

14 January 2013

Agenda Item: 7

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 progress of the work and service developments of the County CAMHS (Child and Adolescent Mental Health Services) Children Looked After and Adoption Team.

Information and Advice

2. The County CAMHS Children Looked After and Adoption Team is a multi-disciplinary, multi-agency team consisting of 10 clinicians.
3. The team works with young people and children within Nottinghamshire who are living in residential care, living with foster parents, or for whom adoption is being explored, planned or has been completed.
4. The team is commissioned to provide a service to assess the mental health needs and promote the psychological and emotional well-being of this group of young people.
5. The following information is a summary of the 259 cases open to the team on 26 November 2012. The aim of providing this information is to gain an understanding of the composition of the group of young people the team are currently working with in regard to age, gender, ethnicity, placement type, their current presentation and the complexity of their needs.

Client Profiling

A. Age and Gender

Age (yrs)	Male	Female	Total
0 – 4	8	11	19
5 – 9	45	32	77
10 – 14	56	36	92
15	13	14	27
16 – 18	17	26	43
19 – 25		1	1

Total	139	120	259
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B. Ethnicity

Ethnicity	Male	Female
White: British	133	104
White: Any other background		7
Mixed: Mixed White and black Caribbean	1	7
Mixed: Mixed White and black African	1	
Mixed: Any other mixed background		1
Asian or Asian British: Any other Asian background		1
Black or Black British: Caribbean	4	
Total	139	120

C. Referral Source

This data show that the referral process is working well with the majority of referrals on the teams current caseload received from social workers within the Through Care & Permanency Team, and Adoption Service

Primary Healthcare (GPs, practice nurse)	7
Education	3
Social Care	233
Self Referral	2
Internal Referral	14
Total	259

D. Placement Type

Some young people are placed in foster placements, residential placements and adoptive placements in Nottinghamshire but originate from other areas of the country. Likewise many of Nottinghamshire's children looked after and adopted children are placed outside of Nottinghamshire.

Unless there are existing contractual or reciprocal arrangements, the placing or 'home' local authority retains the responsibility to commission and fund access to CAMHS Services in the area where the child is placed.

This has the potential to be complex and confusing. Work is ongoing between the County Council and health commissioners in an attempt to simplify the process.

Children Looked after in foster care	164
Children Looked after in residential care	13
Adopted Children	82

E. Presenting Problems

Children looked after share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect. The information below evidences the complexity of needs and how the majority of young people currently present with more than one difficulty

Hyperkinetic disorders; includes problems such as attention deficit hyperactivity disorder (ADHD) and other attention disorders	21
Emotional disorders: includes anxiety, depression, phobias, obsessional compulsive disorder (OCD), post traumatic stress disorder (PTSD)	107
Conduct disorders: includes anti-social behaviour, stealing, defiance, fire setting and aggression	27
Eating disorders: includes pre-school eating problems, anorexia nervosa and bulimia nervosa	8
Deliberate self harm: includes lacerations and drug and alcohol overdose	10
Habit disorders: includes tics, sleeping problems and soiling	8
Autistic spectrum disorders / problems	13
Developmental disorders: refers to delay in acquiring certain skills such as speech, bladder control and social ability	18
Children with moderate / severe learning disability	14
Attachment Issues	208

F. Pharmacological Input

Some of these presenting difficulties may also require medication as detailed below:

	Total
Anti-depressants	9
Anti-psychotics	4
ADHD medication	22
Sleeping medication	7
Other	2

G. Interventions offered

As detailed below the team provides a range of interventions to address, support and maintain the emotional and mental health needs of this group of young people. The multi-agency team offers support and intervention based on a consultation model that empowers the professional network around the child and their carers. Therapeutic work via Theraplay, Dyadic Developmental Psychotherapy (DDP) strategies or individual therapeutic work is offered to those children, young people and carers identified within the consultation process as able to benefit from this type of provision.

Consultation to the network	146
Consultation including carers/parents	157
Systemic family therapy/family work	18
Emotional support	18
Psychoanalytical / psychodynamic	6
Dietetic input	1
Integrative Individual Therapy	6
Clinical risk assessment	24
Psycho-education	11
Specific psychological input i.e. Wechsler Intelligence Scale for Children (WISC)	2
Dyadic Developmental Psychotherapy (DDP)	23
Theraplay	31
Art Psychotherapy	10
Play Therapy	3
Autism Diagnostic Observation Schedule (ADOS) 3 hour multi disciplinary assessment by a psychologist and a psychiatrist	1

CAMHS Initial Consultations

6. The pathway into the CAMHS service is via an initial CAMHS consultation with the child's social worker. Consultations are accessible to social workers and are offered throughout the County to the following teams at their bases:
- Through Care Team - there are now 8 CAMHS consultation sessions per month at Bevercotes House, Ollerton.
 - Adoption Service & Permanency Team - there are 8 CAMHS initial consultation sessions per month at Chadburn House, Mansfield.
 - Residential Children's Homes: Lyndene, Oakhurst and West View - there are monthly CAMHS consultation sessions at each of the homes. This is usually with unit staff and nurses from the Children in Care Health Team, although the young person's social worker can attend the monthly meeting they usually attend only when there are specific issues relating to the young person they are working with.

Team Developments

Strength & Difficulty Questionnaire (SDQs)

7. The County CAMHS Children Looked After and Adoption Team has incorporated this questionnaire into their referral process and has 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 interagency checks to identify existing service provision or gaps in service.

Fostering Attachments Group

8. Over the past year the team has provided two 18 week therapeutic groups for foster carers. The aims of the groups are to support foster carers to increase their understanding of how to meet the unmet emotional needs of the young people they are caring for. Both groups have received positive evaluation from the participants. A third group is due to commence in January 2013 and the plan is to develop this and hopefully increase the number of groups we can offer. A further planned development is to provide this training for staff who are working with our young people in a residential setting - this group is planned to begin in March 2013.

Dyadic Developmental Psychotherapy (DDP)

9. The team have 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.
10. At a recent DDP Conference in Manchester, Nottinghamshire Healthcare Trust & Nottinghamshire County Council were recognised for their commitment to DDP. Alongside this the team and colleagues in the Fostering Futures Team are in discussions with a researcher from Glasgow University in relation to being involved in a national feasibility study and subsequent randomised control trial thereby developing the evidence base of DDP in the UK within a Nottinghamshire base. This would support the further development of NICE/SCIE (National Institute for Health and Clinical Excellence/Social Care Institute for Excellence) guidance for children who have experienced maltreatment in early life.

Community of Interest for Children in Care

11. In partnership with colleagues in the CAMHS City CLA team and colleagues in the Children in Care Health team, we have been successful in initiating a Community of Interest for Children in Care with the aim of establishing a network of people with shared vision for improving the physical and mental health needs of Children in Care. Steve Edwards, Service Director, Children's Social Care, has agreed to be one of the sponsors of this initiative.

Theraplay

12. All members of the team have completed Theraplay training. Three members of the team are currently working towards accreditation in Theraplay. They are working closely with social work colleagues within Children's Services, the Adoption Service and colleagues in Specialist Family Support Services. This

involves a process of joint working and monthly peer consultation and supervision.

Other Options Considered

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

Reason/s for Recommendation/s

14. The report is for noting only.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of finance, equal opportunities, 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.

RECOMMENDATION/S

1) That the report be noted.

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Constitutional Comments

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

Financial Comments (initials 02/01/13)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All.
C0158