

<b>Agenda item no:</b>	<b>6</b>
<b>Enclosure no:</b>	

<b>Meeting:</b>	Corporate Parenting Board
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<b>Date:</b>	10 <sup>th</sup> February 2016
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<b>Title:</b>	CAMHS Looked After Children's Mental Health Report
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<b>Presented by:</b>	Roberta Fry
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<b>Prepared by:</b>	Roberta Fry
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<b>Purpose:</b>	Information	✓	Discussion	✓	Recommendation		Approval	

<b>Additional resources required:</b>	Yes		No	✓
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This report covers (tick ✓ all that apply):

<b>Strategic objectives:</b>	
We will nurture a culture which provides: <b>safe, effective, caring, responsive and well led services.</b>	✓
We will <b>involve and listen</b> to patients, carers and family's <b>experience to continually improve services</b> we provide.	✓
We will be a <b>leading provider</b> of specialist mental health, learning disability and children's services, proactively seeking opportunities to develop our services, <b>building partnerships</b> with others, to <b>strengthen and expand</b> the services we provide.	✓
Attract and retain well-trained, diverse, flexible, <b>empowered and valued</b> workforce.	✓
Resources will be used effectively, <b>innovatively</b> and in a <b>sustainable</b> manner.	✓

Evidences compliance to:						
Health & Safety Executive						
Care Quality Commission	Safe	✓	Caring	✓	Responsive	✓
	Effective	✓	Well Led			✓

Number of pages in Document	5	Number of Appendices	0
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## Executive Summary

The Child and Adolescent Mental Health Service (CAMHS), Looked After Children's (LAC) Team provides a therapeutic service to children and young people whom may be either looked after and/or adopted. Typically these children will have suffered considerable trauma and will present as being insecurely attached resulting in the requirement for specialist intervention.

In recognition of this requirement Wolverhampton CAMHS in conjunction with Social Services and education department have resolved to provide a quality service to looked after and adopted children.

The CAMHS Service provides an integrated and consistent approach to Looked after Children (LAC), by placing the child at the centre of care provided, the clinician allocated to work with a child prior to their care placement will continue to support the child following placement rather than allocation to a new clinician.

The service is able to access specialist medical expertise and systemic family psychotherapy and the Jigsaw Clinic when it is needed, alongside this service wide support for LAC, there is some limited therapeutic capacity provided by a small number of clinicians, who have some of their time dedicated exclusively to children who are looked after and require therapeutic work. A further highly specialist Clinical Psychologist has recently been appointed (0.4 wte.) who has extensive experience of working in this area of practice.

### 1.0 Looked After Children's Team

The looked after children's team has positive staff retention with longstanding staff members and consists of the following:

**Fig 1. Looked After Children's Team**

WTE	Professional Title
1.0	Social Worker
1.0	Child Psychologist
0.64	Highly Specialist Clinical Psychologist (LAC & LD)
0.48	Highly Specialist Clinical Psychologist (CAMHS & LD)
0.48	Consultant Clinical Psychologist (Team Manager) (LAC & CAMHS)

**Fig 2. Current Caseload**

Open Cases	113
New Referrals – April 2014 – March 2015	86
Discharges – April 2014 – March 2015	90

Following assessment the average length of care episode is 85 weeks correlating with the highly complex needs and care required suggested by research, clinical experience and knowledge.

## 2.0 Clinical Activity

All referrals to the LAC team are screened on a daily basis this involves a LAC clinician undertaking an initial assessment and where necessary further research and collation of information to ensure that all relevant clinical information is available for the professionals meeting at which point the referral will be discussed and allocated accordingly. Information relating to the originating authority is also established in order to ensure relevant funding is sought to support the child's intervention and care within the service particularly when a child has been placed from 'out of area'

The information required includes:

- Current context and reasons for child or young person coming into care
- Chronology of events and Genogram
- List of all professionals and contact details
- Care plan

Following collation of the above a professionals meeting is facilitated (5 per month), each professional involved in the child's life is invited to attend to ensure consideration of all relevant information pertaining to the child is available to inform recommendations for care required.

Due to the highly complex needs and nature of referrals correlating with care required suggested by research, clinical experience and knowledge, the average length of episode of care is 85 weeks with the average wait time at 9.1 weeks.

**Fig 3. Wait times & length of consultations**

**Average Wait Time -  
Referral to First  
Contact (in weeks)  
2014/15  
Data Source: Oasis**

Average of Wait	Seen Month											
Team Description	May- 14	Jun- 14	Jul- 14	Aug- 14	Sep- 14	Oct- 14	Nov- 14	Dec- 14	Jan- 15	Feb- 15	Mar- 15	Average
CAMHS LOOKED AFTER CHILDREN WOLVERHAMPTON	6.2	8.0	6.5	4.2	9.5	7.8	8.0	6.3	20.2	5.7	10.2	9.1
Average	6.2	8.0	6.5	4.2	9.5	7.8	8.0	6.3	20.2	5.7	10.2	9.1

