

19 June 2017**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, YOUTH, FAMILIES AND SOCIAL
WORK****COUNTY CAMHS LOOKED AFTER AND ADOPTION TEAM - SERVICE
PROVISION AND DEVELOPMENTS 2016/17****Purpose of the Report**

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

Information and Advice**Introduction**

2. The County CAMHS Children Looked After & 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 Foundation Trust. The team is based within the Specialist CAMHS Service, Specialist Service Directorate, Nottinghamshire NHS Foundation Trust.

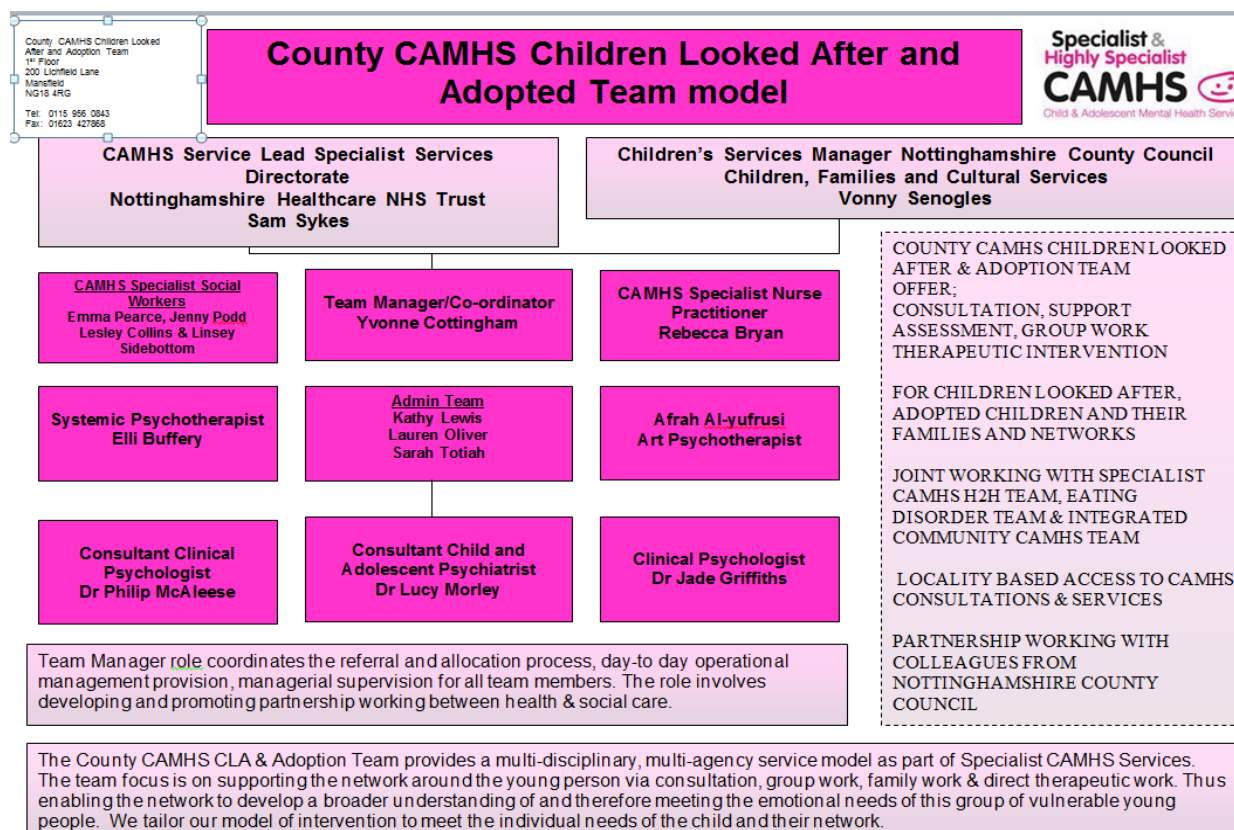
Aims of the service

4. The team is commissioned to specifically support children and young people aged 0-18 years, 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

- 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

- Data for CAMHS Children Looked After (CLA) and Adoption Team is included in the monthly data set report to the CAMHS Clinical Commissioning Group (CCG). The referral data for 2016/17 is listed below. Referrals are risk assessed and any urgent self-harm referrals are seen by the CAMHS Crisis Team; the CAMHS CLA service offer is a follow-up community appointment within 7 days.

Quarter 1 2016/17	CAMHS CLA team received	84 referrals
Quarter 2 2016/17	CAMHS CLA team received	69 referrals
Quarter 3 2016/17	CAMHS CLA team received	64 referrals

Service Provision:

Pathway to access a service from CAMHS CLA & Adoption Team

8. 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.
9. The three local authority specialist residential homes, Lyndene, Oakhurst and West View, access monthly CAMHS consultation appointments attended by the staff team and social workers who have young people placed there.

