

DATE: 10 March 2025

6.

**Update about Children and Young People's Emotional Mental Health
and Wellbeing services in Walsall**

Ward(s) All

Purpose of the paper:

This report outlines the collaborative work across Walsall between public sector organisations and the community and voluntary sector to improve the emotional health and wellbeing of infants, children and young people. It describes:

- The mental health and wellbeing needs of infants, children and young people in Walsall.
- The THRIVE framework for system change which is an integrated, person centred and needs led approach to delivering mental health services for infants, children, young people and their families.
- Interventions and services available in Walsall to support the mental health and emotional wellbeing of infants, children and young people.
- Number of Children and Young people who have received support this year in Walsall in commissioned services.
- Offer for Children in Care and Care Leavers including support to Walsall Council owned Childrens homes
- Overview of ASD pathways and waiting times within CAMHS – for those children who are experiencing co-morbid mental health issues who also are undergoing assessment for ASC diagnosis.
- The waiting times in the following areas for commissioned services – referral to first be seen / to assessment and then from assessment to receiving support.
- Support available for families whilst waiting
- Plan and provision for children and parents who are on CAMHS waiting lists

Report:

Background:

Black Country Healthcare NHS Trust is now the Lead Provider for Mental Health, Learning Disability and Autism Services in the Black Country from 1st of July 2022. This means we work pro-actively with partners and friends in health and care, the voluntary sector and our communities to deliver services that meet the needs of our infants, children and young people population in Walsall.

Mental health is as important to a child's safety and emotional wellbeing as their physical health. It can impact on all aspects of their life. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood. Good mental health is important for helping infants, children and young people develop and thrive.

Mental health plays a key role in a child's overall wellbeing and can be affected by various factors, including abuse and neglect, family circumstances, environment, stress, loneliness or social isolation. There is strong evidence that the foundations for emotional health and wellbeing are laid in the first 1,001 days (from conception to 2 years of age), with parent-infant relationships (PAIRs) are one of the core elements of early development, resilience, and a child's later ability to weather life's challenges. Negative experiences can adversely affect a child's mental health, just as positive experiences can help improve it.

In preparation for a recent Walsall commission Mental Health was identified as a top priority by both young people and professionals, with many young people expressing the challenge of navigating multiple services. Family and friends were frequently cited as primary sources of support; however, it is also crucial to address the needs of those without supportive personal networks. Educational settings were highlighted as vital sources of support, although it must be noted that not all children and young people see education settings as safe spaces.

In the Black Country each year, at least 15% of babies experience a significantly disrupted, disturbed or disorganised relationship with their main carer(s). This is over 2,100 new births each year, and over 4,300 babies under 2 at any one time. It is estimated that 80% of maltreated children will come from this group of babies.

There are an estimated 67,200 children aged 0-17 living in Walsall. This represents just under a quarter (24%) of the population. Most of our children do well and meet their potential, however many face challenges of poverty and deprivation, exacerbated by the coronavirus pandemic. Walsall is the 27th most deprived local authority in the country. In Walsall, over 1 in 4 children live in a low income households (25%). This is more than the England (17%) and the West Midlands average (20.3%). Just under a third (32.5%) of children live in poverty before housing costs, rising to two-fifths (41%) after housing costs. Significantly more Walsall children (18.8%) receive free school meals than their counterparts in the West Midlands (15.9%) overall, and in England (13.5%).

In 2023/24, 17.5% of Walsall school pupils with an EHC plan had a primary need identified as social, emotional and mental health, higher than the West Midlands (14.6%) and national (15.5%). 19.5% of Walsall school pupils with SEN support have a primary need identified as social, emotional and mental health, comparable to the West Midlands (19.6%), but lower than national (22.3%) in 2023/24.

Evidence suggests that some groups of children and young people are disproportionately impacted by mental health problems largely driven by a complex interplay of social and environmental determinants of poor mental health. This includes the following:

- People who identify as LGBTQ+ have higher rates of common mental health problems and lower wellbeing than heterosexual people.
- Black boys and young men report lower levels of diagnosable mental health difficulties at the age of 11 years than white or mixed heritage boys.
- Refugees and asylum seekers are more likely to experience poor mental health than the general population.
- Children and young people with learning disabilities are more than four times more likely to develop a mental health problem than average.
- Autistic children and young people are more likely to experience a range of mental health problems as are children who are care experienced.
- The prevalence of mental health needs amongst children within the youth justice system has also been found to be higher than within the general population of adolescents.

These are some of the key risk factors that contribute to poor mental health:

- Children from low-income families are four times more likely to experience mental health problems by the age of 11 than children from higher-income families.
- Around a third (32%) of children aged 0-15 live in a household where an adult has moderate or severe symptoms of mental ill-health. While most parents with mental health problems are responsive and sensitive parents, this remains a consistent risk factor for children.
- Children who experience maltreatment, violence, abuse, bullying, or bereavement are much more likely to experience mental health problems. An estimated one in three adult mental health conditions is thought to be associated with adverse experiences in childhood.
- Around one in three young carers are estimated to experience a mental health problem.
- Young people with a mental health condition are nearly twice as likely to be bullied, and more than twice as likely to be cyberbullied.
- Emerging evidence also suggests that there are other key risk factors including racism, discrimination, poor housing and the climate crisis.

Impact on education

Children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school. As children move through the school system, emotional and behavioural wellbeing become more important in explaining school engagement, while other characteristics become less important.

- Children with better emotional wellbeing make more progress in primary school and are more engaged in secondary school.
- Children with better attention skills experience greater progress across the four key stages of schooling in England.
- Children who are bullied are less engaged in primary school, whereas those with positive friendships are more engaged in secondary school.

