

Report of the Assistant Director (Children's Specialist Services) to the Meeting of the Corporate Parenting Panel to be held on 22 April 2015

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Subject:

Emotional Wellbeing Support for Looked After Children – including Trusted Adult Model

Summary statement:

This paper has been requested by the Corporate Parenting Panel as a follow up report from the 10th September 2014, whereby Child and Adolescent Mental Health Services (CAMHS) to Looked After Children were discussed, specifically in relation to the developing trusted adult model.

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1. SUMMARY

- 1.1 This paper has been requested by the Corporate Parenting Panel as a follow up report from the 10th September 2014, whereby Child and Adolescent Mental Health Services (CAMHS) to Looked After Children were discussed, specifically in relation to the developing trusted adult model.

2. BACKGROUND

- 2.1 The report tabled in September 2014 set out the context to good mental health for children and young people being everyone's business with the district's Healthy Minds Strategy (a more detailed discussion was held in the November of the previous year 2013). If the emotional needs of children in care are met they will be more likely to have stable placements and make a good transition into adulthood.
- 2.2 The report in September set out the views of children and young people in residential care and the staff within the children's homes. It set out the need to improve the emotional wellbeing support to Looked After Children in the Bradford District.
- 2.3 The findings were discussed in relation to the positive aspects of the current emotional wellbeing service and the areas for improvement.

Positives

- Sessions are delivered monthly for children with disabilities and are successful.
- They offer opportunity for staff to be listened to explore the staff feelings regarding behaviours and practice.
- Confirmation of current practice approaches which is positive for staff.
- Staff are relaxed and able to share their own feelings and analysis and use this to support their work.
- Sessions enable staff to look at how they manage their feelings to support young people with theirs.
- Used the session to explore issues with individual young people.
- Staff feel the support has benefitted their service delivery.
- Sessions challenged approaches and encouraged staff to explore own practice.
- Utilise the sessions to look at individual young people, impact of dynamics and changes.
- The sessions are valued and staff would like to extend the service delivered.

Areas for Improvement

- Team consultation not effective - would be more effective if there were regular professional meetings with Child & Adolescent Mental Health Services (CAMHS).
- Lack of awareness of the service delivery by both CAMHS & Residential which impacts on perceptions of practice.
- Mixed views of consultation sessions with staff who feel the sessions are unhelpful.
- Staff feel there is stigma attached to consultation sessions which can inhibit engagement in sessions.

- Consultation sessions lack direction / focus leading to general discussion with no meaningful outcomes.
- A preference for more practical strategies to better support young people.
- Requests for training within the sessions.

2.4 **Learning from Research:** The developmental pathway leading to positive adult social relationships in adolescence was presented in the Social Development Model by Catalano and Hawkins, 1996. These authors integrated a great deal of prior developmental theory from criminology and related fields to argue that young people demonstrate better health and development outcomes where they experience positive attachments with adults who engage in healthy and pro-social behaviour. The theory is that attachments are more likely to develop where children perceive they have been given skills and opportunities to interact with pro-social adults and receive recognition and reward for such interaction.

2.5 Research also provides clear evidence of the powerful and central role that relationships play in adolescent well-being (WHO, Mental health: a state of well-being, 2014). The study identified the key traits young people looked for in these relationships as:

- Trust: Young people must inherently trust the significant other adult.
- How conversations are constructed: 'Talking' not telling. Discussions are generally reciprocal, not forced and there is a level of equity, but also recognition that the trusted adult has wisdom.
- The way advice is delivered and on what basis: Trusted adults ask young people questions and are interested; the relationship is respectful and non-judgmental.
- How adults make young people feel: Young people want to feel listened to, understood and important.

2.6 **The trusted adult model – the quality of the relationship is predicated on:**

- The skills of the worker to engage
- Time and consistency and intensity if needed
- Important for young people to have an adult in their life they can trust
- Security and consistency
- Continue to work with them as long as needed

3. REPORT ISSUES

3.1 A model of CAMHS intervention has been developed specifically for Looked After Children (LAC) which will combine Local Authority and Health resources. The function of the team will be to develop and share expertise to better meet the needs of the LAC population, including consultation, case specific clinical consultation and live networked supervision.

3.2 The new team will be specific in its outcomes, using benchmarked performance information to improve the emotional wellbeing of children in care. There will be oversight from regional support services to ensure provision is meeting demand for those children placed within the Bradford area as well as those young people placed out of district.

3.3 The trusted adult model (see presentation in Appendix 1) puts the research findings into practice and is being used with two specific cohorts. Firstly to bring vulnerable

excluded young people back into the education arena and for a limited number of young people at risk of coming into care from Child Sexual Exploitation.

4. OPTIONS

- 4.1 For Children's Specialist Services to continue to work closely with CAMHS to improve the service to LAC taking into consideration the views of children, young people, the staff and the Children in Care Council.
- 4.2 To continue to develop and review the trusted adult model to a wider range of young people, evaluating the progress made of each individual young person in relation to their emotional well being as well as increasing their learning potential and positive outcomes achieved.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 A sound, robust and accessible emotional wellbeing service contribute to children young people feeling safe and prepares them to achieve in school and make a successful transition to adulthood.

6. NOT FOR PUBLICATION DOCUMENTS

None.

7. RECOMMENDATIONS

- 7.1 Members are asked to note the report and consider whether they wish to seek further information about issues raised.

