

Corporate Parenting Board
Children in Care FLASH/CAMHS Report
December 2023

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Executive Summary for Children and Young People in Care FLASH CAMHS Report

The Child and Adolescent Mental Health Service (CAMHS) Children in Care (CiC) FLASH Team provides a therapeutic service to children and young people in the care of Walsall Local Authority, and/or adopted, that 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 therapeutic intervention.

In recognition of this requirement Walsall CAMHS FLASH Team in conjunction with Walsall Local Authority, have resolved to provide a quality service to children and young people in care.

The CAMHS FLASH team 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 CAMHS clinician prior to being received into care this will continue rather than them being allocated to a new clinician in the FLASH team. Consistency is important for children at this time. All new referrals for children and young people in care belonging to Walsall Local Authority living within a 20 mile radius of Walsall are seen by the Flash team. These clinicians have received specialist training in approaches that are evidence based for the complex needs of children and young people in care. The children and young people are also able to access specialist medical expertise, systemic family psychotherapy, child psychotherapy, learning disability expertise and the neurodevelopmental assessment clinic from within the wider CAMHS if this is needed.

Preface

This is a different format to the way the report for FLASH has been presented to the Corporate Parenting Board in previous years. Historically, Walsall CAMHS have not had a commissioned service for children in care at a specialist level (tier 3 – Getting More Help), therefore the audit for FLASH (tier 2 – Getting Help) has been presented within a wider overall service audit). This audit will therefore focus only on the FLASH team activity to helpfully identify the work undertaken with children in care.

The report will cover the period December 2022 to November 2023.

1.0) Children in Care CAMHS Team - Staffing

The establishment for the FLASH team is 5.0 WTE. However this year has been difficult in terms of staffing for the team. Earlier in the year the team lead who has been with the team for a number of years left the Trust. The team psychotherapist was also successful in finding promotion in a new post. The posts in bold are the posts that have been in place for the whole year without vacancy or sickness. Due to harmonisation across the Black Country Healthcare Trust (BCHFT) it was necessary to look at all the contracts and part of that was to enter discussions with the Local Authority to think about the contract for the FLASH team and if this should continue in a partnership with BCHFT. It was agreed to continue with the contract for FLASH but during the uncertainty it has not been possible to

advertise for substantive staffing. This had an adverse effect on recruitment. Recruitment into professional positions is challenging and was perpetuated more by advertising only fixed term posts. This inadvertently resulted in reduced staffing numbers in the FLASH team for most of the year. The reduced staffing was further maintained by a long term staff sickness.

Fig 1: Children in Care CAMHS Team

WTE	Professional Title
1.0	Band 7 Nurse Team Lead- VACANT POST
1.0	Band 7 Psychotherapist – VACANT POST
1.0	Social Worker – ACTING LEAD
0.5	Social Worker – SECONDED TO THE FLASH TEAM BY LA
0.5	Social Worker – SECONDED TO THE FLASH TEAM BY LA
1.0	Band 4 Family Support Worker – NOTICE GIVEN

2.) Referral and Pathway through FLASH:

Current Caseload

At the end of previous 12 month period (31 November 2022) the FLASH team had an open caseload of 39 children and young people. Between December 2022 and November 2023 the FLASH team received 51 referrals. The team were able to discharge 79 referrals within the 12 month period.

Fig 2: Current caseload

Open cases at end of November 2022	39
New referrals between December 2022 – end November 2023	51
Discharges between December 2022 – end November 2023	79

2.) Referral and allocation process:

The referral process for referrals to the FLASH Team remains the same. The working model for the FLASH 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: FLASH Team Referrals per Month December 2022 to November 2023

22/23	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total
No of children	1	4	3	5	1	11	7	3	4	7	0	5	51

As the data shows there were no significant changes in the number of referrals except for May. There was a significant increase in referrals received during May. This may have been attributed to school holidays during Easter but we do not have enough information to validate this. It could also be due to end of term exams or the start of GCSE exams, which due to a previous loss of school and teaching time during Covid could have caused anxiety.

Fig 4: FLASH Referrals by Ethnic Groups December 2022 to November 2023

Ethnicity	Number
Asian or Asian British - Any other Asian background	1
Asian or Asian British - Bangladeshi	1
Black or Black British - African	2
Mixed - Any other mixed background	2
Mixed - White and Asian	1
Mixed - White and Black Caribbean	4
Not stated	2
Other Ethnic Groups - Any other ethnic group	1
White - Any other White background	1
Declined to State	4
White - British	32
	51

The table shows that 62% of the referrals received in the 12 month period are from a white British ethnic group. 38% of referrals were from other cultural backgrounds. It is interesting to know if this is representative of the population of Walsall and of the children in care population.

