

<b>24 October 2024</b>		<b>ITEM: 7</b>
<b>Corporate Parenting Committee</b>		
<b>SET Child and Adolescent Mental Health Service Report for Looked After Children - January 2024 - September 2024</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> none	
<b>Report of:</b> Dean Rufai presented by Tina Russell Deputy Director SET CAMHS and Partnerships. NELFT		
<b>Accountable Assistant Director:</b> Janet Simon – Assistant Director, Children’s Services and Early Help		
<b>Accountable Director:</b> Sheila Murphy – Executive Director of Children’s Services		
<b>This report is Public</b>		

## Executive Summary

The attached report describes and analyses the service provided by the local Child and Adolescent Mental Health service, known as SET CAMHS to looked after children. This is a health service that is jointly commissioned between Local Authorities and Integrated Care Boards in the wider Essex Area and provides services to children of all ages and backgrounds who have a level of mental health need

The attached report in Appendix One focuses on the work of SET CAMHS in relation to looked after children in Thurrock in the period between January 2024 –September 2024. It provides an overview of the children referred and the mental health services they received.

The outcome for looked after children is that by receiving a priority assessment of their needs this aids identification of emerging emotional health issues and enables support to be put in place to prevent mental health difficulties developing or escalating

### 1. Recommendation(s)

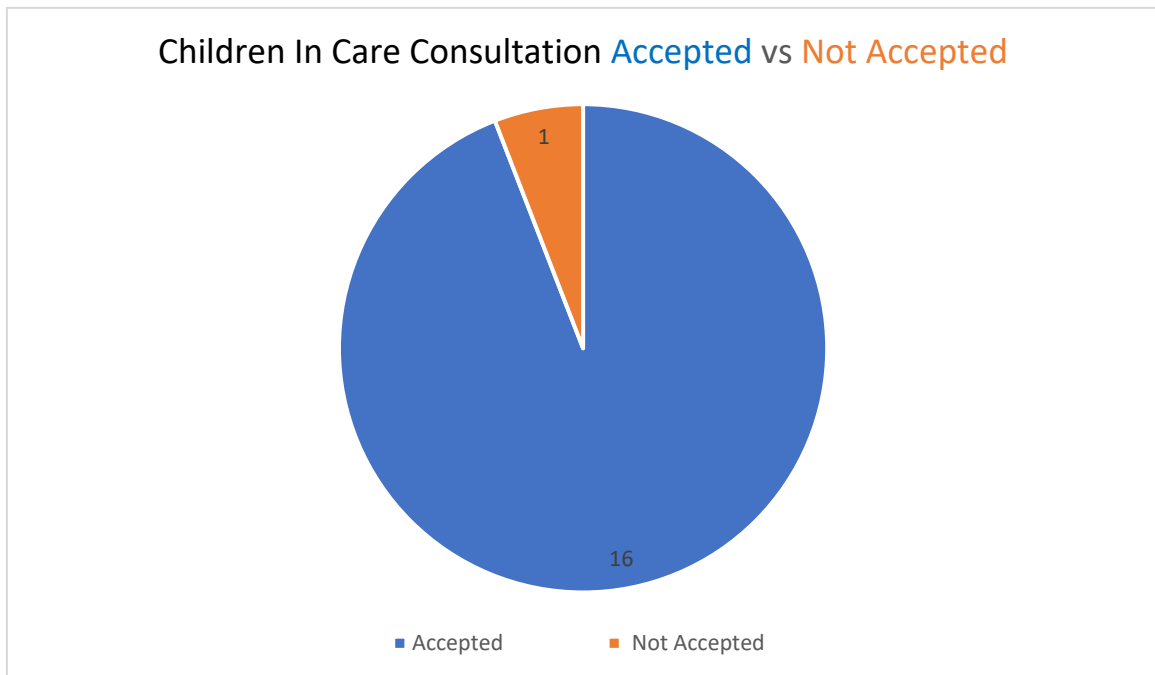
- 1.1 **That the SET Child and Adolescent Mental Health Service Report for Looked After Children, January 2024 - September 2024 is noted and reviewed by members**

1.2 That members are aware of the key areas for improvements.

2. Thurrock Children in Care Referrals between January 2024 – September 2024

Thurrock SET CAMHS received 17 formal referrals into the service between January 2024 and September 2024.

