

Therapeutic Support for Children in Care – FLASH Service

Executive Summary:

Children in care are often at greater risk of suffering poor emotional well-being or mental health than their peers not in care, often resulting from their early childhood experiences and trauma. Walsall Council has corporate parenting responsibility towards children in our care, which includes ensuring that they are safeguarded from harm, and are healthy and are cared for in ways in which any good parent would for their own child.

This report provides an update on developments in the services and support available to meet the therapeutic needs of children and young people in our care. These include the review of the service specification for the FLASH Service; the establishment of a panel to wrap support and resources around carers and children and young people in care; as well as a small team in the Fostering Service dedicated to supporting internal foster carers to promote stability for children in their care.

Reason for bringing to the Corporate Parenting Board:

This report updates on the work of the FLASH Service and other support in place to promote the emotional well-being of children and young people in care. It provides an overview of the aims of this therapeutic support and an update on discussions with the Black Country Healthcare NHS Foundation Trust around the revised FLASH Service Specification.

Recommendations:

1. To receive the report and update on the revised FLASH Service specification and the requirement for discussions to take place with the Black Country Healthcare NHS Foundation Trust for this to be agreed formally.
2. To update the Board on other support in place to meet the therapeutic needs of children in our care.

Background papers:

List here any private background papers used in the preparation of this report. This does not include the listing of reports that have already been published.

NB: Any reports or publications listed here will need to be available to be provided to the public, should they be requested, for 4 years.

Corporate Parenting Pledges

Mental and Physical Health and Wellbeing are a priority of Corporate Parenting Board.

Resource and legal considerations:

The FLASH Service has been funded at the same level since 2016. This is £246K annually plus the contribution of 1 full-time equivalent Social Worker at £51K with a total value of £297K. The multi-disciplinary Support and Stability Panel is chaired by the Head of Service and has representation from Fostering Manager, Group Manager Corporate Parenting, Virtual School, Flash Manager and Designated Nurse for Children in Care. The Support and Stability Team comprises of a Senior Practitioner, a Youth Worker and 2 Children and Families Support Workers, employed by the Council and located in the Fostering Service.

Council Corporate Plan Priorities:

Children have the best possible start and are safe from harm, happy, healthy and learning well.

People have increased independence, improved health, and can positively contribute to their communities.

Citizen impact:

Looked after children and care leavers are citizens of Walsall and as Corporate Parents we have a duty to look after them as we would our own children and prepare them for adulthood so they can fulfil their potential and play a full and rewarding part in their communities

Environmental impact:

None

Performance management:

The revised FLASH service specification contains key performance indicators which focus on the impact of support on the young person's stability. This, and the work of the Support and Stability Panel and Team seek to ensure that children and young people remain living with their carers, promoting stability and reducing the risk of breakdown and further disruption.

Reducing inequalities:

The Corporate Parenting Strategy sets out the response to secure improvements in the equality of services, which, when achieved will have a positive impact on our most vulnerable children, young people and families. By being effective Corporate Parents for children in care and Care Leavers, we collectively seek to redress the disadvantage they face.

The FLASH Service and other therapeutic support to children in care and their carers aim to mitigate the impact of early childhood experiences and trauma on their emotional well-being, seeking to improve outcomes for them.

Consultation:

Report will be shared with Children in Care Council.

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Report

1. Context

- 1.1. In 2016, Childrens' Services established a therapeutic service with the then Dudley and Walsall Mental Health Trust (DWMHT) to work with children in care whose emotional wellbeing was impacting negatively on the stability of their placement. Since April 2022 the service is located within the Black Country Healthcare NHS Foundation Trust.
- 1.2. A review of the service was undertaken in 2020/2021 and a revised specification has been developed in collaboration with the CCG and the Trust, which is yet to be agreed by the Trust. This is due to the organisational changes within the Trust and changes in their senior leadership team. The delays have been escalated and the Clinical Service Lead has now been appointed and meetings are planned to review the proposed specification.
- 1.3. Although not all children who are looked after are placed in Walsall, the majority of them live within neighbouring West Midlands authorities. The service was established to ensure that location was not a barrier to therapeutic support and was designed to be delivered in Walsall and neighbouring boroughs including Sandwell, Dudley, Wolverhampton, South Staffordshire and Birmingham (effectively a 20 mile radius).
- 1.4. The specification sets out the requirements for the service to provide a targeted therapeutic service from registered professionals to undertake direct work with children who are looked after and whose early childhood experiences of trauma are impacting on their emotional well-being and secure attachments to carers. They work with:
 - Children and young people who are looked after (up to age 18)
 - Foster carers in supporting young people's emotional well-being
 - Parents as part of a reunification plan
 - Residential carers
 - Provide a drop-in service for care leavers

2. Therapeutic Support for Children and young people in our care

- 2.1. In delivering therapeutic support to children in care, the FLASH Service:

Undertakes direct work with children and young people who are looked after.

Delivers support to children and young people living in foster care, Children's homes or supported accommodation in Walsall and within 20 miles.

Provides evidence based therapeutic support, which is not considered specialist CYP mental health intervention for a period of time determined by the need of the young person which must be clearly evidenced.

Delivers an evidence based therapeutic approach to trauma and attachment if available.

Provides support in the 'community' or homes where children live.

