community resources;
3. Previously placed in the Children Detention Schools and where current clinical needs exceed the threshold of community resources.

Local area social workers have been informed of these criteria. In addition the special care referrals committee provide social workers with information on ACTS when young people are referred to Special Care.

Access criteria for ACTS provision for young people in the community will be reviewed in 2015 in line with available resources and key priorities for service development.

Section 5: Service Delivery; what has been achieved in 2014

Key skills and achievements in 2014

1. Flexible child centred services;
2. Promotion of children's rights;
3. Systemic change;
4. Capacity building;
5. Clinical governance.

1. Flexible child centred services

ACTS clinicians are very skilled at engaging young people. The majority of young people that are seen have struggled with engagement with other clinical services and many have never been seen by other clinicians. The mantra of “keep turning up” is employed to good effect by ACTS clinicians in the initial stages of therapeutic provision such that there were no young people with whom the service failed to engage in 2014. However, there have been many occasions where relationships were ruptured and then repaired. This pattern (rupture and repair) is an integral part of the work. This is supported by consistent research findings which show that the presence of alliance rupture-repair episodes over the course of treatment is positively related to psychotherapy success (Safran et al, 2010).

The ACTS model of service provision is flexible and child centred where clinicians frequently work in unstructured settings. This approach is supported by consistent research findings which show that those with high reactance level (being easily provoked and responding oppositionally to demands) respond better to less structured psychotherapeutic treatments (Norcross, 2011). This approach has allowed ACTS to engage young people and to continue working with them when they move from Special Care placements and detention in order to add value to other therapeutic supports. This means that young people are supported by a familiar clinician during times of transition when they are most vulnerable.

ACTS is a multidisciplinary service where clinicians from various disciplines work together and inform collective practice. This includes psychology, social work, speech and language therapy, addiction counselling and social care. ACTS is led by a management team whose central responsibility is the implementation of systems of clinical governance. ACTS has also contributed significantly to the wider management system in Tusla and has engaged with leaders from multiagency services involved with young people.



2. Promotion of Children's Rights

Since the development of ACTS all vulnerable young people in Special Care and detention settings can now access clinical supports that were previously unavailable to them, thus supporting secure services to ensure that young people's right to adequate healthcare is met. While the upholding of this right can be easily demonstrated, it is important to note that ACTS has also been working in partnership with interagency colleagues to ensure that many other rights for young people in these settings and in the community are upheld:

- The **right to life:** upheld through ACTS work with care staff following suicide attempts (or the receipt of information which raises concerns about this) where clinical recommendations are made and information is shared around how to keep young people safe.
- The **right to live with a caring family:** through interventions and supports ACTS has, on occasion, been able to influence the system such that fostering arrangements have been reconsidered when previous risk taking behaviours may have led to a reluctance to try this type of placement.
- The **right to give your opinion:** young people have confirmed that they felt sufficiently supported by the presence of a trusted clinician in a review to enable them to express opinions that would otherwise have been too difficult.
- The **right to privacy:** in developing the service, ACTS has been careful to focus clinical inputs on the needs of young people. While happy to share information as appropriate, this is done only when it is in the child's best interests and agreed with the young person and their parents/carers.
- The **right to get information** and also **to special education and care for young people with a disability:** many young people have previously undiagnosed language and learning difficulties which have limited their capacity to understand information. ACTS constantly supports care staff/teachers to adapt their communication accordingly.
- The **right to be protected from being hurt and mistreated:** ACTS has worked collaboratively with care staff and managers to bring about changes in care practices including the provision of clinical input and monitoring to reduce the use of single separation.
- The **right to have care arrangements regularly reviewed:** ACTS has participated in these reviews as carried out by HIQA, the Association for the Prevention of Torture and the TUSLA internal monitor.
- The **right to play:** ACTS clinicians have influenced care practitioners to consider this right in order to provide balance in a system which can sometimes be restrictive in its focus on overly risk averse practices.
- The **right to protection from harmful drugs:** the ACTS addiction team has developed draft guidelines to reduce harm from substance misuse. When approved these will be shared with colleagues who provide care to young people. This right is also continually promoted by ACTS through systemic training provision in Special Care, detention and community residential placements.

