

Wolverhampton City Primary Care Trust Child and Family Service (CAMHS) Looked after Children Team (LAC)

Subject	Mental Health Team Report April 2012 – March 2013
For the attention of	Looked after Children Health Steering Group
Submitted by	Dr. Roberta Fry, Consultant Clinical Psychologist
Period Covered	April 2012 – March 2013
Date	23 rd May 2013

[NOT PROTECTIVELY MARKED]

The LAC team provides a therapeutic service to children and young people both looked after and adopted. Typically these children will have suffered considerable trauma and will present as being insecurely attached. Wolverhampton CAMHS in conjunction with the social services and education department have resolved to provide a service of quality to looked after and adopted children as described in The National Service Framework for Children, Young People and Maternity Services (2003) and Every Child Matters (2003).

The report will first give statistical information followed by a qualitative update of current activity and will be presented in a similar format at all future LAC Health Steering Group Meetings. The next report will bring bi-monthly statistical information up to date in line with LAC Health Steering Group Meetings.

The current open cases in total for the LAC team (in March 2013) is 92. During the period April 2012 to March 2013, 67 new referrals were received and processed. The following data gives a breakdown on the 67 referrals received.

Figure 1 Number of Referrals Referred According to Professional Group

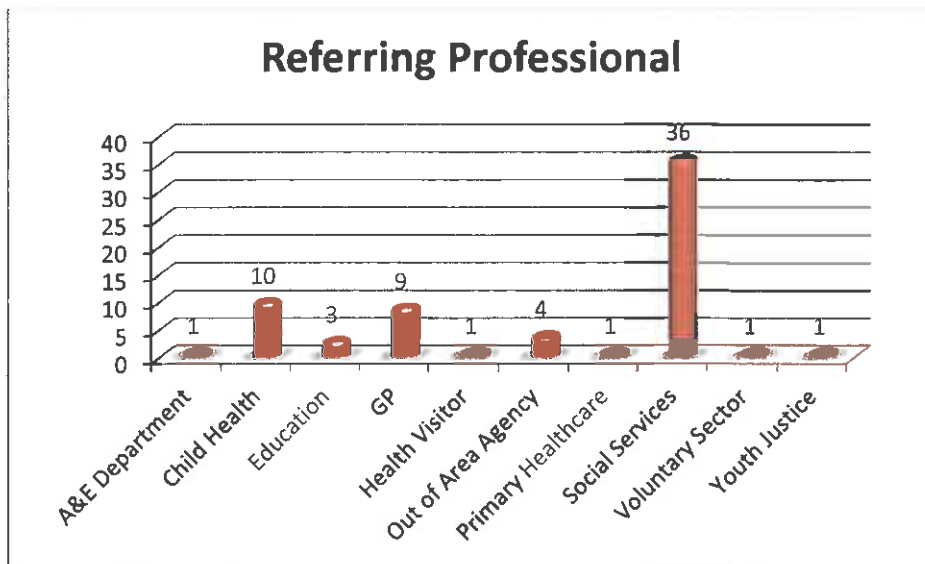


Figure 2 Number of Referrals Received each Month

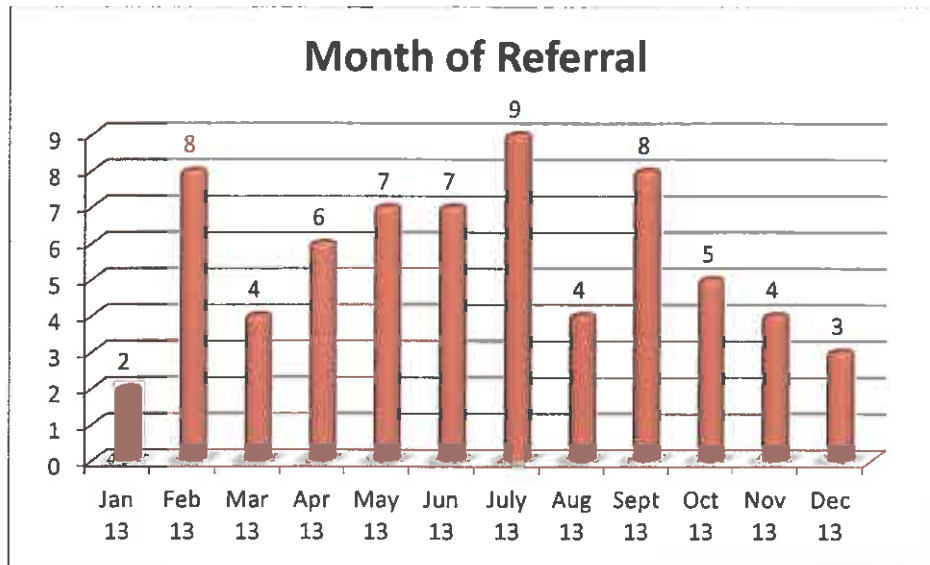
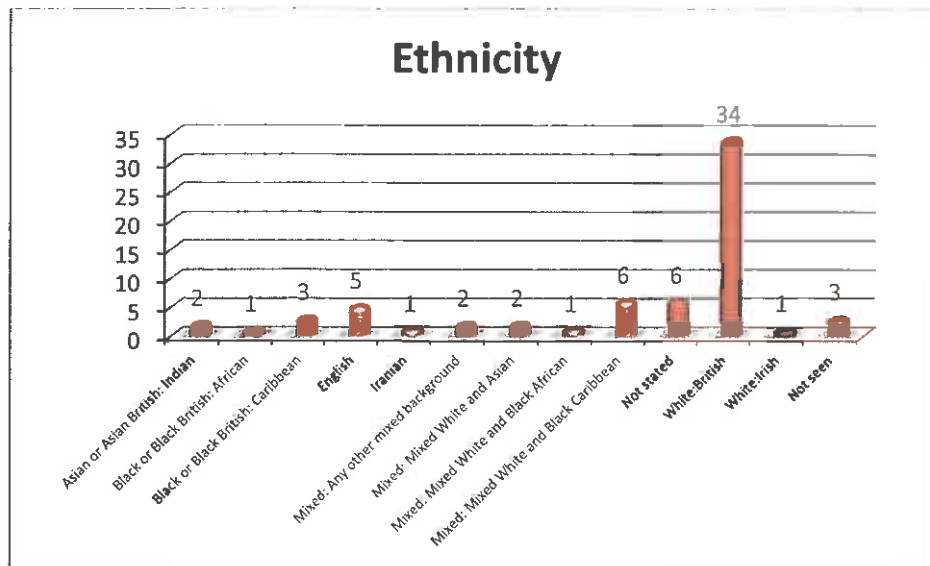


Figure 3 Ethnicity of the Referred Child/Young Person



The graph shows that the majority of children/young people referred are white British, however there are 3 children/young people where ethnicity is not recorded. There could be various reasons for this; some of these referrals did not fit the criteria for the team and so were not accepted and therefore no further data was collected, some referrals may have been only recently received and so not yet fully processed and assessed, some referrals may be relate to 'Pillars of Parenting' consultations where full data sets are not collected. These reasons may also apply to other incomplete data sets.

