Healthy London Partnership

Healthy London Partnership (HLP) Children and Young People's Mental Health Shared Learning Event

Looked after children and social care presentations:

What works for promoting good mental health for children in care
LAC mental health assessment pilot
LAC personalised health care budgets
Off the Record open access counselling service for unaccompanied asylum seeking children (UASC)

Supported by and delivering for:

Public Health England

NHS

LONDON COUNCILS

SUPPORTED BY MAYOR OF LONDON

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

NSPCC

Mental Health of Looked After Children

EVERY CHILDHOOD IS WORTH FIGHTING FOR

Key Points

- **Safeguarding children to prevent the development of mental health issues**
- **Stability and the impact on mental health**
- **Assisting young Looked After children with mental health issues**
- **The Emotional Wellbeing Project**
- **Infant and Family Teams**

The Achieving Emotional Wellbeing project

Rates of mental health problems among looked after children

Comparison of rates of mental disorder among children in England, Scotland and Wales (Ford et al, 2007)

Category of disorder	Non-disadvantaged children (n = 1253)	Disadvantaged children (n = 761)	Looked After Children (n = 9677)
Any disorder	8.5%	14.6%	46.4%
Anxiety disorders	3.6%	5.5%	11.1%
Post-traumatic stress disorder	0.1%	0.5%	1.9%
Depression	0.9%	1.2%	3.4%
Behavioural disorders	4.3%	9.7%	38.9%
ADHD	1.1%	1.3%	8.7%
Autistic spectrum disorder	0.3%	0.1%	2.6%
Neurodevelopmental disorder	3.3%	4.5%	12.8%
Learning disability	1.3%	1.5%	10.7%

Impact of unmet emotional and mental health needs

- Children with higher SDQ scores when they entered care went on to have a more unstable experience of care (Biehal et al, 2009)
- Higher SDQ scores also associated with poorer engagement in education
- Instability itself exacerbates poor mental health (Rubin, 2007)
- In 2014, approximately 5% of children leaving care in England had 10 or more placements in care history

Impact of unmet emotional and mental health needs

Care leavers' outcomes

Dixon et al (2006): Research with 106 care leavers in first 12-15 months living independently:

- 41% of care leavers experienced increased symptoms of poor mental health, indicating deterioration in well-being
- Care leavers with poor mental health were at greater risk of experiencing homelessness and were twice as likely to have poor employment outcomes

Two central questions

How can we achieve good emotional wellbeing for all children in care?

What would a care system that prioritises children's emotional wellbeing look like?

Achieving emotional wellbeing for looked after children project

18 month system design project in partnership with four councils in England and Wales and their health/ education partners. Aims were to:

- Develop a detailed understanding of the emotional and mental health needs of children in care
- Gather evidence on ‘what works’ in meeting the emotional needs of looked after children
- Identify how these messages from research can be translated into practice
- Identify how local services can improve emotional and mental health support for children in care

The project culminated in a published report, aimed at an audience of policymakers and practitioners (July 2015) www.nspcc.org.uk/wellbeing

Priorities for practice

1. Embed an emphasis on emotional wellbeing throughout the care system

- Make children's emotional wellbeing a clear priority for the care system
- Track individual progress for children in care
- Workforce strategy to develop professionals' knowledge and skills (carers, social workers, teachers, nurses), including training and clinical consultation
- Appoint a lead clinician to coordinate support for children in care
- Local Transformation Plans for CAMHS (led by CCGs) should set out how looked after children's mental health will be supported

Priorities for practice

2. Take a proactive and preventative approach to supporting good emotional wellbeing

- Introduce the right to a specialist mental health assessment for all children entering care, by a qualified mental health professional
- Every child should have a support plan setting out the support they and their carer will receive to keep the placement stable
- Commission a spectrum of integrated mental health and wellbeing services (new funding from Local Transformation Plans should make this possible)
- Offer life story work at all stages of a child's care journey

Priorities for practice

3. Give children and young people voice and influence

- Help children in care to define what ‘good emotional wellbeing’ looks like for them (to be focus of their care plan)
- Make sure children have mechanisms for feeding back on the quality of their care
- Enable children in care to co-design the CAMHS offer
- Consult children in care about service improvement

Priorities for practice

4. Support and sustain children's relationships

- Recognise foster carers as important members of the children's workforce
  - Provide high quality training to ensure they can support emotional wellbeing of children in care
  - Monitor carers' emotional wellbeing and provide them with support and clinical consultation
- Reduce changes in children's key workers
- Support positive relationships between children and their birth families

Infant and Family Teams

Messages from Research

Safeguarding children before care

- Child protection signifies serious underlying relationship issues
- Where significant problems exist, the earlier we intervene the better
- Caregiving relationships need to be observed and understood
- High quality interventions needed- tailored for individual children and families
- Timely, evidenced decision making crucial

Bryce et al 2017

Messages from Research Cont..

- The earlier children are placed in any kind of permanent placement, the more likely that placement is to succeed.

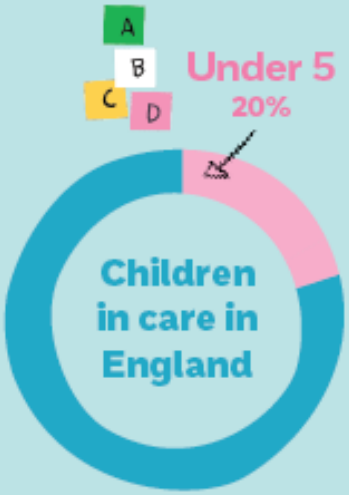
- Measures of well-being tend to be better among children who remain in care compared with apparently similar children who return home.

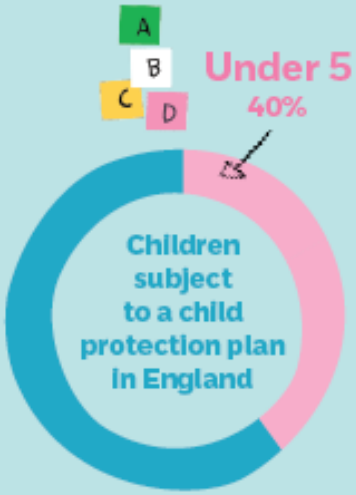
- The 'success rate' of children who do return home is not high: around half return to care.

- Those who return to care do not fare as well as those who have not experienced failed attempts at reunification.

Rees Centre 2014

Why focus on infants?





In England and Wales, babies are seven times more likely to be killed than older children.