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- The **right to protection from any kind of exploitation**: ACTS has brought information about organised sexual exploitation to the attention of local social workers and also to the Chief Operations Officer in Tusla and the Director of Alternative Care services to ensure that there is a systemic response to this issue. There has also been consultation with the Tusla senior management team and the Special Care referrals committee around the needs of young people with sexually harmful behaviours and the potential risks involved in their placements.
 - The **right to be free from cruel or harmful punishment and the right to help if you have been neglected or badly treated**: young people in secure settings are often identified by professionals in terms of their extreme behaviours. In the absence of the insights offered by clinical understanding, young people are sometimes understood from a behaviourist perspective that may not take account of the complexity of the young person's presentation and experiences. ACTS clinicians bring additional multidisciplinary integrative perspectives to professionals and adults around the young person. This facilitates an acknowledgement of the acuity, chronicity and individual impact of developmental trauma and can lead to appropriate supports.

3. Systemic Change

The development of ACTS was underpinned by the Commission to Inquire into Child Abuse, 2009 also known as the Ryan report. This means that ACTS has a duty and remit to promote systemic change in the best interests of children. This has been achieved through:

- **The management of key relationships** where a commitment to continued constructive engagement with a multitude of other stakeholders is essential to success in delivering systemic change. Ruptures in relationships are inevitable and an ability to repair these and return to constructive engagement has been essential.
- **The introduction of a mental health screening assessment** in the detention schools which has an international evidence base. Up until the introduction of this tool, the vast majority of clinical resources in the detention schools had been deployed to provide assessments to young people on remand with little focus on meeting the ongoing needs of young people on remand and committal. This screening assessment is useful to assist in clinical prioritisation and directing resources towards young people with the most significant needs.
- **Managing expectations and achieving clarity around service purpose**; ACTS is a new service developed at a time when other services were contracting. There were many expectations for the service. Various stakeholders had their own priorities for ACTS. Managing the resulting differences in opinion and being clear about clinical governance and agreed priorities for service development has been essential.
- **Commitment to obtaining service user feedback**, which enhances knowledge about the way in which current practice in ACTS and care settings impacts on children.



4. Capacity Building

As a new clinical service mandated by the Ryan report, ACTS is an agent of change. The following demonstrates capacity building:

- Since January 2014, ACTS has provided specialist multidisciplinary clinical supports to 252 young people, their families and the professionals with whom they work. The ACTS model emphasises collaborative working with care staff which builds capacity throughout the system.
- ACTS has provided systemic supports to care staff and other professionals around working with young people at high risk who present with challenging behaviours, e.g. workshops for staff in Special Care, detention and community settings. Through this work, ACTS clinicians continuously challenge obstacles such as ways of thinking and attitudes which impede the advancement of children's rights.
- ACTS is passionate about accessibility and the ability to respond in a timely manner. Development of the ACTS single session consultation model for young people in the community has meant that the service can continue to remain responsive to the needs of young people in the community at high risk while also providing ongoing services to young people in secure settings and those who have recently transitioned.
- Research is a strong motivator in ACTS and several clinicians are involved in research within the specialist remit of the service. ACTS delivered presentations at a number of conferences in 2014 including:
 - *Developmental trauma and emotional regulation* at a seminar run by the Irish Association of Social Care Workers (IASCW) and the Irish Association of Social Workers (IASW);
 - *Relationships matter - an ACTS Perspective* at the Irish College of Psychiatrists' Winter Conference on Resilience and Adversity;
 - *Providing clinical services in a youth justice setting in Ireland: the evidence, the challenges and the learning* at the Five Nations Biennial Conference on Children, Young People and Crime in Cardiff, UK;
 - *The clinical needs of young people at very high levels of risk* at a meeting of the Barnardos Guardian ad Litem Service;
 - *Alcohol and illicit drugs in children detention settings* at an Association for Criminal Justice Research and Development Seminar;
 - *A Multidisciplinary Approach to Therapeutic Intervention (MATTI)*, presentation of a poster describing research behind the ACTS Individual Therapy Planning Process at the ACAMH conference in London, June 2014;
 - *Clinical Presentations of Young People in Detention* at an Association for Criminal Justice Research and Development Conference 'Youth Justice Transformation';

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- ACTS also recently provided consultation to Tusla on a European Conduct Disorder study and the ethical implications of this study for vulnerable young people.
 - ACTS is currently building a sound and diverse evidence base to underpin the work of the service. This is achieved through research by clinicians within the service and that of students who avail of placements within ACTS; continuous service user feedback and the development of a database to provide detailed information around interventions to support quantitative research.
 - ACTS has worked with Tusla Senior Management and HSE Mental Health management to highlight and address gaps in service provision for young people.
 - ACTS participated in the TCD Doctorate in Clinical Psychology 2014 selection process.
 - ACTS provided two voluntary assistant psychology placements and two specialist placements for psychologists in their final year of clinical training (TCD).

