Child and Adolescent Mental Health Support

Children Looked After

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

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 – Hampshire and the Isle of Wight
- ADHD – Attention Deficit Hyperactivity Disorder
- ASD – Autism Spectrum Disorder
- MACB – Multi Agency Children's Board

1.0 Southampton Child and Adolescent Mental Health Services

1.1 Solent NHS Trust provides Child and Adolescent Mental Health Services in Southampton through the following 4 teams for children and young people aged 5 - 18:

- Mental Health in Schools Team – an early intervention team delivering low intensity CBT over 6 - 8 sessions.
- Specialist CAMHS Team – our largest team with an average open caseload of 2000 children and young people.
- In Reach Liaison Team – based in the paediatric emergency department at UHS. This team provides assessments for children and young people who present at UHS following self-harm and/or in acute distress.
- BRS – our multi agency specialist CAMHS team provides an intensive crisis intervention response with some dedicated time in the team offering interventions for children and young people who are looked after.

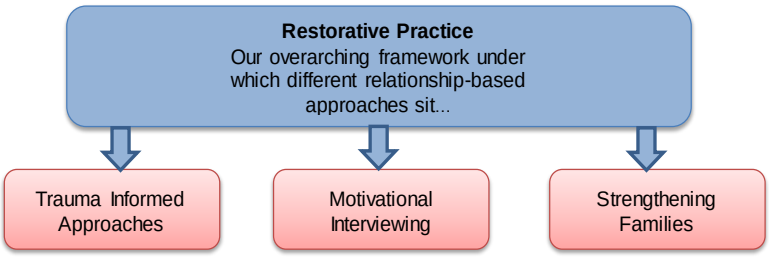
1.2 These NHS services are only part of the picture of services delivering emotional and mental health intervention for children and young people in our City. There are key contributions from the voluntary sector through services such as No Limits and Yellow Door, as well as other services such as The Saints Foundation who provide essential services which support the emotional well-being of our children and young people.

2.0 Southampton's City Wide Approaches

2.1 <u>Our Practice Framework</u>

Southampton City has developed a Practice Framework for working with families which sets out the key theories, values, principles, and approaches that informs the way we work with children and families and how we work together as professionals.

At the heart of the Framework is Restorative Practice which forms the underpinning ethos enabling us to build and maintain healthy relationships, resolve difficulties, and repair harm when relationships break down.



What this means in practice…..

Relationship-based Developing strong relationships between practitioners and families to make change	Self-reflective Thinking about our own beliefs and values and how they influence our work
Evidence-based Using evidence based interventions to support change	Confidently holding risk Whilst working with families to minimise risk through change
Strengths-based Doing more of what works and less of what doesn't, building on strengths	Supervision Using supervision to generate ideas about how to make change

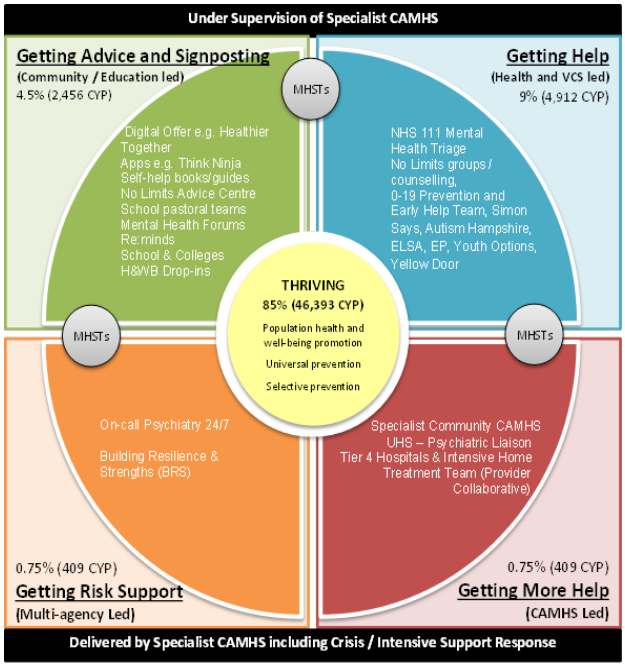
2.2 I-Thrive Framework for System-wide Change

To support this approach, we are also embedding the I-THRIVE framework across the City. The framework is a Nationally recognised one for planning and delivering mental health services for children and young people. It is person centred and needs led, with an emphasis on prevention and early promotion of mental health and wellbeing. It advocates for the role all partners in a system, play in meeting the needs of children and young people's mental health and wellbeing across five categories:

- Thriving
- Getting Advice and Signposting
- Getting Help
- Getting More Help
- Getting Risk Support

The framework was developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust (Wolpert et al., 2019).

