



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

CAMHS in Shropshire, Telford and Wrekin: What's Changing (2026)

A simple guide for children, young people, families – and the people who support them

January 2026

What is CAMHS?

- CAMHS stands for Children and Adolescent Mental Health Service
- CAMHS supports children and young people with feelings, behaviour and mental health.
- Locally, CAMHS is delivered by Midlands Partnership University NHS Foundation Trust (MPFT).
- The current service in Shropshire, Telford and Wrekin is called **BeeU** – a new, improved model starts on 1 April 2026.



What is changing and why

- From 1 April 2026, a redesigned CAMHS model begins across Shropshire, Telford and Wrekin.
- It was shaped by lots of feedback from children, parents and professionals.
- Same provider (MPFT), but a new way of working:
 - ✓ earlier help
 - ✓ easier access
 - ✓ more joined-up care.



What stays the same

- If you are already with BeeU, your care will continue.
- You will NOT need to opt-in again or be re-referred when the new model starts.
- Your usual contacts will let you know about any changes to how they work.



What people said they want improved

Access & information

- Shorter waits, easier access
- No wrong front door & clearer referrals
- Support while you wait
- Online information hub

Joined-up, quality & continuity

- Shared systems — don't repeat your story
- Better communication with families & schools
- Skilled teams & better data
- Smooth transition to adult services (0–25)



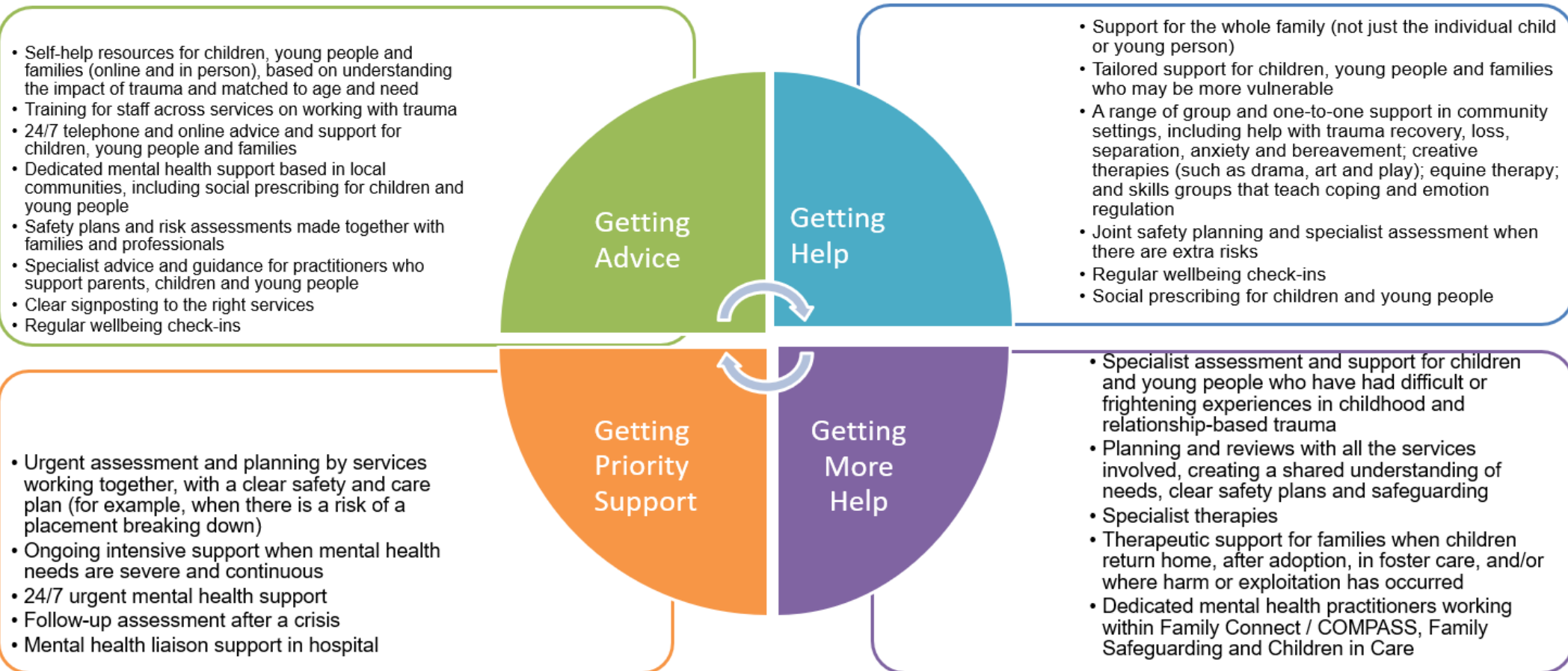
What the new model means for you

- **Easier access:** no wrong ‘front door’ for information and referrals with a friendly triage team.
- **Faster support:** shorter waits plus helpful support while you wait.
- **Joined-up care:** services share information, so you don’t repeat your story.
- **Clear updates:** better communication and signposting.

