

Corporate Parenting Board
Children and Young People in Care CAMHS Report
September 2023
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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 children and young people whom may be either in the care of the Local Authority 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 of these children will have their own resilience and will find other protective factors in the new systems around them. However, some children and young people in care will require specialist intervention.

In recognition of this requirement Wolverhampton CAMHS in conjunction with the Local Authority, Social Services and Education Department, have resolved to provide a quality service to children and young people in care.

The CAMHS service provides an integrated and consistent approach to children and young people in care by placing the child at the centre of care provided. If a child is already working with a clinician prior to being received into care this will continue rather than them being allocated to a new clinician in the CYPiC team. Consistency is important for children at this time. All new referrals for children and young people in care are seen by a dedicated team within CAMHS who work exclusively with children and young people who are in care and require therapeutic work. These clinicians have received specialist training in approaches that are evidence based for the highly complex needs of children and young people in care. They are therapeutic approaches that are often recommended in court reports and are costly to provide in the private sector.

The children and young people are also able to access specialist medical expertise, systemic family psychotherapy, learning disability expertise and the neurodevelopmental assessment clinic in the wider CAMHS if this is needed.

Preface

The report will cover the period July 2022 to June 2023.

1.0) Children in Care CAMHS Team - Staffing

Wolverhampton CAMHS historically have not been commissioned to provide a separate CYPiC service but, recognising the vulnerability of this cohort of young people the service developed a small dedicated workforce with specialist expertise. Generally the team consisted of 2.2 wte multi-disciplinary workforce members, recently due to financial investment the team have been given more posts and these are all now appointed. There are now 6.0 wte in the CYPiC team. The clinical leadership is still by the Consultant Psychologist and managed by the CAMHS Wolverhampton Service Manager.

Fig 1: Children in Care CAMHS Team

| WTE | Professional Title |
|-----|--|
| 0.4 | Consultant Psychologist - Lead (CYPiC) |
| 1.0 | Senior Specialist Therapeutic Social Worker (CYPiC) |
| 1.0 | Senior Clinical Psychologist (CYPiC) |
| 1.0 | Mental Health Practitioner - Integrative Psychotherapist (CYPiC) |
| 1.0 | Art Psychotherapist (CYPiC) |
| 1.0 | Child Psychotherapist (CYPiC) |
| 1.0 | EPP Specialist Nurse |

2.) Referral and Pathway through CAMHS:**Current Caseload**

Unfortunately, due to a changeover in information systems we were not able to report on qualitative data last year. This means that we are unable to make a comparison with the reported data for this year. To give some context the last reported data was in 2020 and at that time the open caseload reported was 92. This time the open caseload is 93. In the last report the number of CYPiC open to psychiatry was included in the number. Regrettably, due to the way psychiatry figures are now recorded, we are unable to include these and this needs to be taken into consideration when comparing the figures.

It is important to note that there has been an increase of private children's homes offering a service in Wolverhampton. This service has been offered to extremely highly complex children and young people, many who are on DOLS and some who are transitioning to their homes directly from CAMHS Tier 4 Units. This has put a lot of pressure on our team, our Crisis Team, our psychiatrists and our local acute hospital. Out of 93 referral only 36 referrals have been for Wolverhampton children while 57 referrals have been for children placed who are from out of City.

Fig 2: Current caseload

| | |
|--|----|
| Open cases at end of June 2023 | 93 |
| New referrals between July 2022 – end June 2023 | 72 |
| Discharges between September July 2022 – end June 2023 | 61 |

2.) Referral and allocation process:

The referral process for referrals to the CYPiC CAMHS Team remains the same as last year. The working model for the CYPiC team continues to work well putting the child/young person's voice at the forefront to ensure we understand their position, what they want and if they are ready for therapy. It also helps us make a better informed formulation of their mental health presentation.

Figure 3, 4 and 5 below provides some further breakdown of the information that may be of interest.

