

## Corporate Parenting Board – 15 March 2021

<b>Title of paper:</b>	City Children In Care CAMHS	
<b>Corporate Director:</b>	Catherine Underwood Corporate Director for People	<b>Wards affected:</b> All
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<b>Other colleagues who have provided input:</b>	Sharon Clarke, Acting Head of Children in Care (Regulated Services)	
<b>Relevant Council Plan Key Theme:</b>		
Nottingham People		<input checked="" type="checkbox"/>
Living in Nottingham		
Growing Nottingham		
Respect for Nottingham		
Serving Nottingham Better		
<b>Summary of issues (including benefits to citizens/service users):</b>		
<p>The City Children In Care CAMHS is a jointly-funded multi-disciplinary service responding to the mental health and emotional needs of the City’s children and young people who are in care, offering specialist assessment and intervention when needed, with a particular focus on promoting placement stability. The team is currently being reviewed.</p> <p>This report gives an update on the development and implementation of the City Children In Care CAMHS ‘offer’ over the last 12 months or so, and of the review process.</p>		
<b>Recommendation:</b>		
1	that the Board note and comment on the report.	

### 1 Reasons for recommendations

Children’s mental health is becoming an increasingly prominent concern nationally. As a result of their experiences both before and during care, children in care are at a much greater risk of poor mental health than their peers.

The City Children in Care (CiC) CAMHS team is currently working with approximately 194 children, with a further 14 awaiting assessment in the coming weeks.

We are continuing to develop a service that delivers effective, accessible, holistic evidence-based care. Progress is being made towards this through:

- A planned service review of the team is being undertaken between Health and the City Council;
- The service adapting to meet the challenges posed by COVID-19;

- Acknowledgement of mental health and transitions being identified as a priority within the Nottingham City Integrated Care Partnership;
- Consideration of the Council's Improvement and Recovery Plan and the implications of this for the team / how this fits with the planned service review.

In the last quarter (to Dec 20) we received 35 referrals. The referral rate remains broadly consistent with previous quarters. There has not been a discernable increase in the number of referrals during the COVID pandemic, although we are aware that the pressures in many children's placements have understandably increased during this period (for example with children being unexpectedly at home for increased periods and the changes / disruption they have experienced with school routines).

The majority of our work is with older children (11-18yrs). This could reflect a number of factors, including the age at which children and young people enter the care system, the emergence of mental health difficulties and the developmental challenges that children face as they grow up.

Consistent with previous years, attachment issues and developmental trauma were provided as reasons for referral in the majority of cases. Other frequent reasons for referral include self-harm / suicidal ideation for which the team have developed a specific pathway. The referrer provides the reason for referral. The categories provided on the referral form and those indicated by the referring social worker, do not always represent the difficulties presented by the child, as CAMHS clinicians would view them following assessment.

There has not been a significant change in wait times for a service following acceptance of a referral over the last year from. Throughout 2020, this has remained consistent at around four weeks.

## **2 Background (including outcomes of consultation)**

### 2.1 Service review:

The review began in December 2020. It is hoped that it will be completed by April 2021. This is being led by commissioners within the Integrated Commissioning Hub in partnership with the Head of Service, Children in Care (Nottingham City Council), and the Nottinghamshire Healthcare NHS Foundation Trust. Recommendations will be developed and shared to inform future commissioning intentions.

Among other challenges, there has been a change to the profile of the children in care cohort, with significantly more children in foster care placed with relatives in Connected Persons placements. The issues for working with families such as this are in many ways very different to more traditional fostering families and the team is now having to adapt its practice.

The review aims to:

- Review the current delivery model;
- Review the links between CAMHS CIC team and other mental health services;
- Gain an overview of the connection and joint working with other vulnerable children's services;
- Understand the current activity of the CAMHS CIC team;
- Review the pathway into the service and explore any overlaps and gaps in provision;
- Review pathways for CIC placed in Nottingham City by other Local Authorities (this team currently doesn't work with this group);
- Review transition pathways (children turning 18 and the services they receive as adults);

- Consider the pathway for Nottingham City CIC, placed out of area;
- Gather the perspectives of stakeholders;
- Explore staffing, and skill mix of health and local authority staff;
- Funding / costs. The team is jointly funded by the City Council and the CCG.