5. Clinical Governance

One of the advantages of a national clinical service such as ACTS is that it allows clinicians to have access to clinical governance structures that can provide professional support that is specifically orientated towards the population served by ACTS clinicians.

A central responsibility of the ACTS management team is the implementation of systems of clinical governance. One of the ways this is done is through the provision of high quality clinical supervision which allows for reflective practice and effective planning, implementation and evaluation of interventions. The management team in ACTS engage in clinical supervision with all clinicians on a regular basis. Additionally, clinicians engage in continuous peer supervision which is supported by the management team.

The management team monitors and provides for the professional development needs of staff on an ongoing basis. Staff complete continuous professional development (CPD) in line with their individual performance development reviews.

The management team regularly audit clinical work and service user feedback in order to ensure high quality service provision and inform service development. Additionally, the management team communicates constantly with multiple stakeholders in order to problem solve and manage issues as they arise. ACTS clinicians are involved in shaping and developing the service.

The service currently references and monitors clinical service delivery and operates clinical risk management as described in the following documents:

- NICE guidelines;
- Quality framework for mental health service delivery in Ireland (Mental Health Commission);
- Towards Excellence in Clinical Governance - A Framework for Integrated Quality, Safety and



Risk Management across HSE Service Providers (HSE, 2009);

- Quality and Patient Safety (clinical governance development) - an assurance check for health service providers (HSE, 2012);
- Quality Services, Better Outcomes: a Quality Framework for Achieving Outcomes;
- Professional / Clinical Ethics and Guidelines for each of our disciplines.

ACTS is establishing a working group to look at quality and risk using terms of reference extracted from:

- HSE Guidelines for Systems Analysis Investigation of Incidents and Complaints, 2012;
- Root Cause Analysis Framework for sentinel events;
- Risk management in healthcare literature.

Section 6: Accountability/Outputs in 2014

Accountability/ Outputs in 2014

1. Progress around Key Priorities for 2014;
2. Service User Feedback;
3. Achievements in Special Care;
4. Achievements in the Children Detention Schools;
5. Achievements in the community;
6. ACTS Training provided in 2014;
7. What works in ACTS.

1. Progress around Key Priorities for 2014

In 2014 ACTS had 20 clinicians nationally to provide services to the three special care units, the detention schools and young people in the community.

Key priority for service development for 2014	Achieved / not achieved
Recruitment of the third head of discipline	This post was filled but delays ensued due to maternity leave. To be filled in June 2015.
Development of the consultation model for community work	Completed, needs ongoing monitoring and review
Development of the consultation model for professionals	Completed, needs ongoing monitoring and review
Development of a service wide measurement of therapeutic outcomes	Completed, needs more work on bedding this into practice
Continued development of staff	Completed, needs ongoing monitoring and review
Development of a Policy Group	Completed
Further development of consistent practices across the national service	Completed, needs ongoing support from the management team
Research	Achieved

2. Service User Feedback

Service user feedback was collected throughout 2014. Qualitative responses were received from a number of sources including young people and their family members, special care and detention staff, social workers and Guardians AD Litem involved with young people. Some of this feedback is listed below to provide information on the relevant themes.

When asked has ACTS been helpful to you and what is the best thing about ACTS:

Young people said:

- “They help for things I need and want”;
- “Support, trust and kind”;
- “The best thing is my ACTS worker is outside of my placement”;
- “I have learned how to cope with pressure and make myself a better person”;
- “She ignores me when I’m talking to her, she does not take in what I have to say” (this was the only negative comment received from a YP; this relationship continued and the clinician was able to engage this young person again).

Family members said:

- “They have made a huge difference in my life, helped me become stronger and a better mam to my kids”;
- “They give me great tips on handling situations”.

