

Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 26th April 2017



Subject:

Emotional and Mental Wellbeing of Looked After Children

Summary Statement:

Progress report on the CAMHS (Child & Adolescent Mental Health Service) Psychological Assessment and Therapy Team for Looked After and Adopted Children (LAAC), including information on the allocation of the available finance

Dr Jennie Robb, Clinical Psychologist and CAMHS Clinical Lead for Looked After & Adopted Children (LAAC)

Kelly Barker, Service Manager

Jim Hopkinson
Deputy Director
(Children's Social Care)

Report Contact: Jennifer Robb
Phone: 07701 284392
E-mail: Jennifer.Robb@bdct.nhs.uk

Portfolio:

Children's Services

Overview & Scrutiny Area:

Children's Services



1. SUMMARY

- 1.1 This report provides detail of the CAMHS (Child & Adolescent Mental Health Service) Psychological Assessment and Therapy Team for Looked After and Adopted Children (LAAC), the allocation of finance through the process of recruitment, the work carried out to date and the evaluation of this work. Detail is also provided in terms of development goals for the next financial year.

2. BACKGROUND

- 2.1 A proposal for a 'New Health and Emotional Well-being Team for Young People Looked After and Adopted' was completed by the CAMHS Psychological Therapies Lead, in April 2016. This was devised based on the recommendations outlined in the 'Future in Mind' (DoH, 2015) document with a focus of care for the most vulnerable in terms of mental health needs, and in order to improve access to the most effective, specialist support when it is needed. It was recognised that the cohort of young people who have been looked-after or adopted who require a CAMH Service typically do not respond well to behavioural approaches and usually require a more psycho-developmental approach to their clinical management, with close liaison with other professional services and a comprehensive understanding of processes at a systems, as well as an individual, level. The proposal was therefore to develop a specialist team of dedicated, highly trained therapists with a formalised governance structure and a sufficient whole-time equivalent to operate efficiently and respond to the high level of need in the geographical district of Bradford.

3. REPORT ISSUES

Development of the Service

- 3.1 Funding was agreed for £186,000 per year for 5 years in addition to the existing provision of 2.6 WTE (Whole Time Equivalent) Psychological Therapists. These funds have been used to create four new additional WTE posts. Alongside this, Children's Social Care agreed to the re-deployment of 2.9 WTE Therapeutic Social Workers into the team from generic CAMHS.
- 3.2 The development of the Service for LAAC has meant that specific pathways into the service can be outlined, with the new team of experienced therapists reviewing all referrals for direct work. The new team works in an integrated way, with formalised governance arrangement, delivering its work district-wide and in the spirit of agile working. Access has been improved through the addition of a Consultation Clinic model that is available to all, regardless of presentation or severity of need. A broader range of therapists and therapies on offer means that the most appropriate therapeutic approach can be considered based on client need rather than service availability. Whilst it is recognised that this relatively small dedicated team cannot alone meet the emotional wellbeing and mental health needs of *all* looked after, adopted and children on a SGO (Special Guardianship Order) within the area, the team has been developed in such a way as to improve early intervention, broaden and enrich the expertise on offer and to offer a higher quality of assessment and therapeutic work to those with the greatest needs. When need outstrips capacity, some support can be drawn from generic CAMHS workers who will be supported through supervision and consultation with the specialist team.

Development of the Team and Recruitment

- 3.3 CAMHS workers with existing expertise in working with looked after and adopted children have become part of the new team. Their work is ring-fenced and dedicated to this client group only. Recruitment of two additional Psychological Therapists (one a Clinical Psychologist and one an Art Therapist) and an Assistant Psychologist took place in autumn 2016. A panel of young people from the area who are trained in recruitment have been involved in the interviews. There is currently a vacancy for 1.2 WTE Psychological Therapists to join the team. Interviews took place in early April 2017 and we are confident that the posts will be filled within the next few months. It has been agreed that CAMHS Therapeutic Social Workers (Children's Social Care funded) will join the team. These workers have full caseloads of other work, so their capacity within the team will be incremental.

The Team

The LAAC Team consists of

- Clinical Lead – Clinical Psychologist (0.71)
- Art Therapist (0.80)
- Assistant Psychologist (1.00)
- Clinical Psychologist (1.00)
- Play Therapist (0.40)
- Play Therapist (0.50)
- Psychological Therapist (1.00)
- Therapeutic Social Workers (2.90)
- Psychological Therapists (1.2) **(TBC)**

Clinical Work

The team offers both indirect and direct clinical work.

