

**Quality Network for Inpatient CAMHS Annual Forum**  
**#QNICForum26**

**Trauma Informed Practice in Children and Young People's Mental Health Services**  
**Monday 8 June 2026, Royal College of Psychiatrists**

09.30-10.00	<b>Registration and Refreshments</b>	
	<b>Chairs Welcome</b>	
10.00 – 10.10	<i>Laurie van Niekerk, Consultant Child and Adolescent Psychiatrist, Cygnet Healthcare, QNIC Advisory Group Chair; Afeefa Ali, QNIC Patient Representative</i>	
	<b>Quality Network for Inpatient CAMHS Project Update</b>	
10.10 – 10.30	<i>Leyla Ury, QNIC Programme Manager, Lucy Anderson, QNIC Deputy Programme Manager; Lara Lucic, QNIC Deputy Programme Manager; Peter Chang, QNIC-ROSE Project Officer</i>	
	<b>Parents as Partners: Viewing Family Involvement Through a Trauma-Informed Lens in CAMHS Inpatient Care</b>	
10.30-11.15	<i>Lucy Morley, Lead Family Ambassador, Ali Murtagh, Family Ambassador, Katherine O'Hara, Parent/Carer Expert by Experience, Helen Hobbs, Parent/Carer Expert by Experience, Kate Déaud, Parent/Carer Expert by Experience, Andrew Thomson, Parent/Carer Expert by Experience, Southern Counties Tier 4 CAMHS Provider Collaborative, Sussex Partnership NHS Foundation Trust</i>	
11.15-11.30	<b>Break</b>	
	<b>Dialling 999 - Life Saving Restrictive Practice?</b> <i>Andrew Gordon, Head of Mental Health, South East Coast Ambulance Service (SECAmb)</i>	<b>Empowering Voices: Co-Producing Collaborative Clinical Notes with Young People in Inpatient CAMHS</b> <i>Rea Cardwell, Senior Clinical Psychologist, Anakha Menon, Assistant Psychologist, Aaron Barton-Wells, Senior Support Worker, Gardener Unit, Prestwich Hospital, Greater Manchester Mental Health NHS Trust</i>
11.30-12.15		
	<b>Transforming Children's Mental Health: a National Perspective</b>	
12.15-13.00	<i>Professor Prathiba Chitsabesan, National Clinical Director for Children and Young People's Mental Health (NHS England), Consultant Child and Adolescent Psychiatrist (Pennine Care NHS Foundation Trust)</i>	
13.00-13.45	<b>Lunch</b>	
	<b>Developing a Multi-Agency, Trauma-Informed Approach for our Children and Young People</b> <i>Dr Alison Wallis, Consultant Clinical Psychologist, Hampshire and Isle of Wight Healthcare NHS Foundation Trust, Amelie Knight, Expert by Experience</i>	<b>How does the new model for CAMHS Intensive Services support Trauma-Informed Practice?</b> <i>Jamie-Leigh Dakin, Quality Lead, Cygnet Hospital Sheffield, Fabiana Manetta, Positive and Safe Lead, Jessie Quirk, Young Person with Lived Experience with contributions from Emma and John Quirk</i>
13.45-14.30		
	<b>Learning from a Positive Deviant and Exploring the Boundaries of Co-Design: Investigating a Reduction in Naso-Gastric Tube Feeding under Restraint and Co-Designing Dining Room Support in a Specialist Eating Disorder Inpatient Unit</b> <i>Helen West, THIS Institute Clinical PhD Fellow at King's College London and Highly Specialist Eating Disorder Dietitian, Brighton and Hove Clinic, Elysium Healthcare; Dr Oli Williams, Lecturer in Co-designing Healthcare Interventions, King's College London</i>	<b>The Effect of Physical Exercise Therapy in Reducing Restrictive Practice in a Children and Young People Low Secure Unit</b> <i>Iryna Rund, Associate Specialist in CAMHS, Elysium Healthcare; Dr Carolina Schneider, Consultant Psychiatrist and Medical Director of Potters Bar CYMHS Low Secure Unit, Elysium Healthcare</i>
14.30-15.15		
15.15-15.30	<b>Break</b>	
	<b>Framework for Integrated Care - Complexity, Collaboration, Compassion</b> <i>Andrew Nichols-Clarke, Head of Health and Justice Children's Programme, NHS England</i>	<b>From Stabilisation to Learning: A Trauma-Informed Framework to Rebuild Educational Engagement in Children and Young People's Mental Health Services</b> <i>Lauren Preece, Teacher, Jade Ward, Brooklands Hospital, Coventry and Warwickshire NHS Trust</i>
15.30-16.15		
	<b>Close &amp; Evaluation</b>	
16.15-16.30	<i>Laurie van Niekerk, QNIC Advisory Group Chair; Afeefa Ali, QNIC Patient Representative</i>	
16.30	<b>Drinks Reception</b>	