16 were accepted, 7 of these received Children in Care consultations as the first point of contact, one was allocated directly to the Youth Justice CAMHS worker within the team, one young person had a direct assessment and one had a transfer of care meeting, as they had been working with an out of area CAMHS service, The one referral that were not accepted was redirected to Paediatricians by CSPA as this was for their ADHD Pathway. The remaining 6 of the young people were discharged after consultation.



All 16 Children in Care cases received Consultation/Assessment for Children in Care with CIC Social Care Teams. Each child or young person would have been provided with a Children in Care report, giving details of the outcome of the consultation/assessment, the formulation and whether treatment was required. If treatment was not required then advice was given around alternative resources, not only for the child or young person but for the adults and the wider network providing care and support to the child or young person. 6 young people were discharged after consultation/assessment?

All 16 children in care were contacted to obtain the voice of the child and psychoeducation provided to the carers.

Out of the 16 referrals that were accepted, 2 currently remain open to CAMHS and are currently receiving an intervention.

**Types of typically offered interventions:**

- **Trauma-Informed Therapy**

A foundational approach that recognizes the pervasive impact of trauma on young people. It emphasizes safety, empowerment, and collaboration in care settings.

- **Attachment-Based Interventions**

To address attachment difficulties that often arise from disrupted family relationships, helping children form secure bonds with caregivers.

- **Cognitive Behavioural Therapy (CBT)**

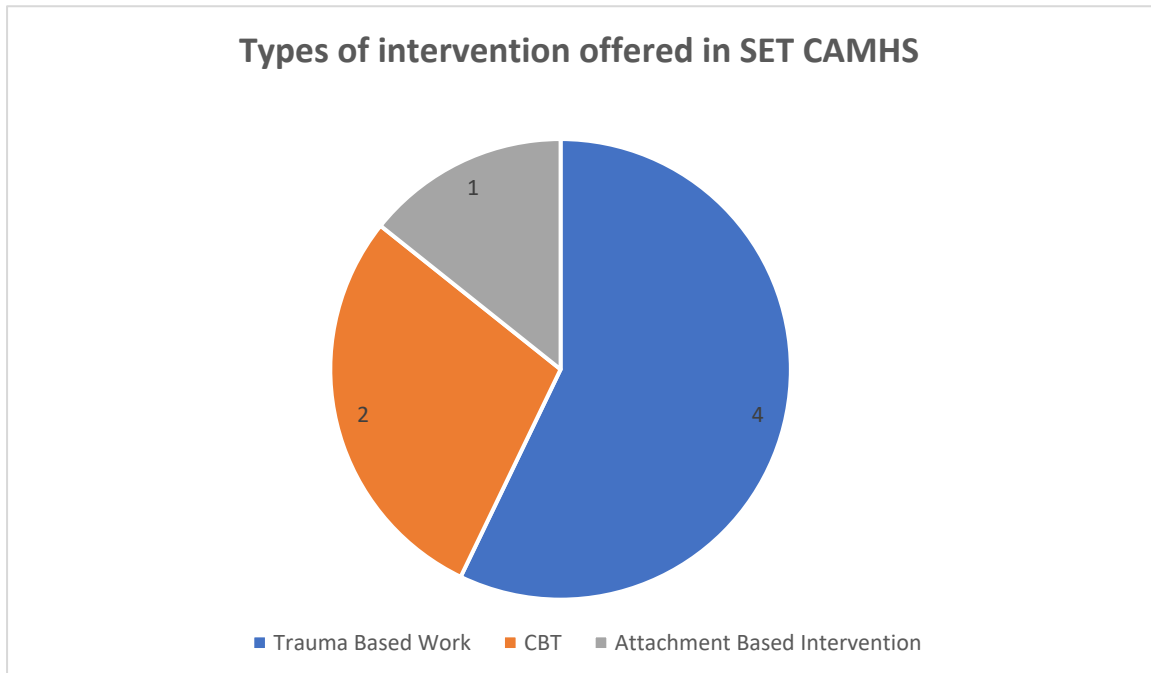
To help young people understand and manage negative thoughts, feelings, and behaviours, often caused by trauma, anxiety, or depression.

- **Mentalization-Based Therapy (MBT)**

To improve the young person's ability to understand their own and others' emotions and thoughts, which is often impaired in those who have experienced trauma or unstable relationships.

- **Dialectical Behaviour Therapy (DBT)**

Focuses on emotional regulation, interpersonal effectiveness, and distress tolerance, often for young people with self-harming behaviours. To help looked-after children manage difficult emotions and develop coping mechanisms.



