

Clinical Team Annual Report February 2024

To:	Corporate Parenting Sub-Committee
Meeting Date:	20 th March 2024
From:	Clinical Team, Cambridgeshire County Council
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	n/a
Executive summary:	<ul style="list-style-type: none">- Clinical team overview- Service structure- Service developments
Recommendation:	<p>The Corporate Parenting Sub-Committee is recommended to:</p> <ul style="list-style-type: none">a) Note the content of this reportb) Raise any queries with the Lead Officers

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1. Creating a greener, fairer and more caring Cambridgeshire

1.1 Ambition 7 – Children and young people have opportunities to thrive

The clinical services role is to support and advise professionals with how best to support children and young people with their emotional wellbeing and mental health which would lead to greater opportunities for children and young people to thrive across Cambridgeshire.

2. Background and Clinical Team Overview

2.1 Cambridgeshire County Council local authority children's services commission a clinical team, who offer clinical consultations, meetings with the immediate and wider professional network, direct and indirect work with children and young people and their families, including reunification and SGO/Foster Carers and connected persons. In addition to the above the team attend complex case meetings and offer collaborative work with health partners CAMHS. The team are a multi-skilled and multi-professional group with many years of experience working with young people, using an embedded attachment and trauma informed care approach. Flowchart can be found in Appendix 1.

3. Service delivery model of practice

- 3.1 The clinicians have a wide range of professional backgrounds, this allows them to bring in unique skillsets to integrate multiple therapeutic approaches and interventions as required including: Dyadic Developmental Practice (DDP), Family Systemic Approach, Person Centred Counselling, Solution Focused Therapy, the Neurosequential Model of Therapeutics (NMT), Attachment, Regulation and Competency (ARC), Parent and Child Psychotherapeutic approach, Non-Violent Resistance (NVR), CBT(Cognitive Behavioural Therapy) informed practice, Motivational Interviewing, mindfulness-based approaches, AMBIT (Adaptive Mentalisation Based Integrative Treatment), Sensorimotor Psychotherapy, and EMDR (Eye Movement Desensitisation and Reprocessing).
- 3.2 When we offer consultation about a child or young person, who is struggling with life, emotional regulation, self-esteem, and relationship issues, it would make sense to think that helping the child/young person directly would make a difference. However, due to the children's history of developmental trauma and attachment disruption we work primarily with an indirect approach by providing clinical consultation and advice to carers and professionals around the child. A useful question is "who has the most capacity for change?" Is it the carer with their adult abilities or a child who lives their lives reacting to triggers?
- 3.3 While the therapeutic relationship with a therapist can be healing, it often takes several months, sometimes a year, to create a meaningful relationship with children and young people, to then start doing some healing work.
- 3.4 An understanding, accepting, and empathetic relationship from an adult, will support the child's self-esteem and emotional regulation. A curious carer will support the child's meaning making and identity formation.
- 3.5 We work collaboratively with our CAMHS (Child and Adolescent Mental Health Services) partners by supporting referrals from children's social care or offering therapeutic interventions alongside a CAMHS team that may have a limited role e.g. a looked after child that has a neuro-developmental condition such as autism or attention deficit/hyperactivity disorder that needs medication or other specialist assessment and monitoring.

3.6 Referral data

Clinical Team Referrals 6th April 2022 – 5th April 2023 (CCC and PCC referrals)		
	Number of CCC Referrals received.	Number of CCC Referrals accepted
Total numbers	81	66
Total Percentage		79% 81%
		Number of Referrals declined
Total numbers	81	15
Total percentage		19%

3.7 Referrals are discussed at a weekly referral meeting. Accepted referrals will be those that the team are able to offer consultation and ongoing work directly or indirectly with the child and/or the professionals and carers supporting the child.

3.8 The team record the reasons why the referrals are declined, some the common reasons are that the child has recently been moved to a new home, is residing out of county or has current involvement with the CAMHS specialist services.

4. Team Structure

4.1 The clinical services team has the following team structure:

- 1 x Clinical Lead
- 1 x Senior Specialist Clinician
- 6 x Specialist Clinician (1 x vacant currently)
- 1 x Play Therapist
- 1 x Assistant Psychologist (vacant currently)
- 2 x Business Support capacity

The team profile is as follows:

4.2 Head of Service, trained as a specialist CAMHS mental health nurse and worked therapeutically within CAMHS for years, also worked previously as an auditor and quality officer. Very passionate about hard-to-reach young people and Dyadic Developmental Psychotherapy (DDP).

