


Corporate Parenting Board

Children in Care CAMHS Report

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Executive Summary for Children and Young People in Care CAMHS Report

The Child and Adolescent Mental Health Service (CAMHS) Children and Young People in Care (CYPiC) team provides a therapeutic service to those whom may be either in care and/or adopted and present with mental health difficulties. Typically, these children will have suffered considerable trauma and will present as being insecurely attached. Some will have their own resilience and will find other protective factors in the new systems around them. However, some CYPiC will require specialist intervention.

In recognition of this, Wolverhampton CAMHS, in conjunction with the Local Authority, Social Services and Education Department, have resolved to provide a quality service to this cohort and those adopted.

The CAMHS provides an integrated and consistent approach to CYPiC by placing the child at the centre of care provided. If a child is already working with a clinician prior to going into care this will continue following placement rather than allocation to a new clinician.

The service is able to access specialist medical expertise, systemic family psychotherapy, and the neurodevelopmental assessment clinic when it is needed. Alongside this service wide support for CYPiC, there is some limited therapeutic capacity provided by a small number of clinicians, who have some of their time dedicated exclusively to this cohort.. These clinicians have received specialist training in approaches that are evidence based for the highly complex needs of these children. They are therapeutic approaches that are often recommended in court reports and are costly to provide in the private sector. They are not routinely available by many CAMHS or the core CAMHS team.

Preface

The Black Country Healthcare NHS Foundation Trust migrated over to a new information system last year. However, the way that CYPiC were identified did not successfully transfer and this consequently means that the data for this population is not yet valid. We are therefore not able to report on quantitative data. This is being rectified by our business intelligence colleagues to support future data collection and is currently being piloted. This report will therefore focus on what have been challenges, what is working well and plans for the future. The report will cover the period July 2021 to August 2022.

1.0) Children in Care CAMHS Team - Staffing

Wolverhampton CAMHS are not commissioned to provide a separate CYPiC service but, recognising the vulnerability of this cohort of young people the service has developed a small, dedicated provision with a workforce with specialist expertise. Historically this team has consisted of 2.2 full time multi-disciplinary workforce members; clinical leadership by the Consultant psychologist and managed by the CAMHS Wolverhampton Service Manager.

Due to maternity leave and a secondment and recruitment difficulties in backfilling short term posts most of the year consisted of 1.0 whole time equivalent. The team continued to offer assessments within 4 to 6 weeks which is well within the 18 week national KPI for

access and waiting times. Unfortunately, some children were placed on a waiting list for intervention. The two posts have now been released for recruitment and so the team will be back to full capacity. There has also been further financial investment to recruit two more posts. We have recruited an art psychotherapist and a child psychotherapist who join the team in January.

Fig 1: Children in Care CAMHS Team

WTE	Professional Title
0.40	Consultant Psychologist - Lead (CYPiC)
0.6	Specialist Therapeutic Social Worker (CYPiC)
0.5	Senior Clinical Psychologist (CYPiC) – Seconded – Notice given - Post out to advert
0.5	Senior Counselling Psychologist (CYPiC) – Maternity leave –Notice given Post out to advert
0.5	Art Psychotherapist (CiC) – Joined service May 2022
1.0	Child Psychotherapist (CIC) – Joins service January 2023

2.) Referral and Pathway through CAMHS:

See Appendix I

Wolverhampton CAMHS CYPiC team receive referrals for children in care living in Wolverhampton. These will be children under the care of Wolverhampton City Local Authority as well as children under the care of many other local authorities who have placed their children in Wolverhampton. Wolverhampton house a significant number of private children’s homes and as such Wolverhampton CAMHS receive a high number of referrals for out of City children.

The referral process to the CAMHS CYPiC Team has remained the same. The only change is we have combined the two referral forms that are required for CYPiC to quicken the process and make it easier for Social Workers.

The process always starts with a professional’s meetings. This is because there are always a number of professionals in the network around a child in care who hold lots of valuable information. CAMHS need to gather as much information as possible to understand the child and develop a good working formulation to inform an appropriate intervention. The child/young person is not invited to this meeting because sharing their information can often be painful and professionals may feel limited in how open they can be. However, the voice of the CYP is equally important, and a ‘Voice of the Child’ meeting also takes place where we meet with them to gather their information, what they would like to happen and how they would like it to happen.