Children and young people with mental health problems are more likely to miss school. While it is not possible to identify school absences from poor emotional health or mental health wellbeing in the statistics, Walsall school absence data in 2022/23 shows:

- Overall absence was 7.6% in the Black Country and 10.6% for those eligible for free school meals. The West Midlands overall absence rate was also 7.6%, but higher at 10.8% for those eligible for free school meals. National overall absence was lower at 7.4%, but again higher for those eligible for free school meals at 11.1%.
- In 2022-23, 3.4% of school absences in the Black Country were due to illness, lower than the regional (3.8%) and national averages (3.7%).
- In 2022-23, 24% of Walsall pupils had persistent absence (attendance below 90%) in line with the West Midlands (24%) but higher than England (21%). For Walsall children on free school meals, persistent absence was 23%.

Providers are reporting an increase in children and young people presenting with mental health needs and there is an increase in emotionally based school avoidance. This is a national issue and not confined to Walsall. The most frequently mentioned issue in the “Growing up in Walsall” report was mental wellbeing (particularly since the Covid-19 outbreak). Mental illnesses in young people represent a significant burden on health and is associated with adverse and long-lasting consequences for educational attainment, employment and social relationships.

Over the past decade, there has been increasing need for mental health services. The pandemic resulted in a greater number of children and young people presenting with mental health disorders, often with complex needs requiring care or medical stabilisation, within a paediatric or acute setting. Increasing need, coupled with winter pressures, has put a strain on systems.

In the Black Country there has been a 43.7% increase in activity on CAMHS caseload between April 2021 and February 2025. In total for CAMHS in 2019/2020 for patients resident in Walsall at the time of their appointment there were 21962 contacts. This is the last date when it is possible to pull out specific data for Walsall.

Framework for Children and Young Peoples Emotional Mental Health and Wellbeing

This section summarises the THRIVE Framework which is the accepted best practice in addressing and improving the mental health and wellbeing needs for children, young people and families, and which Walsall aims to follow. A young person or family struggling with their mental health in an area implementing THRIVE would experience:

- No 'wrong door', meaning anyone a young person talked to about their mental health would be able to provide them with support or signpost them to available support options.
- Whoever was helping a young person with their mental health would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there was genuine shared decision making about ways of helping.
- Signposting to activities the young person, their family and friends could do to support the mental health needs of the young person who was struggling, including accessing community groups and resources such as drama, sport and volunteering.
- Whoever was giving a young person more specialised mental health help would support the young person to evaluate their progress towards their goals and to check that what was being tried was helping.
- Supportive but transparent conversations about what different treatments were likely to lead to, including their limitations.

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:



The characteristics of these needs-groupings are:

Thriving: support to maintain mental wellbeing Around 80% of children at any one time are experiencing the normal ups and downs of life but do not

need individualised advice or support around their mental health issues. They may however benefit from system level prevention and promotion initiatives.

Getting Advice: those who need advice and signposting: includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting specialist input.

Getting Help: focussed goal-based input: comprises those who need specific interventions focused on agreed mental health outcomes. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group providing targeted, outcomes-focused help.

Getting More Help: more extensive and specialised goals-based help: similar to Getting Help but the small number of children and young people within it will need extensive resource allocation and coordination across services. It includes for example, children or young people who are completely unable to participate age appropriately in daily activities (e.g. at school) or they need constant supervision and experience distress on a daily basis.

Getting Risk Support: those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services: may have some or many of the difficulties outlined in other groups BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others. Risk management is the sole focus.

In addition to the THRIVE Framework, there is also NICE guidance for specific aspects of mental health and wellbeing which sets out evidence-based, cost-effective practice for specific areas. This includes guidance for example on each of the specific mental health conditions and disorders, maternity and early years, transitions between different types of settings, practice in schools, and for those in care.

Mental health and emotional wellbeing provision in Walsall

These are the current initiatives and services in Walsall commissioned by Walsall Council (Public Health and Wellbeing or Children Services) or Black Country HealthCare NHS Trust (NHS lead provider for mental health) to support the mental health and emotional wellbeing of children and young people.

Thriving: support to maintain mental wellbeing

- Family Hubs: universal support for parent-infant relationships. Walsall launched their Local Authority led PIEWS (Parent Infant Emotional Wellbeing Champions Service) in August 2024 with funding

under the Family Hubs grant 'Perinatal Infant Mental Health and Parent Infant Relationship' work strand which is focussed on pregnancy and the first two years of life inclusive (1001 days). This service is preventative in scope and works universally within the designated age range of parents and infants. The service is the first in the borough to introduce PIEWS Assessment scoring with parents related to levels warmth and invasion within the parent infant relationship dynamic. This service is one part of the Walsall service delivery landscape within the Family Hubs funded and / or otherwise commissioned PNMH/PIR support services (at a non-specialist level) which contribute to the care pathway development work in Walsall. Draft borough-wide pathways are in production which are being co-produced with all Partners and Agencies and Family Hubs Walsall Parent Care Panel, including support from an Associate of the Parent Infant Foundation and also the Black Country Healthcare NHS Foundation Trust clinical leads. The PIEWS Wellbeing Champion staff and service manager are part of a multiagency training delivery team key to the rollout of the Level 1 PIEWS Parent Infant Relationships Training for to all of Walsall's Children's and Maternal workforce alongside the Specialist Mental Health Midwife lead and the HCP 0-19 Professional Development Unit Health Visitor lead. Train the trainer sessions took place in November 24 provided by Dudley NHS facilitators and training delivery for Walsall commenced in December 24.

