

Child and Adolescent Mental Health Support

Children Looked After

Report provided for Southampton City Council's Children and Families Scrutiny Panel

November 2022

Glossary of terms:

- CAMHS – Child and Adolescent Mental Health Services
- CLA – Children Looked After
- SpCAMHS – Specialist Child and Adolescent Mental Health Services
- MHST – Mental Health in Schools Team
- BRS - Building Resilience and Strength
- UHS – University Hospital Southampton
- HIOW ICB – Hampshire and the Isle of Wight Integrated Care Board
- ADHD – Attention Deficit Hyperactivity Disorder
- ASD – Autism Spectrum Disorder
- DDP – Dyadic Developmental Psychotherapy
- PTSD – Post Traumatic Stress Disorder

1.0 Introduction

- 1.1 This report builds on the previous summary paper provided to Southampton City Council's Children and Families Scrutiny Panel in November 2021. This previous paper outlined the CAMH Services in the Southampton system and the practice frameworks they are aligned to before moving on to provide details of the demand on services and the number of CLA accessing services. Areas of positive practice, alongside challenges in provision were also reflected and highlighted for discussion.

(November 2021 report - [Appendix 1 - Briefing paper on Child and Adolescent Mental Health Services.docx.pdf \(southampton.gov.uk\)](#))

- 1.2 For the purposes of this update this paper will assume knowledge of Southampton's local services and practice frameworks and therefore focus more on the current picture of delivery of services to CLA.

2.0 Demand on Services – Current Picture

- 2.1 The impact of COVID on the mental health of children and young people has been well acknowledged and reported upon. It is not surprising that the demand on services across our system has increased since our report last year.
- 2.2 The number of referrals to SpCAMHS compared to Pre-COVID levels are still 48% higher (Q1 Financial Year 2019/2020 – 402 compared to Q1 Financial Year 2022/2023 – 595).

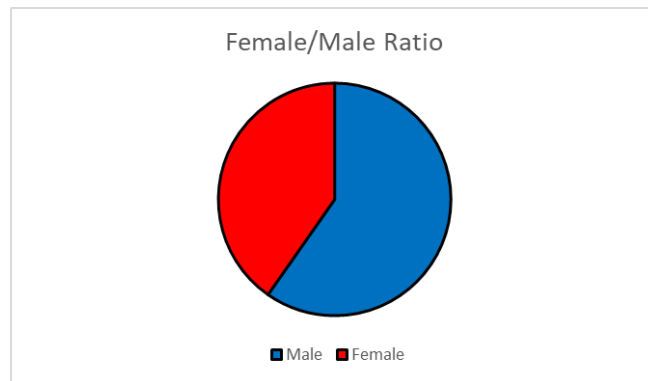
- 2.3 Within this there has been an increase in levels of risk and complexity. Over the last calendar year referrals of young people with high levels of risk have risen from an average of 24% of overall referrals to an average of 36% at the end of the year.
- 2.4 The increased level of demand within our Eating Disorder pathway, whilst starting to show signs of plateauing, has remained at a consistently higher level post COVID with the caseload starting to show as an average of 75 CYP. An increase of 114%.
- 2.5 Our CAMHS liaison team based in UHS Paediatric Emergency Department are also seeing an increase in presentations. The numbers of young people attending UHS requiring input from the liaison team are averaging 14.2 per wk (7.8 Soton and 6.1 Hants) in 2022. This is compared to avg of 8.9/wk (5.4 Soton and 3.5 Hants) for the same period last year – so a 74% increase.
- In the 12 months between 1st October 2021 and 30th September 2022, 39 CYP that were Looked after Children presented to the In House Liaison Team at UHS, accounting in total for approx. 120 presentations. Of these CYP, 22 were seen on multiple occasions.
- 2.6 Due to the increasing demand wait times for initial assessments within SpCAMHS are increasing, with a current average wait of 15 weeks. Prior to the pandemic wait times for initial assessment averaged at 8 weeks, with a reduction as low as two weeks when referrals dipped at the start of COVID.
- 2.7 There are currently 311 CYP awaiting interventions following initial assessment from the SpCAMHS team (excluding ADHD/ASC). The average wait time is just over 13 weeks from assessment. The wait time varies depending on intervention, with the longest waits within the service being attributed to prescribing input.