The I-Thrive Framework and its Principles that we will embed are outlined below.



MHSTs = Mental Health Support Teams in Schools & Colleges

Principles	Description
1. Common Language	Common conceptual framework (five needs-based groupings: Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support
2. Needs-Led	Approach based on meeting need, not diagnosis or severity.
3. Shared Decision Making	Voice of children, young people and families is central. Shared decision-making
4. Proactive Prevention & Promotion	Enabling the whole community in supporting mental health and wellbeing.
5. Partnership Working	Effective cross-sector working, with shared responsibility, accountability, & mutual respect based on the 5 needs-based groupings.
6. Outcome-Informed	Clarity and transparency from outset about CYPs goals, measurement of progress and action plans, with explicit discussions if goals not achieved.
7. Reducing Stigma	Ensuring mental health and wellbeing is everyone's business including all target groups .
8. Accessibility	Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

3.0 COVID-19 and Impact on Emotional and Mental Health Wellbeing

3.1 The Mental Health of CYP in England, 2020: Wave 1 follow up to the 2017 survey highlighted that the rate of probable mental disorders has increased.

- In 2020, one in six (16.0%) children aged 5 - 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017 – relatively this is a 48% increase.

3.2 Evidence of the impact of COVID-19 on services locally includes:

- The COVID-19 pandemic has led to an exacerbation of deprivation and inequalities. In November 2020, 16.7% of the working age population in Southampton were claiming Universal Credit – nearly twice that of January 2020 (8.8%), which will impact on Southampton's children and young people.
- CAMHS referrals: 87% (+320) increased (690 compared to 370) from April - June 2021 compared to April - June 2019 (pre-COVID). Referral numbers are continuing to increase which will impact on waiting times.
- Access to Service: the national target is for 35% of children and young people requiring treatment for mental health to be accessing this from an NHS Service. In Southampton 55% of individual children and young people aged 0-18 receive treatment by NHS funded community services – This is the highest rate in HIOW.

3.3 Evidence of the increasing need within local CAMH Services includes:

3.3.1 A particular increase in levels of risk and complexity. Last year referrals of young people with high levels of risk rose from an average of 24% of overall referrals at the beginning of the year to an average of 36% at the end of the year.

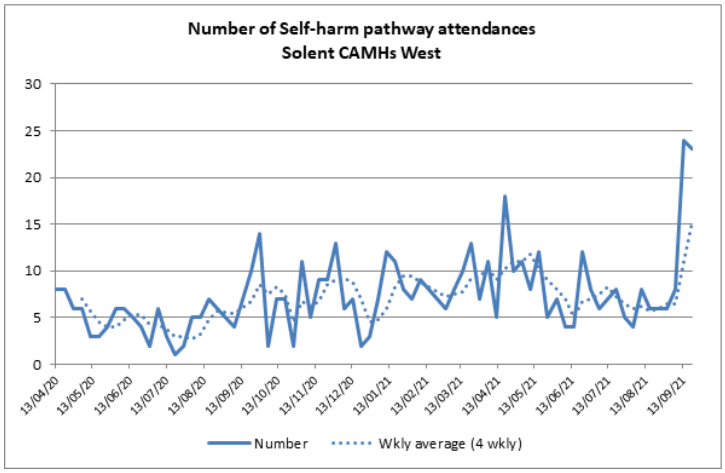
3.3.2 Sharp increase in the number of young people referred for eating disorders. There has been a 93% (+42) increase in cases during 20/21 compared to 19/20 (87 compared to 45).

- This is higher compared to +52% in Hants and +31% in Portsmouth
- 25 Urgent cases (60% seen in 1 week) in 2020/21 compared to 6 in 2019/20 (+317%)
- 62 Routine cases in 2020/21 (84% seen in 4 weeks) compared to 39 in 2019/20 (+59%)

Southampton has the highest number of cases per population in HIOW (79.5 Soton, 63.5 Ports and 43.3 Hants) whilst investment per population is 22% less than IoW, 28% less than Hants and 29% less than Portsmouth (including £60k new investment).

3.3.3 Due to the increasing demand wait times for initial assessments 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.

3.3.4 Since our liaison team started delivering a service at the end of June 2021, they had seen 177 children and young people up to the middle of September, with the 2 most recent weeks have being >25% above any other week since April 2020.



3.3.5 Treatment/Interventions (excluding ADHD/ASD): 305 CYP are waiting for interventions with an average waiting time of 30 weeks from the point of assessment. This varies according to intervention, with our longest waits in service being for prescribing input.

3.3.6 New referrals to the service for ADHD & Autism were temporarily paused during COVID to enable the service to divert resources to support the crisis pathway with a 7 day service and to review pathways. The ADHD pathway reopened in May 2021 and the Autism pathway reopened in September 2021.

At the end of September 2021, the current position for these pathways was:

- Autism: 170 waiting for an assessment with longest waiting time of 18 months, this is compared to 511 on the Autism waiting list with a longest wait time of 2 years and 23 weeks before closure. The service is currently working with a partner provider for an estimated 200 assessments.
- ADHD: 21 are waiting for an ADHD assessment, with the longest waiter at 10 weeks; this is compared to 331 with a wait time of over 2.5 years before the temporary closure.
  - 53 referrals pending a decision with the longest being 13 weeks, approximately 80% likely ADHD.
  - 215 waiting for medication as a treatment option for ADHD with longest wait 1 year.

The temporary closure has enabled the service to reduce waiting lists and ensure capacity is utilised in the most efficient and quality assured way moving forwards. However, there will remain a shortfall between the number of assessments and service capacity and so we do expect to see wait times increase.

4.0 Input for Children Looked After

4.1 There are two key services which provide mental health input and interventions for children looked after. They are BRS and SpCAMHS.

4.2 There are currently 152 children and young people open to BRS. Of that number 45% (69) of them are children looked after. Of the remaining 83:

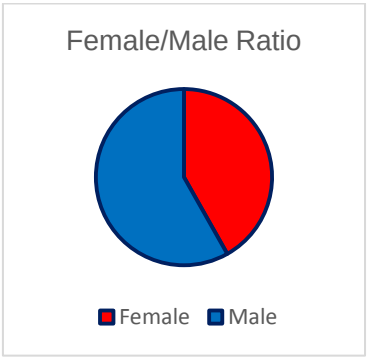
- 23 on CP plans (15%)
- 31 on CIN plans (21%)
- 17 on EH plans (11%)
- 4 having single assessment (3%)
- 8 unspecified (15%)

4.3 The BRS 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 the most recently delivered Promoting Attachments Group which is detailed in Appendix 1. They do not have a waiting list for intervention.

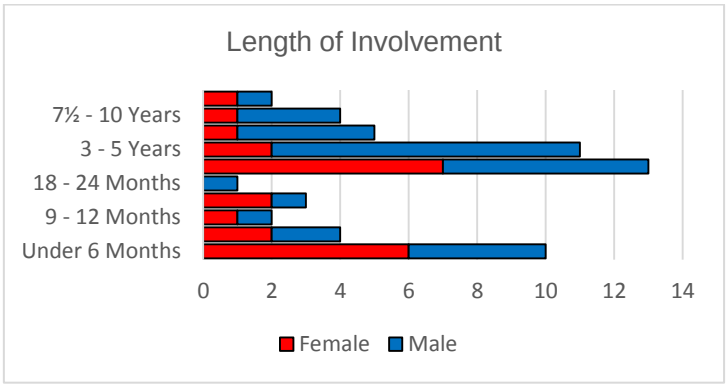
4.4 The BRS also oversees the governance for the newly created Clinical Psychology post working within the Local Authority Fostering team. This role provides dedicated and specialist input to Foster Carers on the needs of children looked after.

4.5 Within the SpCAMHS team we are currently providing input for 55 children and young people who are looked after, 40 of which are Southampton CLA and 15 are children who are looked after by another authority.

4.6 Twenty three of our children looked after are female and 32 are male. We do not currently have the ability to capture data on those young people who do not identify in these gender binary terms.



4.7 Our children looked after who are receiving support from the SpCAMHS team do so for a varied length of time. The interventions provided range from a single assessment through to more intensive crisis intervention and/or long term medication follow up.