When both meetings have taken place all information is taken to the CAMHS CYPiC teams multi-professionals meeting to think carefully about what would be a most helpful way forward and what therapeutic intervention would be most appropriate. Once this has been agreed the child/young person is allocated or placed on the waiting list (if there is no room on anyone's caseload). The number of sessions are driven by clinical need and these will continue until the goals on an agreed care plan are met.

3). What CAMHS CYPiC Offer to Children, Young People, Carers and Families and Professional's

➤ Direct Therapeutic Work

Direct therapeutic work involves the following according to the needs of the child:

- Child on their own
- Child and carer together
- Carer on their own
- A worker to see the child and another to see the carer

The clinicians in Wolverhampton CAMHS CYPiC are highly skilled and trained in evidence based approaches for working with CYPiC e.g. Theraplay, Dyadic Developmental Psychotherapy, Cognitive Behaviour Therapy, Dialectic Behaviour Therapy, Mindfulness Eye Movement Desensitisation Reprocessing, Trauma Focussed Cognitive Behaviour Therapy and others. This is not the case in all CAMHS teams and in many areas these pieces of specialised work have to be commissioned out.

Clinical interventions aim to integrate attachment, systemic, psychodynamic and psychoanalytic traditions in practice recognising the individual needs of the child or young person. These approaches involve working with others involved in their care (foster carers, residential workers, CYPiC nurses) as an approach to actively engage them within the service. This is because the system around them is vitally important and daily impacts the dynamics within the relationship. Sometimes the work with the foster carer and others is just as or even more important than with the young person, especially if they are not ready to engage in therapy.

For the young people who are actively engaged in individual appointments several approaches are utilised. The benefits of which include,

- Feeling listened to and understood
- Able to talk or be quiet depending on what feels right for them at the time
- Assistance to make sense of often difficult, painful and confusing feelings
- Exploration of relationships with significant others i.e., carers, with the young person directly or with the carer separately with another worker.

Additional benefits include stabilisation of placements through effective exploration and thus understanding of relationships whilst also achieving improved school attendance and attainment.

Sometimes outcomes can be more limited as therapy is challenging and can prove painful for the child or young person, which may result in a requirement for extended exploration and containment prior to being able to achieve noticeable outcomes following therapeutic consultations. Each child is unique and following a thorough assessment will have an understandable plan which will be developed with colleagues and the child/young person.

➤ **Nurturing Attachments and Complex Trauma Training Programme**

The Service has continued to deliver the Nurturing Attachments and Complex Trauma Training programme for foster carers who foster children/young people who meet the criteria for specialist CAMHS, in order to provide them with the necessary knowledge and skills to provide attachment focused parenting.

Parenting children with histories of abuse and neglect requires sensitive caregiving.

The more carers understand about the impact of abuse and neglect on children, the more likely they are to offer therapeutic nurturing care. Traumatized children need to be helped to work through their trauma as they may continue to experience the neurological, developmental and psychological impact from their early histories even when they are placed with a supportive and loving family. Traditional parenting techniques may not work with these children and foster carers are helped to develop alternative therapeutic parenting techniques to help build their resilience.

The 'Nurturing Attachment Training Programme' is a manualised programme (Golding, 2013) that is designed to provide support and guidance to foster carer and adoptive parents who are parenting children who have experienced maltreatment, trauma or are having attachment related difficulties. The training resources include theoretical content and a range of activities supported by reflective diary sheets, activity sheets, and handouts. The programme is based upon the concepts of attachment theory, an understanding of child and relationship development and the impact of trauma on children's development.

The programme is an 18 week course and each week is 3:5 hours. The course is run by 2 experienced and trained clinicians. The training is also being delivered within the Local Authority to the Local Authority foster carers and their supervising social workers so that foster carers can be supported within the model.

➤ **Reflective Practice to support the model of Therapeutic Parenting delivered by CYPiC-CAMHS for Local Authority Foster Carers.**

Reflective Practice is offered to Local Authority Foster Carers trained in the Therapeutic Parenting Model on a fortnightly basis. The Reflective Practice sessions offer a highly collaborative approach for Foster Parents in order to promote family relationships, sensitive parenting and reduce the number of conflicts, bringing about behavioural changes and greater harmony. One of the core thread of the sessions is to promote mentalizing in foster parents (i.e. the ability of a foster parent to understand the thoughts, feelings and needs of both themselves and their foster children they care for). There is extensive evidence about the importance of understanding the intentions behind their child's behaviour, and also getting a greater sense of their own mind (mentalizing) in human relationships and its relationship to attachment.