3.0 Input for Children Looked After

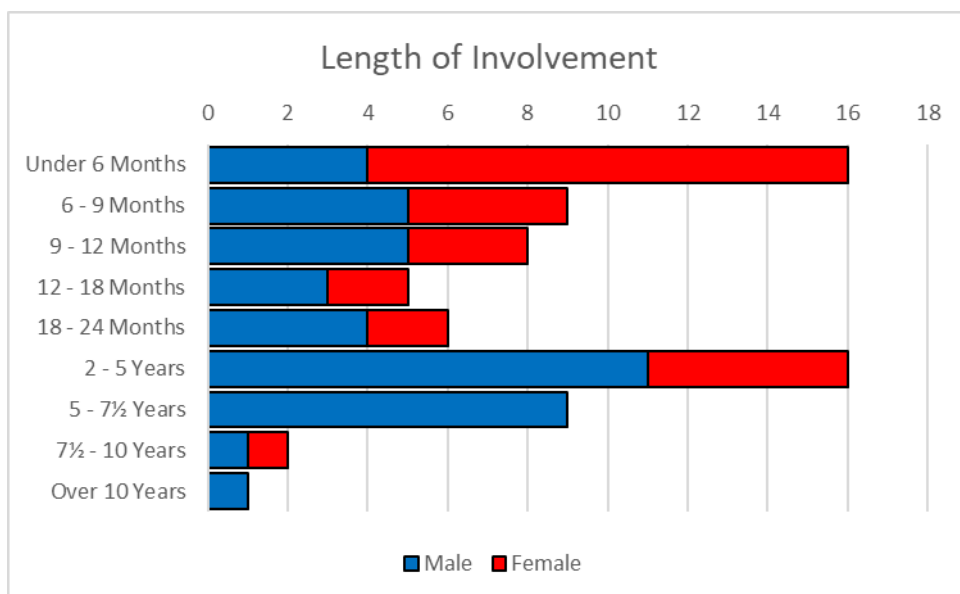
- 3.1 Within Solent NHS Trust there continues to be two key services which provide mental health input and interventions for children looked after. They are BRS and SpCAMHS. With an increasing support role played by the CAMHS liaison service who recognise that a proportion of their frequent attenders are CLA.
- 3.2 This report is able to talk to the input provided by those services, one which is delivered by Solent NHS Trust and the other which is jointly delivered by Solent NHS and Southampton City Council. However, it should continue to be held in mind that this does not reflect the full picture of emotional and mental health input for CLA provided by partner organisations across the Southampton City system. An important workstream for the NHS CAMH Services continues to be in promoting the value that wider services bring in meeting the emotional and mental health needs of children who are looked after. It is not always necessary for a specialist service to provide intervention

based on a looked after status and the roles that professionals and services outside of SpCAMHS play is not to be underestimated.

- 3.3 Since the previous report in November 2021 the number of CLA accessing SpCAMHS has increased by 30% - 55 to 72 CYP who are looked after.
- 3.4 This number continues to reflect both Southampton young people, and young people under the care of other local authorities who are living in Southampton.
- 3.5 Of these Young People under the Service, 43 identify as Male with the remaining 29 identifying as Female.



- 3.6 Length of involvement with the service continues to vary, with input ranging from initial assessment through to long term follow up and intervention.



- 3.7 Our BRS Service continues to provide a high level input to CLA. As at September 2022 the service had an open caseload of 206, of which 46% (95) are CLA.
- 3.8 The BRS continues to provide a variety of interventions for children looked after and their Foster Carers. This ranges from crisis intervention (particularly when there is risk of placement breakdown) through to consultation for professionals' networks involved in supporting CLA. The service works in partnership with clinicians across SpCAMHS and YOS to deliver the Dialectical Behaviour Therapy (DBT) pathway. This is an evidenced based treatment for young people who experience emotions intensely and which can lead them to struggle with their emotional regulation. This is a pathway which is open to all young people who would benefit, including those who are looked after.

4.0 Successes

- 4.1 Some developments and changes in services over the last 12 months have seen some positive contributions to provision and input for CLA.
- 4.2 The BRS has recently set up the consultation clinic, this is a development which benefits all CYP, as well as those who are looked after. The clinic was set up to allow professionals working with children with complex difficulties (including children in care) to access a multi-agency consultation session to develop a psychological formulation and consider appropriate next steps. Annex 1 provides the recent report on the clinic, which highlights the positive feedback received from professionals about the clinic to date. The clinic continues to evolve based on feedback from professionals who have attended the clinic. The next step being considered is to offer a follow up session including parents/carers/young people to go on to develop a collaborative formulation (a 'circle of understanding') including the family/carers.
- 4.3 Recent recruitment to 2 WTE Clinical Lead posts in the Children and Families First Team is seen as a positive contribution to increasing the clinical skill set and understanding within this team of CLA and the role early intervention can play. These are posts that sit firmly within the leadership teams of the Prevention and Early Intervention Services, with clinical supervision and strong links developing with both BRS and SpCAMHS.
- 4.4 Another success is the recent recruitment of a clinical psychologist within the Fostering Team. This as a post previously occupied, but vacant for some months. This role will be supervised by the Principal Clinical Psychologist within the BRS, maintaining close links between the BRS and the Fostering Team to ensure children in care are cared for by foster carers/residential care homes who have regular access to consultation from a clinical psychologist. The clinical psychologist will also offer training, supervision and consultation to the SSWs within the Fostering Team to increase confidence in therapeutic parenting and DDP informed approaches across the whole Fostering Team.

