

12 September 2016**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, CHILDREN'S SOCIAL CARE****COUNTY CAMHS LOOKED AFTER AND ADOPTION TEAM - SERVICE
PROVISION AND DEVELOPMENTS 2015/16****Purpose of the Report**

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

Information and Advice**Introduction**

2. The County CAMHS Children Looked After and Adoption Team was established in 2001, restructured in 2007, and has developed into the service currently offered. CAMHS provides a service for children aged 0 - 18 years, where there are concerns about their emotional well being or mental health.
3. The County Children Looked After 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, and Nottinghamshire Healthcare NHS Trust.

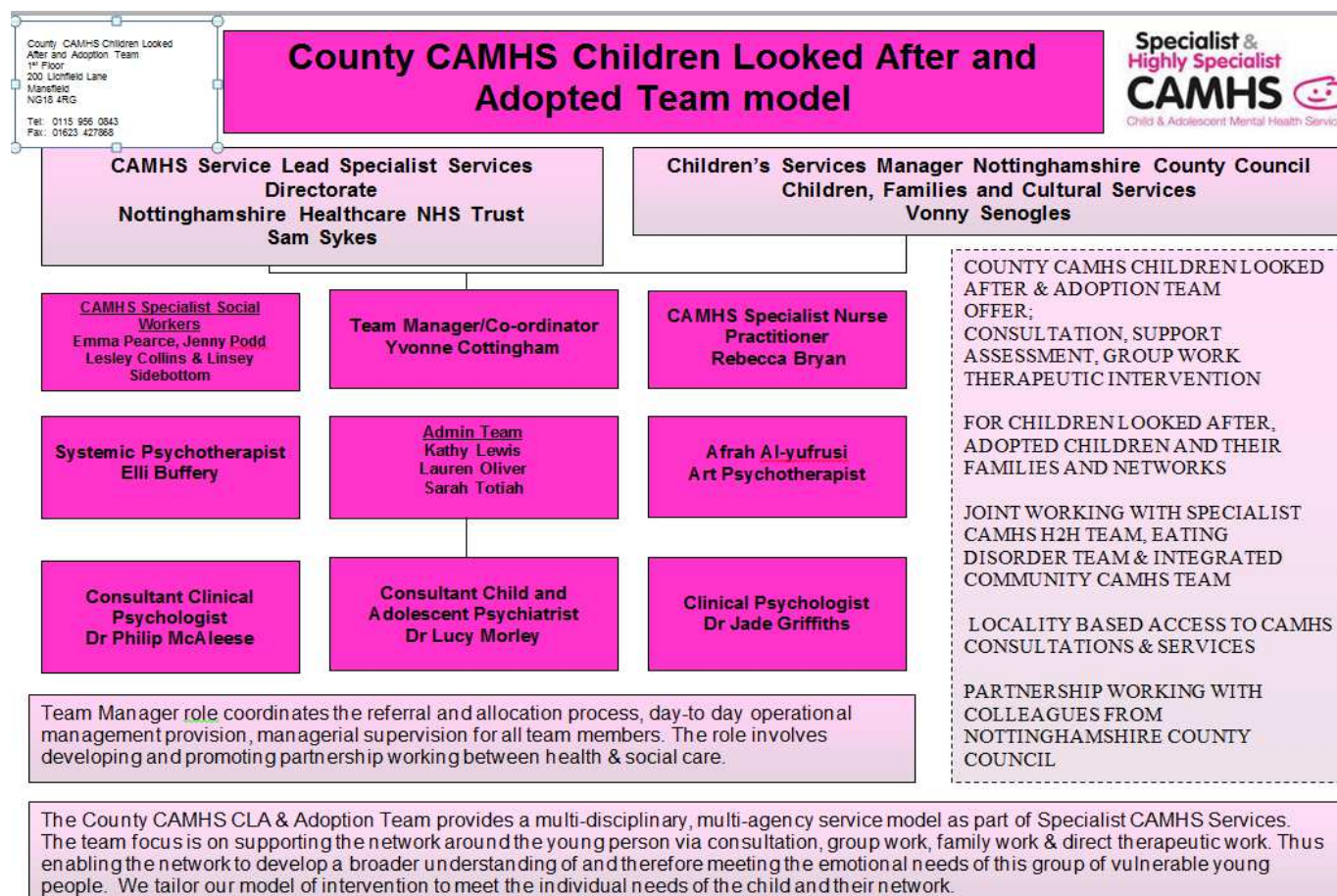
Aims of the service

4. 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 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.
5. It is a multi-disciplinary, multi-agency team whose purpose is to assess the mental health needs, promote the psychological wellbeing and placement stability 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.

Team structure

6. As illustrated in the Team Model below, the team is multi-agency and multi-disciplinary; it is made up of professionals, some of whom are employed by Nottinghamshire NHS Trust and others by Nottinghamshire County Council, who have undertaken different types of training. The team is supported by an administration team and led by a Team Manager Coordinator employed by Nottinghamshire County Council.



Referral Data CAMHS Children Looked After and Adoption Team

7. 01/10/15 - 31/12/15 CAMHS CLA team received **80 referrals**
 Average waiting time for an initial CAMHS consultation 30 days
- 01/01/16 - 31/03/16 CAMHS CLA team received **81 referrals**
 Average waiting time for an initial CAMHS consultation 36 days
- 01/04/16 - 30/06/16 CAMHS CLA team received **87 referrals**
 Average waiting time for an initial CAMHS consultation 27 days

8. Referrals are risk assessed and any urgent self-harm referrals are seen as per the self-harm protocol – the service offers a follow-up community appointment within seven days.
9. Following the initial Choice appointment/CAMHS consultation with the Social Worker, young people/foster carers are generally seen within two weeks for treatment / follow up.