Social care staff said:

- “Gained great insight into working with trauma”;
- “Listened to examples of behavioural concerns and provided useful strategies”;
- “Valuable resource for YP who have difficulties attending clinical sessions such as CAMHS, useful guidance for staff and carer”;
- “Is very child centred and very inclusive of all professionals”;
- “Gave an understanding of goal and simplified this approach for use on a daily basis on the floor”;
- “Friendly, helpful, insightful”;
- “Respect, commitment and flexibility”;
- “Helped me through difficult situations with YP”;
- “The continuation of a relationship from one placement to the next provided consistency for the YP and provided trust in the belief of relationships”;



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- “I am more cognisant of how I interact with the YP”;
 - “I will be more aware of language when talking to YP and will check if he understands”.

Social care managers said:

- “Very supportive to work carried out at the residential centre”;
- “The team have been very flexible with the YP and have not tried to force relationships”;
- “They have helped the team here to have a sense of her emotional struggles and attachment history to better understand her behaviour and responses”;
- “They have excellent knowledge of the YP which was passed on to the staff team”.

Social workers said:

- “They refocused me on forward planning for the YP, positive things from previous placements can often get lost in crisis”;
- “I would have liked more ongoing involvement”(this was made following a single session consultation).

Guardians ad Litem said:

- “Consistency of the two clinicians and their relationship with the YP, even after he left secure care”;
- “Provides well thought out rationale for care approaches adopted with the young person”;
- “Can work at the YP’s pace rather than being appointment based”;
- “Helped me to refocus and further capitalise on strengths ”.

When asked to suggest changes and what else ACTS could do

Young people said:

- “Nothing they’re great already”
- “She couldn’t have done any more”;
- “I think that ACTS should be involved with more YP in the care system and I know YP that could do with some support from the ACTS team”;
- “I would like them to do more fun things”.



Parents said:

- “They’ve done more than their job”;
- “Get plenty, what you do is enough”.

Social care staff said:

- “That it could be more accessible to young people experiencing difficulties”;
- “Like them to be available to all young people in care”;
- “I would like them to do more group work with staff teams as this is very helpful”;
- “I would like them to do more team workshops”;
- “There should be more staff”.

Social workers said:

- “I would have liked more ongoing involvement”;
- “I would have liked clearer communication with the ACTS clinicians”;
- “I would have liked reports to be completed in a more timely manner”.

Guardians ad Litem said:

- “There was a delay in providing a report”;
- “Increased availability of the professional to the YP”;
- “Work with the broader proliferation of children in care”.

Teacher said:

- “Where would they find the time?”

3. Achievements in Special Care

ACTS clinicians work in the three Special Care units in Ireland. They work with individual young people and their families and care staff where both individual and group therapeutic approaches are employed. They also participate in clinical planning and Child in Care review meetings involving various professionals. These can include social workers from local areas, Guardians ad Litem, aftercare services, private and public community, residential and clinical services. In addition, clinically informed individual therapeutic plans are developed for young



people and clinical reports are prepared to inform High Court proceedings. Through the development of the ACTS community service, clinicians stay involved with young people to support their transition out of Special Care units and provide supports in the community when their threshold of need exceeds that which is available in the community.

When allocated to a young person in Special Care, ACTS clinicians may complete the following depending on the needs of the young person:

- Direct therapeutic sessions with the young person or family members;
- Attendance at Child in Care Reviews;
- Completion of Court Reports;
- Presentations/ workshops to special care staff, staff in “follow on” placements and the wider team around the young person;
- Preparation of therapeutic resources for care staff;
- Ongoing liaison with care teams including responses to crises;
- Assessments around various issues including emergency assessments when necessary and subject to resources being available;
- Liaison with professionals who may provide wider systemic supports for the young person e.g. Extern, education etc;
- Completion of clinical reports – detailed reports are often required when young people are moving on;
- Letters to various stakeholders including onward referral letters, etc.;
- Group work with young people or family members;
- Consultancy around programme development with care staff with particular reference to the clinical evidence base.

Special Care Quantitative Data:

In 2014 a total of 83 referrals were made to Special Care services. The social worker for each of these young people was provided with information on ACTS and these young people were all eligible for consideration for multidisciplinary consultation from ACTS. Additionally, the Special Care referrals committee was offered a service whereby they could contact ACTS for consultation around any of these young people if that was felt to be useful.