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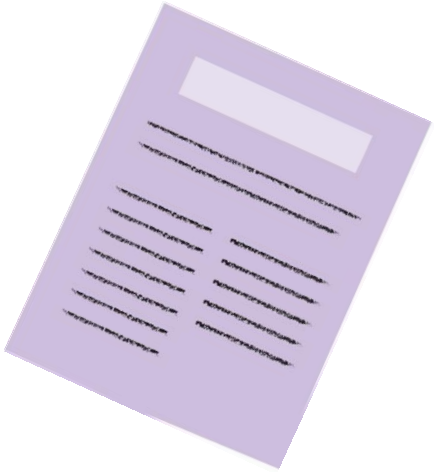
Department for Education (2016) Table A3 in Characteristics of Children in Need, 2014-2015: national tables (XLSX). London: Department for Education

Brandon, M. et al. (2012) New learning from serious case reviews: a two year report for 2009-2011

Office for National Statistics (2015) Focus on violent crime and sexual offences, 2013/14

‘Experiences of stability, of loving attachments and nurturing have an exceptional effect on the recovery of the developing brain.

When infants who have suffered neglect or maltreatment are placed with loving carers, whether family or not, they demonstrate rapid, healthy brain development that is comparable to peers who aren’t in care.’



Rubin, D. M., Alessandrini, E. A., Feudtner, C., Mandell, D. S., Localio, A. R., Hadley, T. (2004), James, S., Landsverk, J., Slymen, D. J., Leslie, L. K. (2004)

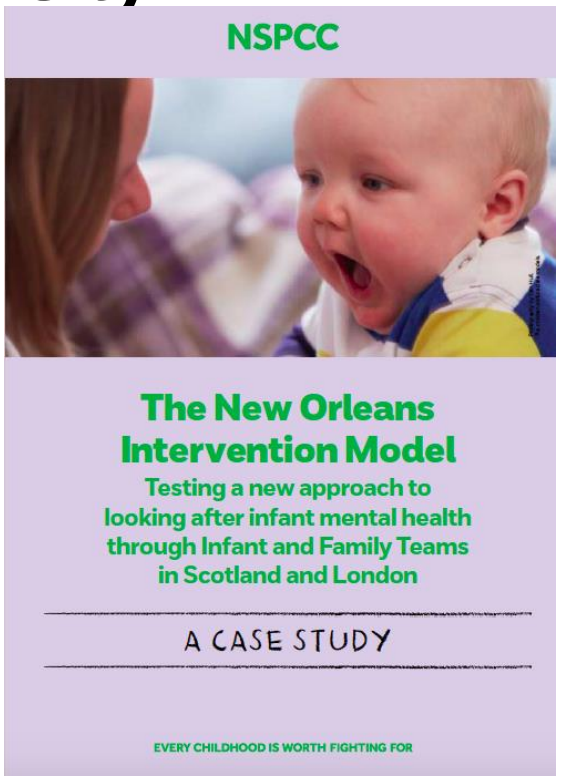
What are Infant & Family Teams?

Origins

A relationship-focused intervention developed and tested by Professor Charles Zeanah at Tulane University

'The complexity of maltreatment in young children must be matched by the comprehensiveness of our efforts to minimise their suffering, reduce their developmental deviations, enhance their development and promote their competence.'

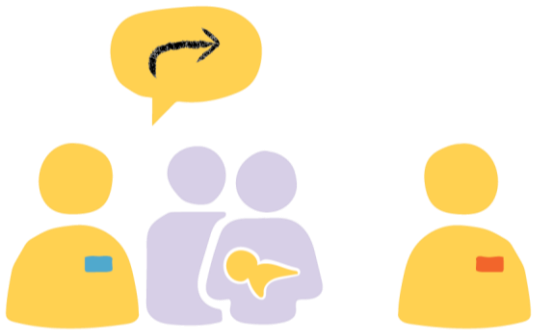
Charles H. Zeanah, Jr, MD, Executive Director, Institute of Infant and Early Childhood Mental Health, Director of Tulane Infant Team



Infant & Family Teams

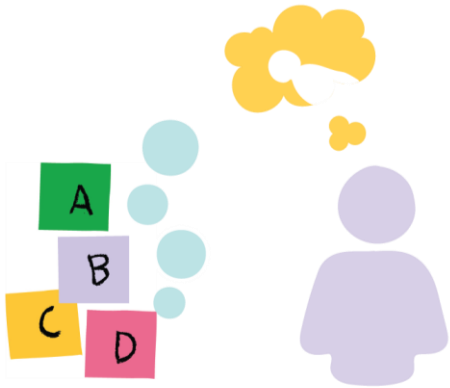
- Teams of social workers, clinical psychologists, psychotherapists and family support workers, led by consultant psychiatrist and psychologist.
- Work with children under 5 who have been abused or neglected and are in foster care, their birth parents, and their foster carers, and with all professionals involved in the child's life.
- Offer a 12 week assessment against a wide range of measures, and 6-12 months of treatment where there is a possibility of a birth parent having the child returned home.
- Offer evidence to local authorities and the family courts to help them make robust and timely decisions about children's permanent care.

Four stages over 9 months



Stage 1

REFERRAL



Stage 2

ASSESSMENT

Stage 3

INITIAL PROFESSIONALS' MEETING AND TREATMENT PLANNING

Stage 4

BESPOKE TREATMENT AND REVIEW

Four services in one

- **Service for children**
  - **Therapeutic support to help them recover**
- **Service for birth parents**
  - **Therapeutic support to prevent repeat maltreatment**
- **Service for foster carers**
  - **Reflective fostering support to ensure stable placements**
- **Service for the family courts**
  - **Expert assessments to ensure robust and timely decision making**

Evidence from New Orleans

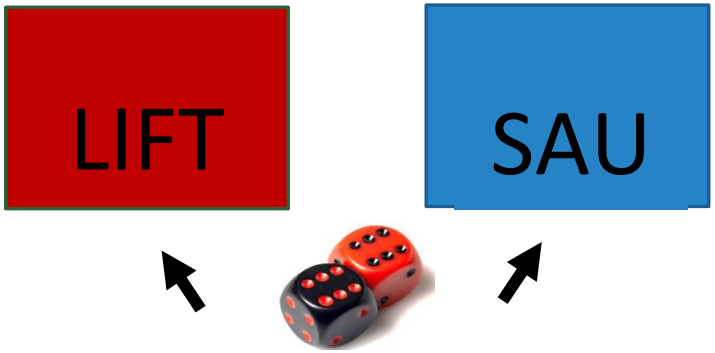
- When children were returned home there was a reduction in subsequent incidents of maltreatment of that child – 68%
- Subsequent children in a household at significantly lower risk of harm irrespective of whether the first child entered care or returned home 75% lower risk
- Children's mental health several years later differed only slightly from the general population, whether they remained in care or were rehabilitated to birth families

The Best Services trial (BeST?)

Research question: What is the best way to improve the mental health and placement stability of pre-school children who have come into foster care because of abuse and/or neglect?