## **Parents as Partners: Viewing Family Involvement Through a Trauma-Informed Lens in CAMHS Inpatient Care**

In this presentation, **Lucy Morley** (Lead Family Ambassador, Southern Counties Tier 4 CAMHS Provider Collaborative, Sussex Partnership NHS Foundation Trust); and an **Expert by Experience Panel** will be presenting on trauma-informed family involvement in Tier 4 CAMHS inpatient services.

For many parents and carers, the admission of a child to a Tier 4 CAMHS inpatient unit is one of the most frightening and disorientating experiences they will face. Families often describe feeling overwhelmed, excluded from decision-making, or unsure how to support their child within an unfamiliar system. While trauma-informed practice is widely discussed in relation to young people, the emotional impact of admission on parents and carers is often less visible. Viewing family involvement through a trauma-informed lens is therefore critical if services are to create truly therapeutic environments for young people and their families.

Within the Southern Counties Provider Collaborative, the Family Ambassador programme works alongside parent/carer Experts by Experience (EbEs) to embed lived experience into service development and quality improvement. Through structured engagement sessions with families whose children have experienced inpatient care, the programme explored what meaningful family involvement should look like in practice. Parents highlighted several key priorities: improving communication with families, recognising the needs of neurodivergent young people and their families, and ensuring appropriate support for siblings. Across all discussions, kindness, empathy and partnership were identified as essential foundations for trauma-informed family engagement.

This work led to the development of the Family Involvement Project, a series of co-produced initiatives designed to support inpatient staff to strengthen partnerships with families. These initiatives include lived-experience-informed training for staff, feedback on family information materials, and peer-led resources designed to prepare families for admission. One example is a co-produced peer support video created by parent/carer Experts by Experience, offering reflections and practical insight for families approaching inpatient care.

This presentation will explore how co-production with parent/carer Experts by Experience can support services to embed trauma-informed approaches to family involvement. It will share learning from the Family Involvement Project, highlight practical innovations developed with families, and reflect on how staff culture, communication and service environments can evolve when families are viewed not simply as visitors to inpatient services, but as partners in their child's care. Parent/carer Experts by Experience will also share reflections on how lived experience can help create more compassionate, collaborative and trauma-informed inpatient services.

## **Dialling 999 - Life Saving Restrictive Practice?**

In this presentation, **Andrew Gordon** (Head of Mental Health, South East Coast Ambulance Service) will explore the challenges, risks and ethical considerations of involving emergency services when a young person is experiencing a mental health crisis. He will examine how dialling 999 can set in motion responses that may either save a life or cause unintended harm, and will invite participants to reflect on emergency service involvement as a potential form of restrictive practice. The session will conclude with practical steps that organisations can take to improve emergency responses and support safer, more compassionate crisis care for children and young people.

## **Empowering Voices: Co-Producing Collaborative Clinical Notes with Young People in Inpatient CAMHS**

This presentation introduces a co-produced, collaborative approach to clinical note taking within inpatient CAMHS settings, designed to strengthen young people's involvement in their care and ensure their perspectives are accurately represented in clinical documentation. The project emerged from a young person's observation that elements important to them were not always reflected in their notes, prompting a wider redesign of documentation practices.

Young people were involved at every stage of the co production process, contributing to the structure, language, and content of the notes, as well as decisions about how and when the approach should be used. Their input shaped how staff introduced the tool and how young people's contributions were incorporated into the clinical record, ensuring the final approach reflected young people's priorities rather than professional assumptions.

Grounded in trauma informed principles, the model emphasises choice, transparency, and empowerment. Young people decide when and how to contribute, with the note writing process made visible and collaborative. A clear and predictable structure supports emotional safety and helps young people understand how their words are recorded.

