City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 25 April 2018

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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, including information on the allocation of the available finance

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Overview & Scrutiny Area:

Children's Services

1. SUMMARY

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

2. BACKGROUND

2.1 Introduction

(a) 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, Ben Lloyd, in April 2016. This was devised based on the recommendations outlined in the 'Future in Mind' (DoH, 2015) document with a focus on 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. NICE guidelines for Looked After Children and Young People (2010, PH28) also recommended 'dedicated services to promote the mental health and emotional wellbeing of children and young people in care' and a focus of the Bradford Safeguarding Children's Board Looked After Strategy (2014-2016) was to improve access to emotional and behavioural support for Looked After Children. Additional NICE guidance for Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (2015, NG26) was further used to structure the service in terms of consultation, assessment and therapeutic intervention.

(b) In Bradford district there are approximately 2000 Looked After Children, Adopted Children and Children on Special Guardianship Orders. The service was set up to respond to the high level of need in terms of mental health difficulties in this population. 10% of non-looked-after and non-adopted young people have a recognised mental health need. However, research indicates that this figure for children who are, or who have been, looked-after is between 45%-72% (NICE, 2015). This cohort of young people 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.

(c) The proposal was 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 within the NHS Trust Boundaries of Bradford, Airedale, Craven, and Wharfedale. **It was proposed for this team to be populated by 12 WTE Psychological Therapist posts and 6 WTE social worker posts. A total of 18 WTE posts.** The actually provision and funding agreed is described below.

2.2 Service Development and Clinical Capacity

(a) Funding was agreed for £186,000 per year for 5 years in addition to the existing provision of 2.61 WTE (Whole Time Equivalent) Psychological Therapists. These funds were used to create four new additional WTE posts. Alongside this, Children's Social Care agreed to the re-deployment of 2.8 WTE Therapeutic Social Workers into the team from generic CAMHS. Psychological Therapists were recruited incrementally and by September 2017, all new posts were filled providing **a Psychological Therapist WTE of 5.6, an Assistant Psychologist (1 WTE) and Therapeutic Social Workers WTE of 1.7. A total of 8.3 WTE posts (46% of that originally proposed).** It should be noted that there was a dramatic reduction in local authority social worker provision due to maternity leave, and reduction in workers' hours. The total whole time equivalent for the team was **8.3** at the one year point.

(b) The CAMHS Psychological Assessment and Therapy Team began operating at the beginning of November 2016. A service review was undertaken after six months of operation. This annual review incorporates a comparison of the second six months of operation with that review, as well as a review of the first year of operation as a whole. Further reviews will take place annually.

2.3 Document Overview

(a) This document provides information about the development of the service model and team, the clinical work undertaken from 1st November 2016 to 31st October 2017, and a comparison between the first and second six months of service delivery. Clinical work is divided into Direct Clinical Work and Indirect Clinical Work; where possible client demographics are provided along with baseline and outcome data for Direct Clinical Work. Indirect Clinical Work includes the Consultation Clinic for professionals and carers, and Consultation to Children's Homes, as well as consultation that was on-going to the LAC Social Worker Teams.

(b) The development of the Service for LAAC has meant that specific pathways into the service can be outlined (Appendix A), with the new team of experienced therapists reviewing all referrals for direct work for looked after and adopted children and children on Special Guardianship Orders. 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. The 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. Therapies offered include Art Psychotherapy, Cognitive Analytic Therapy, Cognitive Behavioural Therapy, Dyadic Developmental Psychotherapy, Eye Movement Desensitisation and Reprocessing, Filial Therapy, Family Therapy, Play Therapy, Solution Focussed Therapy, Theraplay, and Therapeutic Parenting. These therapies are informed by a neuro-sequential model of developmental trauma and systemic formulation and follow NICE guidelines for Attachment and Looked After Children and Young People.

The team is comprised of:

- Team Manager (Post covers managerial responsibility for LAAC)
- Clinical Lead – Clinical Psychologist (0.7)
- Art Psychotherapist (0.8)
- Assistant Psychologist (1.0)
- Cognitive Analytic Therapist (also trained in play and filial therapy) (0.6)
- Clinical Psychologists (1.5)
- Play Therapist (1.0)
- Psychological Therapist (1.0)
- Therapeutic Social Workers (1.7)

2.4 Direct Clinical Work

1) Referrals and Waiting Time

Referrals for Direct Work can be made from Social Workers, School/LAC Nurses, GPs and Paediatricians. The LAAC Team received 59 referrals for direct work from the 1st November 2016 to the 30th April 2017 and 67 referrals from 1st May to 31st October 2017, an increase of 14%. Referral outcomes are shown in Table 1.