A **randomised controlled trial (RCT) is** used to determine which is more effective

Is an infant mental health model (LIFT) or a social work model – services as usual (SAU) the best?



Implications for policy & practice

- **Transform outcomes for young children in care**
- **Reduce the number of placement breakdowns**
- **Reduce the number of repeat removals from the same family**
- **Provide robust, UK-based research evidence in this area of children's social care, for the first time**
- **Lead to ground-breaking multidisciplinary teams supporting children in care across the UK**

NSPCC

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www.nspcc.org.uk

EVERY CHILDHOOD IS WORTH FIGHTING FOR

July 2019

Improving mental health assessments of children entering care

Healthy London Partnership Conference

Rosie Ellis, Project Manager

Anna Freud
National Centre for
Children and Families

The context

- At 31 March 2018, there were 75,420 looked after children in England, up 4% on 31 March 2017
- No. of children starting to be looked after and the number ceasing to be looked after fell; 32,050 children started to be looked after (down 3% on last year) and 29,860 ceased to be looked after (down 5%)
- Frequent moves can badly affect children. Breakdowns, or unplanned moves, are much less likely in younger children but 'teenage' placements have a 50 per cent chance of breaking down.
- Factors affecting placement stability

  Age of child – on entering care, in relation to specific placement

  Number of prior placements

  Access to sufficient quality placements locally – planned/ unplanned moves

  Carer qualities - relationship to child and framing/understanding of child

  Prior relationship of carer to child – kinship carer vis a via stranger carer

  Access to evidenced training and ongoing support- supervision, quality assurance of the carer

  Access to targeted interventions – address complex needs and targeting systems around the child

  Wider systems – schools etc

SCIE Report Recommendations

- A **virtual mental health lead** (VMHL) to have oversight and ensure all young people in the mental health system are receiving the support they need
- **SDQ supported by a broader range of measures** which could trigger a comprehensive mental health assessment
- Assessments should take account of **whole person and their experiences**, rather than focus solely on presenting symptoms
- **Caregivers should receive support** for their own mental health and wellbeing. Beneficial for the caregiver, reduces negative effects of placement changes for the young person
- A **needs-based model placing the child at the centre of decision-making** and gives children the appropriate level of choice about what services and supports they use. This allows support to be driven by need rather than diagnosis

DfE pilot project – partners involved

Department for Education

Anna Freud National Centre for Children and Families

HOW ACTION FOR CHILDREN WORKS

CORC Child Outcomes Research Consortium

research in practice

SQW

Overview of the project

- Two year project
- Working with nine pilot sites across England
- £650k in additional funding for pilot sites
- Piloting an assessment framework over 12 months; piloting of the new framework to begin July 2019
- Not a rigid framework for implementation – something that is adaptable and works with local systems
- Support from Implementation Consultants, Community of Practice
- Independent evaluation
- Learning conference in autumn 2020

Our desired outcomes

- Pilot areas are able to implement the framework
- There is a coherent formulation (passport) arising from the assessment
- We better understand who is best placed to undertake the assessments and the role of VMHL
- The child or young person feels better understood as a result of the assessment
- The support network around the child or young person better understand them as a result assessment
- There is a better understanding within the system of the mental health and wellbeing needs of children in care
- The system is better able to hold the risk

Overview of the assessment framework

What are the barriers to effective mental health assessments?

- Perceived lack of time
- Lack of training
- Lack of experienced supervision
- Lack of a sense of team
- Lack of confidence in what to ask
- SDQ used poorly so that little information is gained
- No clear plan about follow up or possible forms of support
- Lack of a collaborative approach to identifying problems and forms of support.

Principles of the assessment framework

- Creating a shared language and stance around the young person (mentalizing stance/ Professional APP)
- To better coordinate mental health assessments and support for children in care
- A comprehensive assessment that leads to a coherent narrative
- Creating a shared understanding
- Discussing with the young person and disseminating to key people around them

What constitutes wellbeing?

Provision for **physical needs**, including food and drink, warmth and shelter, clean and adequate clothing

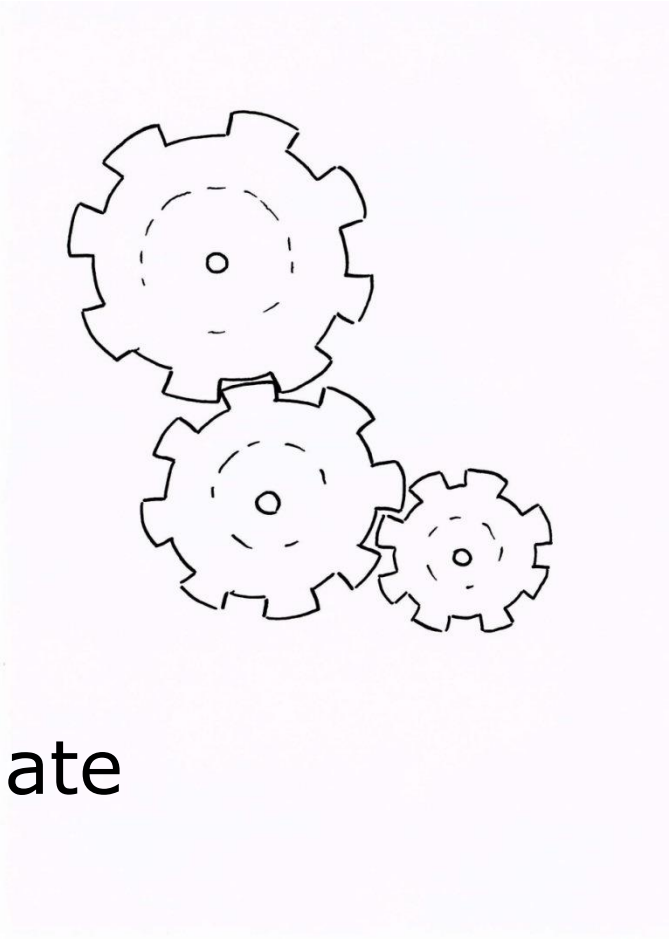
- Feeling **safe and secure**
- Whether children and young people can **go to school** and do the best that they can
- Receipt of **help and encouragement** to be confident, to make friends, to do well at school and to deal with problems and pressures
- **Being able to express yourself**, being given the opportunity to have your say (by adults, such as a parent) and being able to challenge decisions
- **Being listened to**, able to make choices and have your views taken into account
- Having **enough time** to do the things you want to do after school and at the weekend
- **Relationships** with family and relationships with friends

Taking a mentalizing stance: Professional APP - Bringing specific qualities into your interactions with children/carers

Attention and curiosity

Perspective taking

Provide empathy and validate



Reflective practice – the team around the child

Young Advisor/ Expert by Experience

(e.g. someone from In Care Council)

Young person entering care given choice of support from a Young Advisor.