The team has been asked to consider the following areas and provide detailed information as to how they meet each area e.g. what is the service offer, how is it accessed, frequency etc:

- Consultation to social workers and the network;
- Consultation, training and support for residential staff;
- Capacity building within the education system;
- Training and support for foster carers;
- Consultation and support for adopters;
- Support for children placed within Nottingham City from other local authorities and those placed out of area by Nottingham City;
- Work with Unaccompanied Asylum Seeking children and young people;
- Assessments;
- Interventions (no. of sessions, types of interventions offered);
- Group work (no. of sessions, types of groups etc).

We are keen to focus on developing a service that focuses on early intervention as part of a continuum of services. This could include focussing on offering more support through increasing the number of group interventions to both professionals and children.

## 2.2 Staffing

With regard to staffing, the multidisciplinary team is made up of staff employed by the Trust and the City Council. Working with the Trust, we have successfully recruited a full time nurse who began in post in September 2020. The nurse is now directly working with a caseload of complex and riskier children, whose presentation includes self-harm, suicidal ideation and challenging behaviours.

As part of further developing the MDT we are working with the CCG to explore the feasibility of having an Occupational Therapy resource in the team for a few hours a week as part of a pilot project, acknowledging the team primarily work with children whose presentation is best understood in the context of developmental trauma and attachment difficulties. Having a greater capacity to assess how children's sensory systems are being impacted and exploring how children can be better supported in school and at home.

Prior to Covid-19, consideration was also being given to developing a specialist transitions role within the team and it is hoped that this proposal will be revisited as part of this review.

Currently, there is a newly vacant full-time social work post in the team but we do not have agreement to recruit to this post at present because of the City's current financial situation. This could cause some capacity issues in the near future (it is likely that the waiting time for assessment and intervention could increase slightly).

## 2.3 Increasing knowledge and skills

In November 2019, the team were successful in obtaining a £50,000 one-off award to fund specialist training. This has allowed the team to begin developing a clear pathway for specialist training to support practice. Unfortunately, the implementation of this has been partially delayed by COVID and some of the training had to be postponed and is now due to take place in 2021. The team's training needs were identified through discussion with the

team's clinical psychologist, consultant psychiatrist and through researching interventions, which have a proven effectiveness with children who have experienced developmental trauma. Some of this training has been arranged in with collaboration with the County's CIC CAMHS.

With regard to other interventions, since the pandemic started the team has observed some increased difficulties within foster placements with the extra physical and emotional pressures on families with children spending more time at home etc. In response to this, our clinical psychologist has recently facilitated an online support group for foster carers jointly with colleagues in the City's Fostering Service. This is now meeting on a monthly basis; foster carers can 'drop in' to the virtual sessions and get support as required.

In April last year we produced a resource for carers to support placements in response to the first lockdown.

The team has been involved in the production of a research paper, which has been published in the British Journal of Psychiatry Bulletin in recent weeks. The aim of this study was to compare the efficacy of direct therapy and indirect consultation for treating mental health difficulties among children in care, and also to identify any demographic or clinical predictor variables for outcomes in this cohort. A retrospective evaluation of mental health outcomes for 104 children in care was conducted. All children received network consultation in combination with or without direct therapeutic work. Outcomes were compared between the groups with and without direct therapeutic intervention.

Those receiving both treatments displayed significantly greater improvements than those receiving just consultation. Nonetheless, improvements for the group receiving indirect Consultations were also significant relative to baseline. Treatment duration and younger age at referral were associated with positive outcomes, while number of placement changes predicted higher difficulties.

It is a major achievement of Nottingham City CAMHS to create an evidence base acknowledged in an internationally reputed academic journal platform. This study is the first of its kind to contrast direct and indirect treatment-related outcomes for Children In Care, and it endorses significant efficacy of both, delivered by a specialist CAMHS. Younger age at entry into care and early treatment are further solidified as key protective factors for mental health of children in care. These findings provide an important quantitative benchmark to guide treatment decisions. Its policy implications include attention to resources to enable more direct and longer interventions for better outcome and life chances for this vulnerable group of society.