- Nurture and Resilience offer in Schools through PHSE: supporting schools to understand relational approaches and attachment awareness, developing theory and evidence-based practice to ensure that settings provide a supportive and safe space in which children and young people can learn and develop.
- Senior Mental Health Lead in Schools: DfE accredited training will have been offered to all eligible state-funded schools and colleges by 2025 to support the implementation a whole school or college approach to mental health and wellbeing. Walsall currently has a good uptake of this training.
- School Nurse Support: Whole year group offer to discuss relationships and promotion of emotional wellbeing

Across the borough, there are also many community groups including sports clubs, activity groups, uniformed youth groups etc. that provide this level of support to help maintain good emotional health and wellbeing.

Getting Advice: those who need advice and signposting

- Health Visitors: dedicated nurse support for children under 5 and their families including for mental health wellbeing, including some planned roles for new specialist Parent-Infant Emotional Wellbeing Health Visitors through Family Hubs.
- Family Hubs: Walsall launched their Local Authority led PIEWS (Parent Infant Emotional Wellbeing Champions Service in August

2024 with funding under the Family Hubs grant 'Perinatal Infant Mental Health and Parent Infant Relationship' work strand which is focussed on pregnancy and the first two years of life inclusive (1001 days). This service is preventative in scope and works universally within the designated age range of parents and infants. The service is the first in the borough to introduce PIEWS Assessment scoring with parents related to levels warmth and invasion within the parent infant relationship dynamic. This service is one part of the Walsall service delivery landscape within the Family Hubs funded and / or otherwise commissioned PNMH/PIR support services (at a non-specialist level) which contribute to the care pathway development work in Walsall. Draft borough-wide pathways are in production which are being co-produced with all Partners and Agencies and Family Hubs Walsall Parent Care Panel, including support from an Associate of the Parent Infant Foundation and also the Black Country Healthcare NHS Foundation Trust clinical leads. The PIEWS Wellbeing Champion staff and service manager are part of a multiagency training delivery team key to the rollout of the Level 1 PIEWS Parent Infant Relationships Training for to all of Walsall's Children's and Maternal workforce alongside the Specialist Mental Health Midwife lead and the HCP 0-19 Professional Development Unit Health Visitor lead. Train the trainer sessions took place in November 24 provided by Dudley NHS facilitators and training delivery for Walsall commenced in December 24.

- School Nurses: a universal service delivering the healthy child programme and providing the first point of contact for Mental Health support, signposting, and referral.
- KOOTH: an online service specifically designed to support young people's mental wellbeing.
- Wysa app: an AI wellbeing coach that allows full access to all of Wysa's self-help tool packs, covering everything from mindfulness and meditation to therapy tools for anxiety and depression for 12 months from when you download it.
- HENRY parenting programme supporting parenting efficacy, family emotional wellbeing and behaviour change with information about nutrition, physical activity for parents pre-birth, 0-5 and 5-11
- Walsall Young Carers Group
- In addition, short bite sized training sessions are to be offered by MIND to support parents and school staff around how to support young people who have self-harmed or threatening to self-harm.

There are also national helplines available e.g. Samaritans, Young Minds Childline, BEAT and Papyrus, etc., for children and young people to obtain advice and support. Local organisations include – Positive Outcomes Project and Mindkind

Getting Help: focussed goal-based input

- Mental Health Support Teams in Schools: to provide support and extra capacity for early intervention and help for mild to moderate

mental health issues and promotion of good mental health and wellbeing. In Walsall, over 59% of schools have MHSTs.

- WPH: Offers a range of free, caring and confidential counselling services where young people aged 8 – 17 can receive support if they are feeling sad, angry, upset, lonely or worried. It will also support if young people are having trouble sleeping, doing their schoolwork, concentrating, enjoying things they normally would or if things just do not feel 'quite right'?
- Rethink: the Sanctuary Hub is a safe place where young people can access support outside of usual mental health service hours. Rethink also offer bereavement services across the Black Country.
- Positive Steps: The aim of the service was to support CYP resident in Walsall who experienced significant emotional mental health and well-being difficulties, ensuring they had timely access to an assessment and intervention with successful resolution or management of the difficulty within their local educational setting and social setting. The service provides assessment and targeted treatment of mild to moderate mental health presentations, therapeutic interventions and consultation. Their focus is to provide secondary mental health input with the idea of goal setting in specific areas and short-term guided psychoeducation. The service identifies it should be the child's/young person's first engagement with CAMHS. It is a short-term intervention service which offers support for up to 8 sessions.
- Educational Psychologists: The team commissioned via Walsall Council carry out statutory work in order to identify, assess and monitor children, young people and young adults with special educational needs. They include support for SENCos through the allocation of an identified Link EP and the 'SENCo Support & Share' offer, critical incident support across the Council, support for Walsall children with complex needs who are educated outside of the borough, and strategic work related to the Council's Special Educational Needs and Disability and Inclusion Strategy.
- Dedicated support team for children in care and care leavers based within the Council.

Local charities and community interest companies also offer support at this level for example, Positive Outcomes Project, MindKind, House on the Corner Community Project

Getting More Help: more extensive and specialised goals-based help

- CAMHS: is a specialist mental health service providing interventions to those children, young people and their families who are experiencing moderate to severe mental health difficulties. Within the Specialist CAMHS teams at this level there is access to the following teams: Eating Disorders, Core CAMHS, Children in Care, Early Intervention in Psychosis, Psychiatrists, CAMHS services in YJS, CAMHS CYPIC team, Learning Disabilities and Intensive support to children and young people with Autism to prevent hospital admission.

- CAMHS commissioned service in Youth Justice Service with a dedicated CAMHS practitioner in YJS
- Single Point of Access (SPA): following successful implementation in neighbouring Black Country areas and research evidence of effectiveness, a SPA was established in Walsall in 2023 with professionals being able to make referrals into all commissioned CAMHS services so that referrals can be appropriately and consistently triaged so there is equity in access to services. This is going to be developed further in line with other areas of the Black Country where all referrals for commissioned emotional mental health and wellbeing services are received and triaged. The intention of a SPA is to make it simpler for those referring children and young people for mental health support – referrers do not need to know all of the specific services available. It is particularly important where there are multiple needs or when the most appropriate service to address a child's needs is not clear. Professionals can also contact the SPA for advice. The SPA will also provide a single view of the mental health needs of Walsall's children and young people and whether there are gaps in capacity, as the SPA will collect all data on referrals.