Young Advisor may attend meetings with the young person and support through the assessment process.

Young Advisors should be involved in a constant monitoring and review of the process

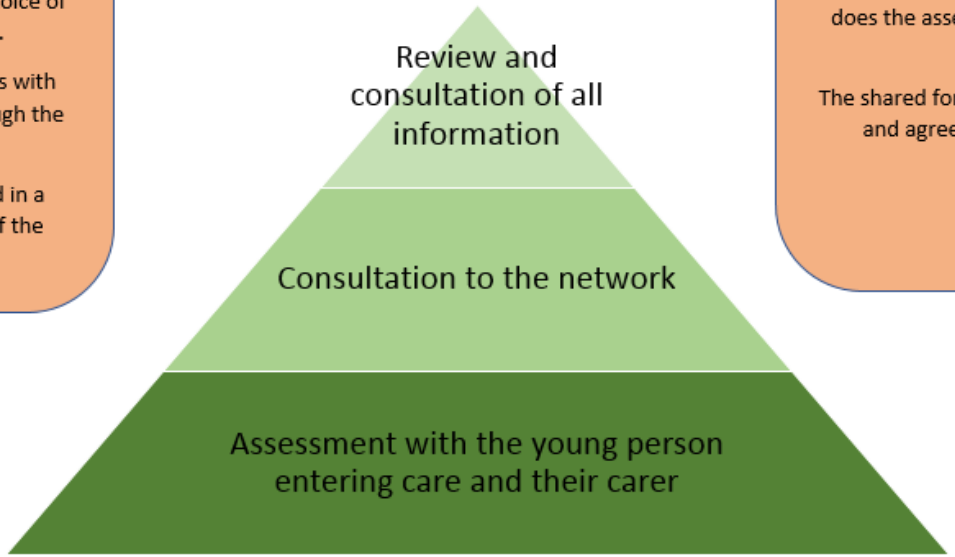
Virtual Mental Health Lead (e.g. IRO, CAMHS)

Consultant/ supervisor/ co-ordinator of the 'shared formulation'

Young person entering care always at the centre of the assessment

They should be given the choice of who does the assessment, where and when as far as possible.

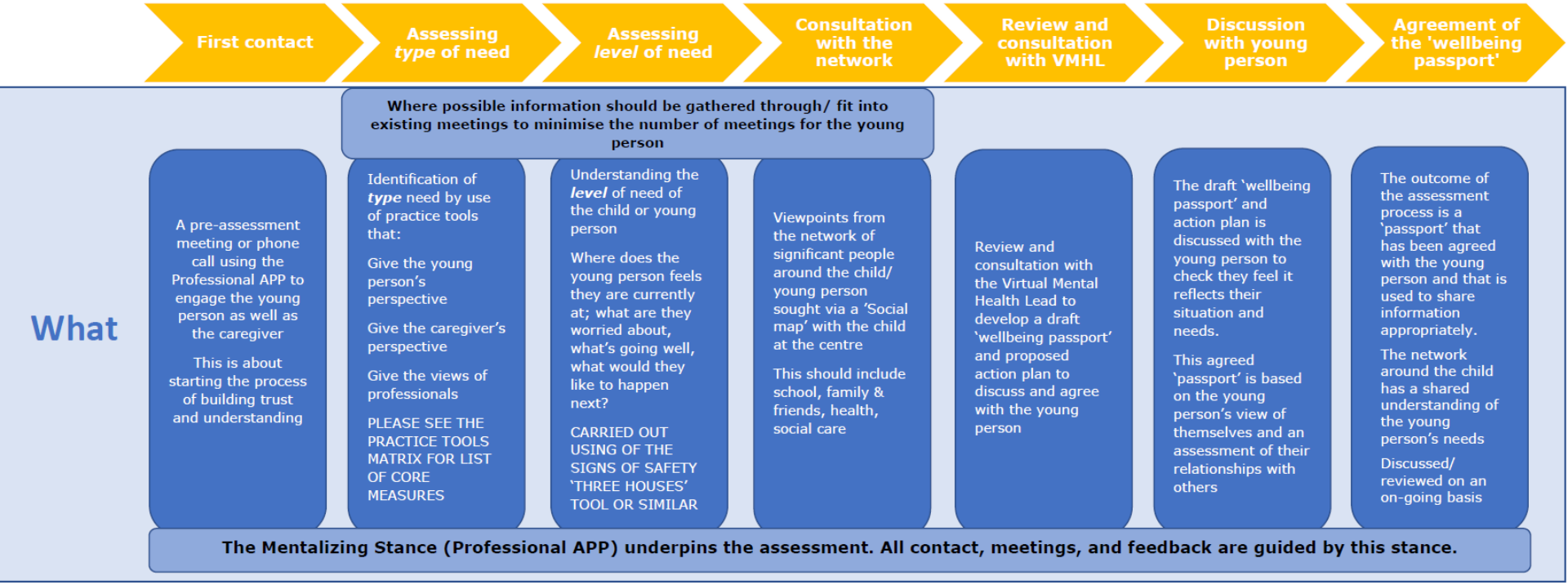
The shared formulation should be discussed and agreed with the young person.



Frontline practitioner (e.g. child's social worker)

Frontline practitioner (e.g. fostering social worker, LAC nurse/ doctor)

The assessment framework



Multiple perspectives are essential

Research on the psychological (i.e. subjective) measures of wellbeing consistently notes the value of including multiple informants, particularly parents (Nakamura *et al.*, 2009).

Key considerations:

- Age-appropriate questions and interview processes.
- Who, in addition to children themselves should inform assessments of wellbeing for children in care.
- For many children in care, particularly those in short term placements, foster carers and residential care workers may not be best placed to comment on their wellbeing.
- Tarren-Sweeney, Hazell and Carr (2004) concluded that where a child is in long-term placement, foster parents or teachers would be well placed to comment on most aspects of their wellbeing.
- These people may still have limited insight into how the child feels. Subjective, self-reported wellbeing measures may offer the opportunity to deepen understanding of a child

Supervision

- In Reflective Practice supervision is not about getting an ‘expert’ opinion on what is ‘really’ going on for the family…
- In Reflective Practice supervision, the focus is on helping the practitioner to restore their capacity to mentalize (It isn’t just families who can lose the capacity…)
- Supervision is designed to create a well-demarcated "safe zone" around a stressful situation, to allow the kind of imaginative activity (which includes mentalizing) required as a basis for deciding on a helpful course of action- **SPACE TO THINK.**
- ‘**Thinking together**’ is one model to support such activity…

✓Tasks for Supervision

- *Less* offering expert knowledge about what is “really going on” for your family
- *More* helping the practitioner regain/sustain their own mentalizing in the face of predictable challenges

Thank you!

