HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Corporate Parenting Board
Date:	15 June 2022
Title:	Hampshire Child and Adolescent Mental Health Service, Children in Care Provision
Report From:	Rachel Walker, Operational Director, CAMHS, Specialist, Learning Disability/Neurodevelopmental Services

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Purpose of this Report

1. The purpose of this report is to introduce a presentation update to the Corporate Parenting Board of the work priorities of the Hampshire Child and Adolescent Mental Health Service in relation to Children in Care.

Recommendation(s)

2. The Corporate Parenting Board is asked to consider the report and accompanying presentation and note the priorities for the Hampshire Child and Adolescent Mental Health Service in relation to Children in Care.

Executive Summary

3. The presentation seeks to highlight the priorities of the Hampshire Child and Adolescent Mental Health Service in relation to Children in Care.

4. The Virtual Children in Care Team in Hampshire work from within 7 locality based community CAMHS teams across Hampshire to ensure that the mental health needs of Children who have a Care Experience, are best supported locally to where the young person lives.

5. The Hampshire CAMHS Children in Care team use a trauma informed approach. The framework used to understand presenting difficulties in the young people referred is "what has (and still often is) happened to you" rather than "what is wrong with you". This is the starting point of any assessment and consultation.

6. The clinical model adopted by the Hampshire CAMHS children in care virtual team means we continue to focus on increasing understanding, knowledge

and confidence of the professional network.

7. During 2022/23 there is an opportunity to work with partners to further develop the Hampshire CAMHS Children in Care model and expand the current service provision. The presentation provides an overview of the principles and service provision proposed and the steps to be undertaken in 2022/23 in order to agree the service model and financial envelope for implementation in 2023/24, subject to Commissioner approval.

Contextual information

8. Across Aldershot, Basingstoke, Winchester and Test Valley, New Forest, Eastleigh, Fareham and Havant, the Service employees 6.11 whole time equivalent Children in Care Clinicians and a lead Children in Care Therapist.

9. The need to collaborate across agencies is paramount; particularly carers, social workers and education, to be able to build a working assessment about the needs of the young person and how they are best met. Whilst often the presentations are very risky and include self- harm, low mood, anxiety and challenging behaviours for carers, the umbrella behind all these is usually developmental trauma.

10. The trauma model adopted by the virtual Children in care team is based on rethinking specialist and liaison services for young people who have experienced adversity or trauma, Dr Nick Hindley and Dr Carmen Chan. It is highly unlikely when working with young people with complex difficulties who may have experienced significant adversity, that a single intervention or agency will provide a single solution. In general, complex situations require complex solutions and good cross-agency collaboration focussed on achieving consensus is likely to have the most productive results. This requires a specialist service to recognise and consider the dynamic interplay between a young person, their family, and their social environment.

11. Equally, grounded in the first phase of any trauma-informed intervention with young people, should be the development of a sense of safeness and stability that clearly takes into account the child’s hierarchy of need. The importance of joint consideration of ecology and hierarchy of need is fundamental and underlines how important more general consideration of factors such as physiology, safety and social needs may be before more complex needs such as self-esteem and self-actualisation can be addressed.

12. As a result, it is often the case that recommendations involve a focus on core needs and strengths which can be provided by professionals already involved with the child (as long as they are reassured that a specialist service will continue to support them and will become more directly involved if needed). This is a key issue for the credibility and perceived usefulness of a specialist service: a service which provides advice and consultation alone without demonstrating a willingness to become more directly involved in cases when the need arises is unlikely to foster confidence or contain anxiety within

professional systems.

13. In recognition of the above, the Service has been working to develop a model which has expanded capacity to meet the above considerations. The expanded model will continue to be based upon a trauma informed approach, using the best available clinical evidence, and be developed in accordance with the THRIVE framework (*Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated).*

14. The THRIVE Framework is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families. It was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

15. With additional capacity, there will be greater opportunity to increase the support available to partner agencies, and re-balance the focus of work away from responding to escalating crisis'.

16. The business case is in the final stages of being developed and we will engage and consult with partners prior to formal sign-off from Commissioners. This will take place during 2022/23.

17. The proposed model will increase the capacity of the children in care service from 6 WTE to 26 WTE and, subject to approval from Commissioners, will be implemented from 2023/24.

18. The expanded Service would have the capacity to deliver circa 1,000 contacts per month, not inclusive of the additional capacity created for advice, consultation, training and other activities not directly associated with individual referrals.

Finance

19. There are no financial implications arising as a result of this report.

Performance

20. The service received 398 in 2021/2022 for children in care. This is a 4% increase on 2020/21. However, in 2019/2020 the service received 136 children in care referrals, representing a 66% increase from 2019/2020.

21. The total number of contacts attended by children in care in 2021/22 was 6,282. This is a 11% increase on 2020/21. 476 children in care were seen at least once in 2021/22.

22. The total number of assessments undertaken for children in care in 2021/22 was 123. The average waiting time from referral to assessment was 16

weeks. Of those currently waiting, the average waiting time is 18 weeks.

23. Total first treatments in 2021/22 was 163. The average waiting time from referral to treatment was 26 weeks. Of those currently waiting, the average waiting time is 54 weeks.

24. Waiting times for initial assessment and treatment continue to be a significant challenge for the Service. The proposed service model described above will support increasing the available capacity for the Service, enabling a greater opportunity to respond to all levels of need within the THRIVE framework.

Consultation and Equalities

25. In preparing this report, due consideration has been given to the statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149(1) of the Equality Act 2010. No adverse impacts have been identified as a result of the information contained within this report.

26. Engagement with key partners is planned in relation to the proposed children in care model, which will be undertaken during the 2022/23 financial year.

Other Key Issues

27. There are no other key issues identified.

Conclusions

28. Adopting a trauma informed clinical model enables the team to use available resources effectively to target the widest audience of professionals in a systematic way.

29. The virtual team continue to offer a model which focuses on the first steps of the care pathway and the provision of information, advice, consultation and training.

30. Resources for the Children in Care virtual team continues to be a challenge. During 2022/23 there is an opportunity to work with partners to further develop the Hampshire CAMHS Children in Care model and expand the current service provision, subject to approval. It is hoped that this model will be developed, consulted upon and agreed by April 2023.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionally low.

2. Equalities Impact Assessment:

See guidance at https://hants.sharepoint.com/sites/ID/SitePages/Equality-Impact-Assessments.aspx?web=1

*Insert in full your **Equality Statement** which will either state:*

(a) why you consider that the project/proposal will have a low or no impact on groups with protected characteristics or

(b) will give details of the identified impacts and potential mitigating actions