8. APPENDICES

Appendix 1: The Trusted Adult Model

9. BACKGROUND DOCUMENTS

None.

Trusted Adult Model

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What young people say

- Quality of the relationship
- Skills of worker to engage
- Time and consistency – intensity if needed
- Important to have an adult in their life they can trust
- Security and consistency
- Continue to work with them as long as needed

Identifying Trusted Adult

- Young person needs to where possible identify their trusted adult – this might not be an appropriate person in your opinion but you have to go with this to start with.
- If there is no trusted adult this might be CRW/social worker, in these cases it is imperative to determine the level of engagement. These young people need to know you are there on a regular basis – if you can not commit to this you can not be the trusted adult.
- We have found that you need to be clear when you are available and when you are not and what are the arrangements for emergencies who will cover for you – usually young people will not ring your cover person but they need to know who is around and when.
- Support will be offered to trusted adults, training as well on how to safely hand your young person over to another trusted adult.

Model of working with difficult teenagers

Stage 1

Identify trusted adult – key person to deliver **positive** change messages.



If you can not identify a trusted adult this is very worrying take to manager **



Data sharing arrangements- transparency changes power balances – identify power imbalances identify who is going to lead with these messages- TAC meeting



Regular meetings commitment from involved adults be clear about role and function of all (see stage 3)

tailored response – email/letter from trusted adult



Transparency for young person – identify what messages are to be given by who in what forum.



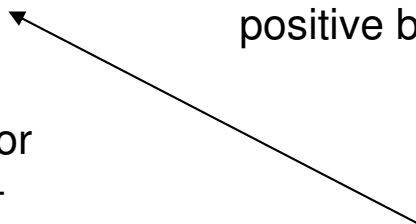
Deliver message one person
With clear decisions and choices,
If necessary leave room give thinking time



Young person's decision/choice

Desired outcome

Work with families be positive but realistic



Share outcome with trusted adult (see stage 2)



Consequences

A way out offered ?



Adults - Make it happen !

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Model of working with difficult teenagers

Stage 2

Role of trusted adult

To be told outcomes and deliver positive messages

Use text, letters, phone calls to convey positive messages

Not to get into debates about what is going on – i.e. to listen and encourage young person to make the right choices, not say what these are but phrases like you will do the right thing – its ok if it doesn't work out the way you thought there will be other opportunities to turn things around.

You are the trusted adult the messages you give to the young person must always be truthful and realistic more importantly positive.

To start your conversation:- I am going to be the one who will tell you what the choices are, you are the one who will make those choices but I will be here for you through those choices.

I can show you some of the possible outcomes of your choices – use visual cues if necessary –

Some of these choices will be difficult for you and if you need to leave the room to have some space to think that is ok.

If you would like me to stay for the rest of your meeting I will or I will leave, the choice is yours but I will get to know what is happening.

Model of working with difficult teenagers

Stage 3

TAC Meeting to decide roles and function-

all agree what bottom lines we have to work with.

Be clear on outcomes for each intervention – what are you working on and how.

Identify what the young people are learning negative and positive and what action you are going to take about this.

Who are the young people negotiating roles with

Who are young people cutting ties with



Trusted adult agree what positive message is the most important to be given by this person

Meeting with young person

10 mins to meet with 'trusted adult' to deliver the key message – do they want trusted adult to stay and listen or go -

Use visual aids, 10 mins max have a break – no more than 30 mins long- one adult delivering messages for all.

If you are not sure about an outcome be honest but clear about choices

If offending be clear about next steps – they will know others in the same boat who are doing ok

If substance misuse be clear about next steps – they will know others who are doing ok

Will a record of this conversation help – can they read?



One adult summaries and leaves choices available and says where to go for help if it is all going wrong.

young person

Direct work – who can do this

Direct work must be tied back into group and back into meeting with young person – there is no point in working in silos – transparency is key – share positives and outcomes and leave choices to young person

Types of direct work needed include;

- Skills of how to argue without losing temper
- How to cut ties without burning bridges
- How to get control of what they want without 'losing it'.
- How to swap negative learning for positive – what gives them a 'buzz' how to replace this
- What are their avoidance techniques how should they be engaging.
- How not to pay lip service and be superficial and be able to get their point across about what they want

Outcomes

- Sharing of data – behaviour education teams share their data with edge of care and Families First. Combined educational and social care outcomes.
- Social workers will have more direction and support in relation to purposeful outcomes for adolescents and supporting their families.
- Young people are supported to rebuild bridges with estranged family due to improved behaviour more sustainable outcomes.
- Young people have control over positive aspects of their life not through negative behaviour – access to respite is a positive choice for them not a rejection.
- Evidenced based tools/interventions used to support families – measured by outcome star.
- Change of relationship with social care in relation to adolescents stop families form using ‘ you’ll be taken into care if you don’t behave’
- Supportive empowering function not punitive
- Work with positive control and life choices through trusted adult model.

To make it work

- Commitment from Bradford to make the trusted adult model happen.
- Admin and data support to monitor and map progress.
- Use of existing partnerships – excellent in Bradford.
- Resources to back fill trusted adults as necessary and a commitment for them to continue even when they might move posts/area (this can be phone support)
- Training and consultation for trusted adults and a forum where they can come to express concerns seek support and ideas (already agreed in principle)
- Support from schools to work with us
- Support for Eastern European families, culture and languages – casual recruitment of staff to help us with this.