7 young people received intervention from SET CAMHS; these interventions included Trauma based work which 4 young people received, CBT which 2 young people received and Attachment Based Intervention which 1 young person received.

### **Educational and School-Based Support**

To support the child's emotional and social well-being in the school environment, as school disruptions often accompany placement changes.

These interventions aim to promote the mental health, resilience, and overall well-being of looked-after young people, with the ultimate goal of helping them lead healthier and more stable lives.

Children in the Care of Thurrock local authority placed in Essex and Southend areas will have the same service from the locality team where they are living.

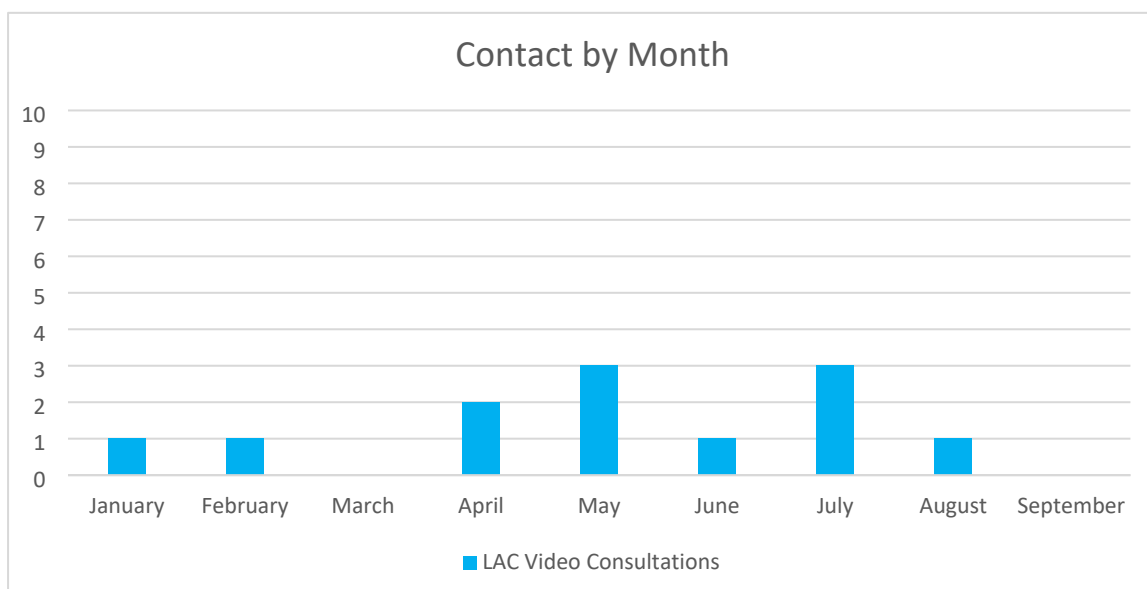
7 young people received Education and School based support in addition to therapeutic support offered by SET CAMHS.

Children and young people in Thurrock can also access services from CAMHS specialist teams including Eating Disorders, Learning Disability team and Crisis and Therapeutic home treatment services.

Although SET CAMHS offer access to specialised services for example Eating Disorder team, Learning disabilities team and CRISIS team; for the period of January to September 2024 there were 0 young people who accessed this service.

### 3. Issues, Options and Analysis of Options

Analysis of 2024 data so far:



This graph indicates Child in Care referrals from **January** to **August 2024**

In total 17 Children in Care referrals were officially recorded however, social work colleagues often utilise other forum to discuss cases, for example the SDQ meetings and the Children in Care hotline services.

The highest referral month was May and July whilst the other months matched in numbers. There's no clear indication of the reasons for this.

Each SET CAMHS locality team has an allocated individual clinician to undertake Consultation for Children in Care with CIC Social Care Team(s) in their area.

- The SET CAMHS CIC Lead clinician meets Social Care CIC teams monthly and is a conduit for communication across the two services. These notes are recorded.
- Offering ad hoc CIC consultation within an agreed forum to provide consistency and ease of access. To identify cases for referral for a full assessment/consultation which are booked in the SET CAMHS team Children In Care consultation slot. These are then logged by the Single Point of Access (SPA) team. Referrals can also be made directly to the SPA and do not have to have discussion with the CAMHS CIC lead first.
- Provide consultation cases that are escalating / in crisis / need Therapeutic Home Treatment.