Fig 3: CAMHS CYPiC Team Referrals Per Month July 2022 to June 2023

| 22/23 | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--------------------|----------|-----------|----------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|-----------|
| CWC | 3 | 5 | 0 | 5 | 2 | 2 | 2 | 3 | 6 | 2 | 3 | 3 | 36 |
| Out of City | 6 | 8 | 2 | 4 | 3 | 3 | 4 | 5 | 5 | 6 | 6 | 5 | 57 |
| Total | 9 | 13 | 2 | 9 | 5 | 5 | 6 | 8 | 11 | 8 | 9 | 8 | 93 |

As the data shows there were no significant changes in the number of referrals except for August and March. This may have been attributed to school holidays such as Easter and Summer holidays but we do not have enough information to validate this. It could also be due to end of terms exams which due to a previous loss of school and teaching time during Covid could be causing anxiety.

Fig 4: CAMHS CYPiC Referrals by Ethnic Groups July 2022 to June 2023

| Ethnicity | Number |
|---|--------|
| Asian or Asian British - Any other Asian background | 3 |
| Asian or Asian British - Bangladeshi | 1 |
| Black or Black British - African | 7 |
| Black or Black British - Any other Black background | 1 |
| Black or Black British - Caribbean | 1 |
| Mixed - Any other mixed background | 2 |

| | |
|--|----|
| Mixed - White and Asian | 2 |
| Mixed - White and Black Caribbean | 4 |
| Not stated | 16 |
| Other Ethnic Groups - Any other ethnic group | 3 |
| White - Any other White background | 3 |
| White - British | 49 |

The table shows that just over 50% of the referrals received in the 12 month period are from a white British ethnic group. However there are 16 referrals who did not state their ethnicity and so while we can say just under 50% of the referrals are for children and young peoples from an ethnic group other than white British we cannot entirely be sure. .

Fig 5: Source of Referrals for 2019/2020

| Source of Referrals | Number of Referrals |
|--|----------------------------|
| Acute Secondary Care: Emergency Care Department | 8 |
| Child Health: Community-based Paediatrics | 4 |
| Child Health: Hospital-based Paediatrics | 13 |
| Internal Referral | 10 |
| Local Authority and Other Public Services: Education Service/Educational Establishment | 9 |
| Local Authority and Other Public Services: Social Services | 37 |
| Other SERVICE or agency | 4 |
| Other: Out of Area Agency | 1 |
| Primary Health Care: General Medical Practitioner Practice | 6 |

The data shows us that less than half of the referrals for children and young people in care are referred by their social worker. When a referral is received from a professional other than the child's social worker a form is sent to their social worker as corporate parent to be completed for more information and for consent to continue with the referral.

Fig 6: Average Waiting Time in Weeks for first all appointments July 2022 – June 2023

| Type of Meeting | Number of Weeks |
|--|-----------------|
| Average Waiting Time for First Appointment | 7.1 |
| Weeks Waiting from Initial Appointment to Second Appointment | 3.7 |
| Average weeks waiting from Referral to Second Appointment | 12.3 |

3). What CAMHS CYPiC Offer to Children, Young People, Foster Parents 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 Foster Parent/Key Worker together
- Foster Parent/Key Worker on their own
- A worker to see the child and another worker to see the Foster Parent

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 Focused-Cognitive Behaviour Therapy, Art Psychotherapy, Child Psychotherapy, Integrative Psychotherapy, Compassion Focused Therapy, Acceptance Commitment Therapy and others. This is not the case in all CAMHS teams and in many areas these pieces of specialised work need 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 parents, residential workers, Children in Care 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 parents and others is just as or at times even more important than with the young person, especially if the young person is not ready to engage in therapy.

For the young people who are actively engaged in individual appointments a number of approaches are utilised. The benefits of which for the child or young person 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. foster parent, with the young person directly or with the foster parent 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 parents 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 foster parents 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 parents 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 parents 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.

To support Local Authority Social Workers in their work with children and young people, CYPiC CAMHS have offered a condensed version of the 18 week course to all workers. It provides them with an overview of Therapeutic Parenting, impact of early trauma on subsequent relationships and how to use the strategies explored in their direct work with

children/young people and their Foster Parents. The mini course is 3 half days. To date we have undertaken 5 cohorts of training to children's Social Workers.