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Our Patron: Her Royal Highness The Duchess of Cambridge

Universal Personalised Care Looked After Children Demonstrator Project

July 2019

Liza Jarvis – Senior Programme Manager Personalised Care – Children and Young People

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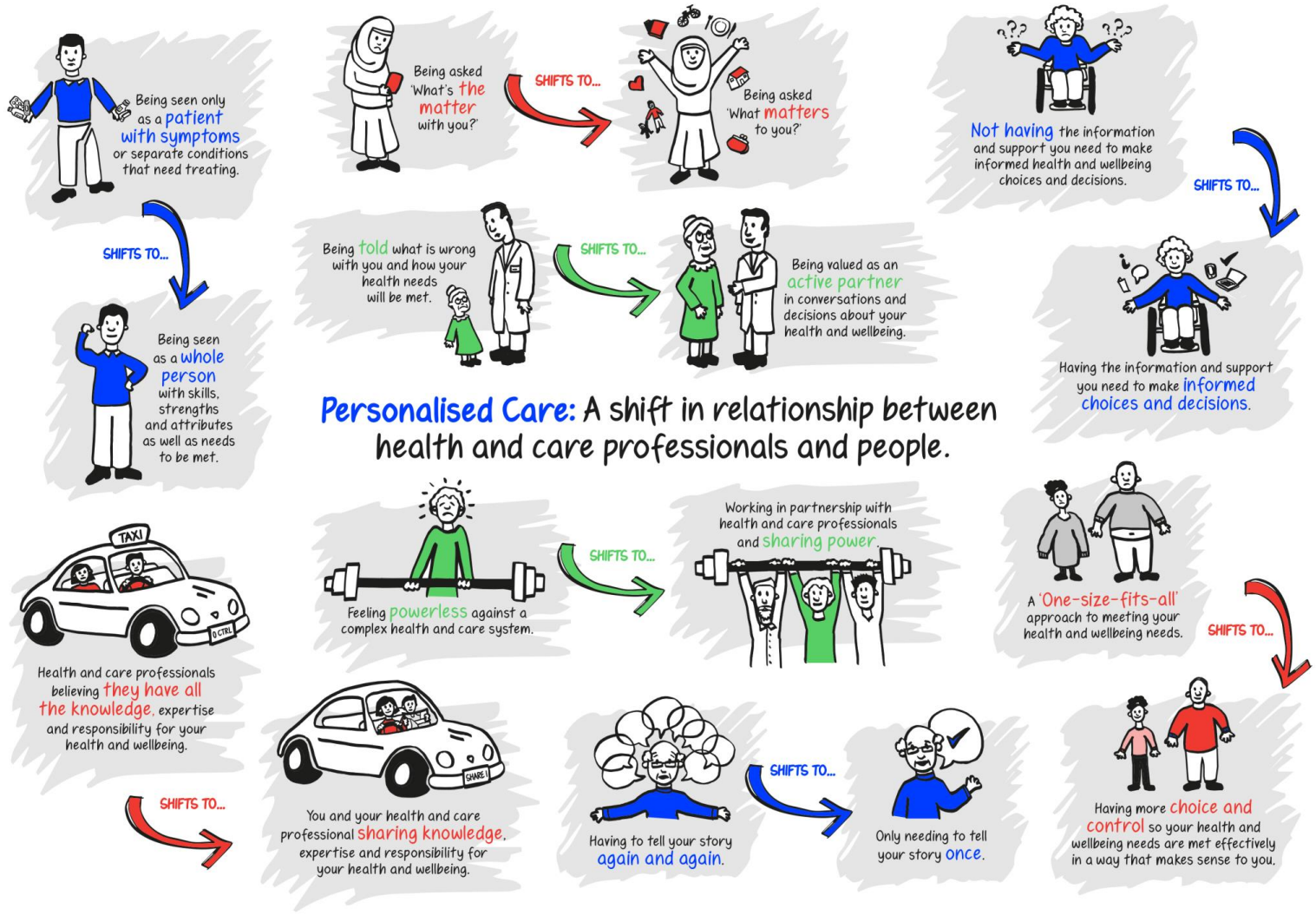
NHS England and NHS Improvement

What is Personalised Care?

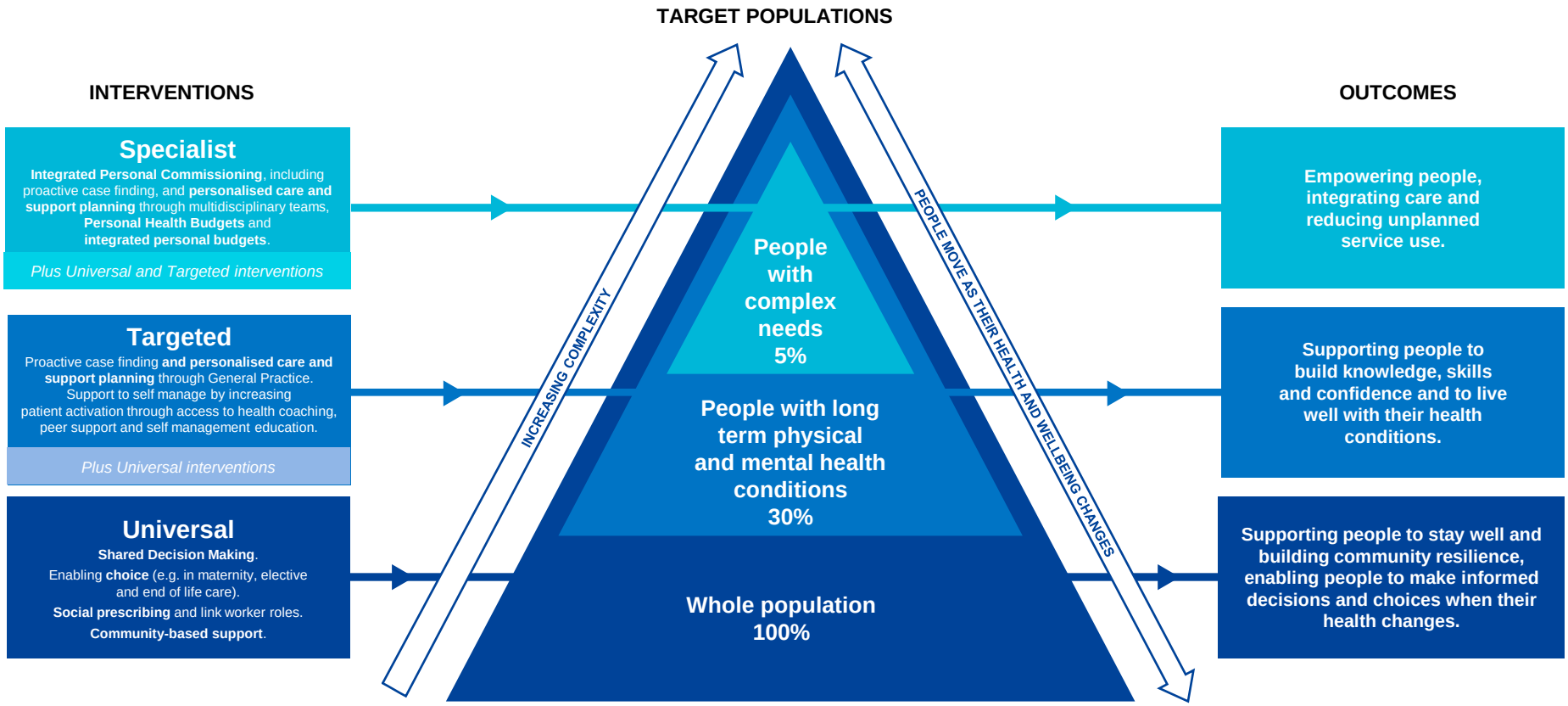
- **Personalised Care can benefit everyone** - from people with chronic illness and complex needs to those managing long term conditions and those with mental health issues or struggling with social issues which affect their health and wellbeing.
- **It helps them make decisions about managing their health** so they can live the life they want to live based on what matters to them, working alongside clinical information from the professionals who support them.
- **This is in response to a one-size-fits-all health and care system** that simply cannot meet the increasing complexity of people's needs and expectations.
- **Evidence shows that people will have better experiences and improved health** and wellbeing if they can actively shape their care and support.