- Provide consultation on mental health management to foster carers and residential care homes to assist with the care of young people with mental health needs and identify whether the appropriate therapeutic support is being provided to prevent escalation.
- Ensure that Social Workers are aware of necessary documentation for effective consultations (Psychological reports, SDQ's) and can inform what the voice of the child is.
- Meet with the MHC's/locality clinical leads (Essex) CIC MH Practitioners (Southend) to discuss complex cases, offer joint consultations, and hold joint formulation meetings where appropriate. Consider cases for joint working.
- Provide workshops on MH management. Develop understanding of MH processes.
- Have oversight of all the LAC cases within the team and treatment progress. To be aware of LAC who are placed by OOA authorities.
- Develop knowledge and skills of clinicians within team of working with LAC through training workshops and/or consultation.

### **The Children in Care Lead Clinician Role**

Within each CAMHS team there is a dedicated Children in care lead clinician who provides support and advice to Social Care by offering weekly consultation slots.

These slots are regularly used by Social Care and in some instances, when needed, additional consultation slots have been offered outside of these allocated slots.

### **Fast Track Timeline of 10 days and 5 days**

Children in Care are some of the most vulnerable children and young people in society, and as such, need and deserve the best possible support from services. We treat Children in Care with urgency because they often have complex backgrounds and may require immediate attention for their well-being, including medical, emotional, and educational needs. It is also recognised that they can sometimes move quickly, and this affects their place on waiting lists therefore priority access to assessment will help inform what treatment needs to be sought, if they should move to another CAMHS area.

Children in Care are often at greater risk than other children their age and, therefore, require additional safeguards to keep them safe and protected.

Being a Child in Care can have an impact in different ways, including:

- Being at risk of bullying from peers.
- An increased risk of running away or going missing.
- An increased risk of being a victim of exploitation.

- Being more likely to have a mental health issue.
- An increased risk of substance abuse.
- Difficulty forming relationships and trusting people.
- Struggling with education.

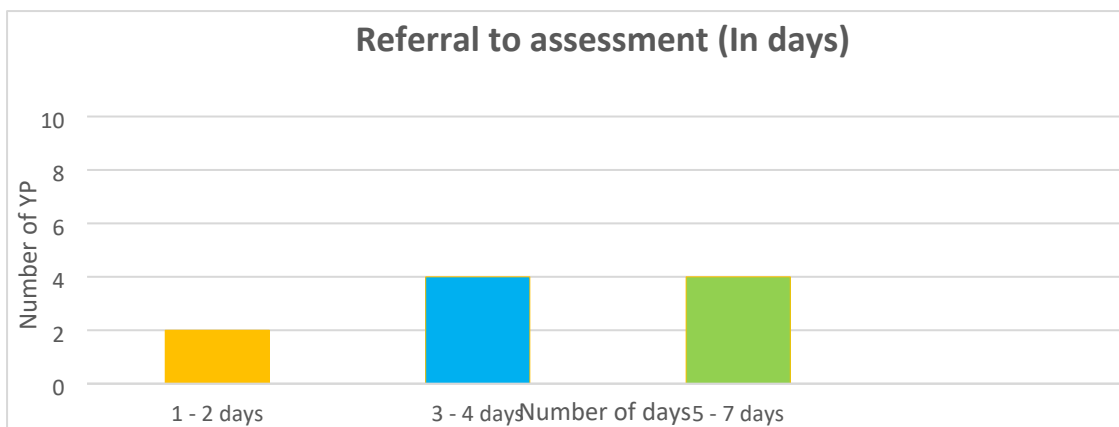
CAMHS recognises that timely intervention can significantly impact their development and ensure their safety and stability. In recognition of the distinct challenges which Children and young people in Care face, the expectation is that they have priority access to mental health assessments by specialist practitioners; however, subsequent treatment is based on clinical need. The Southend, Essex, and Thurrock CAMHS contract requires an assessment within 10 working days, followed by 5 working days for the plan to be with the Social Worker.

The Thurrock CAMHS team also provides a ‘hot line’ for Social Workers requiring a more urgent consultation during office hours.

### Referral to Assessment in Days

Referral to assessment ranges from 1-7 days.