Provides Drop-in and consultation for Care leavers at Transition and Leaving Care Team (TLC).

Delivers consultation clinics for carers, social workers and other relevant professionals to support the child in their home.

Reviews the progress of the intervention and the impact on the outcomes for the children.

3. FLASH Service Activity and Impact

- 3.1. The FLASH Team is managed by a Clinical Nurse specialist (Clinical Lead) and includes Senior Mental Health Practitioner, Family Support Worker, Child and Adolescent Psychotherapist and social workers.
- 3.2. In addition, the Virtual School fund a mental health practitioner since 2021, to work with children to better support them in school settings. The mental health practitioner who is a qualified social worker is located in the FLASH team. This has meant that referrals to the FLASH Service are appropriately targeted.
- 3.3. Referrals to the service are made by the social workers and are prioritised on the risk of placement breakdown. Young people whose care is at risk of immediate breakdown are classed as priority and followed up with social worker and other professionals involved to determine the nature of the response. All referrals accepted into the service are offered a consultation session for social worker and/or carers to more fully explore concerns and presenting needs.
- 3.4. The service currently provides high level information in relation to number of referrals received, awaiting allocation, children discharged from the service and the total number of children receiving a service.
- 3.5. The service specification includes key performance indicators and once agreed these will provide both quantitative and qualitative information about the impact of the service and outcomes for children, this will include children referred to service and stepping down from specialist CAMHS.

Information on Referrals and Allocations from Black Country Healthcare NHS Foundation Trust (January 2022 to September 2022)

	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22
Referrals	12 (3 ntu*)	10 (1 ntu* as core camhs referral)	9 (5 ntu*) (screened incorrectly, or not appropriate for flash)	2 (1 ntu*)	6 (1 ntu*)	9	4 (1 ntu*)	5 (3ntu*)	7 (4 ntu*, refer back to consultation clinic)
Priority allocated	6	4	3(1 sent to icamhs to risk assess first)	0	1	1	1	0	2
Added to waiting list	4	5	1	1	4	8	2	0	1 (infant mental health/under 5)
Discharges	9	10	0	0	8	3	6	7	9
Allocated from waiting list	3	3	2	0	3	0	5	5	0
Caseload	68	74	75	75	71	73	71	69	69
Children on waiting list	13	6	5	5	4	7	5	0	1 (infant mental health/under 5)

(*ntu – not taken up)

3.6. The Support and Stability Panel is chaired by the Head of Service and the membership includes Fostering Manager, Group Manager Corporate Parenting, Virtual School, Flash Manager and Designated Nurse for Children in Care. The focus of the Panel is mobilise support and resources to achieve stable and secure permanence for children and young people in care and promote placement stability.

Its purpose is to: -

- Support placement stability of children and young people in care and leaving care.
- To consider the therapeutic needs for children in care and consider how these can best be met
- Review children where there is a risk of placement breakdown or where additional support is required.
- To consider the children to be referred to the FLASH Service
- The meeting will also provide support and robust challenge where there are barriers to the provision of resources by escalating this to the relevant managers across children's services, education and health services

3.7. In 2021/22 the Support and Stability Team was established in the Fostering Service which includes a Senior Practitioner, a Youth Worker and 2 Children and Families Support Workers. The focus of this team is to work with internal foster carers to provide support and promote stability for the child/ren in their care. The team has undertaken level 1 training in Dyadic Developmental Psychotherapy (DDP), they will progress to level 2 training and deliver attachment and nurturing training to our foster carers informed by DDP.

3.8. We have worked with the FLASH Service to ensure that referrals are appropriate, all children waiting for a service are reviewed at the Support and Stability Panel and children are appropriately signposted to other services where this is appropriate. This has resulted in a reduction of children waiting for a service as well as joint prioritisation of children referred.

3.9. We have undertaken a small scale review of children and young people referred to FLASH and who were discharged from the FLASH Service between 1st January 2022 and 16th August 2022. This shows us that 47 children and young people were discharged during this period, although 1 of these children was in the care of another authority but living in Walsall (not eligible for support from FLASH.) Some children and young people were referred along with their siblings and this applied to 35 of those discharged during this time.

3.10. The FLASH Service works with young people up to their 18th birthday and 6 young people were discharged on or just before turning 18 years of age. We looked at where young people are living now, although we have not been able to establish if this is the same place they were living at the point of referral.

3.11. The majority of children and young people who were discharged from the service during this period, live in foster care; 16 young people with foster carers

managed by Independent Fostering Agencies (IFAs) and 6 children and young people live with foster carers managed by the Council's Fostering Service.

- 3.12. We have obtained information on the support offered by FLASH for a sample of these children and young people from their social workers. This shows that support was more likely to be in place for carers as opposed to direct work with young people themselves. In some instances, this was because young people were unable to engage with the offer and in other cases work solely with the carers was identified at the FLASH consultation. While some social workers felt the service was unable to engage with the young person, others felt that the support had a positive impact on stability for the young person.
(Information was received in relation to 16 children and young people.)
- 3.13. Next steps are to ensure that the service specification is formally signed by Black Country Healthcare NHS Foundation Trust and that the service specification is implemented over a 12 month period, where impact can be evaluated against the service specification, to ensure that we are effectively meeting the emotional health and wellbeing of children in care and that we are promoting placement stability.