The total number of referrals received for direct work in the first year of service provision was 126. Forty-one of these were accepted for assessment, 18 were redirected to other services and 64 were accepted for consultation only at the point of referral.

Table 1.Referral Outcome

	1st November 2016-30th April 2017	1st May-31st October 2017	Annual Total
Total Number of Referrals for Direct Work	**59**	**67**	**126**
Number of Referrals Accepted for Assessment	20	24	44
Referrals Redirected to Other Services	12	6	18
Referrals Accepted for Consultation Only	27	37	64

Referrals were seen on average within 53 days between November 2016 and April 2017. Between May and November 2017, average waiting time was 70 days. Within the year, average waiting time was 62 days. A clear increase in waiting time can be seen over the year, despite the increase in provision due to incremental recruitment to the team. By the end of January 2018, the average waiting time had increase to 113 days (more than 16 weeks) over the period of 1st November 2017 to 31st January 2018. This information is displayed in Table 2. below. It can be seen that the incremental increase in whole time equivalent somewhat moderated the increase in waiting time. However, now that recruitment is complete, the waiting times are likely to continue to rise at a rapid rate.

Table 2. Average waiting times for Direct Work

	1st November 2016-30th April 2017	1st May-31st October 2017	1st Nov 2017-31st Jan 2018
Average Waiting Time (Days)	53	70	113
Whole Time Equivalent	5.4	8.3	8.3

2) Assessment and Therapy

In total 70 cases were open and seen by the LAAC Team between the 1st November 2016 and 30th April 2017. For the second six-month period, 96 cases were open and seen by clinicians. Over the period of the first year of operation, a total of 123 young people received direct work and 35 of these were discharged during this time.

The total clinical contact for the year was 1660 sessions of assessment (361), therapy (870) and client systemic work (429). Productivity increased overall from 571 sessions in the first six months to 1089 sessions in the second six months. This can be analysed in terms of Whole Time Equivalent, see Table 3. below. The number of sessions increased over time with clinicians offering more appointments. However, the number of cases reduced a little. From the information below, it can be projected that an increase in clinician time of **1 WTE could potentially lead to 11-13 more open direct work cases.**

Table 3. Productivity for Direct Clinical Work

	1st November 2016-30th April 2017	1st May-31st October 2017
Whole Time Equivalent	5.4	8.3
Number of sessions that took place	571	1089
Productivity	105.7	131.2
Number of open direct work cases	70	96
Number of cases per WTE	13	11.5

Assessment

During the first six months, 96 assessment sessions were completed by the LAAC team (Table 2). Nearly half of these were assessments for therapy (47%), 40 percent were 'other assessments', which involved home observations and school observations. Nine sessions for Cognitive Assessments were completed (9%), and two MIMS (Marschak Interaction Method) assessments were carried out (2%), there were no Story Stem Assessments in this time period. For the second six months, 265 assessment sessions took place, an increase of 176%. The number of assessment sessions for therapy more than doubled and the number of other assessments increased almost four fold. All data is displayed in Table 2 and a representation of these figures is shown in Graph 1.

Therapy

Approximately half of clinicians' direct work involved delivering evidence-based therapy (52%). Following the recommendations of NICE guidelines for working with Looked After Young People and those with Attachment difficulties (NG26, PH28), the therapies delivered were dominated by Therapeutic Parenting (18%), Play Therapy (14%), Art Therapy (14%) and Dyadic Developmental Psychotherapy (9%).

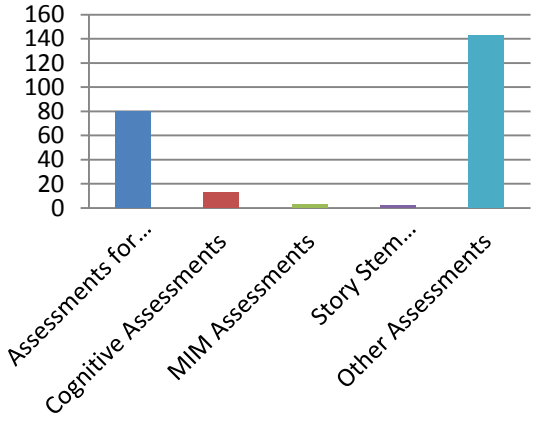
Client Systemic Work

Attendance at professionals' meetings and statutory LAC reviews, as well as Team Around the Child Meetings accounted for a quarter of clinicians' direct work time (26%) over the course of the year.