CAMHS Initial Interventions

10. The initial consultation with the social worker focuses on the experiences of the young person before they entered care, as well as the ongoing impact of such experiences and presenting symptomatology. Following this a further consultation will be arranged and may include the foster carers, the young person, education staff and/or other relevant people from the young person's network.
11. The model of intervention is tailored to meet the individual needs of the young person 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.

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; specialist diagnostic assessments; prescribing and reviewing medication. Additional integrative interventions may then be introduced over time to carers and young people. These could be Theraplay, Dyadic Developmental Psychotherapy (DDP), Art Psychotherapy, Systemic Psychotherapy, fostering attachments group, therapeutic parenting or further assessment.
13. Therapeutic Interventions with young people include assessment, self-harm follow up and Psychotherapy/Psychological/Systemic Integrative Interventions. Self-Help, Psycho-Social education, Distress Tolerance Skills Dialectical Behavioural Therapy and Cognitive Behavioural Therapy are also offered when assessed as appropriate to meet the formulated need.

Skills training for wider LAC workforce

Foster Care

14. The Fostering Attachments group is a 10 week therapeutic group for foster carers who are parenting a child who has difficulties that are understood as related to attachment. This 10 week Fostering Attachments group was developed over the period of 2011 to 2014 through running four pilot groups and adaptations being made based on feedback received from carers who participated. Following the four pilot groups, this 10 week group has to date been rolled out at a variety of countywide locations.
15. All of the carers in the group have a child (or children) who have been referred to CAMHS and the child's main area of difficulty is in utilising attachment strategies in a way that leads to challenges within a family environment. Invitation to join the group is offered to both in-house and IFA foster carers who the Council is currently working with, who it is felt would gain further knowledge and experience from working in a group setting. The data collated from the groups completed so far using the Parenting Stress Index (PSI) Strengths & Difficulties Questionnaires (SDQ) Carer Questionnaires is available on request.
16. The aims of the group are:
 - to provide support to carers who can feel very isolated caring for children with attachment difficulties
 - to increase understanding of the children and their behavioural and emotional needs through an increase in understanding of attachment theory and its application to the parenting of the children
 - to increase the skill and confidence of carers
 - the training is based on Kim Golding's House Model of Parenting with a focus on the importance of providing a secure base for the child. It involves information and training on attachment theory as well as considering principles of therapeutic parenting and how these can be implemented to support a child's emotional development and wellbeing alongside behaviour management.
17. Approximately six groups are now run by the County CAMHS CLA & Adoption Team per year, each in a different geographical location in Nottinghamshire. This allows easier access to the groups for carers, but also invites carers who live geographically close to one another to meet and develop fostering networks and thus support. Supervising social workers are invited to attend a three hour overview of the content of the group so that the support they offer foster carers can complement the attachment model.

Qualitative Feedback

18. 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 some of the comments that were received:

"It has been particularly useful to have the course spread over so many weeks – this has given us time to reflect and ask questions".

"The course has helped me to understand all of our [foster] children and why they exhibit the behaviours they do".

"I found the Theraplay session particularly useful".

"I have felt very listened to, and not judged".

"Really useful advice given for the children we look after".

"It has been particularly helpful meeting other foster carers who have similar experiences."

"This is the best and most relevant course that I have attended in relation to being a foster carer."

"All foster carers should be made aware of attachment disorder. Social workers should have this training too".

"I now understand why my foster child presents in particular ways or has certain traits and behaviours."

"It will help me in the future with the challenges we face".

"This would be a very useful course for New Foster carers".

"I found learning to connect with the kids instead of just correcting them particularly useful".

"It was particularly useful knowing you're not alone and other carers go through the same".

"This course has exceeded my expectations. I had a decent understanding of therapeutic parenting already but this course has enhanced this knowledge. I feel more confident".

"Understanding how the brain works has changed my understanding of temper tantrums".

Summary

19. Overall the evaluation of the six Fostering Attachment groups run over 2016 suggests that it has been beneficial for the foster carers that have attended. Following the Fostering Attachments group, carers reported that their experience of caring for their child was on the whole more positive. Carers have consistently reported increased understanding of their children's difficulties and an improved relationship with their child following the group. Carers have also reported greater confidence and skills in managing their children and following the group they have tended to rate their children as "less difficult" to care for. Carers have suggested that they have valued the group and have found it very helpful.

Nottinghamshire Foster Carers Induction Training

20. Along with colleagues from the CIC Health Team, CIC No Labels and the Virtual School, the service also attends and presents at the Foster Carers Induction training which takes place three times per year.

Residential Care Block Purchase

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, team manager of the CAMHS CLA team and the relevant personnel from 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 (SS 12/05/17)

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

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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