Figure 5 Breakdown of Age of the Children/Young People Referred

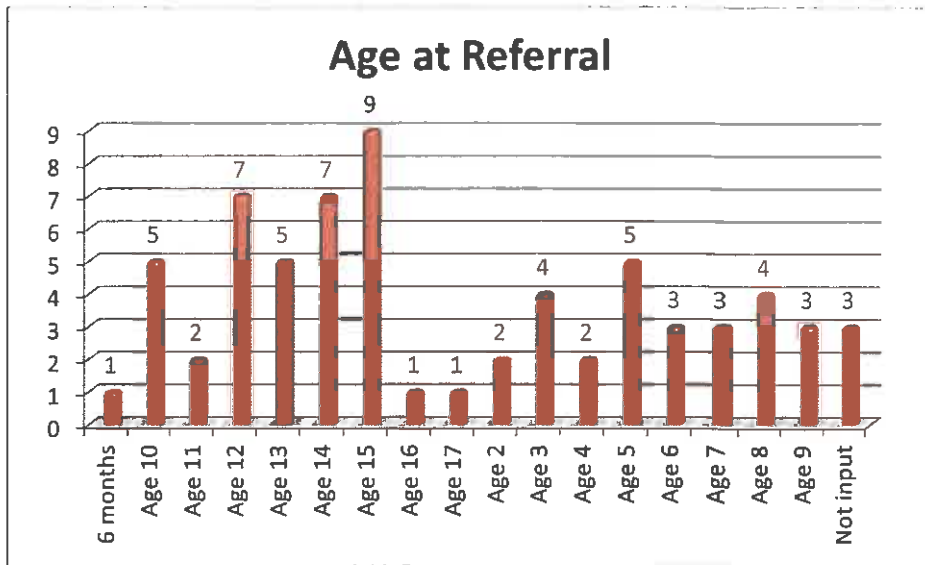


Figure 4 Breakdown of Gender of the