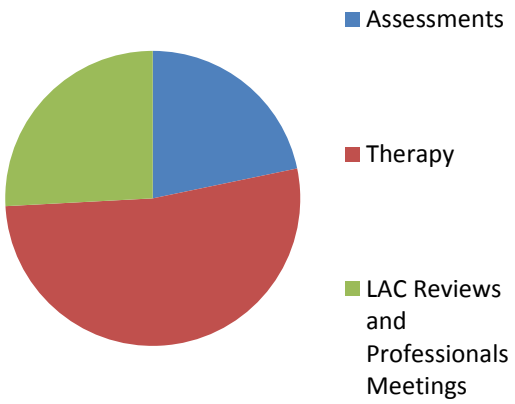
Table 4. Categories of Direct Clinical Work

	1st November 2016-30th April 2017		1st May-31st October		Annual Total	
	No.	%	No.	%	No.	%
Assessments	**96**	**17**	**265**	**24**	**361**	**22**
Assessments for Therapy	45	47	93	35	80	22
Cognitive Assessments	9	9	11	4	13	4
MIM Assessments	2	2	1	0.4	3	1
Story Stem Assessments	0	0	2	0.7	2	1
Other assessments:						
Home Observation			13	5	13	4
Story Observation			14	5	14	4
Liaison			76	29	76	21
Total	40	42	103	39	143	40
Direct clinical work	**356**	**62**	**514**	**47**	**870**	**52**
Art Therapy	39	11	84	16	123	14

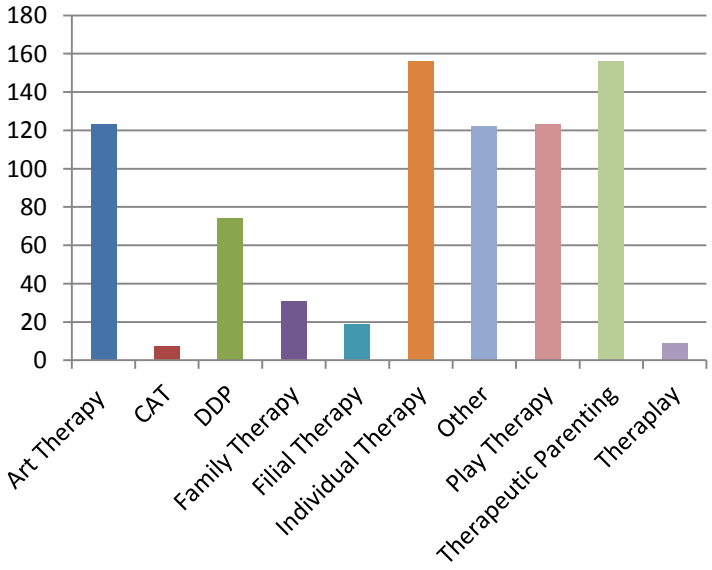
CAT	0	0	7	1	7	1
DDP	19	5	55	11	74	9
Family Therapy	4	1	27	5	31	4
Filial Therapy	0	0	19	4	19	2
Individual Therapy	59	17	97	19	156	18
Other	71	20	51	10	122	14
Play Therapy	94	26	29	6	123	14
Therapeutic Parenting	70	20	86	17	156	18
Theraplay	0	0	9	2	9	1
Client Systemic Work Incl. TAC, EHCP, ongoing systemic support to school, LAC Reviews, Professionals Meeting	**119**	**21**	**310**	**29**	**429**	**26**
Total Sessions	**571**		**1089**		**1660**	



Graph 1. Bar Chart displaying the number of different assessments completed by the LAAC team from the 1st November 2016 to the 31st October 2017



Graph 2. Pie Chart displaying the distribution of different sessions completed by the LAAC team from the 1st November 2016 to the 31st October 2017



Graph 3. Bar Chart displaying the number of different therapy sessions to be completed by the LAAC Team from lst November 2016 to the 31st October 2017

3) Client Demographics

Client demographics are recorded below for the year for all direct work cases. These include age, ethnicity, gender and care status.

Age

It can be seen from table 5. below that the majority of direct work cases were of school age, with a relatively even split between primary school age and high school age. Only 2% of referrals were for children under 5 years and a fifth (23%) were for children post-16.

Table 5. Age Distribution of Direct Work cases (Nov 2016-Oct2017)

	Annual Total	
	Number of Referrals	Percentage (%)
Under 5 years	2	2
5-11 years	46	38
11-15 years	45	37
16-19 years	28	23

Ethnicity

The categories for ethnicity were restricted to those detailed in Table 6. The majority of direct work cases were White British (76%). The remaining 24% were distributed between White Other (3%), Mixed – White/Black (3%), Mixed – White/Asian (7%), Mixed Other (2%), Asian or Asian British (7%)and Black or Black British (2%).