Service Provision:

Pathway to access a service from CAMHS CLA and Adoption Team

10. An initial CAMHS consultation with the young person's social worker is the pathway to accessing a service from the CAMHS CLA and Adoption Team. The expectation is that the young person's social worker completes a consultation request form and books into one of the initial consultations. These appointments are offered weekly and are accessible to social workers via booking in with a named business support person within their own team. Following the appointment the CAMHS clinicians will provide a written record 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.

CAMHS Initial Interventions

11. The model of intervention is tailored to meet the individual needs of the child and their network, based on the evidence base: NICE (National Institute for Health and Care Excellence) guidelines; the views and skills of the client and their family/foster carers and practice based evidence. 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'.

CAMHS Ongoing Interventions

12. Dependent on the outcome of the initial and follow up appointment, the plan may be for CAMHS involvement to be ongoing consultation to the network and the following additional integrative interventions may be introduced over time to carers and young people: fostering attachments group; therapeutic parenting or attachment focused family based interventions such as Theraplay; Dyadic Developmental Psychotherapy (DDP) or Systemic Psychotherapy. The team can also provide specific diagnostic assessment, as well as the prescribing and reviewing of medication.
13. Therapeutic interventions with young people include assessment, self-harm follow up, DDP, Theraplay, Dialectical Behaviour Therapy (DBT), Cognitive Behavioural Therapy, (CBT), Psychotherapy / Psychological / Systemic Integrative Interventions. Self-Help and Psycho-Social education are also offered when assessed as appropriate to meet the formulated need.

Skills training for wider Looked After Children (LAC) workforce

Foster Care

14. In 2013 the CAMHS CLA and Adoption Team developed and provided a therapeutic 'fostering attachments' 10 week therapeutic group for foster carers. The group sessions are two and a half hours long and usually run in blocks of five weeks with a break to

coincide with school holidays. The aim of the group is to support foster carers to increase their understanding of how to identify and meet the unmet emotional needs of the young people they are caring for, also to support one of the earlier LAC strategy action points of recruiting more local authority foster carers and developing their knowledge and expertise to promote placement stability.

15. Groups have now taken place throughout the County in Bassetlaw, South Nottinghamshire, Ashfield, Newark and Mansfield. As a result of discussion and feedback received from foster carers and colleagues in the fostering service, the group is now offered as a rolling programme within localities with named CAMHS workers with the aim of developing a closer working relationship between the fostering service and CAMHS. A number of supervising social workers and specialist family fostering support workers have also attended the group.

Residential Care

16. The 10 week 'nurturing attachments' therapeutic group has been adapted for the staff teams in the Council's mainstream residential units. Again the aim of the group is to support the residential staff team to increase their understanding of how to identify and meet the unmet emotional needs of the young people they are caring for with the aim of promoting placement stability.

Qualitative Feedback

17. Each foster carer was given an evaluation form that offered them the opportunity to make anonymous qualitative comments about their experience of the Fostering Attachments Group. Below are the comments that were received:

"The course has been excellent. I've put a lot of the course work into practice with my children and it has helped. The CAMHS clinician has delivered the course excellently. I've recommended the course already."

"I found all the course content helpful, it enabled me to reflect upon the behaviour of children and make sense of it."

"A very interesting and relevant course that I think any foster carer would find very useful at the beginning of their fostering career."

"It's given me a better understanding of shame and its impact"

"Every aspect of the course was useful, I would thoroughly recommend it. I think this course would be better at the beginning of everyone's fostering placements."

"I found the course very interesting and I have a better understanding of attachment"

*"Helped me recognise why **** behaves the way she does, what I can do to help her."*

"I found it particularly useful meeting other carers and hearing their experiences, advice given and just feeling like you're not alone"

"Has helped improve my relationship with my child"

18. None of the carers in this group could identify anything that they found unhelpful.

Summary

19. The evaluation of the Nottingham Fostering Attachments Group (2016) suggests that following the group, carers' experiences of caring for their child were more positive. In particular the data suggests that carers developed a better understanding of their children and reported to have a better relationship with them. The data also indicates that carers' stress levels were lower after the Fostering Attachments Group. There was a sense from this set of carers that the Fostering Attachments Group increased their awareness of attachment related difficulties and therefore their ability to recognise when/if their child was struggling. Although this may have led carers to at times feel more overwhelmed, the data suggests that carers' stress levels reduced as they developed a better understanding of their children.
20. This group programme will be further evaluated using Parenting Stress Index, Strengths and Difficulties Questionnaires and Carer Questionnaires to provide more detailed data.

Residential Care Matching Panel

21. The Service Manager for CAMHS and Residential Services chairs the matching panel process that has been initiated since the block purchase of residential care. Panel members include a member of the Placements Team, registered managers from the Council's mainstream residential homes, the team manager of the CAMHS CLA team and the relevant personnel from the Council's partners involved in the residential block purchase. The aim of the matching panel is to ensure that the presenting difficulties and placement needs of young people are shared and considered by the Council and its partners prior to a placement being agreed.

Other Options Considered

22. This report is for noting only.

Reason/s for Recommendation/s

23. This report is for noting only.

Statutory and Policy Implications

24. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) That the update on the work and service developments of the County CAMHS Looked After and Adoption Team be noted.

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Constitutional Comments

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

Financial Comments (TR 09/08/16)

26. As this report is for noting only, no Financial Comments are required.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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