33 young people were placed in Special Care in 2014. All of these young people were seen by the ACTS team and individual therapeutic plans were completed for each. These plans were all informed by the multidisciplinary clinical team where the clinical needs of all young people were discussed in multidisciplinary contexts to ensure that the broad evidence base for therapeutic intervention was considered in the context of the unique needs of each individual young person.



Special Care Service Initiatives:

The Individual Therapeutic Plan (ITP)

During 2014 ACTS continued to develop nationally agreed templates and procedures around the Individual Therapeutic Plan (ITP). This consists of a therapy plan that identifies prioritised factors for intervention for a specific young person. The factors that form the basis for this tool were identified through a systematic review of a large evidence base around risk. The tool allows clinicians and other professionals to develop individual therapeutic plans to facilitate the coordination and centralisation of all interventions by all partners to support the young person and their network in reducing risk. The ITP supports the therapeutic efforts around the young person in his/her placement in Special Care and it can follow the young person to his/her next placement. The first phase of this pilot was ongoing in 2014. This will be reviewed in 2015.

ACTS Addiction Team guidelines for working with young people with substance misuse issues in residential settings

Building on their experience in secure settings and the community over the past two years, the ACTS addiction team has developed guidelines to assist all professionals working with vulnerable young people to minimise risk around substance misuse. These guidelines were developed in an attempt to provide clarity for professionals who work with young people who present with either problematic alcohol and/or drug issues. These guidelines aim to assist professionals to recognise and integrate protocols specific to problematic substance use into their care practices with young people. Consultation around these guidelines will take place in 2015 with a view to achieving national agreement.

4. Achievements in the Children Detention Schools

ACTS provides clinical services in the Children Detention Schools. ACTS clinicians have trained residential care workers and management staff in the detention schools in the use of an evidence based assessment tool which screens for mental health and clinical needs. Young people are referred for clinical interventions following completion of this tool. Referrals include information from the screening assessment and any other relevant information. The clinical team meets weekly on campus to review these referrals and clinical services are provided based on identified clinical needs. Additionally, ACTS provides training and support around clinical issues to staff in the Children Detention Schools. ACTS also provides reports to the courts when it is clinically appropriate to do so.

When allocated to a young person in a Children Detention School, clinicians may complete the following depending on the needs of the young person:

- Direct therapeutic sessions with the young person or family members;
- Attendance at Child in Care Reviews;

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- Attendance at placement planning meetings;
 - Assessments around various issues including emergency assessments when necessary and subject to resources being available;
 - Completion of Court Reports;
 - Presentations / workshops to residential care staff, staff in “follow on” placements and the wider team around the young person;
 - Preparation of therapeutic resources for residential care staff;
 - Ongoing liaison with care teams including responses to crises;
 - Liaison with professionals who may provide wider systemic supports for the young person e.g. Extern, education, etc.;
 - Completion of clinical reports – detailed reports are often required when young people are moving on;
 - Letters to various stakeholders including onward referral letters, etc.;
 - Group work with young people or family members;
 - Consultancy around programme development with care staff with particular reference to the clinical evidence base.

Children Detention Schools Quantitative Data

When clinical service commenced on campus, it was decided that all young people resident in Children Detention Schools would be screened from a mental health perspective when they were detained. All screening assessments would then be reviewed by the clinical team on the campus.

- There were 146 young people resident in Children Detention Schools throughout 2014.
- Of these, two young people were deemed not to need a screening assessment because they had ongoing involvement with external mental health professionals.
- Five young people did not complete the mental health screen.
- The remaining 139 young people fell into two categories:
 - Some already had involvement with the ACTS team which continued when they were detained in Children Detention Schools;
 - The remainder completed a mental health screen on their admission to the Children Detention Schools and this screen was then reviewed by the clinical team (in the context of other clinical information as appropriate) and services were provided as necessary.

117 young people were allocated to clinicians in 2014. They all received appropriate clinical follow up with a strong focus on intervention. In some cases, this also involved completion of



reports for the court and onward referral. The young people with the highest level of clinical need were prioritised for more intensive interventions. In addition, a number of young people were seen for emergency assessments within 24 hours when their clinical needs were deemed to reach this threshold.