Getting Risk Support: those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

This offer is commissioned either through Black Country Health Care or through NHS specialist commissioning for Health and Justice.

- Crisis Helpline: the NHS mental health crisis helpline open 24 hours a day, seven days a week to people of all ages. The number is 111 (Option2). There is an option for immediate mental health assessment.
- CAMHS Crisis Intervention and Home Intervention: offering community support for children and young people in mental health crisis 24/7 through a blended model of care. The main aim of the service is hospital admission avoidance, where appropriate, seeing young people within a shorter period of time and within their home environment. Children and young people are currently seen within 4 hours of referral. Where home intervention is not clinically appropriate, they are advised to attend the Accident and Emergency department with a potential for admission to the Paediatric Assessment Unit.
- Inpatient admission to a children and young people's Mental Health Unit: an inpatient admission is considered necessary when community support will not provide enough interventions to be able to impact on the young person's mental health either by understanding fully the needs or providing interventions that can only be supported as an inpatient. The CAMHS Crisis Intervention and Home Intervention team assumes responsibility for all inpatient admissions. Supporting children and young people during an admission and

preparing them for discharge back into the community is also the responsibility of this team.

- Health and Justice: this team work with children and young people, who have been arrested and are in the Custody suite to assess if they have any emotional mental health issues as part of their health and wellbeing assessments. They also see those who are issued with Court Resolution Orders. If the Liaison and Diversion team identify Mental Health needs, they refer to the local mental health team via the SPA. They may also contact the Mental Health Support teams in schools, if appropriate, as well as the Forensic CAMHS (Youth First) service which is also commissioned on a wider West Midlands footprint.

Activity which is currently taking place or due to take place in Walsall:

Walsall How I Look After Myself booklet

Created using images from a competition December 2024 asking primary aged children about what they do to look after themselves. To be produced and circulated April 2025

Activity which is currently taking place or due to take place in the Black Country:

CYP Core and Crisis

- The age range In Core CAMHS in Walsall is now up to 18 years.
- Capacity in the CAMHS crisis teams has also been increased across the Black Country.
- A 24 hours a day, 7 days a week CAMHS Medics rota and a 24 hours a day, 7 days a week rota on CAMHS crisis is now available across the Black Country.

Eating Disorders

- There has been continued development of an all age eating disorders service in Walsall to ensure alignment across the Black Country.
- Funding is now available over 3 years under Community Transformation Programme to develop an outreach service and support reducing hospital admissions.

18-25 Younger adult's transition

- As part of the Community Transformation Programme a wraparound service for Young Adults aged 18-25 is being established to provide a seamless transition from CAMHS to AMHS services when Young

Adult turns 18. This is particularly relevant for those young people who do not necessarily easily meet thresholds for adult mental health services and will include care leavers and children who have been subject to the criminal justice system. There is ongoing work regarding the development of policy principles to be agreed with senior leads in AMH services.

CYPF Intensive Support Team

- An intensive support team for CYP with LD and/or ASD has been developed across the Black Country and is currently operational within Walsall although only open to small numbers of young people who are at risk of admission to inpatient mental health beds and are receiving support via the Dynamic Support Register.

Mental Health Support teams in Schools

- All funding waves have now been received and posts have been recruited to. Discussions ongoing with secondary schools not yet incorporated into wave 10 - engagement attempts ongoing with one school in Walsall to ensure appropriate numbers of schools are engaged.

There are MHST in schools in the following settings:

Type	Total signed up to MHST	Percentage coverage
Primary	44	49%
Secondary	17	100%
Special/PRU	7	
College	NIL	

There are currently 9 Primary schools on our waiting list who have officially expressed their interest in receiving the service.

Working within the acute trusts:

- We had additional non-recurrent funding in the Black Country which we used to pilot some work around delayed discharges. This evolved into commissioning a third sector organisation to provide key worker roles to provide support to children on wards to CYP who are experiencing mental distress. The roles have been so successful that it has been agreed to continue the contract for another 12 months. These teams have been working as a conduit between CAMHS Crisis Team, acute hospitals, and social care when there is a social reason for a CYP remaining in an acute hospital aiming to reduce the length of stay for C&YP on paediatric wards across the Black Country and to provide 1:1 support if CYP require this during an admission.

Digital Offer

Currently BCHFT commission 3 digital offers within the Black Country as part of the 'signposting and getting advice' services and the 'getting help' services as part of the Thrive model to provide an online digital offer for emotional mental health and wellbeing for young people and this will include a number of children in care and care leavers, although not specifically for this group.

The offers are –

1. Kooth which offers the following:

- A chat function for a young person to drop in to speak to a readily available counsellor
- A messaging function for young people to contact the service
- A schedule function to provide booked sessions with a named counsellor on a regular basis
- A range of forums, all of which are pre-moderated, to offer facilitated peer support for CYP. They also provide crucial first steps towards getting further therapeutic support
- Live discussion groups – run by professionals (with all comments moderated) to enable groups of CYP to interact with each other in a safe environment
- An online magazine with full content moderation, creation and editing which includes opportunities for CYP to submit their stories or write articles, all of which is moderated
- Information, activities and self-care tools and resources on the site for CYP to download.