Fig 5: Source of Referrals for December 2022 to November 2023

Source of Referrals	Number of Referrals
Acute Secondary Care: Emergency Care Department	2
Child Health: Community-based Paediatrics	2
Internal Referral	3
Local Authority and Other Public Services: Education Service/Educational Establishment	2
Local Authority and Other Public Services: Social Services	22
Other SERVICE or agency	9
Other: Single Point of Access Service	1
Primary Health Care: General Medical Practitioner Practice	10
	51

The data shows us only 41% of referrals for children in care are referred by their social worker. When a referral is received the child is placed on the FLASH waiting list with the intention to be seen within 12 weeks. As soon as someone in the team has a space and is able to start working with the child/young person a professionals meeting is arranged for the clinician to meet with the professional system to gather as much information as possible to understand the history and current needs of the child/young person and formulate a therapeutic plan. The work will then begin with the child/young person.

Fig 6: Average Waiting Time in Weeks for first all appointments December 2022 – November 2023

Type of Meeting	Number of Weeks
Average Waiting Time for First Appointment	10.2
Weeks Waiting from First Appointment to Second Appointment	0.9
Average weeks waiting from Referral to Second Appointment	11.1

During the 12 month period under audit we were able to see each child/young person within 12 weeks of receipt of referral. The average wait for first appointment was 10 weeks. The data shows that each child was subsequently immediately allocated and offered their next therapeutic follow up within a week of the professional meeting taking place.

3). What the FLASH team Offer to Children, Young People, Foster Parents, 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 Walsall CAMHS FLASH team are skilled and trained in evidence based approaches for working with children in care. They use Dyadic Developmental Psychotherapy, Non-Violent Resistance Programme, Cognitive Behaviour Therapy, PACE approaches, attachment focused/trauma informed talking therapies, storybooks.

Clinical interventions aim to integrate attachment, systemic and psychodynamic 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.

➤ **Consultation**

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 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

Walsall Local Authority Supervising Social Workers

Social Workers

Senior Social Workers

Team Manager

Family Support Workers

Agency Supervising Social Worker

Kinship Carers

Schools

All consultation sessions have been undertaken virtually using MS Teams, this has worked very well, allowing from 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 supported the commissioning of external placements to ensure quality and make certain that our children needs and requirements are being met. The EPP role involves working as a CAMHS clinician across Walsall and Dudley 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

This year has been difficult for the FLASH team. They experienced the departure of their long term lead who symbolised stability for the team. This led to other posts becoming vacant and then further instability due to contract discussions and uncertainty for the team as to whether the FLASH team would continue and if it did what would it look like. During this time only fixed posts could be offered and this led to understaffing because of recruitment difficulties. The team have continued to manage waiting times, risk, complex children, difficult dilemma's, placement breakdowns, endings etc. and I am sure it is fair to say many times their own working situations have mirrored the situations they have been working with in their clinical work which would not have been easy. However, they have managed these professionally and continued to provide an excellent service within the 3 month expected waiting timescale.

Contract discussions concluded FLASH will continue between CAMHS and the Local Authority and service specifications are being agreed. When the team is fully staffed they will be able to respond to referrals in a more timely manner which will allow for a better approachable responsive to meet the needs of the children when they are referred.

Challenges

Part of the contract between Walsall Local Authority and CAMHS is to provide consultation to the Local Authority Residential Units. The changes in staffing over the last 12 months unfortunately meant the CAMHS team were not able to fulfil the obligation to support these residential homes. To resolve this in the short term, until successful recruitment had taken place, two highly specialist nurses from the Sandwell Children in Care specialist CAMHS team were asked to provide some consultation to Redruth and Hilton Road. This was trialled but it was not the right approach and so meetings took place to listen to what the staff needed. Previously a child psychotherapist offered consultation to both homes. This was reported to have been well received and respected. It was agreed that the same child psychotherapist would have this offer as part of her job plan. This has recently been put in place under the new model and will be reported on in next year's report.

New Changes

Three years ago Dudley and Walsall Mental Health Trust and Black Country Partnership Foundation Trust became one Trust, known as Black Country Healthcare NHS Foundation Trust. At this time Covid hit and slowed down our coming together. However we are moving on with harmonisation and part of this is ensuing we have a good offer for Children and Young People in Care across the Black Country in all four specialist CAMHS teams. A specialist team was already in place in Wolverhampton and Sandwell and so it was agreed to use the opportunity to look across the country for 'best practice' in CIC 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 CIC CAMHS is. It was concluded the model already used in Wolverhampton and Sandwell CIC CAMHS was best practice and therefore the alignment of the four CAMHS teams will use this model. Work has begun in Walsall CAMHS to set up the Getting more Help (tier 3) team, which will sit alongside the FLASH team, so that children in care have a specialist team meet their clinical needs. Currently there is only 0.4 post in this team but as money becomes available it is hoped the team will develop further.

The activity of this team will be reported on, as well as the FLASH team, in the report next year. It is important to add that the specialist team will work with any child in care referred to the CAMHS team, therefore this can be a child who is placed in Walsall but from an out of area local authority.

Finally

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.

Working with children and young people in care can be difficult and exposing, but it is a privilege. CAMHS CiC 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 Walsall have the working together ethos to achieve the best results. We are looking forward to getting to know colleagues in Walsall and the local authority and have already been kindly introduced and invited to meetings as a ways of working together.