What Personalised Care means to me



Comprehensive Model for Personalised Care

All age, whole population approach to Personalised Care



NHS Long Term Plan: other commitments that depend on Personalised Care

- Significant commitments to support care quality and outcomes, including applying the Comprehensive Model of Personalised Care to **end of life care** (para 1.42), **dementia** (para 1.20) and **cancer** (para 3.64)
- Enabling more personalised care and choice and control for people with **learning disabilities**, **autism or both** (para 3.34), **children and young people** (para 3.47), and **people with mental health conditions** (para 3.106)
- Personalised Care and support planning approaches in **maternity** (para 3.13), **CVD** (para 3.70) and to support people to manage their condition in **work** (appendix on health and work)
- Expand supported self-management for people with **long-term conditions** (para 2.2), including **diabetes** (paras 3.79, 5.13), **respiratory disease** (para 3.85) and **MSK conditions** (para 3.107)
- Community pharmacies will also promote and support self-management for people (para 1.10)
- In addition to the above, personalised care is:
- Recognised as enabling the shift to **digital** and vice versa (para 5.8-5.9)
- Recognised as a practical enabler of **integration** (para 1.58)
- To be supported and enabled through the **revised QOF** (para 1.11)

Looked After Children Demonstrator Project

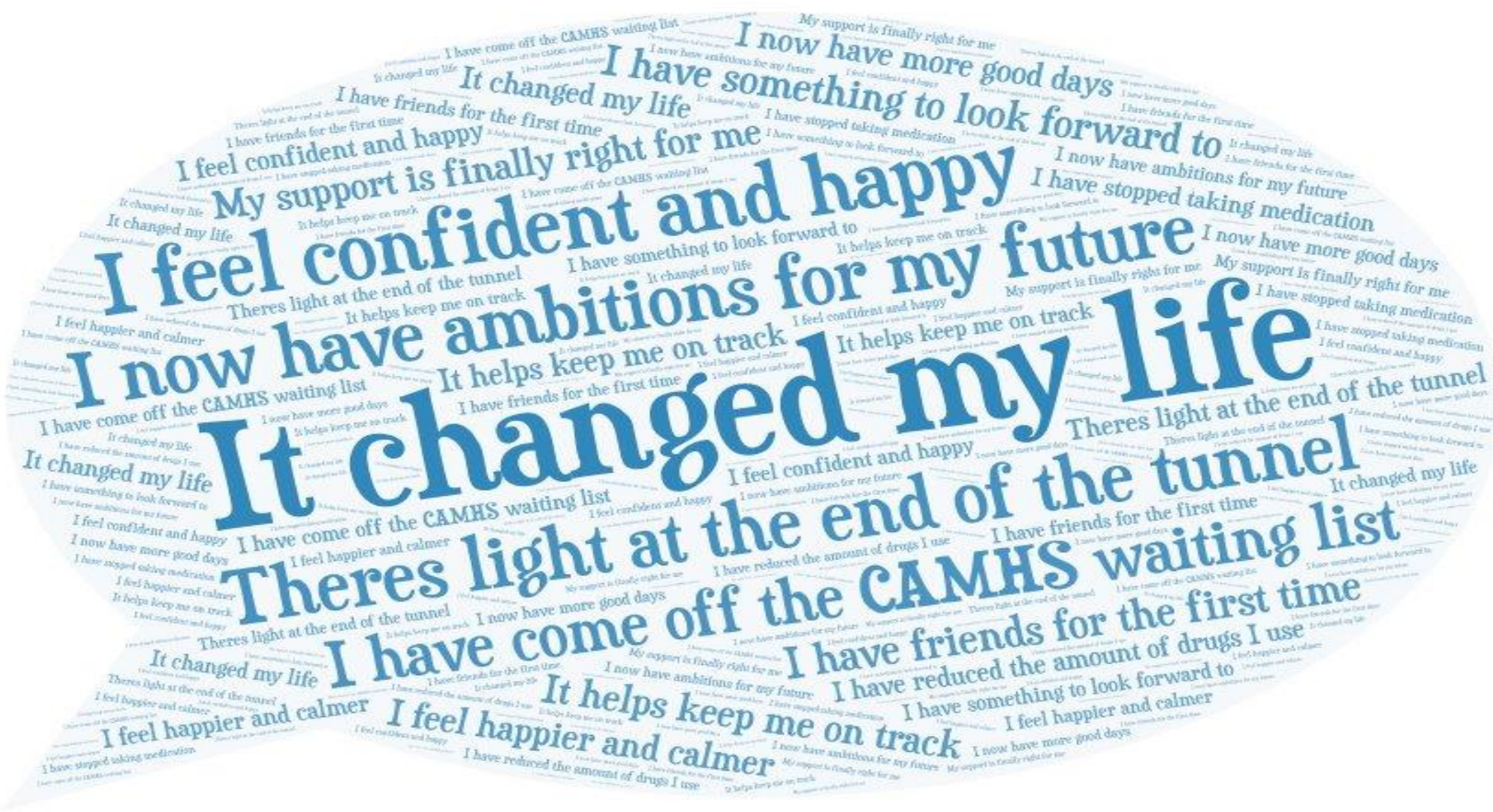
- **7 sites took part including;**
  - Devon
  - Bristol
  - Gloucestershire
  - Islington
  - Nottingham
  - Sheffield
  - Birmingham
- **The cohort included:**
  - looked after children;
  - children adopted from care,
  - care leavers;
  - children that have left care through special guardianship, arrangement orders;
  - unaccompanied asylum seeking children.
- **The project has supported over 800 young people with indicative budgets and over 700 had PHB's**
- **Workforce development – at least 250 multi-agency staff have been trained in Different Conversation**s