Table 6. Ethnicity of Direct Work Cases (Nov 2016-Oct 2017)

	Annual Total	
	Number	Percentage (%)
White British	93	76
White Other	4	3
Mixed – white & Black	4	3
Mixed –white & Asian	8	7
Mixed Other	2	2
Asian or Asian British	8	7
Black or Black British	2	2

Gender

Fifty-three percent of young people seen for direct work were male, 45% were female and 2% (Two individuals) were engaged with services to address a change in gender.

Table 7. Gender of Direct Work Cases (Nov 2016-Oct 2017)

	Annual Total	
	Number	Percentage (%)
Male	64	53
Female	55	45
Transition	2	2

Care Status

Over half (56%) of the direct work cases were Looked After Children, 22% were adopted and 22% were children on Special Guardianship Orders.

Table 8. Care Status of Direct Work Cases (Nov 2016-Oct 2017)

	Annual Total	
	Number	Percentage (%)
Looked After	67	56
Adopted	27	22
Special Guardianship Order	27	22

Out of Authority Placements

Of the 67 Looked After Children seen by the team, 57 (85%) of those were on Care Orders to Bradford Local Authority, 4 (6%) were under Leeds Local Authority, and one under Kirklees (1.5%), Rossendale (1.5%), Warrington (1.5%), North Yorkshire (1.5%), Surrey (1.5%) and Newham London (1.5%).

4) Baseline Data

A decision was made in January 2017 that a minimum clinical data set would be used with all young people attending the service for assessment and/or therapy. This would be comprised of the following:

- Strengths and Difficulties Questionnaire (Parent Form) (Goodman, 1997, 1999)
- Strengths and Difficulties Questionnaire (Young Person's Form) – if over 11 years (Goodman, 1999; Goodman, Meltzer, & Bailey, 1998)
- Assessment Checklist for Children (ACC) (Tarren-Sweeney, 2007) or Assessment Checklist for Adolescents (Tarren-Sweeney, 2013).
- Carer Questionnaire (Golding & Picken, 2004; Granger, 2008).

Scores from the Parent SDQ are reported below for cases open between January 2017 and October 2017. A pre-therapy (in the first 3 months) baseline was recorded for 66 cases out of 126. A follow-up questionnaire was obtained for 13 cases after a minimum of 6 months. It can be seen that the severity of total difficulties within the population of children referred for direct work is at clinical levels for 71% of cases and this remains at a similar level after 6 months (69%). However, progress is demonstrated in some of the sub-categories for the more severe difficulties (Conduct Problems, Hyperactivity/Inattention and Peer Relationship Problems). Overall change and reduction in emotional symptoms was most apparent in those cases who demonstrated Borderline Clinical Levels pre-therapy. These tended to shift to Normal levels after 6 months. It would be interesting to see if these trends hold up with a larger sample and how the outcomes look after 12 months of intervention.

Table 9. Percentage of SDQ scores at Clinical Levels (Parent) showing change from pre-therapy to post-therapy administration

	Direct Work cases at Clinical Level		Direct Work Cases at Borderline Levels		Direct Work cases at sub-clinical levels	
	Pre-Therapy (%)	After 6 months (%)	Pre-Therapy (%)	After 6 months (%)	Pre-Therapy (%)	After 6 months (%)
Emotional Symptoms	53	54	12	0	35	46
Conduct Problems	62	54	11	8	27	38
Hyperactivity/Inattention	56	42	9	31	35	23
Peer Relationship Problems	65	62	15	15	20	23
Prosocial Behaviour	23	23	24	15	53	62
Total Difficulties	71	69	11	0	18	31

In terms of the ACC and the ACA, this was designed for use with looked after children. It is more sensitive to the types of presentations that are common and can indicate attachment difficulties and developmental trauma. Average scores for the two time periods are shown in the Tables 10 and 11 below. It can be seen that there was a reduction in average Total Score over time, although this was small.

Table10. Average Total Clinical Scores on the ACC for Pre-Therapy (<3 months) and during intervention (>6 months)

	< 3 months (11 questionnaires)	**> 6 months (16 questionnaires)**
AVG Total Clinical Score	62	57

Table 11. Average Total Clinical Scores on the ACA for Pre-Therapy (<3 months) and during intervention (>6 months)

	< 3 months (3 questionnaires)	**> 6 months (12 questionnaires)**
AVG Total Clinical Score	58	55

In terms of the Carer Questionnaire, a sample of 28 questionnaires were completed pre-therapy and 20 questionnaires completed after 6 months indicated subtle benefits to Parent-Child Relationship, Child Responsiveness to Care and Placement Stability.

