

**24 June 2013****Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR, CHILDREN'S SOCIAL CARE****SERVICE PROVISION AND DEVELOPMENTS WITHIN THE COUNTY CAMHS  
CHILDREN LOOKED AFTER AND ADOPTION TEAM 2012/13****Purpose of the Report**

1. To provide an update on the work and service developments of the County CAMHS (Child and Adolescent Mental Health Service) Children Looked After and Adoption Team.

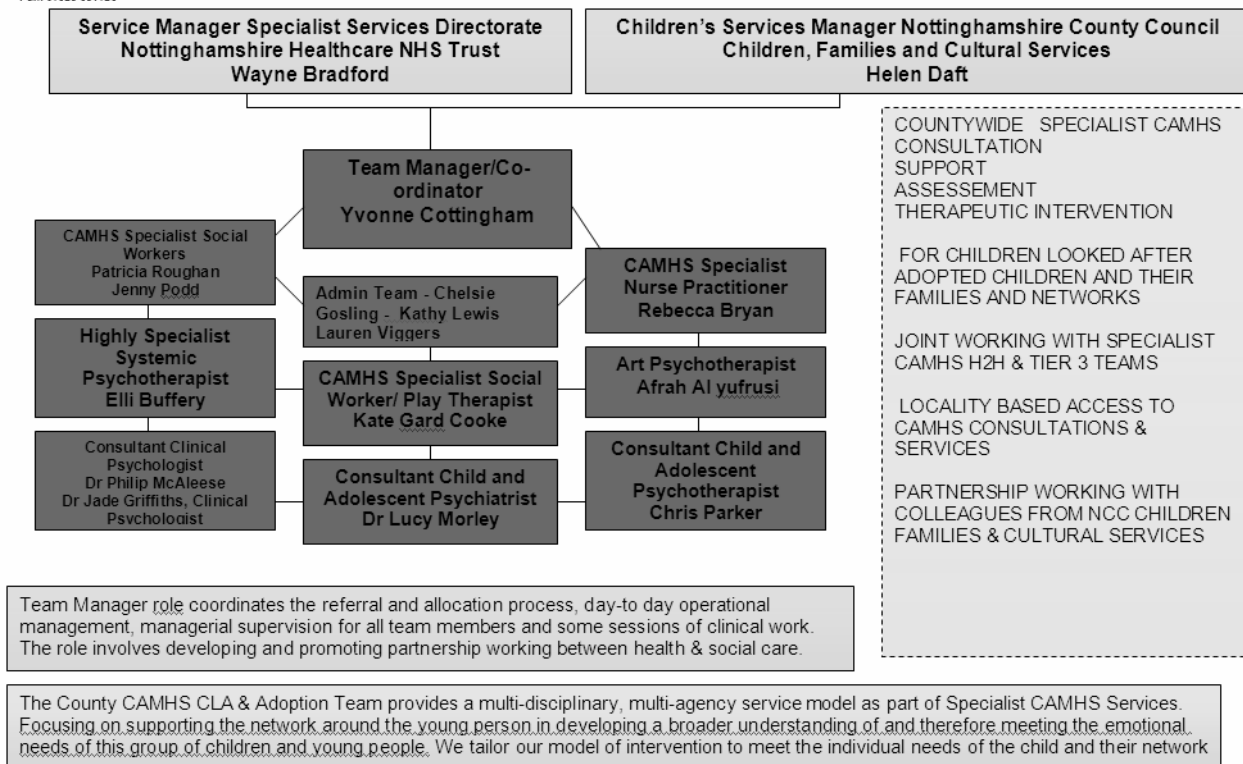
**Information and Advice**

2. The County CAMHS Children Looked After (CLA) and Adoption Team was established in 2001. The team was restructured in 2007 and has developed into the service currently offered. The Child and Adolescent Mental Health Service (CAMHS) provide a service for children 0 -18 years of age, where there are concerns about their emotional well-being or mental health.
3. The County Children Looked After Team and Adoption Team is jointly commissioned by Nottinghamshire County Council and Nottinghamshire NHS Trust. The team is based within the Specialist CAMHS Service, Specialist Service Directorate, Nottinghamshire Healthcare NHS Trust.