Children/Young People Referred

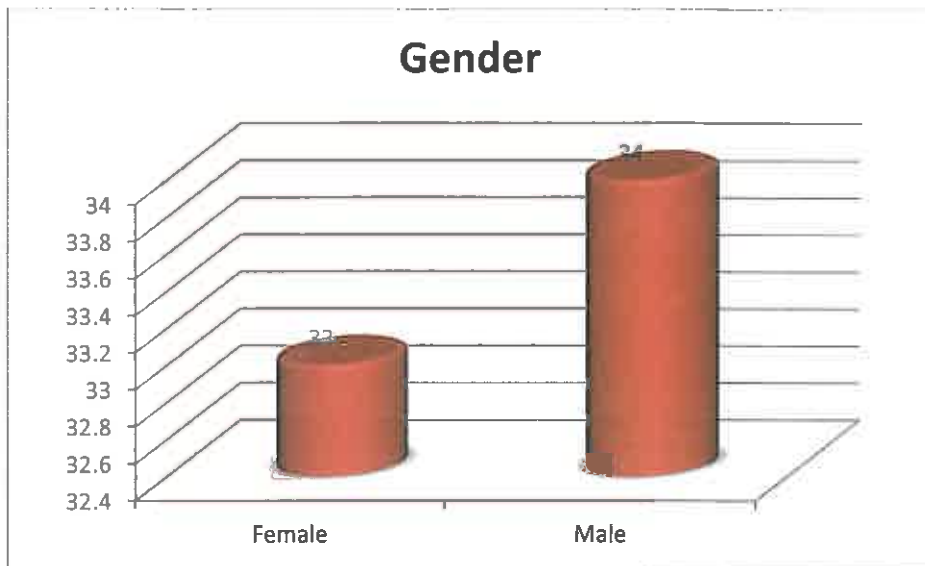
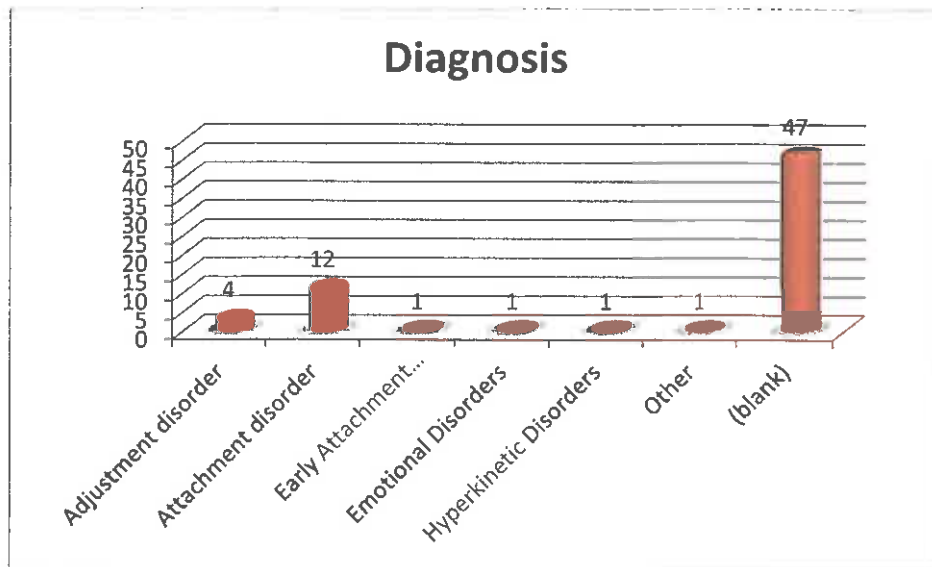
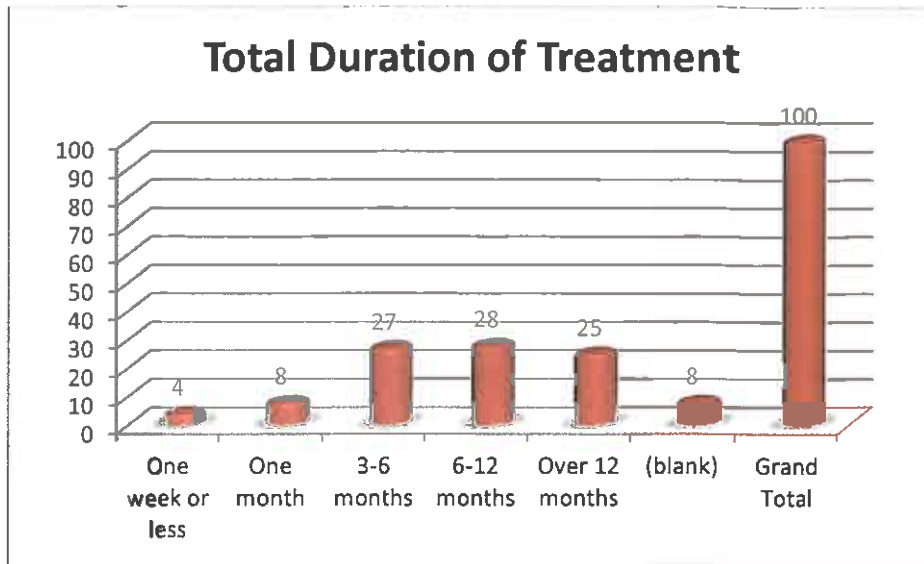