Indirect Clinical Work

Indirect work includes the following:

i) Children's Home Staff Consultations/Small Reflective Practice Groups

- 3.4 Bradford has eight mainstream Local Authority Children's Homes, with space for up to 45 children. Children's homes staff consultations take place monthly and, in some cases, where a need for more input has been identified, fortnightly. In addition, residential workers can access the Consultation Clinic (described below) in order to discuss specific young people in more detail.
- 3.5 A recent development is that the Art Therapist is now offering monthly consultation to Valley View Children's Home where a number of looked after children have been placed over the last few years.

ii) Consultation to Social Workers

- 3.6 Consultation to Social Workers in the Local Authority Looked After Team occurs monthly at Sir Henry Mitchell House. These 30-minute consultations offer an

opportunity for the screening of cases that might need a direct referral into the LAAC Team, and/or to offer support and advice at a general level. The consultations are organised and co-ordinated by a (LAC) Looked After Children Social Worker. When a more in depth consultation is required to think psychologically about a child's presentation or issues within the system around the child, social workers are encouraged to book into the CAMHS-LAAC Consultation Clinic (see below).

iii) 'Consultation Clinic' for professionals and carers of Looked After and Adopted Children

- 3.7 The consultation clinic can be accessed by *any* professional or carer working with a looked after child, an adopted child, or a child on a Special Guardianship Order (SGO). The team offer 4-5 consultation slots per week, across Fieldhead and Hillbrook. These take place over an hour and a half and are usually offered by two members of the CAMHS-LAAC team. These are also available for children on SGO, children who are 'leaving care' and those who are held within FDAC (the Family Drug and Alcohol Court Team). Consultations offer an opportunity to think in depth about a child's difficulties or presentation, reflect on a child's experiences and early development and draw on psychological expertise. They can also be utilised to think about the network of care around a child and to consider plans for the child with regard to home and school placements and psychological therapy needs.
- 3.8 Clinicians provide a written summary on the consultation for all attendees. All attendees are asked to complete a feedback form at the end of every consultation.

See below for monitoring and evaluation data on this service.

Direct Clinical Work

i) Comprehensive Assessment

- 3.9 There is a single point of access. All referrals for direct clinical work across both CAMHS sites are received and recorded by the CAMHS-LAAC Assistant Psychologist. Referrals can be made by general practitioners, paediatricians, school nurses and LAC nurses, social workers and residential staff with agreement from the person with Parental Responsibility (often the child's social worker). Referrals will be discussed by clinicians and the team manager at the weekly allocations meeting. The outcome following this will be either:

More information needed (the Assistant Psychologist will gather this)

Or;

Signposting to another service with specific expertise (the Assistant Psychologist will facilitate this), e.g.

- NSPCC team who assess harmful sexual behaviour
- SOLAS who are commissioned to work with unaccompanied asylum seekers
- The behaviour support team through education who can work intensively with families to develop strategies based on specific needs

- Family Action who can offer grief and loss work over 12 sessions

Or;

Refer to Consultation Clinic (Assistant Psychologist to book with Social Worker)

Or;

Allocate to a LAAC Team keyworker for an assessment

- 3.10 Once a CAMHS-LAAC keyworker has been identified, the keyworker will co-ordinate an assessment with the support of the wider CAMHS-LAAC team. The assessment will usually begin with a meeting with the carers and social worker. Specific assessments will be carried out by team members with the appropriate training e.g. Story Stem Assessments, cognitive assessments (Clinical Psychologists and Assistant Psychologist), psychotherapy assessments, play/art-based assessments. Sensory assessments will be carried out by Occupational Therapists in generic CAMHS. ADHD (Attention Deficit Hyperactivity Disorder) and autism assessments will be jointly held by the LAAC team and the other specialist teams within CAMHS.
- 3.11 Children's carers, social workers and teachers are integral to the assessment process. Assessments are collated in detailed reports with clearly outlined recommendations including recommendations on therapeutic needs.

ii) Therapeutic Intervention

- 3.12 Based on assessment recommendations, the most appropriate psychological therapy is offered by those specifically trained and qualified in that area of therapy. Psychological Therapies on offer include:
- Art Therapy
 - Child and Adolescent Psychotherapy
 - Cognitive-Behavioural Therapy
 - Dyadic Developmental Psychotherapy
 - Eye Movement Desensitisation and Reprocessing Therapy
 - Family Therapy
 - Filial Therapy
 - Play Therapy
 - Therapeutic Parenting
 - Theraplay

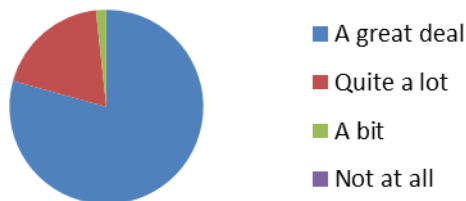
Evaluation and Service Monitoring

3.13 Consultation Clinic

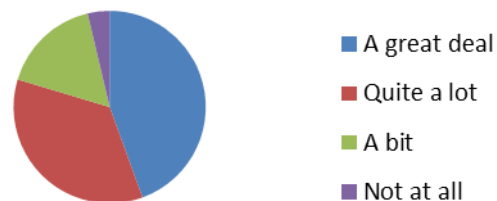
The Consultation Clinic began operating on 31 October 2016. Between then and 10th April 2017 (i.e. a period of five months) 52 consultations have taken place across Fieldhead and Hillbrook, with 110 professionals and carers in attendance in total. Twelve consultations were cancelled.

All consultees completed a feedback form at the end of the consultation. The form consists of four questions. Responses are shown in the pie charts below.