**Team Structure**

4. As illustrated in the team model overleaf, the team is multi-agency, made up of professionals, some of whom are employed by Nottinghamshire NHS Trust and others by Nottinghamshire County Council. The team is multi-disciplinary, made up of professionals who have undertaken different types of training, including: Clinical Psychology, Specialist Social Worker, Specialist Nurse Practitioner, Psychiatry, Child & Adolescent Psychotherapy, Systemic Family Therapy, Play Therapy, and Art Psychotherapy. The team is supported by an administration team and lead by a Team Manager/Coordinator.

## County CAMHS Children Looked After and Adopted Team model



### Aims of the Service

5. The team is commissioned to specifically work with children and young people who are looked after and living away from their birth parents, in the care of Nottinghamshire Children's Social Care Services. These children and young people may be living with foster carers or living in residential care. The team also offers specialist consultation and support to children/young people who have been adopted, and their families.
6. The team is a multi-disciplinary, multi agency team whose purpose is to assess the mental health needs and promote the psychological well-being of:
  - young people within Nottinghamshire who are living with foster carers or living in residential care
  - young people who have been adopted, and their families, or for whom adoption is being explored / planned
  - young people who are looked after or adopted and placed in Nottinghamshire by other local authorities/health trusts.

## **Referral Pathway to access a service from CAMHS CLA & Adoption Team**

7. An initial CAMHS consultation with the young person's social worker is the referral pathway to accessing a service from the CAMHS CLA & Adoption Team. The child/young person's Social Worker is asked to complete a consultation request form and book an initial consultation appointment, where the social worker will usually meet with two members of the team. Following the consultation, the CAMHS clinicians will provide a written record of the consultation detailing the ongoing CAMHS plan. This information is also shared with the child/young person's GP and the Designated Nurse for Children in Care.

### **Access**

8. To ensure ease of access to the service a total of 25 monthly initial CAMHS consultations are offered for social workers at the following Countywide venues:
  - Through Care Team  
Fortnightly consultations (6 per month)  
Venue - Bevercotes/Welbeck House, Ollerton
  - Adoption Service & Permanency Team  
Fortnightly consultations (8 per month)  
Venue - Chadburn House, Mansfield
  - Nottinghamshire County Council Children's Residential Homes  
Monthly consultations at the 3 mainstream Residential Homes within the County (Lyndene, Westview and Oakhurst). The sessions are with the young person's key worker at the residential home. The young person's social worker is also invited to attend.
  - Other Initial CAMHS Consultations  
Weekly consultations (8 per month)  
Venue - St John's Street, Mansfield or Thorneywood, Nottingham
9. Examples of the referrals for these initial consultations are:
  - GP or Community Paediatric referrals for adoptive families not currently receiving social worker support. To access a service from the team these families receive a standard letter and consultation request form to complete and are asked to contact the administration team to arrange an appointment
  - Referrals for children young people who are looked after or adopted and placed in Nottinghamshire by other local authorities and health trusts. The social worker for the child/young person will receive a standard letter and consultation request forms advising them of how to access a service. In line with Responsible Commissioner Guidelines there is a charge for a CAMHS service from this team
  - For looked after and adopted children/young people from Nottinghamshire who are placed outside of Nottinghamshire, their social worker will need to make a referral to the local CAMHS team in the area where the child young person is

placed. If required the CAMHS Children Looked After & Adoption Team can support the social worker with this

- Urgent Referrals - to access support for a child young person following an episode of self harm, the young person will need to attend their local hospital Accident & Emergency Department to be assessed by the on call team. A follow up appointment will be offered based on the assessment of the on call team.

