Appendix 4

Outcomes used by CAMHS for children and young people in care

HONOSCA

The HONOSCA was created by Gowers et al (1999). HONOSCA is an acronym which stands for "Health of the Nation Outcome Scales for Children and Adolescents". This outcome can be used in conjunction with a practitioner, with children aged 5-18 and can be self-administered by young people from 13-18 years of age. The HONOSCA is comprised of 15 questions which are rated on a Likert scale of 0-4. The first 13 questions explore the different problems a young person may be experiencing and the final two questions explore the young person (their carer or clinicians) awareness of their difficulties and the services available. This outcome has been demonstrated to hold good reliability and validity (Gowers et al, 2002 and Pirkis et al., 2005) and can be used pre and post treatment. The HONOSCA is not always the best outcome measure to use for looked after children. It is therefore important to have a formulation of the presenting issues to inform the decision of choice when choosing the relevant outcome measure.

Strength and Difficulty Questionnaire

The SDQ was created by (Goodman et al 1997/2010). The SDQ letters represent the longer title of this outcome measure which is "The Strengths and Difficulties Questionnaire." The SDQ can be used with young people aged 3-17, a SDQ is available for use by the parent, teacher and clinician. When the young person reaches 11 a separate SDQ can also be completed by the young person up to the age of 16. There are also separate questionnaires which are available to measure the level of strengths and difficulties the young people have prior to treatment and following treatment. The SDQ is comprised of 25 questions, rated on a likert scale scored 1-4. The 5 areas the measure explores include: emotional symptoms, conduct problems, hyper activity/inattention, peer relationship problems and pro social behaviour. The SDQ has been indicated when using as a screening tool as has been shown to be able to predict psychiatric disorders due to its "good specificity" and "moderate sensitivity" (Goodman et al, 2000). Hence again this outcome measure does not necessarily always measure the needs of looked after children if their primary presentation is attachment.

BERRI

The BERRI is used by Wolverhampton CAMHS team as an outcome, in addition to the SDQ and HONOSCA to look at the child's wellbeing, prior and following the intervention. The BERRI is a: "Checklist to explore behaviour, Emotional wellbeing, Relationships, Risk and Indicators of Psychological distress in Children and Young people." The Berri was developed by Dr Miriam Silver (Consultant Clinical Psychologist).

The BERRI measures five areas: Behaviour, Emotional Wellbeing, Risk (to self and others), Relationships and Indicators (of Psychiatric of Neurodevelopmental conditions). In addition to mental health being measured, the BERRI also as discussed measures risk, relationships and behaviour. These are key areas due to their complex presentation and needs resulting from their attachment difficulties leading to issues in

these particular areas, but not necessarily additional mental health issues. Thus by using this outcome the area not measured by other tools can be captured and monitored, which can indicate whether the intervention used is reducing areas such as risk, improving relationships and thus potentially demonstrating that the child is becoming more securely attached. Further, this outcome suits a bio social model rather than bio medical outcome measures (such as HONOSCA) which have shown to not be a good measure to implement with looked after children (British Association for Adoption and Fostering, 2008).

As can be seen from the information discussed above these outcomes explore a number of areas of the young people's difficulty but do not record the carers outcomes. This is crucial in working with children and young people in care. To ensure placements do not break down and there is continued stability for the young person the carers need to feel able to provide care for the young people. Therefore to capture the carer's wellbeing and their relationship with the child, the following outcome measure is used pre and post intervention.

PSI-4

The PSI-4 is the shortened name provided to the Parenting Stress Index (Version 4). The PSI-4 was developed by Abidin (1983). The purpose of the parenting stress index is to measure the amount of stress in the parent and child's system. The three areas of stress measured by this outcome are the: child characteristic, parent characteristic and external situational stress surrounding both the child and carer. There are two forms of the PSI the short and long form. The short PSI- 4 is used by the Wolverhampton CAMHS Looked after children's team and is comprised of 36 questions (Abidin, 2012). The tool has been shown to be both a valid and reliable outcome in the measurement of parent (carer) stress in the three areas discussed (Abidin, 2012).

We are starting to implement these measures from immediate effect and therefore intend to report the outcome of these in next year's report.