

Kent and Medway Designated Keyworker Early Adopter Programme

Case Stories



Please check the Guidance when completing this form

<p>Where is the Keyworking service located?</p>	<p>Kent and Medway Designated Keyworker Early Adopter Programme</p>
<p>Give a short description of the child/young person/family</p> <ul style="list-style-type: none"> • Details about historical/ current issues the child/young person is facing. • Any recent or historical diagnoses. 	<ul style="list-style-type: none"> • Male 15 years old. Living with parents and younger sibling. Both have ASC. • Home schooled since Year 7 which worked well alongside several community activities • Not previously known to social care or CAMHS • Struggled during lockdown and experienced bullying from local peers • Became withdrawn, low mood, delusional thoughts, voices, aggressive behaviour towards parents, self-injurious incidents, threats to end life/jump from buildings, absconding, substance intake and numerous visits to A&E • Following admission to A&E for self-inflicted cutting and threats to jump from local building, young person was assessed by Crisis Team and psychiatric consultant. No acute mental illness was diagnosed. • Remained on acute ward. Parents exhausted and concerned about his safety following discharge. • MH assessment determined that the young person's continued detention would be detrimental and restrictive.
<p>What were the challenges/ barriers that needed to be addressed? (Maximum 200 words – bullet points will suffice)</p> <ul style="list-style-type: none"> • For example, family relationships, blockages to accessing relevant services etc. 	<ul style="list-style-type: none"> • Main blockage was there were no services on board at point of crisis and young person was fixated on Tier 4 admission as being his only solution. • A respite/stepdown provision from acute hospital to allow for a period of assessment/stabilisation and carer/parent break was not available/commissioned. • Young person was discharged with 2:1 24hr support. Although this provision seemed very restrictive, it was necessary at the time for safety reasons. This immediate support was provided off contract/framework and was high cost.

<p>What services are involved in the child/young person's care and their different roles?</p>	<p>None prior to acute admission. Intervention from the Designated Keyworker induced the involvement of the following providers:</p> <ul style="list-style-type: none"> • Crisis Team • CAMHS • Social Care • Education
<p>What did the Keyworker do? <i>(Maximum 200 words – bullet points will suffice)</i></p> <p>Please refer to the Guidance document before completing this section.</p>	<ul style="list-style-type: none"> • Pulled the network together to explore discharge pathway from acute ward which provided both support and safety for young person and family. This included short- and longer-term planning options. • Engagement from provider collaborative and for Crisis Team to meet with young person and family, provide detail of inpatient services and the rationale for him not being referred on. Adjustments made to suite of information - tailoring information to young person's cognitive level • Enabled social care assessment and input from CAMHS to facilitate young person's understanding of ASC diagnosis • Introduced parents/carers to organisations where people with lived experience could provide support. • Identified need for benefit maximisation • Arranged parents/carers assessment • Organised weekly network meetings post-discharge to monitor progress.
<p>What has been the outcome for the child/young person and their family? <i>(Maximum 200 words - bullet points will suffice)</i></p> <p>Please refer the Guidance document before completing this section.</p>	<ul style="list-style-type: none"> • PBS consultancy engagement – provision of intense formulation assessment within the home, including support for sibling. Production of behavioural support plan and strategies to manage behaviour and suicidal ideations • DSR funding made available for young person to access skateboarding lessons • Utilised support package for re-engagement with activities young person enjoyed before lockdown • Application for EHCP at local resource centre (young person's former home tutor) with support from SENCO • Gradual withdrawal of support – staffing down from 2:1 to 1:1; support during daytime reduced significantly; support during the night time remained as the parents were most concerned about his safety at night. Young person received 10 weeks support in total. • Enrolled on college course starting in September • Remained on CIN plan initially for network monitoring and support to family

What has been the impact for other services?	Avoided inpatient admission.
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