There is currently no waiting list for clinical services in the Children Detention Schools. ACTS are passionate about accessibility. There are no waiting lists in any part of our service. In order to achieve this, decisions have had to be made about how services are provided based on clinical need. ACTS endeavours to direct resources towards the greatest clinical need. The allocation of more resources would allow the team to provide more supports to young people at high levels of need and also to engage in interventions with those at lower thresholds of need which would be protective and preventative. Additionally, the service would like to be in a position to provide further systemic supports to the Children Detention Schools in the form of training and joint group interventions.

5. Achievements in the community

ACTS Community Consultation Model

A single session consultation model has been developed for young people who have been referred to Special Care in the past six months. This model is evidence based and draws on international practice models. The community consult model in ACTS involves a single therapeutic session where young people, parents and professionals attend a therapeutic consultation with members of the team. Up to four ACTS clinicians attend this consultation from various disciplines (therapeutic social work, social care, speech and language therapy, clinical psychology and counsellors with expertise in adolescent substance misuse). This is not a session for the purposes of accessing assessment or ongoing therapy, which should be available within the community, nor is it related to prioritisation for residential placements. The goal for these consultations is to elicit the strengths of the young person and his/her support structures. The aim is to assist people to reframe the difficulties which are currently being experienced and to identify and harness resources. The community consultation model has its foundations in multisystemic models of practice, interagency working and brief solution focused therapy. The strength of these approaches is well documented in the international literature. Additionally, practice based evidence has led to the development and maintenance of this model of intervention with young people.

Referrals from social workers are welcomed where young people have been referred to Special Care. Additionally, referrals are accepted for young people who have previously been placed in secure care (Special Care/ detention). Access to this consultation is through a referral procedure. Following receipt of an ACTS referral form and relevant additional information (including any clinical reports completed in the past 12 months), the team considers all referrals at a weekly multidisciplinary meeting. Following this meeting, referrers are contacted with information as to whether the referral meets the criteria and is accepted by the team for a

single session consultation. The community consultation strives to include the young person, family members and the professionals involved with the young person.

Through this kind of consultation ACTS has sometimes supported very vulnerable young people to remain outside of secure care services.

ACTS Follow On Community Service

In addition to this consultation model, ACTS clinicians frequently see young people in community settings. This is because clinicians continue to support young people when they transition out of secure settings subject to continuous clinical review. ACTS follows all young people when they leave Special Care settings. This can involve workshops for social care staff in follow on placements around the needs and strengths of the young person. It can also involve individual support to the young person / family. ACTS also follows up on all young people who have clinical involvement in detention settings. This may involve onward referral to appropriate community services or ongoing therapeutic work subject to clinical review. The aim of all follow on support is to assist young people to engage with appropriate community services. This support has proved to be invaluable to some young people who are often more vulnerable during transitions than they are during their placements. Decisions on the extent of this support are made dependent on the individual needs of the young person with a view to their best interests and the most effective use of resources which must add value to supports already available in the community.

Community ACTS Quantitative Data

In 2014 a total of 83 referrals were made to Special Care services. The social worker for each of these young people was provided with information on ACTS and these young people were all eligible for consideration for multidisciplinary consultation from ACTS. In addition, young people who had previously been placed in secure care were eligible for referral for community consultation.

Community ACTS Service Initiatives:

In addition to routine clinical intervention in 2014 ACTS was frequently asked to provide systemic support to the wider childcare / mental health system as outlined below:

- ACTS was asked to provide facilitation in a residential unit which was in danger of closing. This was provided by two members of the multidisciplinary team in ACTS and positive feedback was received.
- ACTS was asked to contribute to a review of some care practice in a large residential unit following a negative review by HIQA where concerns were identified that would benefit from a clinical perspective. This work was completed and positive feedback was received.