➤ **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. Due to staff sickness this only took place until December 2022. 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 Children and Young People in Care 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 in partnership rather than an expert one. It can help in the following ways

- 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 professional including, (these aren't necessarily the workers booking the Consultation, but would have been invited to attend)

Foster Carers

Wolverhampton Local Authority Supervising Social Workers

Social Workers

Senior Social Workers

Team Manager

Independent Review Officer

Family Support Workers

Agency Supervising Social Worker

Kinship Carers

Barando's Star Project

Family Finder (adoption)

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 children and young people in care.

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

The EPP specialist nurse has continued to support the commissioning of external placements to ensure quality and make certain that our children's needs and requirements are being met. The EPP role involves working as a CAMHS clinician across Wolverhampton and Sandwell CAMHS, the ICB and the Local authorities; assessing children and young people that have been placed in out of area specialist placements through the panel. EPP is a tripartite panel that represents health, education and social care.

The role involves conducting mental health assessments to ensure that the children and young people's mental health needs are assessed and met within placements and the findings are reported back to the EPP. The role also involves providing recommendations in regards to therapeutic interventions that may be offered to the children and young people whilst within placement, as well as monitoring progress and ensuring support is 'stepped down' appropriately. The EPP nurse also liaises with partner agencies and when possible will offer joint appointments with social care, education or the Looked after Health

Team. Joint quality assurance visits with the Designated Nurse for Children and Young People in Care also take place where an issue around health provision has been identified.

Attendance at multi-agency meetings, children and young people in care reviews is crucial in ensuring the best care is dovetailed to their individual needs and that the residential units are providing what they claim to so that commissioners are being good stewards by spending money effectively and wisely. The EPP nurse travels to each child and young person wherever they are placed around the country every three to four months.

4) In Conclusion

Whilst the team have not seen a major increase in referrals since quantitative data was last reported we have seen a definite increase in out of area referrals with young people referred with higher risk and on a DOLS or transitioned from tier 4 hospital care with little or no notice. This has put significant pressure on our Crisis Team, our psychiatry team and our CAMHS CYPIC team. This means that engaging and working with children and young people who have endured significant trauma and have organised themselves into maladaptive attachment patterns to help them manage relationships take much longer to build a therapeutic relationship before any therapeutic work can begin. Therefore the work is long term and consequently the through put is slower. Regardless of this and notwithstanding the long term sickness that has been within the team we have continued to provide an excellent service in a professional and caring way within short waiting times compared to national standards and other CAMHS teams.

We are grateful for the investment into the team which has enabled us to increase the staffing from 2.2 wte to 6.0 wte. This provided us with the opportunity to expand our skill base to offer more diversity in terms of the therapeutic models we can offer as well as the cultural mix of the team members.

It was reported in last year's report that Commissioners and Senior Managers were working on looking for 'best practice' in CYPIC CAMHS provision to attempt to align all four Black Country CAMHS children in care services to provide best practice in all four areas within the financial envelope available. A lot of work was undertaken to look at models used in other children in care CAMHS teams, meet with children and young people who use our service for their thoughts and feedback and read research papers to understand what best practice in CYPIC CAMHS is. It was concluded the model we have in Wolverhampton and Sandwell CYPIC CAMHS is best practice and therefore the alignment of the four CAMHS teams will use this model.

Challenges

Therapeutic work with children and young people in care is complex and placement breakdowns can occur despite the efforts of the various professionals and foster parents working with the child. This is particularly heart breaking in the case of adoption breakdowns or ending of foster home placements. 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.

Finally

Working with children and young people in care can be difficult and exposing, but it is a privilege. CAMHS CYPiC clinicians could not have any successes alone and we recognise we are part of the wider professional/agency system that has a part to play in changing and shaping the future of these children and young people. Working together is important and we are appreciative for the way the services in Wolverhampton have the working together ethos to achieve the best results.