- **0–25 offer:** planned support through key life stages and transitions.
- **Flexible options:** face-to-face, online, outreach and multilingual support.
- **Ongoing help:** follow-up after discharge and quick routes back if needed.
- **Focus on prevention and early help across STW.**



The I-Thrive Model as it applies to the new service



Getting Advice

- Self-help resources for children, young people and families (online and in person), based on understanding the impact of trauma and matched to age and need
- Training for staff across services on working with trauma
- 24/7 telephone and online advice and support for children, young people and families
- Dedicated mental health support based in local communities, including social prescribing for children and young people
- Safety plans and risk assessments made together with families and professionals
- Specialist advice and guidance for practitioners who support parents, children and young people
- Clear signposting to the right services
- Regular wellbeing check-ins



‘Getting advice’ case study: Charlie (age 11)

What happens now

- Referred to CAMHS for an autism assessment
- Receives a “waiting-well” check-in call by an assistant psychologist
- Signposted to the Autism Hub and upcoming groups
- Told that support is available before and after assessment in the community
- Shared the Healthier Together website for self-help resources
- Family asked for a follow-up call in 6 months

Future goal (new model).

- One simple front door: with integrated E-referral form that can guide the referrer in providing the information required to enable quick triage
- Shared decision making with child, young person and their families about next steps, to help you understand your needs and what help is available
- Tailored advice using a short digital screening
- Warm links to Autism Hub and school-based support
- No repeating your story (shared notes with consent) easy access to help with emotional needs if they arise.

Getting Help

- Support for the whole family (not just the individual child or young person)
- Tailored support for children, young people and families who may be more vulnerable
- A range of group and one-to-one support in community settings, including help with trauma recovery, loss, separation, anxiety and bereavement; creative therapies (such as drama, art and play); equine therapy; and skills groups that teach coping and emotion regulation
- Joint safety planning and specialist assessment when there are extra risks
- Regular wellbeing check-ins
- Social prescribing for children and young people



‘Getting help’ case study: Sarah (age 15)

What happens now

- Referred to BeeU because school engagement was low
- Supported with Conner’s Assessment (ADHD/Autism assessment) including school-based observations and parent young person conversations
- Standard behaviour/attention questionnaires completed (school/home)
- Medication considered and referral to mental health team made.

Future goal (new model)

- One front door with quick triage and a whole-family plan agreed early
- Predictable check-ins (e.g., 2 / 6 / 12 weeks)
- Blended support in school and community (1-to-1, small groups, creative therapies, equine therapy, skills groups)
- Safety planning and specialist assessment when risks are present
- Social prescribing (community activities and support)
- Joined-up care: warm handovers and no repeating your story (with consent)

Getting more help

- Specialist assessment and support for children and young people who have had difficult or frightening experiences in childhood and relationship-based trauma
- Planning and reviews with all the services involved, creating a shared understanding of needs, clear safety plans and safeguarding
- Specialist therapies, for example:
 - Dyadic Developmental Psychotherapy (DDP) a specialist family therapy approach that helps children and their carers build trust, feel safe, and strengthen their relationship.
 - Cognitive behavioural therapy (CBT) - helps children and young people understand the links between thoughts, feelings and actions, and learn new ways to cope.
 - Eye Movement Desensitisation and Reprocessing (EMDR) - a therapy that helps people recover from upsetting or scary experiences by using guided eye movements or other rhythmic actions.
 - Psychotherapy - talking therapy that helps children and young people understand their feelings, build confidence, and learn healthier ways to manage emotions.
 - Systemic family therapy - helps families communicate better, understand each other and work together on problems.
 - Creative therapies
 - Assessment through one-to-one sessions
- Therapeutic support for families when children return home, after adoption, in foster care, and/or where harm or exploitation has occurred
- Dedicated mental health practitioners working within Family Connect / COMPASS, Family Safeguarding and Children in Care

‘Getting more help’ case study: Alice (age 14)

What happens now

- Came to the service with eating difficulties, self-harm, social anxiety and flashbacks
- Supported by the Community Eating Disorder Service and core mental health team
- Received specialist care: psychotherapy, therapeutic family support, nursing and psychiatry
- Regular sessions with parents involved

Future goal (new model)

- Fast specialist assessment and one shared plan across services
- Regular multi-professional reviews, clear safety plan and strong safeguarding
- Access to targeted therapies
- Warm handovers to school and community support; embedded practitioners working with safeguarding and children-in-care services
- Shared notes (with consent) so you don’t repeat your story; fast-track back in if needs rise
- Support from 0–25 for a smooth move into adult services

Getting priority support

- Urgent assessment and planning by services working together, with a clear safety and care plan (for example, when there is a risk of a placement breaking down)
- Ongoing intensive support when mental health needs are severe and continuous
- 24/7 urgent mental health support
- Follow-up assessment after a crisis
- Mental health liaison support in hospital

‘Getting Priority Support’ Case Study – Tom (age 16)