### **Follow up and on-going consultations**

10. Following the initial consultation with the social worker, further consultations are arranged and would usually include the foster carers for the children/young people, education staff and/or other relevant people from the child/young person's network.
11. Dependent on where the child/young person is in the adoption process, the child/young person's network can vary for adoptive families.
12. The consultation model offers the network around the child a space to reflect on the complex issues they are dealing with and it provides the opportunity for a shared understanding of the powerful emotions and experiences of the young person. It provides the opportunity for containing anxieties in the network generated around the child. It offers an alternative to therapy for a child who may not be in a secure long term placement, but where some form of intervention is needed to help the child reach this goal and improve their long term prospects.
13. Consultation can function to encourage all members of the network to remain fully engaged in improving the quality of life of the young person, rather than handing over responsibility for providing a 'cure' to 'experts'. The consultation model of working with Looked after Children continues to be a NICE/SCIE (National Institute for Health and Care Excellence/Social Care Institute for Excellence) quality standard<sup>1</sup> recommendation as follows:

*"a consultancy service could be designed and delivered by in-house experts, external advisers or child and adolescent mental health services. This can contribute to children's needs being met and placements being more effectively supported. The approach should be based on the concept of reflective practice and how to manage conflicting views in the team."*

### **On-going work**

14. The model of intervention is tailored to meet the individual needs of the child and their network, based on the evidence base, NICE guidelines, the views and skills of the client and their family/foster carers, and practice based evidence.
15. Beginning with the initial assessment and plan of intervention formulated at the Initial CAMHS consultation, there is an ongoing process of individualised psychological formulation and intervention, reviewed with the network via the consultation process.

---

<sup>1</sup> QS 31 Health and wellbeing of looked after children and young people – issued April 2013, NICE

This process may identify and agree the need for additional interventions with the young person and their network.

16. Alongside ongoing consultation the following additional integrative interventions may be introduced: fostering attachments; therapeutic parenting or attachment focused family based interventions such as Theraplay; Dyadic Developmental Psychotherapy or Systemic Psychotherapy.
17. The team can also provide specific diagnostic assessment, as well as the prescribing and reviewing of medication. Individual play therapy, art therapy and psychotherapy are also offered when assessed as appropriate to meet the formulated need.

### **Theraplay**

18. All members of the team have completed Theraplay training and two members of the team are currently working towards accreditation in Theraplay. They are working closely with social work colleagues within Children's Social Care Services, the Adoption Service, and colleagues in Targeted Support Services. This involves a process of joint working and monthly peer consultation and supervision.

### **Dyadic Developmental Psychotherapy (DDP)**

19. All members of the team have completed Level 1 training in DDP and some are working towards therapist accreditation. The team has developed a Nottinghamshire Special Interest Group for DDP, which links with the National DDP Special Interest Groups facilitated by the DDP UK based Accredited Consultants. DDP is an 'attachment' focused 'family' based intervention.
20. At a DDP Conference in Manchester in 2012, Nottinghamshire Healthcare NHS Trust and Nottinghamshire County Council were recognised for their commitment to DDP. Alongside this the CAMHS CLA and Adoption Team and colleagues in the Nottinghamshire County Council Fostering Futures Team are in discussion with a researcher from Glasgow University in relation to being involved in a national feasibility study and subsequent randomised control trial of DDP, thereby developing the evidence base of DDP in the UK within a Nottinghamshire base. This would support the further development of NICE/SCIE guidance for children who have experienced maltreatment in early life.

### **Fostering Attachments Group**

21. Over the past year the CAMHS CLA and Adoption Team has developed and provided an 18 week therapeutic group for foster carers. The aim of the group is to support foster carers to increase their understanding of how to meet the unmet emotional needs of the young people they are caring for. The two groups completed so far have received positive evaluation from the participants, as illustrated in **Appendix 1**. A third group is currently running and the plan is for this to become an ongoing intervention. The team has now extended the fostering attachments group to colleagues working within Residential Care. A group for workers from

Nottinghamshire County Council Children's Residential Homes Lyndene, Oakhurst and West View is currently being piloted.

### **Foster Carers Induction Training**

22. Alongside colleagues in the fostering service, education, health and youth services foster carers attend the foster carers induction programme, which runs twice a year. This enables new foster carers to gain an understanding of the range of services available for children who are looked after within Nottinghamshire.