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- ACTS was asked to facilitate a workshop in a mental health inpatient setting for adolescents. The service was asked to focus on case review and exploring the team dynamics which ensue when professionals work with behavioural challenges. This request followed the movement of a young person to a mental health setting in the UK under the inherent jurisdiction of the High Court. This work was completed and positive feedback was received.
 - ACTS has developed national links with Child and Adolescent Mental health Services (CAMHS) which have been useful in order to achieve joint planning and intervention around young people whose needs span both care and mental health.
 - ACTS has established national links with the National Forensic Mental Health Service which have been useful in order to achieve joint planning and intervention around young people whose needs span both care and forensic mental health.
 - ACTS was asked to complete a post suicide subvention to a unit where a young person died tragically in 2014. This work was completed and positive feedback was received.
 - ACTS was asked to provide facilitation at a multiagency review looking at how the needs of young people in the community are met. This was hosted by the new Tusla Castleblayney Wellbeing Centre. This work was completed and positive feedback was received.
 - ACTS was asked to contribute to strategic planning within Tusla around further development of psychological services within Tusla including generic services and also more specialist services for young people where issues around sexual abuse are to the fore. ACTS have provided a clinical perspective to discussions and plans in this arena.

6. ACTS Training provided in 2014

The service development proposal accepted by the HSE (2010) for ACTS states that clinicians should work closely with care staff to support the therapeutic work of care staff and to provide additional therapeutic interventions as required. Training of social care teams and other professionals around clinical issues is an integral part of ACTS intervention. All ACTS training is provided by practicing clinicians with specialist experience working with young people at high risk. The training draws on this experience and aims to provide practical advice and support that can be integrated into practice.

Training also draws on the evidence base around intervention for young people at high risk. In many cases the training provided is based on the individual needs of a particular young person.

Children Detention Schools: in excess of seven training sessions to staff in the Children Detention Schools, covering issues such as:

- self-harm;
- substance misuse;
- speech, language and communication needs;
- motivational interviewing.



Special Care Units: in excess of 24 training sessions in Special Care Units in 2014 covering issues such as:

- Supporting Transition;
- Vicarious Trauma Dynamics;
- Individual Therapy Plans;
- Speech, Language and Communication;
- Post-suicide subvention;
- Attachment and Engagement;
- Dealing with distress as a result of disclosures;
- Motivational Interviewing;
- Self-Care and Burnout;
- Disorganised Attachment and Implications for Practice.

Foster care: Four workshops on managing disruptive behaviour for foster carers.

Training around the care of an Individual Child/Young Person: in excess of 23 training sessions with staff teams in relation to the specific needs of a young person in care covering:

- Individual Therapy Plans;
- Assessment and formulation;
- Attachment and trauma;
- Neuropsychological implications for care of a young person with acquired brain injury;
- DBT informed approaches;
- Attachment and invalidation issues;
- Sexual offending behaviour;
- Bereavement training;
- Behaviour support plans;
- Motivational interviewing.

Residential care units: in excess of 27 training sessions in residential care units, including:

- Case presentation;
- Attachment, Self Care and Trauma;
- Client formulation prior to a follow on placement;
- Attachment and Implications for Practice;
- Review of Time Away;
- Motivational Interviewing;
- Addiction and Attachment Issues;



- Post suicide subvention;
- Self-harm;
- Stress Management for care staff;
- A Model of Care for Treating Developmental Trauma.

In addition, the ACTS delivered training and seminars to the Applied Masters in Psychology, Trinity College Dublin, University of Limerick, the Irish Association of Social Workers and Social Care Ireland, Peter McVerry Trust and Tusla personnel.

7. What works in ACTS- REVIEW OF 2014

The management team in ACTS was interested to hear from clinicians about what they felt works well in ACTS and what allows them to work creatively in ways that have not been achieved by other clinical services in the Irish context. They responded:

It is multi-disciplinary team working – co-working is not just lip service, there is transdisciplinary work ongoing.

We have freedom to engage – as clinicians we have the ability to be flexible with time and venue with clients.

Care for the carers – we can be ‘responsive to team around the child’.

I can use my clinical judgement - this can take priority and frameworks our ability to be creative.

I can actually meet the client's needs - we can match the need for variable intensity (i.e. need of client changes, increase and decrease of contact) and match the complexity of need (i.e. not being pushed into individual, office based therapy only and deciding when assessment or therapy or systemic working is needed).

I learn from others – perspective taking ability is increasing with co working opportunities.

I am protected because this multidisciplinary team working allows me to make objective (not subjective) decisions, because I am allowed to reflect with colleagues, because this lets me work with the ‘high arousal’/ ‘high anxiety’ young person.

I have a louder voice – it feels like advocacy is possible with colleagues around me.

Support from my manager brings another level of potential (personal) change.