4.3 Senior Specialist Clinician, trained as a social worker and worked therapeutically within CAMHS for years. They are also trained in many modalities, including EMDR and sensorimotor psychotherapy. They are very passionate about widening the Eye movement desensitisation and reprocessing (EMDR), EMDR application such as walking-EDMR groups.

4.4 Specialist Clinician, has worked three years in Safeguarding and four years in Children in Care teams, where she was Social Worker star of the year for 2023, before joining the

team. They are very passionate about Adoption and early years development.

- 4.5 Specialist Clinician, trained as a counsellor with many years of experience. They are passionate about being with people in the moment, the good ones, and the tough ones.
- 4.6 Specialist Clinician and Play-therapist, trained in the foundation of systemic and VIG accredited. They are very passionate about the importance of the attachment system around the child.
- 4.7 Specialist Clinician, trained as a developmental psychologist in Israel, They are also trained in child-parent psychotherapy and is passionate about parent-child relationship difficulties.
- 4.8 Specialist Clinician, trained as a Mental Health Counsellor in the USA. They are also trained in the Neuro-sequential model of Therapeutics (NMT) and in the Attachment Regulation Competency (ARC) model. They are passionate about the brain, giving communities ways to heal and about trauma-informed systems.
- 4.9 Specialist Clinician, trained as a psychologist and with a post-graduate certificate in systemic therapy and is currently also training to become a sex therapist. They are passionate about systems and systemic thinking around children.
- 4.10 Social Worker Student, in there last year of training and soon to become a social worker herself. They are passionate about learning how trauma impacts people and how it is displayed. They are also learning how important it is to have a trauma-informed perspective when working with children.
- 4.11 Senior Business Support Officer, is always ready to step in if needed and is very supportive of the team. They are passionate about giving back to the community, helping people, and about mental health awareness and wellbeing.
- 4.12 Business Support Officer, who plays a vital and crucial role in the team helping us getting out paperwork organised and keeping track of all our cases. They are passionate about finding new ways to support the team.

5. Service developments

- 5.1 The clinical team has grown from April 2023, gaining a number of staff, which has enabled the team to handle more cases within that timeframe. The increase in workload has required a waiting list to be incorporated into the working practices and maintained, and in person, clinics have started to be used to meet the social workers directly who are involved in the young people's lives. There is an active monitoring and reviewing process in place to manage the waiting times for consultation are currently up to a maximum of 10 weeks.
- 5.2 Our therapeutic offer to foster carers includes provision of training in different areas of interest such as self-harm, eating difficulties, attachment and sensory-processing difficulties. The training sessions are 3 hours long and have up to 20 foster carers attending.
- 5.3 We continue to work closely with our colleagues in the access to resources teams and social work colleagues to identify providers of residential homes and semi-independent living provisions that would benefit from the clinical team's advice and support to better support the children and young people they look after. We have been able to create bespoke training and reflective group work for providers which enables the staff to

mentalize the child experiences so that they can use a compassionate and empathic approach to support the child more robustly.

- 5.4 For the next year there are some exciting plans for us all. We have all completed our Dyadic Developmental Psychotherapy (DDP) Level 1 training and are planning to embed DDP approach and offer our foster carers Dr Kim Goldings 'Foundation for Attachments' Training. Three members of staff have completed Building Underdeveloped Sensory Systems (BUSS) level 1 training. We are working towards staff wellbeing programmes with EMDR (Eye movement desensitisation and reprocessing) Group (Group-Traumatic Episode Protocol) therapy programmes for foster carers, planned for 29th April 2024 with Wellbeing Walk Programmes. We are also offering a comprehensive training programme for our fostering training department and offer reflective supervision to our 'Child in Care' colleagues. We have offered TRiM (Trauma Risk Management) framework to establish the areas where a colleagues may need emotional support with following a traumatic incident with a child or family, who there are working with. These include a work with family, who may have experienced a death, abuse or the staff member has been impacted. We will be expanding our work with our colleagues on training, reflective supervision and staff wellbeing, including using somatic tapping as a technique for our colleagues to use in times of stress.

6. Alternative Options Considered

Not applicable

7. Conclusion and reasons for recommendations

- 7.1 Sub-Committee are asked to note the report.

8. Significant Implications

8.1 Finance Implications

There are no significant implications.

8.2 Legal Implications

There are no significant implications.

8.3 Risk Implications

There are no significant implications.

8.4 Equality and Diversity Implications

There are no significant implications.

8.5 Climate Change and Environment Implications (Key decisions only)

There are no significant implications.

9. Source Documents

None

Appendix 1