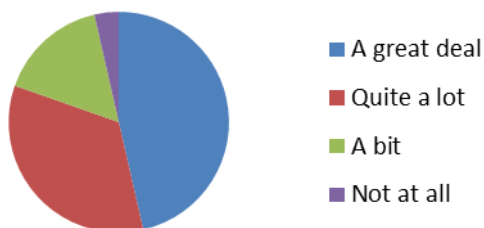
Did the consultation give you the opportunity to discuss what you wanted?



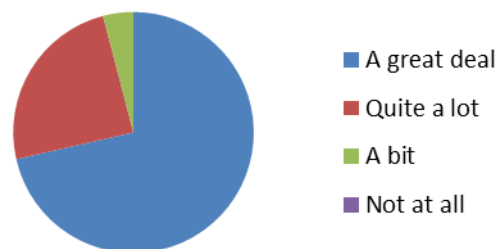
To what extent did the consultation reduce your anxiety or 'stuckness' about a situation



To what extent did the consultation increase your confidence in you ability to manage the situation



How satisfied were you with the consultation



Graphs 2-5: Pie charts displaying responses to the feedback questions

Almost all attendees (98%) felt that they had the opportunity to discuss what they wanted either **a great deal** or **quite a lot**, two percent felt that the consultation gave them the opportunity to discuss what they wanted **a bit**.

The majority (79%) of those who attended felt that the consultation reduced their anxiety or 'stuck-ness' about a situation **a great deal** or **quite a lot**. Seventeen and four per cent felt that it had reduced their anxiety or 'stuck-ness' about a situation **a bit** and **not at all**, respectively.

Two fifths (80%) felt that the consultation increased their confidence in their ability to manage the situation **a great deal** or **quite a lot**. Sixteen and four per cent felt that it increased their confidence in their ability to manage the situation **a bit** and **not at all**, respectively.

All attendees were satisfied with the consultation either **a great deal** (71%), **quite a lot** (25%), or **a bit** (2%).

Direct Work Referrals

Total Number of Referrals (1/11/16-10/4/17)	64
Number of these that were redirected to consultation clinic	24
Number classed as inappropriate or signposted elsewhere	12
Number accepted for assessment	28

Table 1: referrals received by the team since the beginning of November 2016

The Challenges

3.14 Capacity and Demand

As the profile of the Service grows, demand is beginning to outstrip capacity. It should be noted that the CAMHS Psychological Therapies Lead's original proposal recommended 11.61 WTE posts. The current capacity of the team is 8.61 when fully staffed. The incorporation of the therapeutic social workers into the team has been incremental as they had pre-existing caseloads that consisted of many cases that did not come under the team remit. The therapeutic social workers make up 33% of the team. Furthermore, one therapeutic social worker has now accepted another post, and will be transferring from 0.8 WTE to 0.3 WTE over the next month. Another (0.8 WTE) is due to start maternity leave next month and there has been no provision agreed to cover this maternity leave.

3.15 There is a high level of expertise within the team that is supported through a robust supervision and governance structure. The focus of work can be beneficial to the emotional and mental well-being of young people at both an indirect level, working with the professional networks and carers, and at an individual level, offering comprehensive assessment and long-term therapy where needed. Working relationships between Children's Social Care and the team are very positive with a shared vision of developing specialist care and therapy for children with the most complex needs who have previously been placed out of authority at great expense. The plan to embed the principles of DDP (Dyadic Developmental Practice) and PACE (Playfulness, Acceptance, Curiosity, Empathy) through all aspects of the workforce and care system is an initiative that has been met with great enthusiasm across services. The demands are high for the team to become involved in supporting such new initiatives within fostering and residential care, through additional supervision, reflective practise groups and training support. This will be very limited without increased capacity and would place an additional pressure on a team already stretched to meet the individual needs of those referred.

Future Aims

3.16 Service User Participation

Looked after and adopted children who are service users represent a particularly

vulnerable group often exhibiting social anxiety and communication difficulties. However, it is vital that their views are incorporated into the on-going developments of the Service, along with the views of their carers. A member of the team will take a lead on developing a group of young people and carers who can represent service users' views, contribute to decisions and offer feedback on their experiences of the service. Recruitment to the team has involved a Young People's Panel at interview, but it is recognised that these young people were not looked after or adopted.

Training Strategy

- 3.17 Once the team is fully staffed a team away morning will be arranged to analyse team skills, expertise and training. Gaps in training will be identified and a plan for individual and team development will be devised. This will involve in-service training, supervision (both internal and external) and external training courses. Each member of the team will have an individual development plan linked to their annual appraisal.

4. OPTIONS

None.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

None.

6. RECOMMENDATIONS

That Members of the Corporate Parenting Panel note the contents of this report.

7. BACKGROUND DOCUMENTS

- 7.1 A new Health & Emotional Well-being Team for young people looked-after and adopted - The proposed 'CAMHS-LAAC Psychological Therapy Team' by CAMHS Psychological Therapies Lead, April 2016.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. APPENDICES

- **Appendix A** - Flow diagram displaying the care pathway for Looked After and Adopted Children.

Appendix A

Figure 1. Flow diagram displaying the care pathway for Looked After and Adopted Children