2. WYSA which offers the following:

It is an AI wellbeing coach that allows full access to all of WYSA's self-help tool packs, covering everything from mindfulness and meditation to therapy tools for anxiety and depression for 12 months from when you download it. It is 24/7 A.I. accessible via QR code (to identify the place) of a link to a laptop/tablet. WYSA provides guided listening that guides users through 150+ evidence based exercises including:

- Thought reframing
- Relaxation techniques
- Behavioural activation
- Goal setting

3. Speak which we have commissioned as a pilot project for parents/carers of 150 young people who are self-harming. Speak is a digital mental health platform that bridges the gap between families affected by self-harm and the skills, community, and personalised support they need to find stability (while on the waitlist at CAMHS or engaged with the Crisis Service). Support

includes: access to an individualised programme of bespoke therapeutic modules; access to Group therapy sessions with clinical psychologist (2 x month); access to asynchronous chat function with Speak clinical team.

The current digital offer is to be reviewed in the Black Country in light of the change in landscape since the original model was commissioned and there are now more opportunities to support children and young people and their parents/carers in need of Getting Help or while waiting for Getting More Help services. The traditional model needs to be adapted to meet the needs of children and young people who find in person access more difficult and also to ensure that our provision at this level is appropriate and meeting the needs of our young people in the Black Country including our underserved communities. The service specification for this service will be co-produced with our young people and stakeholders to ensure it meets their needs.

Overview of offer to children in care and care leavers, support to Walsall Council owned Children's Homes.

Key features of the CAMHS CYPIC service offer must include:

- Child related consultations for social workers and foster carers to allow them to support emerging behaviours that may be linked to their early trauma. There is an expectation that IFAs would support this work for children who are placed with their organisation. These sessions could also be used to support placement stability, mental health assessments and diagnosis
- Delivery of therapeutic interventions with the child/young person following an assessment where a targeted or specialist response relating to their lived experiences is required
- Consultation and training for Walsall Local Authority owned children's home staff, where the CYPIC CAMHS team are working with the child, when an individual child's needs meets the service criteria. This will be specific to the interventions being undertaken with the child and not generic training.
- Nurturing Attachment Training for foster carers
- Ad hoc telephone advice and guidance for carers and professionals
- Support social workers in their understanding of therapeutic work with young people and their carers

The service will provide:

1. Consultation available for social workers to discuss outcomes from SDQ (Strengths and Difficulties Questionnaires) or to discuss any queries or concerns about a CYPIC and a change in behaviour, engagement or disclosures the young person is making or regarding the foster care or residential home. The consultation would consider if a referral into the service would be appropriate and also consider if

other services within the locality would be more appropriate to meet need.

2. Mental health assessments (uni- and multi-disciplinary) which can take a number of sessions to complete, and if it is agreed that intervention is appropriate from the specialist CYPIC CAMHS team, then a treatment plan will be drawn up by the mental health professionals for the intervention clearly identifying the aims and proposed outcomes ensuring voice of the C&YP is central to this process.
3. Interventions with foster carers and/or adoptive parents or Walsall Local Authority owned children's home carers (if appropriate) providing a range of interventions supporting the child or young person with their presenting needs. This might not involve direct therapeutic work with the child or young person themselves.
4. A treatment plan for each child or young person which identifies the aims and proposed outcomes that are sought through the intervention. This treatment plan may contain a significant period of time building up the therapeutic relationship to allow the young person to feel safe and express their emotions within the sessions. Appropriate ROMs to be researched which clearly meet the needs of CYPIC and once defined will be included in each treatment plan.
5. Mental Health consultation to the child's social worker and parent/carer and where appropriate, the professional network
6. Support around behaviour management and the approaches to adopt will be given to professionals involved in supporting the child and family (the child's social worker, the support worker to the family, the school etc) to ensure a consistent approach in supporting the child if related to mental health needs.
7. Teaching and training will be delivered as an ongoing programme across the system to include new starters in CAMHS team, children in care social services teams, school staff, Local Authority owned residential home staff but not private residential homes. This annual training plan is to be delivered quarterly across the city would include
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 - Introduction to Child and Adolescent Mental Health
 - Attachment and Trauma
 - Working with Children in Care

Support for CYP to be waiting well –

Whilst children and young people are on the waiting list they can access the following services as part of the waiting well protocol:

The Black Country Healthcare NHS Foundation Trust has introduced a "Waiting Well" approach to maintain contact with families while they await services from specialist CAMHS. This initiative ensures that families waiting to begin therapy with CAMHS, after an initial assessment, will be contacted at least every three months. During these calls, the service will check in with

the young person and/or family to discuss any changes and offer advice. This also allows the service to reassess the urgency of the family's needs.

For families waiting for an autism assessment (available only to those already in a therapeutic relationship with specialist CAMHS), a letter is being developed. This letter, which will be shared every six months, will include all available Black Country ASC resources and services. It will also invite families to reach out if there are significant changes in their home situation.

All families can contact the SPA if they want to inform the service of a deterioration in their child/young person's mental health. SPA is open from 9 to 5, during week days and out of hours support is available via the crisis line.

Speek – this is a digital mental health platform that bridges the gap between families affected by self-harm and the skills, community, and personalised support they need to find stability (while on the waitlist at CAMHS or engaged with the Crisis Service). Support includes: access to an individualised programme of bespoke therapeutic modules; access to Group therapy sessions with clinical psychologist (2 x month); access to asynchronous chat function with Speek clinical team.