Early feedback highlights improved engagement, stronger therapeutic relationships, and a greater sense of respect and ownership. This project demonstrates how co production and trauma informed practice can meaningfully shift power, giving young people a direct role in shaping the documentation that influences their care

**Rea Caldwell**, Senior Clinical Psychologist, Gardener Unit, Prestwich Hospital, Greater Manchester Mental Health NHS Trust

**Anakha Menon**, Assistant Psychologist, Inpatient CAMHS Junction 17 & Gardener Unit, Prestwich Hospital, Greater Manchester Mental Health NHS Trust

**Aaron Barton-Wells**, Senior Support Worker, Gardener Unit, Prestwich Hospital, Greater Manchester Mental Health NHS Trust

## **Transforming Children's Mental Health: a National Perspective**

In this presentation, **Professor Prathiba Chitsabesan** (National Clinical Director for Children and Young People's Mental Health, NHS England, and Consultant Child and Adolescent Psychiatrist, Pennine Care NHS Foundation Trust) will provide an overview of the children and young people's mental health landscape in England. The session will highlight progress that has been made, alongside the key challenges that remain. Professor Chitsabesan will describe current transformation work underway and outline opportunities for innovation, including developments within neighborhood health and inpatient services.

## **Developing a Multi-Agency, Trauma-Informed Approach for our Children and Young People**

In this presentation, **Dr Alison Wallis** (Consultant Clinical Psychologist, Hampshire and Isle of Wight Healthcare NHS Foundation Trust), alongside **Amelie Knight** (Expert by Experience) will describe how the Hampshire and Isle of Wight system has worked over several years to better understand where existing services have been unable to meet the needs of a small group of young people. These are young people whose lives have been significantly impacted by trauma, affecting their ability to sustain healthy relationships, maintain good mental health, access education consistently, and experience a sense of safety within their home environments. Many

of these young people are supported by multiple agencies, each working to make change across different areas of their lives.

Agencies across Hampshire and the Isle of Wight came together to explore how trauma affects the accessibility and effectiveness of services for these young people. This work identified the need for a dedicated role to bring together experience, expertise and system leadership, in order to understand what could or should be done differently and to support the development of a new service offer.

The presentation will outline a service designed to better support children and young people who are at risk of losing their homes, whether living with parents, foster carers or in residential settings. These young people often have needs spanning both social care and health services and may express psychological distress through behaviours that place themselves and/or others at significant risk of harm. It has been identified that the service is most effective when professional networks are drawn together proactively, outside periods of crisis.

From the outset, the principles and values of the service have shaped the offer. Equal attention has been given to understanding the lived experiences of children and young people, as well as the experiences of professionals working across agencies.

The service offer aims to:

- Develop a shared understanding of the impact of trauma and recognise how experiences can support or detract from psychological wellbeing and the use of healthy coping strategies
- Promote collaborative, strength-based conversations that acknowledge and share risk
- Support the use of a shared, accessible formulation of a young person's needs that can be understood by the young person themselves and used consistently across agencies
- Ensure children, young people, families and professionals understand what actions are being taken, why they are happening, and how they contribute to a single, shared plan
- Promote psychological safety for professionals and systems working across agencies

This way of working enables the service to come alongside young people, their parents and carers, and the professional networks supporting them, fostering safety, collaboration and more effective support.

### **How does the new model for CAMHS Intensive Services support Trauma-Informed Practice?**

In this presentation, **Jamie-Leigh Dakin** (Quality Lead, Cygnet Hospital Sheffield), **Fabiana Manetta** (Positive and Safe Lead, Cygnet Hospital Sheffield), and **Jessie Quirk**, a young person with lived experience, will present on the pilot of a new model of care at Cygnet Hospital Sheffield. This model involves a move away from distinct CAMHS PICU and Low Secure Unit (LSU) pathways towards a single intensive support admission. The presentation will share findings from the six-month evaluation of the service, including learning from the transition period.

The session will focus on how the new model has impacted the use of restrictive practices, including physical restraint, seclusion and rapid tranquilisation.

Jamie-Leigh Dakin and Fabiana Manetta will evaluate how the model has supported trauma-informed practice through the development of a trauma-informed environment, more consistent therapeutic relationships, and the reduction of rejection and uncertainty associated

with the PICU-to-LSU referral process. Jessie will be speaking about his lived experience including the challenges around transition and how services can improve this experience for young people. The presentation will also include examples of good practice, highlighting projects that have enhanced co-production and supported staff wellbeing.