Looked After Children Pilot Project - Key Learning

- Understand that the different conversation and building relationships are the focus
- Listen to young people and let them have choice and control – give them credit for knowing themselves better than you think
- This process works with all ages of young people and has from aged 5 up to aged 25.
- Be creative, help young people to think outside of the box and try something different, formalised and traditional therapy won't always work and often young people have to wait a long time to access i
- Keep it simple – do not over complicated or create bureaucracy, have simple paperwork and processes and governance that meet the needs of personalised care but that are proportionate to delivery
- Involve CYP in developing tools, materials and processes and review things with them throughout
- Embedding the project needs time at the start - get all stakeholders on board – foster carers, SW's, professionals AND young people
- Tap into local providers to access local opportunities, some of which may be free – this may mean you don't need a budget
- Young people are finding creative 'good value' ways to support and improve their mental health. Average budgets have been £500-£1000.

Impact – some outcomes for young people involved

- Avoidance of admission to a Tier 4 provision
- Cessation of the use of medication for depression and anxiety
- Coming off the CAMHS waiting list and finding a long-term alternative to supporting mental health needs
- Finally managing mental health needs after being a long-term refuser of services
- Reduction in self-harming behaviour
- Improved placement stability and avoidance of residential placements:
- Improvement of agoraphobic behaviour and reduction of isolation:
- Over 80% of young people have told us they feel empowered through greater choice and control, this increases confidence, self-esteem and helps elevate young people's mood, supporting better mental health
- Reduction in substance abuse and raised aspirations as a result of improved mental health:
- Better able to engage with traditional services:
- Improved Sleep and reduction in anxiety
- Unaccompanied Asylum Seeking Children are able to gain support for very complex mental health issues



It changed my life
Theres light at the end of the tunnel
I have come off the CAMHS waiting list
I feel confident and happy
I now have ambitions for my future
I have something to look forward to
I now have more good days
My support is finally right for me
It helps keep me on track
I feel happier and calmer
I have friends for the first time
I have reduced the amount of drugs I use
I have stopped taking medication

What Next?

- Identifying how we share the learning from the project and scale up the offer
- New Children and Young Peoples Personalised Care Virtual Network
- CAMHS Development Programme

Counselling Service for Refugees, Asylum Seekers and Forced Migrants

Karen Stott, Director
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Steph Hernandez, UASC Manager
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- Our refugee service is a specialist mental health service for refugees, asylum seekers and forced migrants aged between 11 to 25.
- It is a part of Off The Record Youth Counselling which has 25 years experience of providing support services to Croydon young people.
- The refugee service is delivered within Croydon schools/ colleges and at our office in Croydon.
- We provide specialist individual counselling, group support and training for professionals.

Refugee Service Model

- Time limited counselling- 24 weeks maximum counselling sessions
- Referrals by professionals and self referral
- Initial contract of 6 weeks psycho-education
- Assessment conducted soon after referral
- Allocation to waiting list following assessment
- Eligibility criteria: low to medium risk psychological distress such as depression, anxiety/stress, some/low risk presentations of PTSD, loss or bereavement, sleep problems, transition or adjustment and isolation.

Refugee Service Model

- For many of our clients this is a first experience of counselling. We have developed a culturally sensitive and flexible approach.
- Interpreters
- Acknowledge the complexity of statutory and legal situation
- Religious observance
- Referral and Sign posting to:
- Young Roots (including Thursdays Group)
- British Red Cross
- Play for Progress
- South London Refugee Association
- Refugee Council

New Referrals

In 6 months – 1st Jan to 30th June	
Social Services	17
Educational Establishments	5
Other Voluntary Organisation	10
Foster Carer	3
Key workers	9
GP	2
Self Referral	4

Client Demography

Gender

- 83% Male
- 16% Female

Age

- 73% under 18 – mostly all are unaccompanied minors

Nationalities

- Afghanistan – 27%
- Eritrea – 5%
- Ethiopia – 5%
- Vietnam – 3%
- Albanian – 19%
- Sudan -5%
- Iran – 5%
- Other – 13%

Issues Explored in Counselling

Often occurring alongside each other, in order of frequency:
Anxiety, Panic Attacks, Stress, Anger, sleep difficulties, Flashbacks, Self harm, Suicidal thoughts/ actions, Intrusive Thoughts, Home Office matters/Refused leave to remain
Loss or bereavement, Depression, Isolation, Nightmares,
Cultural Issues/Identity, School related issues,
Difficulties with peer relationships, Housing issues, Legal Issues, Self-Esteem
Age-disputed, Difficulties with family, Fear of persecution,
Difficulties with carers, Financial difficulties, Transition, Victim of violence and trafficking, Discrimination

Waiting Time	Treatment Time
Assessment 46% are seen within 8 weeks from referral	**Clients Ended** 50% of clients are seen for less than 3 months
82% are seen within 12 weeks from referral	37% of clients are seen between 3 and 12 months
Treatment	12% of clients are seen for more than 12 months
15% are seen within 2 weeks of assessment	**On going clients**
89% are seen within 4 weeks of assessment	21% of clients are seen for less than 3 months
	43% of clients are seen between 3 and 12 months
80% of Clients assessed are accepted for counselling	35% of clients are seen for more than 12 months

CORE - 10

Site ID

letters only | numbers only

Client ID

Therapist ID | numbers only (1) | numbers only (2)

Sub codes

Date form given (D D / M M / Y Y Y Y)

Age

Male ☐ Female ☐

Stage Completed

S Screening
R Referral
A Assessment
F First Therapy Session
P Pre-therapy (unspecified)
D During Therapy
L Last Therapy Session
X Follow up 1
Y Follow up 2

Stage

Episode

IMPORTANT – PLEASE READ THIS FIRST

This form has 10 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week

		Not at all	Only Occasionally	Sometimes	Often	Most or all the time
1	I have felt tense, anxious or nervous	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2	I have felt I have someone to turn to for support when needed	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
3	I have felt able to cope when things go wrong	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
4	Talking to people has felt too much for me	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5	I have felt panic or terror	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6	I made plans to end my life	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7	I have had difficulty getting to sleep or staying asleep	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8	I have felt despairing or hopeless	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9	I have felt unhappy	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
10	Unwanted images or memories have been distressing me	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Total (Clinical Score*) ☐

* **Procedure**: Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.

Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

Supported by www.coreims.co.uk

OFF THE RECORD
CELEBRATING 25 years

كمباس خدمه الاستشارية لشباب من عمر ١١ الى ٢٥ عاماً. الذين جاءوا من بلدانهم لطلب الجوء او لديهم حق الجوء . اوجاءوا رغم رضاءهم الى هنا.

Compass ofron shërbime këshillimi për të rinj të moshës 11-25 vjec, të cilët kanë ardhur në këtë vend si refugjatë, azilkërkues ose janë detyruar me force kundër dëshirës së tyre

COMPASS

TALK TO US OFF THE RECORD

Compass is a counselling service for young people (ages between 11-25) who have come to this country as refugees, asylum seekers or were forced to come against their will.

الأمور نحن نقوم بها:

الأمور نحن نقوم بها: المستشار يستمع لك و يساعدك كي تتكلم في موضع عواطفك و تجاربك.

الكلام مع المستشار تساعد على معرفت العواطف و إدارة القلق .

نحن نساعدكم على تعرف الموظفين الذين يساعدكم في مشاكل العملي التي تقابلون في حياكم اليوميه

أمور نحن لا نقوم بها:

المستشار لم يأمركم على فعل اي امر.

نحن لا نتحدث مع اي واحد غيرك في ما قلت او تحدثت.

نحن لا نستطيع ان نعطيك الدواء.

نحن لا نستطيع ان نقدم المشوره في الأمور القانونيه.

اذا كنت ترغب في الخدمات المشوري، او أردت كي تكن لديك مزيد من المعلومات تواصل معنا على الرقم التالي: 020 8251 0251 على و ا compass@offtherecordcroydon.org

في حالتين نحن نتحدث في ما تكلمنا معك مع الموظفين، اذا انت او شخص غيرك في الخطر، او اذا انت طلبت منا كي نتحدث عنك مع الموظفين.

ARABIC

CFARË NE OFROJMË:

Këshilluesi do t'iu dëgjojë ju dhe do t'iu ndihmojë të flisni përreth ndjenjave dhe eksperiencave tuaja

Të folurit me një këshillues mund t'iu ndihmojë ju të manaxhoni / përmbani emocionet dhe shqetësimet tuaja

Ne gjithasthu mund t'iu ndihmojmë ju të gjeni ekspertë profesionist të tjerë që të mund t'iu ndihmojnë të zgjidhni problemet praktike me të cilat mund të përballeni

CFARË NE NUK BËJMË:

Këshilluesi nuk do t'iu thotë ju cfarë të bëni

Ne nuk I tregojmë dikujt tjetër cfarë ju na tregoni ne *

Ne nuk japim mjekim

Ne nuk japim këshillim ligjor

Nëse ju jeni I interesuar në këshillim ose dëshëroni të mësoni më shumë përreth këtij shërbimi iu lutem na kontaktoni në 02082510251 or compass@offtherecordcroydon.org

* Ne do të flasim me ekspertë të tjerë vetëm në rast se jeta juaj apo dikujt tjetër është në rrezik , ose ju na e kërkoni një gjë të tillë.

ALBANIAN

WHAT WE DO:

The counsellor will listen to you and help you talk about your feelings and experiences.

Talking to a counsellor can help you to understand and manage your emotions and worries.

We can also help you find other professionals that can help with practical issues you might have.

WHAT WE DON'T DO:

The counsellor won't tell you what to do.
We don't tell anyone else what you tell us.*
We can't give you medication.
We can't give you legal advice.

If you are interested in counselling or just want to know more about the service please contact us on: 020 8251 0251 or compass@offtherecordcroydon.org

*We will only talk to other professionals if you or someone else is at risk or if you ask us to.

ENGLISH

OFF THE RECORD

CELEBRATING 25 years

POST-TRAUMATIC STRESS DISORDER (PTSD)

COMPASS TALK TO US OFF THE RECORD

Some people experience very difficult situations in life and find it very overwhelming. We call it trauma. Trauma can continue to impact feelings, thoughts and sensations long after they happened. If this is stopping you to carry on with your life you might be suffering from PTSD.

HOW DO YOU KNOW IF YOU HAVE PTSD?

- Sleeping difficulties.
- Nightmares connected to the trauma.

- Always being prepared for something negative to happen.

- Often thinking about the trauma and other memories even when you don't want to.
- Feeling that you are to blame for the trauma incident.

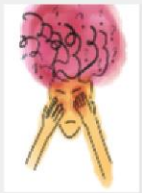
- Problems in concentration.
- Feeling low of energy and demotivated.

- Often having thoughts that are negative about yourself or the world. (I am bad; or Everywhere is dangerous)

- Not feeling pleasure in activities that you used to enjoy.

- Being more irritable and aggressive.
- Doing things that are dangerous to yourself.

- Sometimes forgetting where you are, or thinking you are back at the traumatic place, or feeling that you are out of your body.



HOW CAN WE HELP?

If you think you have PTSD the good news is that it is a treatable condition. Even though it might difficult to see a counsellor and talk about the trauma, it will help you to process the difficult experience and give you coping strategies so that it doesn't impact on your everyday life.

Illustrations by Renato Camilo & Clarice Holt

SLEEPING DIFFICULTIES

COMPASS TALK TO US OFF THE RECORD

Good sleep is very important for a healthy body and a healthy mind.

If we feel worried or scared, it's more likely that we will find it difficult to fall asleep or stay asleep.

Talking to a counsellor might help you to manage your worries and fear in a different way.

OTHER THINGS THAT CAN HELP ARE:

- Relaxation/Breathing Exercises – Try to take deep breaths, making sure that you exhale (blow out) more than you inhale (breath in).
- Having a routine – sleeping, waking up, eating, showering at the same time. Your body will get used to it.
- Make sure that the room is dark, comfortable and quiet.
- Regular exercise but not too close to bed time.

THINGS THAT DON'T HELP:

- Napping during the day
- Drinking caffeinated drinks and alcohol – Redbull, Lucozade, Coke, Coffee, Tea
- Using devices in bed
- Staying in bed even if you can't fall asleep. It's better to get up, try to do something relaxing (reading, having a camomile tea, breathing exercises, then trying again).

If you have any question about this leaflet, is interested in counselling or just wants to know more about the service please contact us on 020 8251 0251 or compass@offtherecordcroydon.org

Illustrations by Renato Camilo & Clarice Holt

OFF THE RECORD
CELEBRATING 25 years