Other support for those CYP who are waiting for support from the CYPMH team can receive support via
Family Hubs
Kooth
Wysa

ASD diagnostic pathways:

The provision of autism diagnostic services across the Black Country is, as it stands, recognised as a complex and unsatisfactory arrangement for our citizens and patients. The ASC pathways are currently still commissioned distinctly and delivered by each of the four places. This in its nature means there is variation, inconsistencies, and differences across the Black Country and in each place. There is a mixed approach whereby in some places an MDT-based approach including Community Paediatrics, Speech and Language Therapy and Educational Psychology services, with some input from Child and Adult Mental Health Services (CAMHS), are responsible for diagnostics. These professionals work across organisations in the Black Country – Local Authorities, Acute and Community Health Trusts and Mental Health Trust and the ASC diagnostic pathways have not been commissioned as pathways but rather as a line in all professionals' service specifications without articulating what is expected to be undertaken to fulfil that remit. Even then it is not clear in every service specification.

Currently the position in Walsall for CYP ASC diagnostics is that there are 3 different pathways, under 5s and over 5s which are the responsibility of Walsall Healthcare NHS Trust and then CAMHS for all children and young

people who have co-morbid mental health needs who require ASC diagnosis.

Under 5s CYP ASC pathways:

Walsall Healthcare NHS Trust hold the under 5's and paediatrician led over 5's pathways and both grew due to demand out of existing Walsall Child Development Services and paediatrician clinics. This is how the pathways have developed and how demand is now exceeding capacity.

The Waiting times for the CYP ASC under 5s pathway which is run by Walsall Child Development Centre are 2 years from referral to assessment.

The service prioritises children based on:

- Age (transition to school)
- Child in care/adopted
- Length of wait exceeding 2 years

Whilst waiting for assessment children access support based on their needs. This support can range from:

- Speech and Language Therapy: Coaching or groups
- 0-19 School Nursing Service (SEND): workshops for behaviour, fussy eating, toileting
- Occupational Therapy: Sensory workshops/ Lead on PINS project
- Schools and settings provide quality first teaching with access to training from specialist providers

Over 5s CYP ASC pathways:

The over 5s CYP ASC pathways are led by the Community Paediatricians at Walsall Healthcare NHS Trust. Currently Walsall Over 5s waiting times for all community paediatric referrals is around 15 months. This is not separated into ASC and other referrals into the community paediatrics clinics, it is just one waiting list.

A big piece of work is being undertaken with Walsall Local Area Partnership at present around supported waiting. This includes early discussions around a Supported Waiting drop in once a month to be scoped out possibly at the locality family hubs by the 0-19s team (possible start date May/June 25 but it is very much in embryonic stage) to signpost to workshops, be there to advise, suggest voluntary sector support, we envisage parents can come to this every month if they wish and this could then facilitate peer support conversations too.

A coproduced ASC resource book developed with FACE (Walsall Parent carer forum) and oversight from partnership Autism and ADHD strategic group (around a month away from completion) to be shared at the point of accepting to the waiting list and via schools and other partners, Local offer and family hubs.

Work is to take place to develop a SENCO "Supported Waiting" tool kit to support the partnership approach, this will include launch and training via the established and very successful SENCO forum. A webpage and possible APP to host this work, which will both link into the Walsall Local Offer and the Healthy Kids website that 0-19s HCP team currently host.

There is a plan to have a supported waiting pin boards in the hospital/schools/health centres. Leaflets to signpost to this offer. Contact will be made via letter at 12 months with a checklist to complete to bring in readiness for appointment, updated school reports/questionnaires/sleep diaries etc. It must be noted that this is in very early discussions, with the second task and finish meeting to being held next week but has full support of WHT and local area partners and the work has already picked up at pace.

CAMHS ASC diagnostic pathways

As requested, there are currently 504 'unique patients' open to the team 'CAMHS ASC Walsall'. The longest waiter was accepted to the pathway in August 2021 and is now awaiting a feedback appointment. Assessment is completed and waiting to provide the outcome as part of a meeting. From the RiO waiting list, there are 133 young people awaiting commencement of the assessment process within the pathway which suggests there are 371 (504-133=371) young people actively engaged in their assessment process at this moment in time. This could be that they are:

- Awaiting a specific type of assessment(s)
- Awaiting discussion at panel to either make a diagnostic decision or decide that further assessment is required (202 from RiO W/L)
- Awaiting a feedback appointment (9 from RiO W/L)

The plan is to continue to work through the 371 before beginning to take off the Master W/L (133) in turn, where young people will be allocated a clinician within the pathway as their coordinator of the assessment process and point of contact.

For those children and young people who are currently waiting for diagnosis for ASD and/or ADHD they can receive support from the following organisations –

Helping Hands

This is a voluntary organisation that works Black Country wide to offer a Helping Hand to families where a little/young person has ASD/ADHD or being assessed, from across the Black Country. It offers support and guidance for understanding their young people and how their behavioural needs can be understood and supported at home and in the wider community.

Currently the support they offer is as follows:

- Welcome call to explore individual needs/support

- Access to virtual This Is Me workshop: Understanding my behaviours as I have different needs workshops. Building a TIM plan - a “window to your little/young person’s behaviour”
- Sharing Rooms: safe space to be yourself, relax and chat with staff and other parents. Signposting and connection into local services. Once a month at different venues across the Black Country.
- School service: TIM face to face workshops- am TIM little people: Understanding my emotions as I have different needs workshops- pm (bespoke sessions that only schools can refer into to)
- Family sensory sessions: safe place for families to meet other families where young people have ASD/ADHD or being diagnosed. These are delivered over the summer holidays at venues across the Black Country.