## 2.4 Current challenges

It is hoped the review will address a number of challenges including:

### *2.4.1 Transitions:*

The Nottingham City Integrated Care Partnership (ICP) has identified the mental health transitions of care leavers as a focus of one of its workstreams. It plans to develop transition pathways and processes for young people who are either making a transition from CAMHS or who present to the leaving care service with mental health need having previously either not engaged with CAMHS or disengaged before leaving care. Other aspects of transitions which remain a challenge are services for children who have been moved into the City and who are looked after by other local authorities (currently this team doesn't offer a service to this group) and ensuring that City children who are in out of area placements receive effective and timely

mental health support. Effective support / pathways for these different aspects of transitions will be one of the issues considered within the context of the service review.

#### *2.4.2 Service delivery and COVID19*

Currently, all practitioners and Business Support staff are primarily working from home in line with guidance issued nationally and by the City Council. This has been the case since late March last year.

It is worth noting that some carers have continued to report the positive impact for some children seemingly benefitting from smaller numbers in schools, and being at home more which they report have had a positive impact on relationships.

We resumed some face-to-face work as a team in September 2020 and this has continued into the current 'lockdown'. This is carefully risk-assessed and there are some interventions, which we have not, for practical reasons, been able to resume. We acknowledged that some children were struggling with 'virtual' support and some interventions (including art psychotherapy) were difficult to offer 'on-line'.

The majority of work with children and carers is still taking place 'virtually'.

We have carefully risk-assessed and planned how we use our office space and this now opens on a rota basis throughout the week. Staff have access to PPE and occupational health and HR advice has been sought from both the Trust and City as necessary to ensure staff have been fully supported.

We have successfully moved our foster carers' therapeutic skills group to a 'virtual' environment and this is now in its second 10-week run delivering to a second cohort of carers since September last year. We have virtual fostering and schools training programmes in final draft and this will be available in the next few weeks.

IT remains a particular challenge with the difficulties of staff in the team having to negotiate access to two different systems (the Trust and the City Council) with both elements of the team struggling to access each other's systems, these issues are still not fully resolved but are actively being progressed. There have also been differences in the platforms staff have been able to use for working virtually with children, carers and other professionals. But these are now resolved.

Practitioners have continued to find working from home challenging at times with issues ranging from staff having adequate workspaces at home, to childcare issues. The team are being reminded regularly through supervision, in team meetings and in other catch-ups to reflect on some key self-care principles.

#### 2.5 Links with other services

Despite the challenges of Covid, the team's relationship with other City services for Children In Care has improved significantly over the last couple of years, particularly with line-management of the City element of the MDT sitting under the Head of Service for CIC. The team regularly work with the Placements Service to support decision-making around placements. The team recently took part in a D2N2 event for placement providers, alongside CIC CAMHS from Derbyshire and the County.

The team has continued to develop solid links with a range of other mental health and related services including the Virtual School, the Special Educational Needs team, IMARA, Refugee

Forum etc. We have worked closely with the NSPCC therapeutic Life-Story project and are involved in thinking about 'legacy' planning as this project comes to an end. We have developed a closer working relationship with the CAMHS Crisis team and are beginning to work together more effectively where there are children with particularly complex needs; this is evidenced by the development of a 'Strategic Response Plan' (SRP) for one case, the principle of which can be implemented to support particularly vulnerable and risky children in future.

**3 Other options considered in making recommendations**

None.

**4 Finance colleague comments**

None.

**5 Legal and Procurement colleague comments**

None.

**6 Strategic Assets & Property colleague comments**

None.

**7 Equality Impact Assessment (EIA)**

An EIA is not required because the report does not contain proposals or financial decisions.

**8 List of background papers other than published works or those disclosing confidential or exempt information**

None.

**9 Published documents referred to in compiling this report**

None.