- 4.5 Across the BRS and SpCAMHS the services are making progress with their trauma informed approaches and ways of working. To this end the whole BRS team were recently trained in Dyadic Developmental Psychotherapy (DDP) Level 1 and there are plans for a core group of professionals in the team to be trained up to Level 2 and beyond. In summary, DDP is a model which uses what we know about attachment and developmental trauma to help children, young people and parents/carers with relationships. Therefore, DDP is one of the central therapeutic models used by the BRS team to support children in care and their carers. Similar training is also underway in SpCAMHS to complement, with the aim being that DDP L1 becomes a core model of training for all clinicians.
- 4.6 Our BRS and SpCAMHS team have recently agreed to be part of an exciting research trial considering children in care's access to evidence based therapeutic approaches when they have experienced trauma and are presenting with symptoms of PTSD. As a result of the research trial, almost all members of the BRS team, and a handful of colleagues in the SpCAMHS Team, were recently trained in Trauma Focused CBT and will have access to a monthly supervision group on delivering Trauma Focused CBT. The team have also agreed to begin using the CRIES-8 as one of our routine outcome measures in order to ensure that children presenting with symptoms of PTSD are identified as early as possible into their work with the BRS and can be offered Trauma Focused CBT as part of their intervention plan if required.
- 4.7 SpCAMHS have continued to push on with their commitment to trauma informed ways of working for all CYP, which will have a particular benefit for CLA. To support in this the service has increased provision to do so through the appointment of a Principal Clinical Psychologist who will not only be key in inputting into clinical pathways in SpCAMHS but who, we hope, will provide a crucial skill set in pushing forward the vision of the a City wide trauma pathway as 1 day a week of this role is ringfenced to this workstream.

5.0 Challenges

- 5.1 Whilst proud of the developments we have made within our services there remain some key challenges in current NHS Service delivery, which continue to lie very much in line with the national picture for CAMH Services.
- 5.2 Workforce remains our most significant challenge. This encompasses the recruitment of a suitably skilled workforce, and retention in the face of ever increasing challenges in the job roles and increasing number of opportunities elsewhere. The SpCAMHS team continues to run with an average 12-15% vacancy rate at any one time. Our BRS Service has seen some turnover with colleagues taking other opportunities within the Southampton system. Come January 2023 the service is predicted to have a 40% vacancy rate with certain posts being particularly challenging to recruit to such as Nursing, Family Therapy, and Psychiatry.
- 5.3 As referenced above in the demand on service the ability to respond in a timely fashion to all needs is increasingly compromised with increasing

referrals, increasing levels of acuity and complexity, coupled with an increasing level of staff turnover.

- 5.4 This culminates in the reality that the SpCAMHS team are not always able to prioritise children who are looked after for clinical intervention and will prioritise based on a young persons assessed levels of need based on their risk and functioning. The service are not always able to prioritise children who are looked after who may have a less acute level of need.
- 5.5 A challenge for the service in providing input for children from other local authority areas is the gap for some young people in their identified risks and assessed needs, and the support and skill set in their identified placements to meet their mental health needs effectively. The expectation comes to the SpCAMHS team to provide this consultation and input to local specialist placements and immediate input to the young person. Due to the constraints in service this can be very difficult to deliver at times. Resulting at times in frequent attendances at UHS and ultimately placement breakdown – a distressing scenario for all.

7.0 Summary

- 7.1 The past year has continued to see the trend of increasing levels of demand and significant challenges in workforce recruitment and retention. These challenges are ones recognised across the HIOW ICB as well as nationally.
- 7.2 In spite of this the services reflected in this report continue to strive to improve and take up opportunities to further improve their offer.
- 7.3 Our looked after children and young people in Southampton have a range of emotional and mental health needs which we should encourage to be met by the range of services we have available in Southampton, not just our Specialist Services.
- 7.4 The adoption of trauma informed ways of working should continue to be encouraged, as a model which will have a positive impact for all CYP – as well as those who are looked after.

Annex 1

BRS Consultation Clinic

Background

The BRS Consultation Clinic was set up following feedback from referrers regarding BRS consultations where 53% (18 out of 34) of referrers were not aware of the consultation process, and of those who were aware of it, most were unclear on understanding what the BRS can offer. Positive aspects of the consultation were also identified, such as having a space to hypothesise, formulate with psychologists, and having an independent practitioner's view. Regarding suggestions for improvement, referrers wanted clearer information about the process, criteria and offer of direct intervention to young people/families, as well as having BRS workers arrange the consultation.