Table 12. Average scores on the Carer Questionnaire completed at less than 3 months after first appointment and more than 6 months after first appointment

	Pre-Therapy (28 questionnaires)	**After 6 months (20 questionnaires)**
Parent Skills and Understanding	30	30
Parent-Child Relationship	21	23
Child responsiveness to care	18.5	20
Placement Stability	8	8.5
Total	**87**	**91**

5) Additional CAMHS Work

The data presented above is purely for the work of the CAMHS LAAC Psychological Therapy Team. It does not encompass all work with Looked After and Adopted Children and Children on Special Guardianship Orders that is carried out in CAMHS. Child and Adolescent Psychoanalytical Psychotherapists, for example, have therapy cases comprised of roughly 33% Looked After and Adopted Children. All referrals of significant self-harm and parasuicide or otherwise of an urgent concern are responded to by the Urgent Team in the first instance and risk tends to be managed by this team, at least until a case can be picked up for therapeutic input by the LAAC team.

2.5 Indirect Clinical Work

1) Consultation Clinic

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. 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.

Clinicians provide a written summary on the consultation for all attendees and all attendees are asked to complete a feedback form at the end of every consultation.

From 1st November 2016 to 30th April 2017, 58 consultations were attended by 131 professionals and carers. Fifty-one cases were discussed, and seven cases returned for a second consultation. Fourteen consultations were cancelled by professionals or carers. As was expected due to the increase in capacity over the year, the number of consultations attended rose to **72 attended by 166 professionals and carers in the period 1st May to 31st October 2017.** It was also encouraging that the cancellation rates reduced from 19% to 15% over the two time periods.

In total, for the year, 130 consultations took place through the consultation clinic and 125 children were discussed, with 297 professionals and carers attending. Sixty-six of those cases were held in consultation and required no additional input to date. Fifty-nine young people went on to be referred for an assessment.

This information is crucial in demonstrating the effectiveness of the consultation clinic in holding some cases at that level of input, rather than all referrals requiring a full assessment and a much longer piece of work.

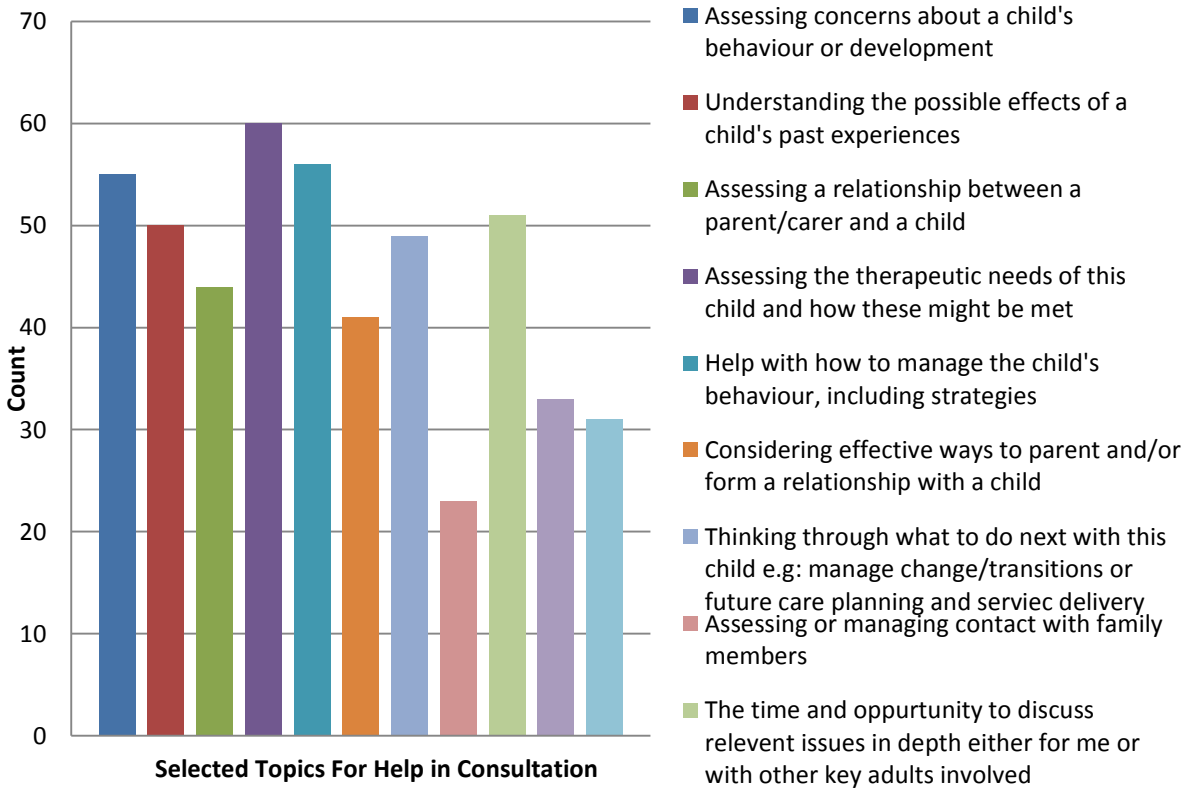
The mean length of wait for consultations was 24 days, between November 2016 and April 2017. Between May and November 2017, the wait for consultation was 27 days. Within the year, average waiting time for a consultation was 25 days, demonstrating that rapid access to this part of the service was maintained. However, since the end of the first year, demand for consultation slots has grown significantly. This may be due to more professionals becoming aware of the service and finding it helpful, therefore booking slots to discuss other young people with whom they are working. By the end of January 2018, the wait for a consultation appointment had risen to 43 days.