Reflective Practice encourages and supports the use of Reflective Thinking in all the interactions Foster Parents have with their children. Reflective Practice which supports Therapeutic Parenting enables the Foster Parent to see the world from his or her own perspective and from their child's perspective. It means recognizing that all behaviour is linked in a meaningful way to underlying mental states- such as emotions, intentions, beliefs, goals and thoughts. The child's behaviour is linked to something in the child's mind and the Foster Carers behaviour is linked to something in their mind. We support Foster Carers in understanding that the behaviour is on the outside; the meaning of the behaviour is inside the mind. They see the behaviour. The mind is hidden. Therefore they can only be curious about and infer what the meaning of the behaviour might be. We encourage and support the continued use of PACE in their interactions and parenting of the Young Person.

Reflective Practice for Foster Carers promotes positive development for the child. Creates a strong relationship bond between parent and child. Transmits the capacity for reflective thinking to the child, which enables them to become a well-functioning mature adult.

We encourage Foster Carers through Reflective Practice to see and understand that all healthy child development occurs in the context of a relationship. That is no absolutely one right way of parenting, that there is no such thing as a perfect parent. We encourage through reflection how to use Therapeutic Parenting and understanding to guide their response to a child to help a child learn to cope with stress and difficult experiences. We revisit the two hand of parenting and connection before correction as discussed in the model of Therapeutic Parenting this fosters closeness and promote separateness. We reflect on how to pay more attention to strengths and what is right, than weaknesses and what is wrong. We explore how misunderstanding and conflict are normal and inevitable. But if they cause a rupture in the relationship, the rupture must be repaired, again this is supporting the Model of Therapeutic Parenting.

➤ **Consultation**

CYPiC-CAMHS Consultation is an opportunity for colleagues to begin to think about the Psychological needs of CYPiC on their caseload.

Consultation is an activity in which one practitioner helps another through a process of joint enquiry and exploration. The practitioner is helped and encouraged to think about the impact of the child's experiences and environment on their emotional wellbeing and current presentation. This is a collaborative approach rather than an expert one.

- It can speed up the accessing of specialist help, where appropriate
- It can prevent an on-going referral culture, enabling the child to stay with the original practitioner where appropriate
- It can help develop confidence and skills in understanding and assessing the child's emotional wellbeing.
- It can help normalise the child's difficulties
- It can help manage workers anxiety about the perceived problem

- It can help challenge the idea that every child needs therapy immediately
- It promotes a wider view of the child's problem
- It demystifies 'therapy'
- It can lead to intra-and inter-professional developments, including service development.
- The unique perspective (i.e. that of the consultee/Social Worker) is inherently validating of the consultee's skills
- Consultation enhances skills across groups of professionals, rather than in one individual
- The focus on the skills and understanding of the consultee facilitates the identification of training and other needs
- Consultation can prevent on-going referral, enabling the person or family to stay with their original 'front line' practitioner
- Consultation enables us to offer timely support, Helps prevent inappropriate referrals. Can help reduce waiting times and helps people to start to think differently about Mental

Consultation Sessions have been booked and attended by a range of professionals including, Foster Carers, (Supervising) Social Workers, Independent Review Officer, and schools.

All consultation sessions have been undertaken virtually using MS Teams, this has worked very well, allowing for more systemic and psychological thinking with a wider range of professionals/carers supporting CYPiC .

➤ **CAMHS Clinical Specialist External Placement Panel (EPP)**

For most of the reporting period the CAMHS clinical specialist EPP post has been vacant. The CAMHS CYPiC Lead and Specialist Therapeutic Social Worker have endeavoured to cover this role when an expert opinion has been needed on the health needs of a child and appropriate out of City placement. However, in August 2022 a CAMHS clinical specialist for external placements was employed whose role will be specifically to attend the panel and work closely with all CYP, needing funding from health commissioning. This specialist will closely monitor and quality assure all placements and therapeutic intervention's provided.

4) In Conclusion

It is unfortunate that we are unable to provide any qualitative data for this report due to the changeover of information system and concern over inaccurate recognition of CYPiC

referrals. This is in process of being rectified and over the next few months this cohort will be easily identifiable to ensure accurate reporting.