Partnerships for Inclusion of Neurodiversity in Schools (PINS):

Project has commenced and making good progress. Self-evaluation forms, parental surveys and children's voice surveys have been completed and triangulated which are being used to inform the unique bespoke programs of work being developed for each school based on a detailed Menu of Support developed by each of the commissioned services. (North Star Advisory Team). In Walsall 9 out of 10 schools have had formal meetings prior to the summer term with North Star Advisory Team. The Menu of Support has been developed and dates for implementation are being booked with the schools. PCF meetings in schools have commenced with some excellent engagement reported by the Parent Carer Forum Chair. Schools in Walsall that are currently involved in the PINS project are:

- Abbey Primary
- Busill Jones Primary
- Chuckery Primary
- Fibbersley Park Academy
- Holy Trinity CofE
- Lodge Farm Primary
- New Invention Infants
- Rosedale CoE Infants
- Short Heath Juniors
- Rushall Primary

Support available for Children with Confirmed Diagnosis of LD and/or ASC

For CYP who have confirmed diagnosis of LD and/or ASC can be referred to the Dynamic support register. It is a digital register and processes that work together to ensure that anybody with a Learning Disability, Autism or both, who is at risk of being admitted to a CYP mental health hospital, or entry to the criminal justice system or breakdown in support/ home

placement is discussed in a forum that is attended by key supporting agencies.

Early identification of this cohort and effective communication will enable proactive and preventative work to reduce the risks of admission.

We have been successful in obtaining funding from our West Midlands CAMHS provider collaborative to support expansion of this register to include children who are experiencing mental health distress.

For the past year the LDA team have been piloting access to a Crash pad for LDA to support young people with LDA who are in crisis but do not require a hospital bed but perhaps need respite or alternative provision on a short term basis for their current home. We have been successful with obtaining funding from our West Midlands CAMHS provider collaborative to support expansion of this option for children and young people who do not have an LDA and will be working with our Local Authority colleagues for support as they will need to be in agreement as the young person will need to be placed using the Childrens act.

We also have had an emergency response team who have been able to support young people in crisis regardless of underlying diagnosis to who attend A and E and parents or carers are concerned about them returning home and this team allows additional support to be put in place in an emergency to provide additional support at home and allow discharge to take place if the young person is medically fit.

APPENDIX 1

Mental Health Support Teams in Schools List

Abbey Primary School
Aldridge School
All Saints National Academy
Barcroft Primary School
Barr Beacon School
Beacon Primary School
Bentley Federation - Bentley West Primary
Bentley Federation - King Charles Primary
Blackwood Primary School
Blakenall Heath Junior School
Bloxwich Academy
Blue Coat - Infants
Blue Coat Church of England Academy
Bluecoat - Juniors
Brownhills Ormiston Academy
Busill Jones Primary School
Caldmore Primary School
Castle School
Castlefort J M I Primary School
Christ Church CE Primary School
Chuckery Primary School
Cooper & Jordan
Delves Federation Infants
Delves Federation Juniors
Elmore Green Primary School
Elmwood School
Fibbersley Park
Grace Academy
Hillary Primary School
Ladder School
Little Bloxwich CE VC Primry School
Lodge Farm Primary School
Lower Farm
Meadow View JMI
Millfield Primary School
Moorcroft Wood Primary School
New Invention Infant School
New Invention Junior School
Oakwood Special School

Ormiston Shelfield
Pheasey Park Farm
Phoenix Academy
Pool Hayes Primary School
Pool Hayes Seniors
Queen Mary's Grammar (boys)
Queen Mary's High School (Girls)
Radleys Primary School
Rushall Primary School
Ryders Hayes
Shepwell School
Shire Oak Academy
Shortheath Federation - Shortheath (3 settings)
St Francis of Assisi Catholic College
St James Primary School
St Johns CE Primary School
St Michael's CE Primary School
St Thomas More Catholic College
Streetly Academy
Studio School
Walsall Academy
Walsall Wood School
Watling Street Primary School
West Walsall E-ACT Academy
Whitehall Junior
Willenhall E-ACT Academy

APPENDIX 2

Referrals to CAMHS

	Ap r- 24	M ay- 24	Ju n- 24	Jul - 24	Au g- 24	Se p- 24	Oc t- 24	No v- 24	De c- 24	Ja n- 25
Number of Referrals	34 4	35 5	33 4	31 9	16 6	30 4	46 5	35 0	33 1	35 9
Referrals that met threshold for tier 2/getting help services	16	15	13	12	8					
Referrals that met threshold for assessment from specialist CAMHS	76	61	49	54	44					
Number of initial contacts completed in month	89	75	71	61	49	84	97	63	60	79
Referrals that met threshold for intervention from specialist CAMHS	8	8	4	6	10	6	11	10	11	
Number of CYP contacts within BCH*	20 08	19 23	18 28	16 88	10 57	16 78	20 95	17 07	12 74	17 07
Average waiting time from referral to assessment/Seen (weeks)**	7	5	5	4	4	4	3	3	3	4
Number of patients who did not attend prior to 1st contact	27	20	34	32	22	30	28	29	11	18
Number of patients who cancelled prior to 1st contact	17	24	19	17	8	17	13	8	16	12
Re-Referrals received within 12 months to SPA for the same reason	2	1	1	0	0	4	5	5	7	10
Re-Referrals received within 12 months to SPA for a different reason	4	3	6	9	4	11	10	17	16	29
Average length of episode in days (referral to discharge date)	37 9	26 0	33 7	37 8	31 4	26 2	25 5	22 0	24 4	24 4
Number of Referrals discharged from services	20 5	21 1	18 2	20 8	16 2	15 7	23 5	16 1	15 1	17 8
Eating disorders waiting times - number of urgent referrals seen within 7 days	1	4	1	3	1	2	0	2	0	0

Eating disorders waiting times - number of urgent referrals not seen within 7 days	0	0	0	0	0	0	0	0	0	0
Eating disorders waiting times - number of routine referrals seen within 28 days	6	4	6	4	2	4	3	4	4	3
Eating disorders waiting times - number of routine referrals not seen within 28 days	0	1	0	0	0	0	1	0	0	3
Number of referrals to MHST	87	88	79	43	11	75	15 2	83	60	10 1
Number of referrals that receive support from MHST (excluding group activities)	22 3	24 2	24 7	25 3	17 0	22 5	26 1	25 2	19 7	25 0
Number of MHST referrals on to SPA	0	0	0	0	0	0	0	0	0	0
Number of under 18s under EIP services	4	2	2	1	2	5	5	5	2	2
% of young people/adults that are known to Camhs and return to access Adult mental health services	N/ A	N/ A	N/ A	N/ A	N/ A	N/ A	N/ A	N/ A	N/ A	N/ A