Table 13. Consultation Clinic Data

	1st Nov 2016 – 30th April 2017	1st May-31st October 2017	Annual Total
No. of consultations attended	**58**	**72**	**130**
No. of consultations cancelled	14 (19% of the total booked)	13 (15% of the total booked)	27 (17% of the total booked)
No. of cases discussed in Consultation Clinic	51	70	121
No. of cases attended for a second consultation	7	2	9
Total number of professionals and carers who attended	131 (82)	166 (136)	297
No. of consultations that led to Direct Clinical Work	-	-	59 (49%)
No. of cases that were held at a consultation level	-	-	62 (51%)

Types of Consultation

During the referral process, the person referring selected topics to be considered for discussion during the consultation. The most commonly selected topic to discuss was 'assessing the therapeutic needs of this child and how these might be met', with 60 people selecting this. 'Assessing or managing contact with family members' was the topic chosen the least, with referrers selecting this topic 23 times. On average referrers selected six topics, from twelve, to discuss, showing that those referring were selective in the topics they wanted to discuss. The specific figures are shown in graph 4.



Graph 4.Bar chart displaying the number of topics referrers selected for discussion in the LAAC Consultation Clinic

Evaluation and Feedback

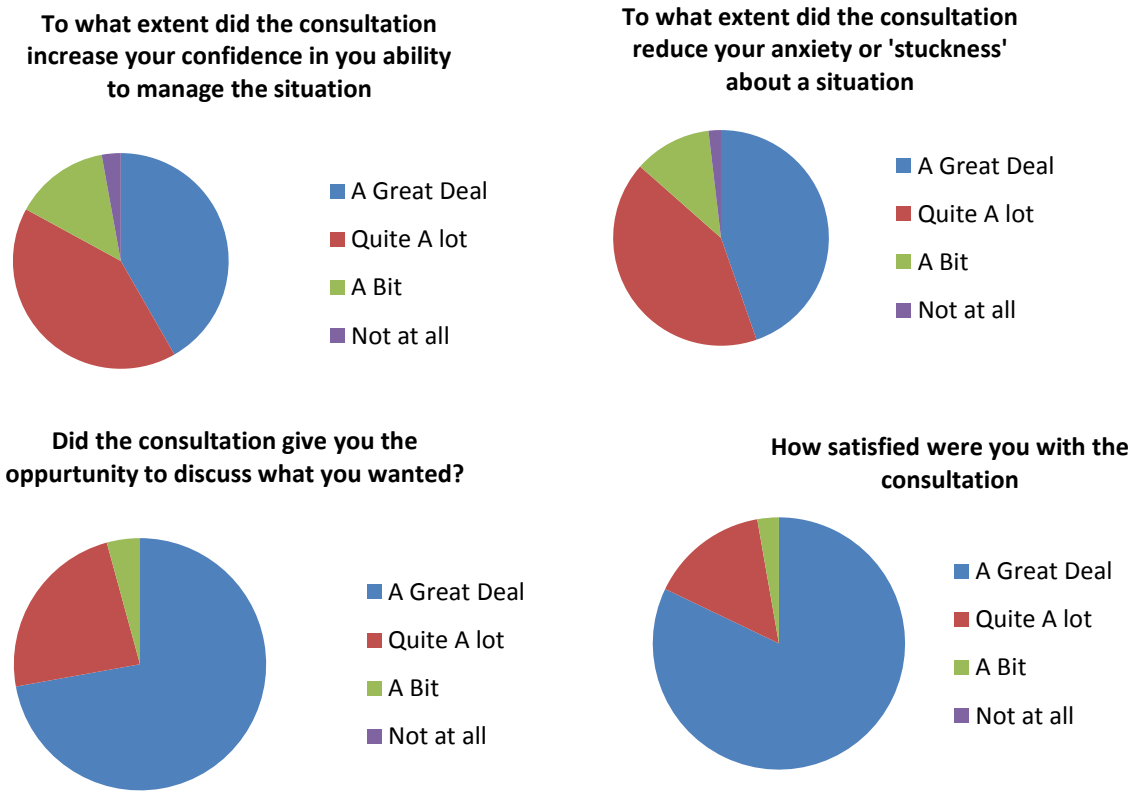
Consultees were asked to complete a feedback form at the end of each consultation. The form consists of four rating scales, ranging from 'a great deal' to 'not at all' answering the questions: 'Did the consultation give you the opportunity to discuss what you wanted?'; 'To what extent did the consultation reduce your anxiety or 'stuckness' about a situation?'; 'To what extent did the consultation increase your confidence in your ability to manage the situation?'; and 'How satisfied were you with the consultation?'.