Section 7: Research and Development in 2014

In 2014 a number of ACTS clinicians engaged in research and development including:

- The development of a database for young people and clinical inputs;
- Research on evidence based risk assessment tools;
- Research on evidence based therapeutic interventions for this population;
- Presentations to outside agencies;
- Presentations at various conferences;
- Service user feedback;
- Presentations to colleagues in the Child and Family Agency;
- Engagement with a large number of stakeholders;
- Recruitment and training of assistant psychologists who assist in research and development in ACTS;
- Participation in the selection process and lecturing on the doctorate program in clinical psychology in TCD, UL and UCD;
- Development of a specialist placement for psychologists in training and participation in advanced supervisory training;
- Root cause analyses initiative - engagement in a process of designing and recording significant events relevant to ACTS;
- File audit initiative - standardisation of recording, therapeutic planning and ensuring FOI, data protection compliance.

Section 8: Service plan - Key Priorities for 2015

Considerable work and development is required for the service to reach maturation and to foster a culture of continuous improvement and reflective practice.

Priority 1: to continue to provide a clinical perspective on ongoing clinical service developments within Tusla.

Priority 2: to continue the next phase of the Individual Therapeutic Plan (ITP) development in national Special Care services. Phase 1 to be reviewed and Phase 2 to be initiated in 2015.

Priority 3: to continue to develop the ACTS Addiction Team guidelines for working with young people with substance misuse issues in residential settings. Consultation around these guidelines will take place in 2015 with a view to achieving national agreement.

Priority 4: to continue service developments in the Children Detention Schools. A service development plan will be submitted to Tusla senior management team around the necessary further development of clinical services in the Children Detention schools. At the time that plans were made for clinical services on campus the Children Detention Schools provided for approximately 35 young people. Since that time it has been decided to increase these numbers to approximately 90 places and this will include 16 and 17 year olds who previously were not accommodated in the Children Detention Schools. A significant number of care staff have been recruited to address these increases in numbers. There will need to be corresponding increased WTEs for the clinical team and recommendations around this will be made in early 2015.

Priority 5: to continue to develop an electronic database for ACTS and an electronic file system. This work began in 2014 and is essential to support the work with a population of young people who are very mobile and a team of clinicians who travel to respond to their needs.

Priority 6: to identify and amplify processes useful to the client population, via archival audit, service user feedback (through therapy feedback tools and multi-situational research).

Priority 7: to standardise practice nationally including record keeping, ITPs and mechanisms for information giving / training (i.e. residential unit workshops, community services, professional bodies, etc.)

Priority 8: to promote and maintain peer supervision and reflective spaces within regional, core subteams and national team bases.

Priority 9: to use continuous professional development, internal and external, to strive for excellence in therapeutic and clinical skillbase.

Priority 10: to recruit a third head of discipline and fill other vacancies.

Priority 11: Clinical work in ACTS requires highly developed skills around multidisciplinary and multiagency communication. It also requires the ability to be self directed and autonomous



in daily clinical practice. Future service development will need to take account of this service requirement. Additionally, future development will need to offer scope for career advancement. Unless the service can accommodate this, it is likely to lose highly skilled practitioners to other services where opportunities for career advancement exist. The specialist nature of the work in ACTS means that retention of highly skilled staff is essential to effective practice.

Priority 12: To further delineate and expand quality assurance systems within ACTS and Tusla and integrate research findings around 'what works' with adolescents at high risk.

Priority 13: to continue development and capacity building to allow Tusla therapeutic services to follow recommendation six in the NICE Guidelines for Looked-after Children and Young People 2010. This recommends that the multiagency 'team around the child' should have access to a consultancy service to support collaboration on complex casework. They recommend that the approach taken by this service should be based on the concept of reflective practice and how to manage:

- conflicting views in the team about the best interests and needs of a looked-after child or young person;
- risks to or disruptions of long-term placements;
- patterns of repeated placement breakdown or exclusion from education;
- uncertainty or delays in care planning;
- communication with colleagues, decision making, information sharing and lead responsibilities, ensuring that the needs of the child continue to be prioritised.

Priority 14: flexible practice to support services to continue with and complete therapeutic interventions after the young person reaches the age of 18, when this is necessary, as per recommendations in the NICE Guidelines for Looked-after Children and Young People 2010.



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency