

Herefordshire and Worcestershire Health and Care NHS Trust

**Report regarding Herefordshire Child and
Adolescent Mental Health Services (CAMHS)
with specific focus on the provision for
Children in Care**

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1. Introduction

- 1.1 This report has been produced to provide information for partnership working between Herefordshire CAMHS Services and Herefordshire Children and Families directorate, with a focus on services provided for children in care.
- 1.2 Herefordshire and Worcestershire Health & Care NHS Trust is the provider of Child and Adolescent Mental Health Services (CAMHS) across Herefordshire and Worcestershire. This report will provide an overview of the current CAMHS provision available to Children and Young People (CYPs) between 0 – 18 with a focus on how the service is being responsive to the needs of children in care (CIC) focusing on current challenges, quality improvements relating to children in care and service gaps. As this report has been compiled to support the OFSTED inspection within Herefordshire, it will solely focus on service provision within the locality of Herefordshire.
- 1.3 On 4th August 2022, a national cyberattack impacted on clinical records systems provided to NHS services by Advanced clinical systems. The Herefordshire and Worcestershire NHS Health and Care trust has been impacted by this incident and recovery of data is ongoing. Data provided in this report is limited at this time due to ongoing work being undertaken to recover full data reporting functionality following this incident. Specifically, performance data is not able to be broken down to compare data for children in care in comparison with overall performance data.

2. Important factors in our approach to service delivery.

- 2.1 Trauma informed care: Herefordshire & Worcestershire Health and Care trust has made a commitment to be a Trauma Informed organisation and has signed up to the core principles of trauma-informed care. This compliments other key priorities for the trust including reducing health disparity, improving health equality and providing personalised care.
- 2.2 Research has consistently shown a link between the experience of adversity and physical and mental health outcomes. One way trauma has been classified is through Adverse Childhood Experience (ACEs). Research has shown a cumulative negative impact on mental and physical health outcomes (including mortality) in direct relation to increasing numbers of ACEs. As a Trauma informed organisation, we realise the which impact of trauma and understand potential paths for recovery, recognise the signs and symptoms of trauma in people, their families, staff and others involved with the system, resist, re-traumatization of people, and respond by fully integrating knowledge about trauma into our policies & procedures.
- 2.3 NICE (2021) reports that Children in Care have poorer health outcomes across both mental and physical health, citing evidence that 10% of children aged 5-15 years old in the general population have a mental health disorder, compared to 45% of children in care with this rate rising to 72% of children in residential care. Figures of up to 70-80% of children in care needing specialist emotional and behavioural support is cited in the literature (Ward, Holmes, Soper & Olsen, 2008). Children who live in care are some of the most vulnerable young people in our society, with significantly greater need for mental health and emotional well-being support. CAMHS services within Herefordshire provide a variety of county wide and locality based services for children and young people aged 0 – 18 organised into different teams which provide intervention to specific populations of CYPs based on their clinical needs. It does not have a specific team for children in care but trauma informed care is embedded in the

services that are delivered. Service development and provision is driven by national guidance such as the NHS Long Term plan, Nice Guidelines and informed by local need based on data from the office for health improvement and disparities. As part of the Integrated Care System CAMHS works alongside local leads and partners in the Integrated Care Board to ensure that the service is responsive to evolving needs and priorities.

2.4 Collaboration and Participation: Service User participation is core to ensuring these needs are met in patient focused manner. A Youth Board is in place within the NHS Trust to support children and young people to have a voice in influencing, leading and transforming services. Meaningful decision making has seen the Youth Board lead and deliver a range of important service improvements. CAMHS services work closely with the Trust's Youth Board in the development and review of CAMHS services and the Herefordshire Youth Well Being Ambassadors. CAMHS also works closely with partner organisations within Herefordshire such as the CLD Trust <https://thecldtrust.org/> (who provide early intervention for mental health and support the Wellbeing ambassador programme) the Youth Justice service, Herefordshire Childrens Services, Venture <https://www.venture.org.uk/> (providing support to families and young people through a Christian pastoral support programme), Wye Valley trust, Healthwatch Herefordshire and primary care GP services, to ensure a collaborative approach in service development.

2.5 All CAMHS services provide support to those with specialist education needs and disabilities and can be accessed by children who live in care. The decision as to the most appropriate service for the young person is made on individual basis with all services making adaptations where required to ensure individual needs are met.

3.0 Herefordshire CAMHS Service provision.

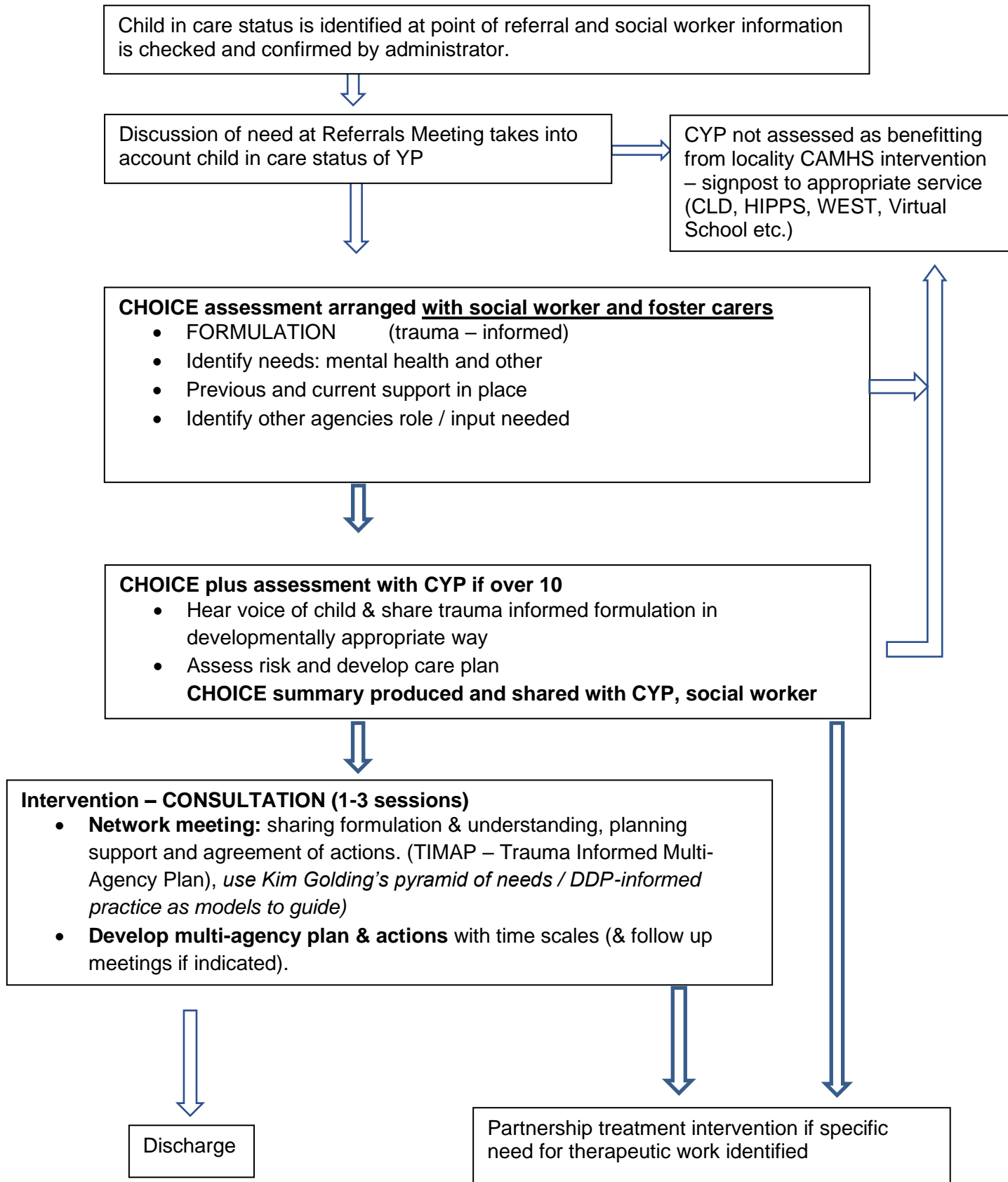
3.1 Herefordshire CAMHS Services have been developed to focus on specific evidence-based pathways of care. Alongside a locality team which provides a range of core mental health interventions, specific service areas focus on the breadth of needs that children and young people can present with. The following service areas are described in this paper:

- Herefordshire locality CAMHS team including a specific pathway for the assessment and intervention for children in care.
- Attention Deficit Hyperactivity Disorder (ADHD) Diagnostic & management pathway.
- Autistic Spectrum Condition (ASC) Diagnostic Pathway.
- Specialist CAMHS Learning Disability service.
- Wellbeing and Emotional Support Team (WEST) delivering the Mental Health Support in Schools programme.
- Children's Eating Disorder Service (CEDs).
- CAMHS Crisis and Home Treatment Service.
- CAMHS Youth Team.

3.2 Herefordshire CAMHS Services work to a Choice and Partnership Approach to assessment and treatment (CAPA <https://www.capa.co.uk/>). Nationally, an 18-week referral to treatment target is in place for CAMHS Services. However, locally a historic contract has established custom and practice of working to an 18-week referral to Choice target (assessment and start of treatment) and 26 week referral to partnership target (start of specific treatment intervention).

- 3.3 Herefordshire locality CAMHS Team:** The Herefordshire locality CAMHS team is a psychology and psychiatry led service which undertakes specialist mental health assessments and delivers evidence based supporting therapies and interventions including Systemic Family Therapy, Cognitive Behavioural therapy (CBT), Child and Adolescent Psychotherapy and Non-Violent Resistance programmes (NVR). Consultation to professional networks and families/cares to those who have complex and enduring mental health needs is provided and includes Trauma Informed Multi-Agency Planning (TIMAP). The team also provides supervision, advice and liaison to professionals within partner agencies, for example the child in care nursing team. The therapies and interventions are delivered by a multi-disciplinary team made up of psychologists, psychiatrists, psychotherapists, social workers, nurses and occupational therapists. These professionals work alongside the child/young person and their parents/carers/families ensuring the wider network of professionals are involved to support improving outcomes for the child/young people. When young people present with special educational needs and disabilities, professionals attend and contribute to the dynamic support register (DSR) and Care, Education and Treatment reviews (CETR) in line with National guidance <https://www.england.nhs.uk/learning-disabilities/care/ctr/care-education-and-treatment-reviews>. CAMHS colleagues engage in producing information and supporting families with Education and Health Care Plans (EHCPs), working closely with professionals across health, education and social care to meet children and young people's needs. As a service we ensure that all children, young people and their families/carers are supported and signposted to access advice and support where applicable from a range of statutory and voluntary/ community/ charitable organisations in our area including Young Carers, Parent Carer association, Venture, and SENDIASS services provided by Herefordshire local authority <https://www.worcestershire.gov.uk/sendiaass>.
- 3.4 Children in care Pathway:** The child in care pathway sits within the Herefordshire CAMHS locality provision and is informed by evidence and best practice guidelines for children who are identified as children in care and care experienced, ensuring strong multi-agency liaison and consultation is embedded in assessment and treatment. All referrals to CAMHS (with exception of the WEST Teams based in schools) are triaged through a single point of access process to ensure that concerns about risk are quickly identified and that the Children, Young People (CYP) is seen by the team/clinician most appropriate for their needs. For CYPs where the information in the referral form indicates that they are a child in care, if accepted by CAMHS, an initial CHOICE assessment will be offered with the Carers and Social Worker to gain background information and reason for referral and to reduce the need for CYPs to 'retell their story' to professionals. The assessing clinicians can offer up to 4 assessment appointments to gain a thorough understanding of the CYP needs and the system of care supporting the young person. The voice of the CYP are included in this process, with CYPs over the age of 10 usually attend at least one appointment but are given a choice about how much they would like to be involved. A Trauma informed approach to formulation (a psychological understanding of the young person) is used to inform the ongoing assessment and care planning identifying ongoing care within CAMHS and/or recommendation/s for carers and the network of services supporting the child. Central to this approach is an understanding that "that mental health support required does not necessarily mean that it is mental health services that are responsible overall for managing the case". Instead, multi-agency working that is based on consultation and liaison appears to be the most appropriate approach (Department of Health and Social Care, 2015).

Children in Care assessment and intervention Pathway



- 3.5 As detailed in Appendix 1, for any child in care receiving care within CAMHS a request can be made for a Trauma informed multi agency planning meeting (TIMAP). This is a Psychology led consultation provided alongside any other work being undertaken in the CAMHS service. The TIMAP approach aims to bring the network of professionals supporting a young person together to gain a shared psychologically informed understanding of the expressed difficulties and agree a multi-agency plan of how to support the young person. An aim of this process is to provide 'support to the worker(s)' who has an existing and ongoing trusting relationship with the young person rather than offer additional short term psychological interventions which many young people with histories of finding it hard to trust adults and experiences of abandonment find difficult.
- 3.6 Performance targets are being met with 100% of children seen within 18 weeks. Across the Herefordshire locality CAMHS service, including the child in care pathway, all children and young people are seen for a CAMHS assessment and start of intervention within 18 weeks. When a specific partnership treatment is identified, 95% of children/young people have begun this treatment within 26 weeks of referral.
- 3.7 **Attention Deficit and Hyperactivity Disorder (ADHD) Diagnostic and management pathway:** The ADHD Diagnostic pathway is a diagnosis and medicine management service within Specialist CAMHS to those who are 7 – 17 years of age. The service works with Parents, Carers and the wider system to assess and establish the context of a CYP presentation and whether a diagnosis of ADHD is appropriate. The service will also provide ongoing medication reviews where clinically indicated. The service is made up of speciality nurses, consultant psychiatry, and advanced clinical practitioners.
- 3.8 Performance targets for ADHD diagnosis and management are being met with 100% of children seen within 18 weeks for an assessment regarding ADHD diagnosis.
- 3.9 **Autistic Spectrum Condition (ASC) Diagnostic Pathway:** Herefordshire CAMHS has historically provided a small number of diagnosis assessments to children with a potential ASC presentation. The ASC pathway offers an assessment pathway to those young people aged between 10 – 18 who are presenting with a neuro diverse need indicative of requiring an Autistic spectrum condition assessment. The pathway is embedded within specialist CAMHS Herefordshire team and made up of psychologists, psychiatrists, occupational therapist, psychology assistants, nurses and educational psychologists. The assessment process follows National Institute of Clinical Excellence (NICE) Guidelines and includes various forms of assessments across differing settings, with input from schools and parents integral to the assessment process. Staff are specifically trained to deliver the range of assessments required as part of the pathway, and knowledgeable about alternative reasons that young people can present with diverse presentations, such as having special educational needs and the long-term impact of early trauma on a CYPs health and development. The staff work as a multi-disciplinary team to either diagnose or to provide a formulation for the context of the child or young person's presentation.
- 3.10 Capacity to undertake ASC diagnosis assessments is limited and a review is underway, led by the Integrated Care Board (ICB) across Worcestershire and Herefordshire to improve the commissioning and service offer for children and young people with neurodiverse needs. Children/young people requiring a diagnostic assessment are currently waiting on average 102 weeks from referral to autism diagnosis, due to insufficient service provision and capacity to meet demand.

- 3.11 **Specialist CAMHS Learning Disability service (CAMHS LD):** The CAMHS LD service works with children and young people who have a diagnosed learning disability and are presenting with a complex and enduring mental health need. The team offer trauma-informed specialist assessment and intervention to support children, families, carers and the wider network. The team in Hereford is made up of a psychologist and a specialist learning disability practitioner who deliver specialist support and therapies such as systemic network consultation, non-violent resistance programmes (NVR) for families/carers, functional analysis using a positive behavioural support approach (PBS), adapted cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT), attachment and trauma focussed theraplay and emotional literacy work. The team also provides a consultation service to special schools in Herefordshire on a rolling 6-week basis. The CAMHS LD team work within clinic settings, schools and will undertake home visits to ensure that they work in an environment that is conducive to the CYP needs.
- 3.12 Performance targets for CAMHS LD are being met with 100% of children seen within 18 weeks for an assessment and start of treatment. When a specific partnership treatment is identified, 95% of CYP have begun this treatment within 26 weeks of referral.
- 3.13 **Well Being and Emotional Support Team (WEST):** The WEST team is the name given to the teams delivering the Mental Health Support Team in Schools programme for Herefordshire under the Transforming children and young people’s mental health provision green paper, published in 2017 (<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>).
- 3.14 WEST is an early intervention service integrated in education settings, offering both low intensity cognitive behavioural therapy and a whole school approach to promote CYP’s emotional wellbeing, keeping the child’s voice at the heart. The service supports CYP ages 5 – 18 at specific schools within Herefordshire. The team is made up of educational mental health practitioners, children’s wellbeing practitioners, Senior Mental Health Practitioners and clinical leads. The team deliver evidence-based support in the form of cognitive behaviour therapies (CBT) to young people with low mood, anxiety and behavioural difficulties. Sessions are delivered within schools who are part of the offer. The service also provides a consultation offer to those schools and works closely with mental health leads in schools to deliver the whole school approach. Within Herefordshire the specific consultation offer is delivered alongside the whole school approach to all special schools and pupil referral units.
- 3.15 Performance targets are being met with 100% of children requiring 1:1 low intensity cognitive behavioural therapy being seen within 4 weeks of referral to WEST and all schools in the project able to access consultation and whole school approach interventions.
- 3.16 **Children’s Eating Disorder Service (CEDS):** The CEDS service is a specialist service for CYP with anorexia nervosa, bulimia nervosa and eating disorder presentations. The service supports those who are aged between 8 to 17.5. Evidence based interventions such as cognitive behaviour therapy, psychotherapy or systematic family therapy are used to support CYP and their families alongside psychoeducation, providing intervention with national waiting time of urgent and routine care. Dietician support, medication and medical monitoring through physical health clinics is provided. A consultation service is also provided including parent support groups. The team is made up of nurses, consultant psychiatrists, health care assistants, psychologists, dietician, and mental health practitioners.

- 3.17 Performance targets are being met with 100% of children/young people accessing routine CEDs assessment and intervention within 4 weeks and 100% of children/young people accessing urgent CEDs assessment and intervention within 7 days.
- 3.18 **CAMHS Crisis and Home Treatment Service:** The service was developed in line with the NHS Long Term plan and works with CYP who are presenting with a serious intent or risk of suicide attempt, following an overdose, an incident of significant self-harm or those with acute onset of psychosis. Crisis support is provided in the initial 72 hours and further home treatment support is then provided for a period of up to 6 weeks after this where appropriate. The service works with CYP and families in collaboration with other professionals to support the young person, to develop a joint understanding of the needs of the young person, and to provide short term intervention which inform ongoing care plans. Interventions and support are provided in hospital settings, clinic settings and in the home. Significant liaison and collaborative working is undertaken with childrens services across health, education and social care including voluntary, community and charitable sector services. The team is made up of nurses, health care assistants, psychiatrists, psychologists and mental health practitioners with a multi-disciplinary team approach taken to the assessment and formulation of care plan for children and young people.
- 3.19 CAMHS crisis support and assessment is provided from 8am – 8pm 7 days a week with a 24/7 crisis support line in place. Performance targets are being met with 100% of CYP receiving a crisis assessment with 24 hours and 100% of children/young people needing an urgent assessment being seen within 7 days. There are no children/young people currently placed in CAMHS tier 4 inpatient care in the Herefordshire area and no children / young people with child in care status have been placed in tier 4 CAMHS inpatient care in the last 12 months from Herefordshire.
- 3.20 **CAMHS Youth Team:** The Youth team provides specialised support to young people who are >16 years of age and are open to CAMHS at the time the referral is received. The team is made up of professionally qualified youth workers and senior mental health practitioners. The team was established as a response to the NHS Long term plan to ensure support for young people in transitioning from CAMHS to adult mental health services or back into the care of their GP. Youth workers will work alongside the young person before, during and after the transition. The service is a goal-based service working with young people to support them in their personal, social and educational development. The youth workers support young people to feel empowered, develop their voice, and influence whilst gaining skills and confidence to realize their full potential. The youth workers use a goal-based approach to support the young person, delivering sessions within the community and youth centres depending on the young person's choice.

4. **Summary and service improvements.**

- 4.1 Children and young people with a complex and enduring mental health need, accessing CAMHS Services within Herefordshire, receive high quality care in a timely way, within national performance targets across all areas of mental health service provision. Children in care are identified at referral and a specialist approach is taken to the assessment of need, in line with best practice, ensuring multiagency working, consultation and advice and embedding trauma informed practice.
- 4.2 Due to historical practice and lack of alternative commissioned services, children and young people with neuro-diverse needs, including children in care, are currently assessed within the mental health service, despite neuro-diverse conditions not

requiring a specialist mental health service offer. Timeliness of access to ASC diagnosis needs to improve and this is being considered by an ICB led review of the service offer for children and young people with neurodiverse presentations.

4.3 A range of multi-agency initiative, partnership working support, supervision, and consultation processes are in place focussed on children in care and in line with good practice. This includes the following:

- Specific pathway for assessment of need and care planning for children in care referred into the CAMHS Service.
- Trauma informed services, and trauma informed multi agency planning (TIMAP) approach for all children in care referred or receiving treatment in CAMHS (see Appendix 1)
- Regular multi-agency meetings are evident: for example, regular meetings are in place between the manager of the HIPSS team, an Educational Psychologist from the Virtual School, and the Lead Psychologist from CAMHS providing advice, consultation and training to agencies supporting children in care promoting a more joined up approach across partner agencies.
- Specialist support and consultation is in place for children in care nurses: Monthly supervision sessions for Children in Care nurses are provided by CAMHS Psychologists. This provides an opportunity for the Children in care nurse team to have trauma and psychologically informed case discussions about the care and support needed for CYP and identify when to refer to CAMHS or other services for support and intervention.
- Children in care transitioning from CAMHS services are supported: CAMHS youth team provide additional support for children in care at the end of a CAMHS intervention or during transition between CAMHS and adult mental health services.

4.4 Ongoing work is in place between Herefordshire CAMHS and Herefordshire local authority children and families services to review the service provision for children in care and the potential for service improvements. Continuing to review and improve what we do is the ambition of the CAMHS Service and partner agencies.

Appendix 1:

Trauma Informed Multi-Agency Planning (TIMAP)

What is TIMAP?

TIMAP (Trauma Informed Multi-Agency Planning) is a consultation approach within Herefordshire CAMHS, informed by literature, which involves working with the network of services around a child, as opposed to direct intervention with the young person. Providing a psychological understanding to a child's difficulties within their life context and experience and thinking together about the current needs and how to meet them as a network can sometimes be the most helpful and appropriate intervention at the time. CAMHS offer up to four TIMAP consultations with professional networks.

When might TIMAP be offered?

- If a person's mental health is significantly impacted by their lived experiences, but it isn't the right time for 1-1 intervention at the point of referral.
- When a young person has had Care Experience (fostering, adoption etc.), and/or developmental trauma, where there are mental health needs, but CAMHS may not be the appropriate service to offer the 1-1 work at this time.
- When the referral describes complex needs that might require longer-term intervention.
- When multiple services are involved in a young person's care.
- When a psychological lens would help the network understand the young person's difficulties.

What is the rationale?

The rationale for offering TIMAP consultations, as opposed to direct intervention through CAMHS, is recognising that children with developmental trauma, or those who have experienced/are currently in care, are likely to have complex needs.

Children who have experienced care are one of most vulnerable groups for developing mental health struggles. Children and young people who have experienced traumas within the context of close or attachment relationships, and/or within a developmental context, often find trauma work can progress. Children with these experiences often have multiple professional services involved in their care and often face a lot of uncertainty and instability in their lives.

TIMAPs can contribute to preventing the network from working in silo and ensures that everyone involved in a child's care has a shared understanding of their experiences and how to address their needs.

Kim Golding's Pyramid of Need (2015) demonstrates the need for safety as pivotal to work towards therapeutic readiness. We cannot move to the next step in the hierarchy without achieving the needs in the step below. Given the short-term nature for what Herefordshire CAMHS is commissioned, we will often not

have the time to work through these steps to complete a piece of therapeutic work which addresses trauma. As such, intervention with us may not be what is best for the young person at the time of referral.

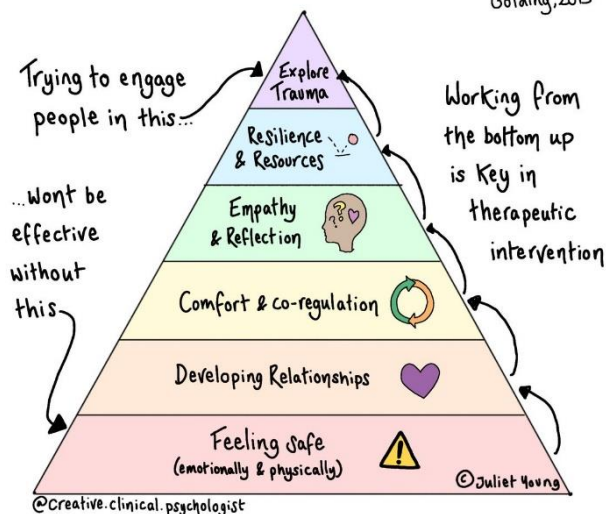
What happens in TIMAP meetings?

TIMAP meetings are held remotely and are organised by CAMHS. They take place at 3-4 week intervals, decided at the end of each meeting, and usually last for 2 hours.

In TIMAP meetings, we would aim put a picture together of what the person’s current needs are, jointly discuss and create a plan for how these might be addressed, using Kim Golding’s pyramid as a framework for prioritising needs and actions. We consider what factors are impacting on a person’s life, what their behaviour might be communicating, and what the person’s strengths are. We identify the young persons’ needs and discuss strategies for the network to support the person in having their needs met. Actions are set and reviewed at the next TIMAP.

Therapeutic Needs Hierarchy

Golding, 2015



Who can attend TIMAP meetings?

Any professional who is involved in the care of a young person can attend TIMAP meetings. This can include, but is not limited to:

- Social Worker
- Education Provider
- Exploitation Team
- Safeguarding Team
- Family Support Worker
- Police
- Child in Care Nurse

It is essential for the Social Worker to attend as they are integral for plans to be taken forward.

Do families or the young person attend TIMAP meetings?

Usually not, but the young person’s views are gathered by the Social Worker and other professionals who meet regularly with them. Additionally, each member of the network will bring their knowledge of the child’s difficulties and views to the meetings.

What happens after TIMAP meetings?

After each TIMAP meeting, the professional network receives a written report from our discussions. The discussion is often organised into themes of what is going on for the young person or the system. The report also includes questions/things to consider going forward, as well as a list of actions which were agreed within the session.

Once the TIMAP process is finished, a summary of all the reports is shared with the GP, referrer, and all professionals around the young person. A separate summary letter is sent out to the young person/parent/carer to inform them of the work that has been going on within CAMHS and to share that they have now been discharged from CAMHS (unless they are open to us under another pathway).