5.0 Challenges

5.1 Our key challenges are very much in line with the national picture for CAMH Services.

5.2 Recruitment and retention is a challenge. The SpCAMHS team runs with an average 12-15% vacancy rate at any one time with certain posts being particularly challenging to recruit to such as Nursing, Psychology, and Psychiatry. Staff turnover has increased as the challenges of the job have increased.

5.3 Our ability to respond in a timely fashion to all needs is increasingly compromised with increasing referrals, increasing levels of acuity and complexity and an increasing level of staff turnover.

5.4 This means that the SpCAMHS team are not always able to prioritise children who are looked after for clinical intervention. With a finite resource and an increasing level of risk in our children's mental health we must ensure we respond to those with the highest levels of clinical need and who are often, at the most risk of significant harm. This does mean that we are not always able to prioritise children who are looked after who may have a less acute level of need.

5.5 An important workstream for the NHS CAMH Services is 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.

6.0 Responding to the Mental Health Needs of Children Looked After

6.1 Southampton is currently mapping the CLA emotional and mental health offer. This piece of work is aimed at communicating and promoting the range of services available from early intervention through to crisis intervention, providing opportunity through this mapping to identify gaps and report the need to MACB.

6.2 Destination 22 has provided an opportunity for increased planning and provision for children looked after through an agreed service change to the BRS and embedding mental health expertise in locality models of which the combination of both will

provide more readily accessible consultation for networks supporting children who are looked after.

6.3 The SpCAMHS team have recognised the need to increase provision and are currently working to recruit an additional Clinical Psychologist who will have a focus on trauma informed approaches.

6.4 Both the BRS and SpCAMHS have come together, along with the Youth Offending Service, to develop a DBT (Dialectical Behaviour Therapy) pathway for children and young people who present with high levels of emotional dysregulation and risk of harm. This is a targeted intervention at those most vulnerable children and young people, including our young people who are looked after. By using the skill set across the three teams we have also been able to break down referral barriers.

7.0 Summary

7.1 The mental health needs of children and young people in Southampton have been adversely affected by COVID, this includes our children and young people who are looked after.

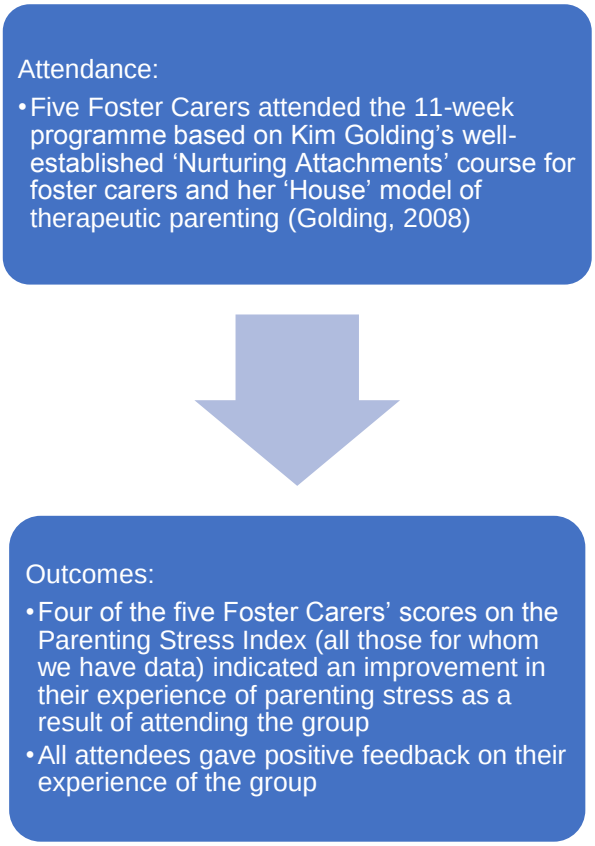
7.2 Our challenges in Southampton are in line with national picture; linked to increasing demand and recruitment gaps.

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.

7.4 The mapping exercise currently underway will provide us with more detailed information on where the gaps lie, enabling us to be more evidence based in our service planning.

Appendix 2

Example of Good Practice – Promoting Attachments Group



"During the sessions I was made to feel completely relaxed talking about the difficulties we were experiencing. I felt listened to in a non-judgemental way. The sessions with Becky have really helped us understand the child we are looking after."

"The course has been so useful and has changed my perspective on parenting [my child]. He clearly is more of a challenge to parent than some other children, but it does not bother me so much now and I feel so much more able to manage the behaviours and stay calm."