What happens now

- Referred to BeeU Crisis Resolution Home Treatment Team for a potential query of manic/psychotic presentation
- Urgent review requested and completed within 24 hours
- Urgent physical health checks (blood tests, ECG) and medication started quickly
- Home Treatment Team supports Tom and family (including weekends)
- Hospital admission if mental health worsens
- Step-down to home environment after period of treatment and stabilisation, with therapy and medication in place
- Back to education, working towards A-levels

Future goal (new model)

- 24/7 urgent access via one simple front door and rapid triage
- One shared crisis & safety plan agreed with Tom and his family
- Hospital liaison + home treatment wrapped around admission and discharge
- Follow-up after crisis (e.g., within 48 hours and 7 days) to prevent relapse
- Fast access to specialist assessment and ongoing physical health monitoring
- Warm handovers to school/college and community support; fast-track back in if risks rise



Adopting no wrong 'front door'

- Adopting a no wrong 'front door' for information and referrals.
- A call centre that takes all children and young people's mental health referrals giving one point of contact making the whole system easier to navigate
- A triage team to actively direct individuals to the most appropriate care setting or service in a timely way
- Improved and enhanced offer of support, education and information to children and young people, families, parents and carers
- Choice of provider



Neurodevelopmental Pathway (ADHD & Autism)

- Now part of CAMHS– one team, one front door
- Advice and support while you wait
- Increased ADHD & autism assessments with clear results and next steps
- We work with your family and school
- If ADHD medicine is right, we'll review it safely
- Increased support to manage ongoing risks even if therapy is hard to engage with.
- Safety and crisis help - plans to keep you safe; 24/7 urgent support



Community Eating Disorder Service (0-18)

- Now part of CAMHS – one team, one front door
- Early help and medical monitoring to keep young people safe.
- Family-based support for eating difficulties and disorders, with practical plans for home and school.
- Health checks and dietitian to keep you safe.
- Increased referrals to Community Eating Disorders.
- Clear assessment and results with next steps.
- How to get help: speak to your GP, school or the single front door (details to follow).
- Urgent help: if someone is in immediate danger, call 999; for urgent advice, call NHS 111



Transition and 0-25 offer

Age range

- The service supports ages 0–25, so young people don't suddenly lose help when they turn 18.

Planning for moving into adult services

- Planning for the move to adult services starts at around age 16, so young people feel ready and supported.
- Support can continue up to age 25, giving extra time while the move into adult services happens.

When support ends

- When someone finishes support, they will get clear information about:
 - what help they received
 - what went well
 - what they can do next
 - tools and ideas to help them cope in future

Follow-up / checking in

- For six months after leaving the service, the team will check in so help can restart quickly if things get harder again.



Support in schools

- Mental Health Support Teams (MHST) will keep expanding across schools.
 - Mental Health Support Teams (MHST) provide early intervention for children and young people (aged 5-16/18) in educational settings, focusing on mild to moderate mental health issues.
 - They work within schools to provide evidence-based, 1:1 or group therapy (e.g., CBT) for issues like anxiety, low mood, and friendship problems.
 - They also support school staff and parents/carers while promoting a whole-school approach to wellbeing.
- Aim: all schools covered in STW by 2030.
- Offer includes early help, workshops and 1:1 support in school settings.



Inclusive, fair and flexible

- Support for everyone with extra focus on groups who may face barriers.
- Outreach to rural areas and communities with higher need.
- Trauma-informed, culturally competent care; materials in multiple languages.



Your Voice Matters

- The new model was shaped by hundreds of local voices in 2024–25.
- We'll keep listening: [how are we going to do this – survey / forums etc]
- How to get involved, visit to find out more: [Shropshire, Telford & Wrekin Children and Young People's Emotional Wellbeing and Mental Health Services :: Midlands Partnership University NHS Foundation Trust](#)
- For more information and/or to send your FAQs email: involvement@mpft.nhs.uk



Timeline: what is happening when

- 2024-2025 Model co-designed with families and professionals
- 2025 March 2026 – Procurement and preparation
- 1 April New CAMHS model starts
- 2026-2029 3 year improvement programme
- 2030 All schools in Shropshire, Telford and Wrekin with a MHST



Next steps

- **For 1 April 2026: as a priority a name NEW service for launch** feedback from engagement to consider:
 - The name needs to be easily understood
 - Recognisable to people out of area
 - Needs to capture the emotional wellbeing aspect
 - Include location (Shropshire, Telford and Wrekin)

Suggested names to think about...

1. Children and Families Wellbeing Service (CFWS)
2. Shropshire, Telford and Wrekin CAMHS
3. Child, Adolescent and Family Wellbeing Service (CAFWS)
4. Neurodevelopmental and Emotional Wellbeing Service (NEWS)
5. Children and Young People's Integrated Wellbeing Service (CYPMHS)
6. Together for Wellbeing (Children and Families Team)
7. Connected Minds: Children, Families and Development Service
8. Shropshire, Telford and Wrekin CAMHS Emotional Health and Well Being
9. Children and Families wellbeing services - CAFWS
10. Children and Young People Emotional Wellbeing and Mental Health Support





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Thank you