Challenges

Having reduced staffing for most of the year has been a challenge, however we have worked creatively to meet the need as far as possible to reduce the numbers needing to go on the waiting list. We also used our resources to train foster carers in our nurturing attachment training programmes and we saw an increase in the use of consultations that supported and empowered other workers to continue their work. This is especially important as it empowers the professional and also protects the relationship already developed with the child.

Therapeutic work with CYPiC is complex and placement break downs can occur despite the efforts of the various professionals and carers working with the child. This is particularly heart breaking in the case of adoption breakdowns. Referring a child to CAMHS to prevent a placement breakdown is not always the best course of action. Therapy is not an instant fix and takes a while to work. In most cases, when a child starts to access their difficult memories, their behaviour escalates and they become destabilised before they start to settle and emotionally regulate.

Successes and Plans

- Despite challenges with staffing and recruitment the team have continued to offer an effective and comprehensive service to the CYPiC referred to CAMHS. The team are looking forward to being back at capacity and welcoming staff from the new investment to bring the team to 4.0 whole time equivalents with an improved multi-professional mix.
- The CYPiC team have worked very closely with other teams within the wider CAMHS service especially the Crisis Team and Psychiatry. The CYPiC team have seen a high number of referrals from private children's homes within Wolverhampton who are highly complex requiring crisis and psychiatry input as well as therapeutic intervention. The same high-level resource is also required for Wolverhampton children too at times.
- Wolverhampton CAMHS have historically been commissioned to provide a service for CYPiC who live in Wolverhampton area and for Wolverhampton local authority children who live within a 20 mile radius of Wolverhampton. In October 2021 the West and East Midlands Clinical Networks jointly published a paper 'Children and Young People in Care Out – of – Area: Midlands Mental Health Principles of Good Practice' which stated that children in care should be referred to and seen by the CAMHS team in the area where they live. In May 2022 the Black Country Healthcare NHS Foundation Trust CAMHS Medical Director wrote to Wolverhampton City Local Authority to inform them that we will be working with these principles of good practice and as a result Wolverhampton CAMHS CYPiC team will no longer operate a 20-mile radius for Wolverhampton City Local Authority children. This is positive meaning the children get a service local to where they live,

do not have to miss so much school to travel so far to appointments and can work with a service who already have relationships with the systems around the child such as education in their locality. (The paper 'Children and Young People in Care Out of Area: Midlands Mental Health Principles of Good Practice' can be provided on request).

- Last year we reported that the CYPIC team were planning to set up a 'Trauma Assessment Clinic' for CYPIC where we identify there is more complexity than the developmental trauma and a full psychological assessment will be needed to assess any possible co-morbid or neuropsychological traits that might need a referral to specialist clinics within CAMHS. This would involve using wider assessment tools, psychometrics, and techniques to support a formulation and a report. This has taken place with a number of children who were identified.
- Training is being undertaken for the team into the Cultural Receptivity in Fostering Scale (CRFS) questionnaire which measures foster parents' openness toward participating in activities that promote children's cultural development. Specifically, it involves one's openness to support foster children's relationships with adults and children who share their cultures, find resources where the children can go to get their cultural needs met, learn about parenting strategies of the children's cultures, and learn from others who have successfully parented children of different cultures. Understanding this helps to understand the attachment between the child and the new carer which is important. For many of our children we know the 'damage' occurred in their early relationships. It is because of this 'healing' needs to take place through relationships. The child-foster carer relationship is so important and therefore the carer needs to understand their child for the child to feel accepted.
- The team currently use SDQ's as an outcome measure. However this is not the best measure to understand the mental health needs of CYPiC.. The team are going to explore other measures to establish what might be useful for measuring other significant presenting difficulties pertaining to attachment and trauma.
- Commissioners and Senior Managers are working on looking for 'best practice' in CYPIC CAMHS provision to attempt to align all four Black Country services to provide best practice across the Black Country footprint. This will need to be within the financial envelope available and is currently being scoped.

Finally

Working with CYPiC can be difficult and exposing, but it is a privilege. CAMHS clinicians could not achieve successful outcomes without working in partnership, and we recognise we are only part of a wider professional system that has a part to play in changing and shaping the future of our CYP.