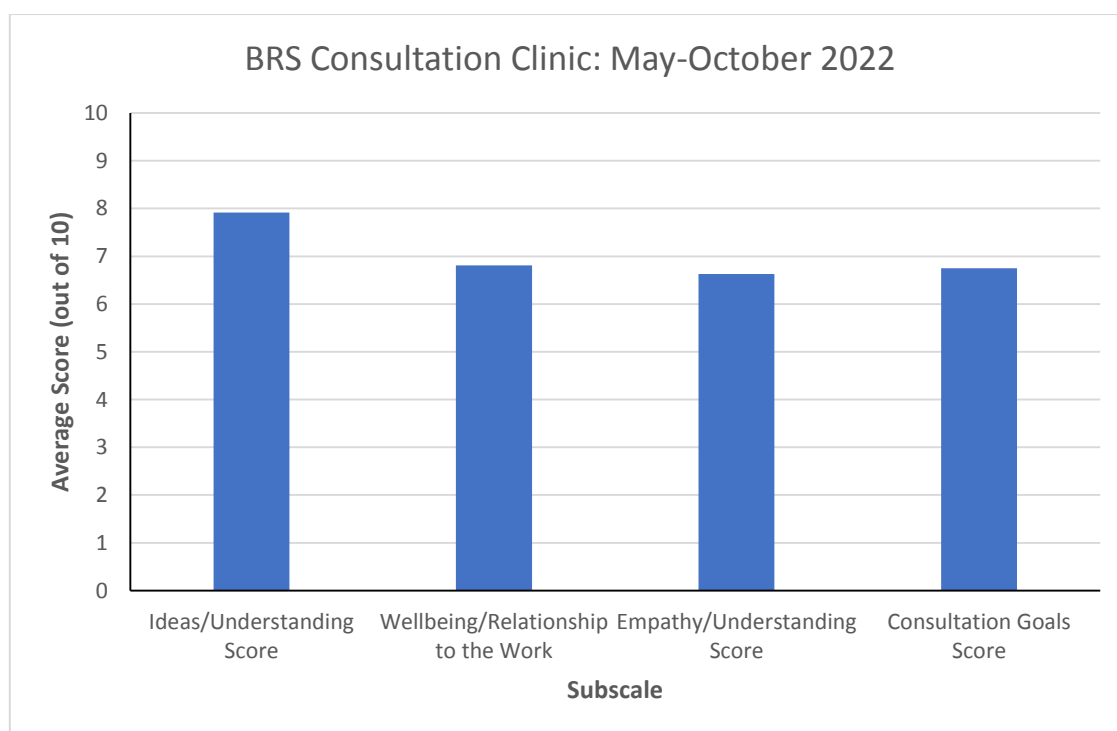
Actions

The service has utilised the skill set of Assistant Psychology (AP) in developing the BRS Consultation Clinic and procedures around this. The consultation clinic runs each week, with four time slots available for referrers. An information sheet for referrers is made available which outlines the service offered, its remits, thresholds, and outcomes. Regular BRS team members representing different disciplines (psychology, social work, family therapy, education) attend the clinic to model the integrated service the BRS offers. A 7 P's psychological formulation is completed for every consultation/young person along with conclusions and recommendations regarding closure or further involvement from the BRS. BRS Consultation Clinic team members will bring a case back to BRS MDMT for further discussion regarding further involvement and potential for any interventions offered; a process made clear to all consultees, which supports outlining the purpose and limitations of the consultation itself. A quantitative and qualitative feedback form was created to evaluate the adapted service, which has included feedback that led to changes made to the clinic (e.g., setting goals at the start of each consultation to hold in mind).

Feedback to Date

From May to October 2022, 27 consultations for 34 young people have been held; of which 19 were in person. Feedback forms were completed by 8 consultees, where out of 40 (the higher, the better) the average total score was 28.1. Average scores for specific subscales (Ideas/Understanding, Wellbeing/Relationship to the work, Empathy/Understanding, and Consultation Goals) are shown in the table and graph below:

Ideas/Understanding Score	Wellbeing/Relationship to the Work	Empathy/Understanding Score	Consultation Goals Score
7.9125	6.8125	6.625	6.75



Qualitative feedback included:

- *Professionals in the room were considerate of the pressures on me in my role and provided lots of positive feedback for the work I have already completed.*
- *Very good to unpick the family apart individually and look at things from a different perspective.*
- *I think it is a very helpful exercise as you cannot include that amount of information in a referral form.*
- *The consultation was very helpful in terms of identifying young person's lived experiences.*