**Average length of episode –  
2014/15  
Data Source: Oasis**

Average of Length of Episode	Discharge Month												
Team Description	Apr- 14	May- 14	Jun- 15	Jul- 14	Aug- 14	Sep- 14	Oct- 14	Nov- 14	Dec- 14	Jan- 15	Feb- 15	Mar- 15	Average
CAMHS LOOKED AFTER CHILDREN WOLVERHAMPTON	11.4	60.6	21.4	88.8	77.6	42.8	65.0	15.9	111.2	135.1	179.5	77.3	85.0
<b>Average</b>	<b>11.4</b>	<b>60.6</b>	<b>21.4</b>	<b>88.8</b>	<b>77.6</b>	<b>42.8</b>	<b>65.0</b>	<b>15.9</b>	<b>111.2</b>	<b>135.1</b>	<b>179.5</b>	<b>77.3</b>	<b>85.0</b>

### 3.0 Consultation

The service offers weekly consultation to Social Workers at the Beldray Buildings through bookable appointments, one day per week (8 slots) to support and facilitate attendance. Consultation is available for all Social Workers across the city who have Looked after children and/or adopted children on their caseload. Consultations attended equated to 186 during April 2014 – March 2015.

Monthly consultation is offered on site to Merridale unit staff to support and facilitate attendance.

#### 3.1 Direct therapeutic work

Direct therapeutic work involves the following according to the needs of the child:

- Child on their own
- Child and carer together
- Carer on their own
- A worker to see the child and another to see the carer

Clinical interventions aim to integrate attachment, systemic, psychodynamic and psychoanalytic traditions in practice recognising the individual needs of the child or young person. This approach involves working with others involved in their care (foster carers, residential workers, looked after children's nurses) as an approach to actively engage them within the service.

For the young people who actively engage in individual appointments a number of approaches are utilised e.g. therapy, psychotherapy, dyadic developmental psychotherapy the benefits of which for the child or young person include,

- Feeling listened to and understood
- Able to talk or be quiet depending on what feels right for them at the time
- Assistance to make sense of often difficult, painful and confusing feelings
- Exploration of relationships with significant others i.e. carers, with the young person directly or with the carer separately with another worker.

Additional benefits include stabilisation of placements through effective exploration and thus understanding of relationships whilst also achieving improved school attendance and attainment. Other benefits include enabling the child and young person to achieve a happy and fulfilled life in the immediate future and longer term.

Sometimes outcomes can be more limited as therapy is challenging and can prove painful for the child or young person, which may result in a requirement for extended exploration and containment prior to being able to achieve noticeable outcomes following therapeutic consultations. Each child is unique and following a thorough assessment will have an understandable plan which will be developed with colleagues and the child/young person.

#### 3.2 Child Story Summary

Child A is one of 5 children who became a looked after child and was placed in foster care along with one of their siblings, the foster carer adopted the sibling but not child A. The foster placement broke down in relation to child A, resulting in a new foster carer being appointed understandably this was a difficult situation for child A to comprehend, the LAC team with a

consistent team member approach is 'holding' child A, providing consistency and containment in changing and challenging times for Child A and is supporting Child A to adapt to their new environment whilst also providing the new foster carer with the necessary support regarding nurturing attachments to facilitate a positive placement and thus provide some stability for Child A.

#### **4.0 Training Program – Nurturing Attachments & Complex Trauma**

The service has developed and delivered a training program for foster carers who foster children/young people who meet the criteria for specialist CAMHs, in order to equip them with the necessary knowledge and skills to provide attachment focused parenting.

*Criteria:* Children have an active file with the CAMHs LAC team and have a presentation that meets Specialist CAMHs (Tier 3) services.

*Programme:* 3.5 hrs weekly week course for an 18 week duration with 2 experienced clinicians.

*Aim:* To support development of foster carers knowledge and skills in attachment focused parenting.

Group 1 February – July 2015 – Foster carers of 15 children attended

Group 2 September 2015 – February 2016- Foster carers of 11 children attended

Positive feedback has been received from the parents who attended the program and during a recent Care Quality Commission (CQC) inspection it was felt that the facilitators of the program were kind and caring, as an adopter themselves the inspector commented that they would have appreciated a program of this nature when first adopting.

#### **5.0 Service Developments**

The service has developed a questionnaire for the children/young people to provide feedback to the service and enable consideration of positive experiences whilst also providing insight into areas for potential improvement. This will be implemented during 2016/17 the results will be included in the next annual report.

#### **6.0 Summary**

The CAMHs LAC team are passionate about providing a therapeutic service to looked after and adopted children who have suffered trauma in order to support them to look back and to try and make sense of their lives whilst somehow integrating their complex and changing circumstances. It should be recognised that talking therapy is not suitable for all and is often not an easy journey to undertake therefore sufficient time with skilled practitioners is essential to support children and young people accessing this service.

In order for LAC children to continue to receive the necessary support to enable them to achieve positive outcomes; the service needs continued multiagency support and co-operation to enable an environment which is able to facilitate meaningful and sustained support for Children/Young people, carers and professionals working with them.

The genuine interest and continued support given by the corporate parenting board as elected members of Wolverhampton City Council is appreciated by the Looked after children's CAMHs team.