Barriers within the wider system, along with limitations of the new model, will also be explored, with contributions, reflections and suggestions from the audience welcomed.

### **Learning from a Positive Deviant and Exploring the Boundaries of Co-Design: Investigating a Reduction in Naso-Gastric Tube Feeding under Restraint and Co-Designing Dining Room Support in a Specialist Eating Disorder Inpatient Unit**

In this presentation, **Helen West** (THIS Institute Clinical PhD Fellow, King's College London, and Highly Specialist Eating Disorder Dietitian, Brighton and Hove Clinic, Elysium Healthcare) and **Dr Oli Williams** (Lecturer in Co-designing Healthcare Interventions, King's College London) will present their doctoral research exploring efforts to reduce nasogastric tube (NGT) feeding under restraint within a CAMHS inpatient eating disorder unit.

The doctoral research project developed from an on-site quality improvement initiative at a 16-bed CAMHS inpatient eating disorder unit, where staff had raised concerns about potential iatrogenic harm associated with the routine use of NGT feeding under restraint. In response, the unit revised its feeding policy to better align with dietetic best-practice guidance. Implemented in June 2021, this change led to a substantial reduction in NGT feeding under restraint, from a pre-intervention monthly high of 56 incidences to just two incidences within six months.

While early quantitative data demonstrated a significant reduction in restrictive practice, the wider impacts of this change were not fully understood. Questions remained regarding effects on other key inpatient outcomes, including weight gain, length of stay and incidents of self-harm. This doctoral study therefore comprises two linked projects.

The first project uses mixed methods, drawing on quantitative data from service and patient records alongside qualitative data from ethnographic observation and interviews, to examine how the policy change affected both patients and staff. The findings were then used collaboratively with staff to co-develop local guidelines designed to support replicable and scalable improvement and to address gaps in existing guidance.

The second project focuses on the related issue of dining room support. Staff highlighted that reducing restrained feeding requires effective alternative approaches to ensure inpatients are supported to meet their nutritional needs. In response, staff and researchers have co-designed new guidance for dining room support in collaboration with parents and carers, current inpatients, and former inpatients who are progressing well in their recovery.

### **The Effect of Physical Exercise Therapy in Reducing Restrictive Practice in a Children and Young People Low Secure Unit**

In this presentation, **Iryna Rund** (Associate Specialist in CAMHS, Elysium Healthcare) and **Dr Carolina Schneider** (Consultant Psychiatrist and Medical Director, Potters Bar CYPMHS Low Secure Unit, Elysium Healthcare) will present on the use of physical exercise therapy to support mental health, wellbeing and reduce restrictive practices within a CYPMHS Low Secure setting.

Potters Bar Clinic CYPMHS Low Secure Unit currently supports 16 young people who have experienced significant trauma and works in collaboration with an external physical exercise therapy provider, Psychesoma. Psychesoma operates across two CYPMHS Low Secure wards,

delivering group and individual sessions for young people with mental health needs, including autism spectrum condition and learning disability. The sessions aim to improve mood, wellbeing, physical health, overall functioning and engagement with care plans, while also reducing incidents and the use of restrictive practices, including rapid tranquilisation, restraint and holds.

The positive impact of physical activity on mental health and wellbeing is well established, yet individuals with mental health conditions experience significant physical health inequalities compared with the general population. Adolescents in inpatient psychiatric settings are particularly vulnerable to poor physical health outcomes, and inpatient environments can exacerbate these risks. Physical health interventions that increase activity levels have demonstrated benefits for both mental and physical wellbeing across inpatient and outpatient populations.

The study presented focuses on a sample of 20 service users under the age of 18, detained under Section 3 of the Mental Health Act (1983, amended 2007), with diagnoses of complex trauma and comorbidities, residing on a CYPMHS Low Secure Ward. Participants engaged in physical exercise therapy sessions involving a range of sports activities delivered at varying intensities. The Subjective Exercise Experience Scale was completed before and after sessions to assess changes across three domains: positive wellbeing, psychological distress and fatigue.

Findings indicate that young people experienced increased positive wellbeing and reductions in psychological distress and fatigue immediately following physical exercise therapy sessions. The presentation will consider the implications of these findings, highlighting the importance of understanding the interactions between physical activity, mental health and recovery. This understanding is critical for developing targeted interventions that promote sustainable exercise engagement, enhance mental health outcomes and contribute to a reduction in the use of restrictive practices.