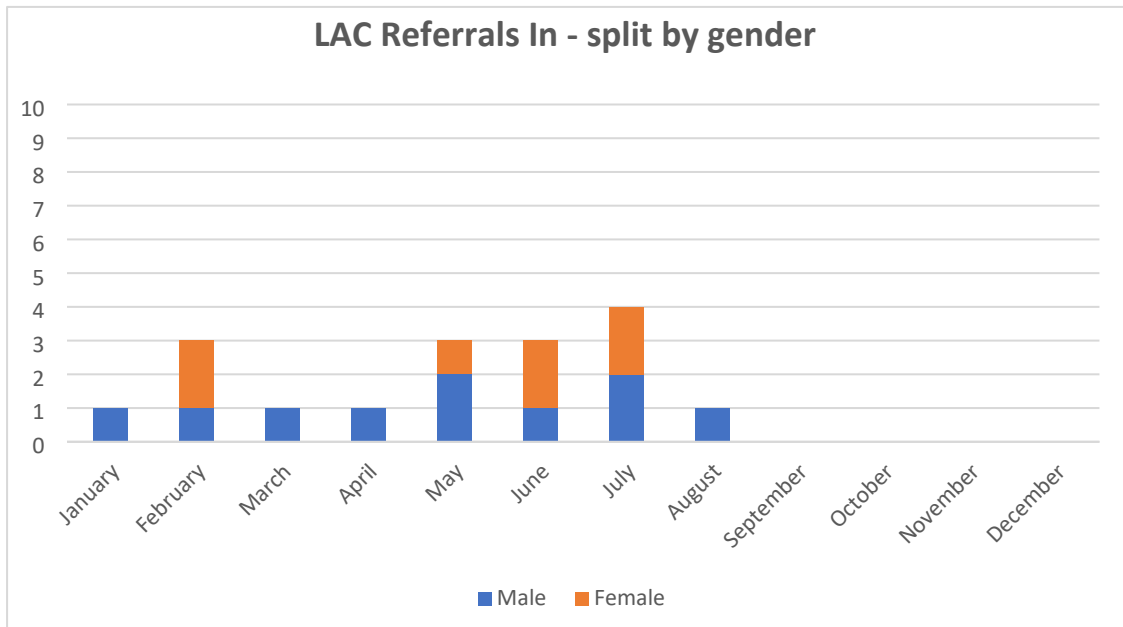
Thurrock SET CAMHS are offering assessments in accordance with the Trust guidance.



### Children in Care Referrals Split by Gender

The graph indicates that from **January** to **August** the gender split in terms of Children in Care referrals appears similar.

The graph indicates 10 of these referrals were male and 7 of these referrals were female.



**Children In Care to Thurrock Open in other Localities within SET CAMHS**

- SETCAMHS Chelmsford: 0
- SETCAMHS Basildon: 3
- SET CAMHS Southend: 1
- SET CAMHS Harlow: 0
- SET CAMHS Colchester: 0
- SET CAMHS Castle Point and Rochford: 0

**4. Reasons for Recommendation**

4.1 The information contained within this report to be noted by Corporate Parenting Committee members

**5. Consultation (including Overview and Scrutiny, if applicable)**

5.1 None

**6. Impact on corporate policies, priorities, performance and community impact**

6.1 None

**7. Implications**



## 7.1 Financial

There are no financial implications, however any costs associated with this report need to be met from existing resources.

## 7.2 Legal

The Local Authority, through its Corporate Parenting responsibilities, has a duty to promote the welfare of Looked After Children. This includes promoting the child's physical, emotional and mental health. Every Looked After Child should have a health assessment so that a health plan can be developed to reflect the child's health needs and be included as part of the child's overall care plan. As corporate parent, the local authority must ensure that children and young people receive the health care services they require as set out in their health plan. This includes medical and dental care treatment as well as advice and guidance on personal health care and health promotion issues. The Local Authority should advise the Integrated Care Board when a child is initially accommodated.

The relevant Integrated Care Board and NHS England have a duty to cooperate with requests from the Local Authority to undertake health assessments and provide any necessary support services to Looked After Children without any undue delay and irrespective of whether the placement of the child is an emergency, short term or in another Integrated Care Board. This also includes services to a child or young person experiencing mental illness. Both the Local Authority and relevant Integrated Care Board should develop effective communications and understandings between each other as part of being able to promote children's wellbeing.

## 7.3 Diversity and Equality

The Service is committed to practice, which promotes inclusion and diversity, and will carry out its duties in accordance with the Equality Act 2010 and related Codes of Practice and Anti-discriminatory policy.

## 7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

- Impact on Looked After Children

## 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

Best care by the best people

**9. Appendices to the report**

- None

**Report Author:**

Dean Rufai - CAMHS Team Manager Thurrock