Over the whole year, 218 (73%) feedback forms were collected from a total of 297 attendees. Of these 218 attendees, almost all (96%) felt that they had the opportunity to discuss what they wanted either **a great deal** or **quite a lot**, four percent felt that the consultation gave them the opportunity to discuss what they wanted **a bit.**

One hundred and eighty six out of 218 attendees (87%) felt that the consultation reduced their anxiety or 'stuckness' about a situation **a great deal** or **quite a lot.** Twelve percent of individuals felt that it had reduced their anxiety or 'stuckness' about a situation **a bit** and 1% no change.

The majority (83%) of those who attended felt that the consultation increased their confidence in their ability to manage the situation **a great deal** or **quite a lot.** Fourteen and three 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** (82%), **quite a lot** (15%), or **a bit** (3%).



Graphs 5-8: Pie charts displaying responses to the feedback questions

Overall, the feedback from the consultation clinic was positive and thus supportive of the consultation model. As there have been few cancellations and over 297 attendees to the consultations, this has increased access to psychological support for the systems around Looked After, Adopted, and Special Guardianship Order children and young people. Alongside this, 66 cases have been held in consultation thus increasing access to those who may not have required a full assessment. The consultation has also provided support for those waiting for fuller assessment. This addresses the 'increased access' recommendation of the Future in Mind document.

2) Children's Home Staff Consultation

Consultations were offered to all eight mainstream Local Authority Children's Homes in Bradford District. In addition, Sarah Butcher (Art Therapist) began offering consultation to Valley View Children's Home (which also provides a Residential Service for children with Learning Disabilities) from February 2017. These consultations were offered on a monthly basis, although school holidays sometimes affected this. With the development of the new LAAC team, a number of homes experienced a gap in consultations due to capacity issues and the need to induct new team members. Thirty-two Children's Home Consultations took place in the first six month period and x took place in the second six month period. Group Supervision for this work takes place monthly with Ben Lloyd (Lead Psychological Therapist in CAMHS). The team of consultants to the Local Authority Children's Homes is comprised of LAAC team members, Nicola Billows, Jennie Robb, Adam McLaughlin and Sarah Butcher, as well as Child and Adolescent Psychoanalytical Psychotherapists, Jo Higgins and Barnaby Rhodes.

Table 14. Number of Consultations delivered by the LAAC team to Children's Homes in Bradford

Children's Home	1st November 2016-30th April 2017	1st May-31st October 2017	Annual Total
The Hollies	0	9	9
First Avenue	5	0 (The Unit Closed)	5
Meadowlea	6	5	11
Newholme	6	4	10
Owlthorpe	2	4	6
Rowan House	5	4	9
Sky View	4	5	9
Valley View	3	4	7
The Willows	1	3	4

3) Consultation to LAC Social Work Teams

Consultation to LAC Social Workers took place monthly at Sir Henry Mitchell House. These 30-minute consultation slots offer an opportunity for the screening of cases that might need a direct referral into the LAAC Team. They can also offer support and advice at a general level. The consultations are organised and co-ordinated by Mussarat Hussain, LAC Social Worker, and Sally Chance, Therapeutic Social Worker and Family Therapist. 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 (described above).

Between 1st November 2016 and 30th April 2017, five consultation sessions took place at Sir Henry Mitchell House. During these sessions, a total of 25 young people were discussed. Two further consultation sessions took place in May and June 2017 and four young people were discussed. Following this, there was a lack of clarity about the expectations of CSC for the role of Therapeutic Social Workers and Mussarat moved bases so could not continue to co-ordinate the sessions. The consultations were put on hold but were resumed in December 2017.