### **Framework for Integrated Care - Complexity, Collaboration, Compassion**

In this presentation, **Andrew Nichols-Clarke** (Head of Health and Justice Children's Programme, NHS England) will present on the delivery and learning from the Framework for Integrated Care (Community). The Framework is underpinned by six core principles that promote trauma-informed, psychologically led and formulation-driven support for children and young people with complex needs.

The presentation will outline the six principles of the Framework:

- Every Interaction Matters – fostering consistent, trusting relationships with children, young people and families, and between practitioners, leaders and organisations
- Trauma-informed, not trauma-organised – a commitment to developing and sustaining trauma-responsive organisations and practices that reduce the negative impacts of trauma on children and young people, as well as on the individuals and systems supporting them
- Integrating perspectives, enabling collaboration and co-production – embracing multiple perspectives to support effective collaboration and co-production of services
- Front-line practitioners as key facilitators of change – recognising the critical role of front-line practitioners, such as youth workers, foster carers, support workers, teachers and coaches, and the relationships they build with children and young people
- Understanding behaviour in context – developing a shared understanding of behaviour and need through formulation, grounded in a child or young person's life story and wider context

- The Rule of 167 – focusing on positively influencing day-to-day experiences and relationships between children and young people, the people around them, and their environments, rather than relying solely on specialist or 1:1 interventions

There are currently eleven Vanguard sites across England implementing the Framework and its principles. These Vanguards bring together health, education, social care and youth justice services around children and young people with complex needs, ensuring families and carers receive the right support earlier and are not required to navigate multiple systems alone.

Learning from the Framework highlights that many children with complex needs are not helped by standard approaches in isolation. Evidence from the Vanguards demonstrates that trust, time and stable relationships are key enablers of progress for children, families and the services supporting them. Working in this integrated and collaborative way is already improving outcomes for children and strengthening support for staff working in demanding roles. Building on this learning, a proposal for an enhanced Vanguard model has been developed and will be discussed.

### **From Stabilisation to Learning: A Trauma-Informed Framework to Rebuild Educational Engagement in Children and Young People's Mental Health Services**

In this presentation, **Lauren Preece** (Teacher, Jade Ward, Brooklands Hospital, Coventry and Warwickshire NHS Trust) will present a structured trauma-informed educational framework developed within a specialist inpatient setting to support children and young people to move from dysregulation and educational trauma towards readiness to learn.

Children and young people admitted to mental health services frequently have disrupted educational histories, including experiences of exclusion, unmet special educational needs, relational breakdown in school settings, and anxiety linked to academic expectations. For some, school has become a source of trauma. Reintroducing education without first addressing safety and emotional regulation risks reinforcing avoidance, distress and disengagement.

The presentation will outline a trauma-informed framework developed within a learning disability and autism inpatient service, with principles that are transferable across mainstream CAMHS units, day services and community provision. The framework is grounded in the premise that regulation precedes engagement, and engagement precedes learning. Educational access is conceptualised as a staged, non-linear pathway comprising stabilisation, engagement and learning readiness.

Each stage is defined by observable indicators and supported by practical strategies that prioritise safety, predictability, relational consistency and autonomy. Stabilisation focuses on physiological comfort, emotional regulation and relational security. Engagement centres on rebuilding trust in adults, tolerating shared spaces and developing curiosity through low-demand, success-oriented activities. Learning readiness emerges when young people demonstrate increased autonomy, sustained attention and a willingness to participate in structured tasks.

The model integrates multidisciplinary assessment, including mental health functioning within educational contexts, social communication, developmental profiles and academic baselines. Progress is monitored ipsatively, measuring change against each young person's own starting point rather than against normative expectations. This approach reduces pressure, minimises the risk of retraumatisation and supports proportionate challenge.

Pacing is a central theme throughout the framework. Rushed expectations can escalate distress and reinforce negative self-concept. Through repeated observation, consistent relationships and graded exposure to demand, young people are supported to rebuild trust in educational environments. The approach also promotes least restrictive practice by reducing behavioural escalation and supporting autonomy through structured choice.

Case examples will demonstrate how young people who initially rejected educational environments were supported over time to tolerate, engage with and participate in learning. The session will offer practical strategies that can be adapted across inpatient and community settings, positioning education not only as an academic intervention, but as a therapeutic process that restores agency, confidence and access to opportunity.