Additional referral information - summaries

Referral Outcomes (Discharge Reason)										
Admitted elsewhere (at the same or other Health Care Provider)	1	1	0	1	1	1	0	0	2	0
CLIENT did not attend	9	13	18	21	16	13	13	10	3	8
CLIENT refused to be seen	1	2	0	0	1	2	1	0	1	0
CLIENT requested discharge	12	13	7	6	5	8	10	6	1	7
Did not opt in	6	10	2	9	9	4	8	12	7	7
Moved out of the area	9	5	4	4	2	4	11	7	3	6
No further treatment appropriate	49	42	33	41	49	42	85	41	39	37
Treatment completed	11 8	12 5	11 8	12 6	79	83	10 7	85	95	11 3

Source and Number of Referrals										
111 - Option 2	0	0	0	0	0	0	1	1	0	2
Acute Secondary Care: Emergency Care Department	0	0	2	0	4	1	0	2	0	4

Child Health: Community-based Paediatrics	19	23	16	21	15	11	30	34	21	8
Child Health: Hospital-based Paediatrics	48	48	36	40	16	30	40	32	41	40
Child Health: School Nurse	2	0	0	4	2	4	5	1	3	6
Education-based Mental Health Support Team	0	0	0	0	0	0	0	0	1	0
Independent sector - Medium Secure Inpatients	0	0	0	0	1	0	0	0	0	0
Internal Referral	1	1	2	2	0	1	3	0	0	1
Justice System: Police	0	0	2	0	0	0	1	1	0	0
Justice System: Youth Offending Team	1	0	1	0	0	0	0	1	0	3
Local Authority and Other Public Services: Education Service/Educational Est'mnt	10 7	98	98	40	1	67	13 7	84	82	10 3
Local Authority and Other Public Services: Housing Service	0	0	0	0	1	1	0	0	0	0
Local Authority and Other Public Services: Social Services	11	9	20	20	22	16	19	15	15	20
Mental Health Drop In Service	0	1	0	0	0	0	0	0	0	0
Other Independent Sector Mental Health Services	5	3	10	1	3	7	2	0	8	8
Other Primary Health Care	1	1	1	2	1	1	0	0	0	0
Other secondary care specialty	1	8	0	7	3	1	1	1	9	4
Other SERVICE or agency	2	0	3	3	0	6	3	5	2	2
Other: Out of Area Agency	0	0	0	0	0	0	0	1	0	0
Other: Single Point of Access Service	0	0	0	0	0	0	2	0	2	1
Other: Telephone or Electronic Access Service	0	1	2	1	0	1	0	0	0	0
Permanent transfer from another Mental Health NHS Trust	1	0	0	1	0	2	0	1	1	1
Primary Health Care: General Medical Practitioner Practice	13 4	15 4	13 2	16 3	87	13 5	17 9	14 8	14 2	14 5
Primary Health Care: Maternity Service	0	0	0	0	0	1	0	0	0	0
Self-Referral: Carer/Relative	11	6	8	12	10	19	41	14	4	10
Self-Referral: Self	0	1	1	1	0	0	1	9	0	1
Talking Therapies	0	1	0	1	0	0	0	0	0	0

Referrals by Age Group

2. 1 to 4	13	13	10	10	12	7	8	9	8	4
3. 5 to 9	83	83	74	86	43	70	13 9	98	69	79
4. 10 to 15	18 8	20 3	21 2	18 5	79	16 4	25 1	19 2	19 4	22 0
5. 16+	60	56	38	38	32	63	67	51	60	56

Gender										
Female	18 9	19 1	18 0	17 1	90	17 7	26 1	17 7	19 0	20 1
Male	15 5	16 3	15 4	14 8	76	12 6	20 3	17 2	14 1	15 8
Not Specified	0	1	0	0	0	1	1	1	0	0

Ethnic Description										
Asian or Asian British - Any other Asian background	0	2	0	3	1	1	5	0	5	3
Asian or Asian British - Bangladeshi	5	2	1	1	0	3	4	2	7	3
Asian or Asian British - Indian	9	7	9	4	5	10	14	8	6	4
Asian or Asian British - Pakistani	13	19	11	17	10	5	27	16	17	13
Black or Black British - African	4	3	6	2	1	4	4	6	3	3
Black or Black British - Any other Black background	1	1	1	0	2	1	2	1	1	1
Black or Black British - Caribbean	1	3	6	5	2	2	3	13	3	6
Declined to State	11	14	12	20	6	22	27	22	26	31
Mixed - Any other mixed background	3	2	5	4	4	2	16	4	2	9
Mixed - White and Asian	1	3	6	5	2	4	6	5	4	8
Mixed - White and Black African	1	1	2	1	1	3	10	2	0	4
Mixed - White and Black Caribbean	11	11	13	19	5	10	17	5	10	6
Not known	24	29	28	18	7	6	22	15	17	20
Other Ethnic Groups - Any other ethnic group	3	2	1	2	1	1	4	0	2	0
Other Ethnic Groups - Chinese	0	0	0	1	0	0	3	1	4	0
White - Any other White background	10	5	9	7	0	8	10	7	6	11
White - British	24 7	25 0	22 4	20 8	11 8	22 1	29 1	24 0	21 7	23 5
White - Irish	0	1	0	2	1	1	0	3	1	2

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