4) Service Development and Across Agency Support

Liaison across Bradford Children's Social Care and CAMHS has been maintained since the early stages of development through Jennie Robb, Clinical Lead, and Lindsey Calpin, Team Manager, attending Through Care Strategy Meetings, the Corporate Parenting Panel, DDP implementation groups, meetings with the Adoption Service Manager and SGO Team, and regular meetings with the Residential Service Manager. In addition, Jennie Robb, has contributed to the Innovation Project, The Be Positive Pathways, through advice, liaison and support to recruitment. As part of the Be Positive Pathways Project, Jennie Robb will offer two hours a week clinical supervision to the Clinical Psychologists in these teams. Ben Lloyd has attended the pre-Joint Review Panel (JRP) meeting fortnightly and will continue to do so in order to aid decision making about jointly funded placements for young people.

2.6 Training and Supervision of the Team

All new clinicians undertook a period of induction where they observed and shadowed existing clinicians. Supervision is structured according to the professional requirements and needs of each clinician, and meetings with each team member and the Clinical Lead and Team Manager take place every 4-6 weeks. Play Therapy supervision was commissioned externally. Supervision by an accredited Dyadic Developmental Psychotherapist had previously been recognised as a significant gap in supervision provision. This was commissioned on a monthly basis from September 2017 in order to allow three therapists in the team to work towards accreditation over a 12-month period. Following this, the supervision will continue quarterly in line with registration requirements.

Clinical Psychologist, Adam McLaughlin, completed Dyadic Developmental Psychotherapy training, Levels 1 and 2 (training by Kim Golding and Julie Hudson, DDP Network). He also completed the Foundation in Attachment Training for Trainers Course (Kim Golding, DDP Network).

Art Psychotherapist, Sarah Butcher, attended a conference with the Institute of Mental Health, Nottingham, entitled The Brain, Mind and Body – promoting emotional regulation in complex trauma disorders through psychotherapeutic interventions and their effects on brain structure and function.

Katie Filewood, Play Therapist, will begin training in Story Stem Assessment in January 2018 and this should be completed by Spring 2018.

Members of the team are due to attend Sensory Integration training in February 2018 and there is a plan for all therapists to have completed DDP level 1 by the end of the year.

3. CONCLUSION

This review provides an overview of the development of the CAMHS Psychological Assessment and Therapy Team for Looked After and Adopted Children, along with an analysis of work carried out in the first year of operation. Whilst productivity per WTE is high and the feedback obtained from service users is very positive, the demands on the service are huge. Waiting times for direct work have been shown to grow despite an increase in productivity over the course of the year. This population of young people have significantly high levels of clinical need and current capacity cannot meet the service demands. With each additional WTE, it would be possible to work with a further 11-13 young people at one given time, to increase the number of consultations on offer and to consider widening our remit to include training and better cross-agency liaison.

The service model improves access to specialist services at a consultation level. The model also offers multi-disciplinary, comprehensive assessment and a range of evidence-based, effective therapeutic approaches. With a greater capacity, the assessment and therapy work could be available to more of those in need, in a more timely way.

The team requires greater capacity to meet the demand of the looked after, adopted and SGO population of Bradford District. If capacity were increased by 8 Whole Time Equivalent (WTE) Psychological Therapists with Bands ranging from 6-8a, the service could offer more direct assessment and therapy and more consultation slots. With such a range of experience, a robust governance and supervision structure could be established and embedded to support the size of the team and the complexity of the work.

Each WTE increase would mean that one further consultation slot could be available per month and direct work capacity could increase by an additional 10-12 sessions per week with clinicians working with at least 12 clients each. The consultation to children's homes could also continue.

4. OTHER CONSIDERATIONS

N/A

5. FINANCIAL & RESOURCE APPRAISAL

N/A

6. RISK MANAGEMENT & GOVERNANCE ISSUES

N/A

7. LEGAL APPRAISAL

N/A

8. OTHER IMPLICATIONS

N/A

8.1 EQUALITY & DIVERSITY

N/A

8.2 SUSTAINABLE IMPLICATIONS

N/A

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.4 COMMUNITY SAFETY IMPLICATIONS

N/A

7.5 HUMAN RIGHTS ACT

N/A

7.6 TRADE UNION

N/A

7.7 WARD IMPLICATIONS

N/A

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

N/A

9. NOT FOR PUBLICATION DOCUMENTS

None.

10. OPTIONS

None.

11. RECOMMENDATIONS

Members' views are requested.

12. APPENDICES

None.

13. BACKGROUND DOCUMENTS

None.