Figure 5 Recorded Diagnosis of Children/Young People Referred



All diagnosis are entered on a nationally developed CAMHS database. This has led to a number previously unforeseen hurdles in recording diagnosis. The database is designed to reflect the diagnostic structure set out in ICD-10 and therefore has a medical model overtone. Many of the children we see present with a co-morbidity of disorders and arrange of complex needs that are more fitting with the developing thinking around developmental trauma disorder. Therefore the database does not give an accurate recording of the diagnosing problems. We have recently added to the database 'attachment disorder' and will review how this fits as a diagnosis for children we work with. This therefore offers an explanation as to why there are a number of diagnosis recorded as 'blank' or 'other'.

Figure 6 Number of Discharges Showing Duration of Treatment between the period of April 2012 and March 2013



There were 100 cases discharged during the period April 2012 to March 2013. The graph illustrates the length of therapeutic involvement and clearly shows that quite a few of the cases required over 12 months of intervention. This correlates with the highly complex needs that research suggests looked after children will have given the considerable trauma they have suffered

Update of Current Activity

- Ongoing clinical Work

Our clinical interventions aim to integrate attachment, systemic, cognitive, psychodynamic and psychoanalytical traditions into our practice.

Our work includes:

- Working with the child individually
- Working with the child and carer simultaneously
- Working with child and carer separately
- Working with carer and/or professional system only

[NOT PROTECTIVELY MARKED]

- Pillars of Parenting Consultations to residential Units

We offer an average fortnightly consultation using the 'Pillars of Parenting' model to the following Residential Units:

- Upper Pendeford Farm (Local Authority)
- Red Gables (Local Authority)
- Stafford Road (Advanced Childcare)
- Brooklands Parade (Advanced Childcare)
- The Wergs (Advanced Childcare)
- Merridale Street (Advanced Childcare)

Each unit has a named practitioner who consults with staff on site. Where possible, cases of children residing at the unit are brought by staff/staff groups for discussion.

All referrals to the Child and Family Service (CAMHS) for children in Residential Units are in the first instance discussed within the unit using the consultation model.

- Consultation to Social Work Teams

LAC-CAMHS has recently developed consultation surgeries for the following teams at Beldray Building (Social Services)

- Looked after Children Team 1
- Looked after Children Team 2
- Adoption Support Team and Fostering Team
- Transition Team 14+

Consultation is an activity in which one practitioner helps another through a process of joint enquiry and exploration. The work discussed remains the responsibility of the consultee, who retains control of its direction, decision making and methodologies. Consultation emphasizes mutuality, requiring the consultant to adopt a 'collaborative' position with the consultee, rather than an expert one.

The advantage of consultations to Social Work teams is that:

- It is a mutual learning process
- It can contribute to the development of skills and knowledge of social work colleagues with a view to being more psychologically minded
- The skills developed are across a group of professionals rather than one individual
- It can prevent on-going referrals, enabling the person or family to stay with their original 'front line' practitioner where appropriate
- It can speed up the process of accessing specialist services where appropriate
- It is an activity that helps build relationships between individual, areas of service and agencies

Consultation is important because it:

- Enables us to offer timely support
- Helps prevent inappropriate referrals
- Can help reduce waiting times
- Helps develop across agency relationships
- Supports Social Workers in holding cases where children/young people refuse to access/attend CAMHS services
- Helps Social Workers to start to think differently about mental health
- Helps Social Workers to become aware, understand and manage their own professional anxieties

- Staffing

Dr Roberta Fry is now active lead for the LAC Team since October 2010.

Dr Brigid Duffy, Clinical Psychologist in the Community Learning Disability Team for Children and Adolescents (CLDT-CA) in CAMHS works with looked after children who have learning disabilities. She also consults to one of the Residential Units. Dr Duffy has been on maternity leave since April 2013. Dr Helen Dorey, Clinical Psychologist, offers consultation to The Wergs

➤ Sarah Bosworth	Counselling Psychologist	0.6 wte
➤ Dr Rebecca Mount	Clinical Psychologist (on maternity leave since October 2012)	0.48 wte
➤ Joginder Shoker-Kang	Social Worker	1 wte
➤ Mark Fallon	Child Psychotherapist	1 wte
➤ Dr Tracey Grandfield	Clinical Psychologist (Fixed term post 20 hours to cover Rebecca Mount's maternity leave)	

The team is supported by Deborah Camplin who is the team secretary.

General

Developed agreed tariff for out of area cases.

Bi-annual meeting with colleagues from cross agencies who also work in looked after children field.

Member of the team will attend CIC Council Meeting and awards evening.

Member(s) of staff attend LAC conference event.

Regular attendance at bi-monthly LAC Health Meeting.