### **Community of Interest for Children in Care**

23. In partnership with colleagues in the CAMHS City CLA team and colleagues in the Children in Care Health team, a Community of Interest for Children in Care has been successfully established with the aim of establishing a network of people with shared vision for improving the physical and mental health needs of Children in Care.

### **Strength & Difficulty Questionnaire (SDQs)**

24. The CAMHS Children Looked After and Adoption Team has incorporated this questionnaire into their referral process and have been liaising with social care colleagues to determine routine collection of the SDQ data which enables joint monitoring processes to regularly 'score' the emotional health of each child in care. This data highlights those children and young people who would benefit from CAMHS involvement and allows inter-agency checks to identify existing service provision or indeed gaps in service.

### **Other options considered**

25. As this is a report for noting, it is not necessary to consider other options.

### **Reason/s for Recommendation/s**

26. To update the Corporate Parenting Sub-Committee on the work and service developments of the County CAMHS Children Looked After and Adoption Team.

### **Statutory and Policy Implications**

27. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Equalities Implications**

28. Due regard has been given to the Public Sector Equality Duty.

## **RECOMMENDATION/S**

- 1) That the update on the work and service developments of the County CAMHS (Child and Adolescent Mental Health Service) Children Looked After and Adoption Team be noted.

**Steve Edwards**  
**Service Director, Children's Social Care**

**For any enquiries about this report please contact:**

Helen Daft  
Children's Service Manager  
T: 0115 97 74447  
E: helen.daft@nottsccl.gov.uk

or

Yvonne Cottingham  
Team Manager, CAMHS  
T: 0115 9560843  
E: yvonne.cottingham@nottsccl.gov.uk

### **Constitutional Comments**

29. As this report is for noting only, no Constitutional Comments are required.

### **Financial Comments (KLA 11/06/12)**

30. There are no financial implications arising directly from this report.

### **Background Papers and Published Documents**

None.

### **Electoral Division(s) and Member(s) Affected**

All.

C0243

### Qualitative Feedback from the Fostering Attachments Group

#### **Positive aspects of the group:**

**Group Dynamics** - carers found talking and listening to other carers useful as it reminded them that they are not alone in struggling with the children they care for. Carers also reported that listening to (successful and unsuccessful) ideas and strategies of other carers gave them ideas as to how they might approach their children. It also helped some carers to appreciate that they have quite a lot of knowledge around attachment and are good carers.

**Develop reflective skills** - carers reported that the group helped them to develop reflective skills when thinking about their children and their needs. This has meant that carers have been able to identify when behaviours are not directed personally at them, but are strategies used to feel safe or process the past that are not always within the child's conscious awareness.

**High level of detail** - carer's valued the detail the group went into when thinking about attachment and children's behaviour. Carers felt that it was far more in-depth than any of their agency training had been and gave them some useful strategies for managing behaviour whilst meeting the children's needs.

**Particularly useful topics** - carers reported finding the sessions on PACE, re-attunement, shame & guilt, time holes and age related/brain development particularly useful.

#### **Suggestions for future groups:**

**To be offered to new carers** - carers that had been caring for children for years commented that they would have liked to have attended the course much earlier in their fostering career as they could see how some of the knowledge and skills they were developing would have been beneficial to children they have looked after in the past.

**Role-play** - carers also felt that doing role-play was not particularly helpful and would have preferred to have done less of it. It seems as though at times they felt exposed whilst role-playing and their anxieties about being observed by other carers and the group facilitators inhibited their ability to do this as well as they'd have liked or felt they could do.

**Large commitment** - some foster carers felt that whilst they appreciated the in-depth nature of the course, 2½ hours weekly for 18 weeks was a large commitment to make.

### Summary

Overall foster carers particularly valued the in-depth content and reflective nature of the group and reported a reduction in levels of stress. Feedback would suggest that as carers gained a greater understanding of the impact of their children's early experiences on their attachment behaviours, their perception of their children's presentation and difficulties altered. Foster carers seemed more aware of and able to meet their child's 'hidden needs' and subsequently noticed a reduction in their children's difficulties, particularly their emotional difficulties.