

CORPORATE PARENTING BOARD – 21st July 2014

Title of paper:	IMPROVING AND ACHIEVING GOOD HEALTH OUTCOMES FOR NOTTINGHAM CITY'S CHILDREN IN CARE	
Director(s)/ Corporate Director(s):	Helen Blackman – Director Children's Social Care	Wards affected: All Wards
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Date of consultation with Portfolio Holder(s) (if relevant)	1st July 2014	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<ul style="list-style-type: none"> • For CAMHS to deliver support and training to the work force to ensure that CiC's emotional well-being is seen as a priority and is viewed as a key performance indicator. • To ensure CiC's mental health is integrated into their health plan and that the SDQ monitoring has become part of the CiC Looked After Child (LAC) review process. • To re-evaluate how Strengths and Difficulties Questionnaire (SDQ's) are used across the CAMHS CiC team and children's social care. • Continue to improve access to CAMHS to, children, young people and professionals. • Referral forms and processes to be reviewed in order to make CAMHS more accessible to Social workers and the network. • For all cases where children are placed Out of Area to be monitored more closely in relation to their emotional and mental health needs and for CAMHS CiC team to support and ensure children and young people receive the best outcomes wherever they reside. 		

Recommendation(s):	
1	To ensure that every CiC has an SDQ completed at the Initial Health Assessment. To also introduce six monthly monitoring of SDQ scores to ensure that we have a robust screening process that is embedded in the LAC reviews.
2	In partnership with Heath ensuring that all Children who are placed out of area receive robust monitoring in relation to their Emotional and Mental Health needs.
3	Out of hours emergency appointments will continue to be seen by the CAMHS medical on-call system and the CiC team will provide Acute appointments for Consultations on a weekly basis.
4	To Develop Drop in services for Post-Adoption

REASONS FOR RECOMMENDATIONS

The CAMHS CiC team have received positive written and verbal feedback from both recent CQC and Ofsted inspections. To continue to improve the service, members from the CAMHS Executive Committee have recently met in a joint mapping exercise relating to CAMHS LAC/continuing care/social care placements for children in care.

The CIC CAMHS team have agreed to develop a quality assurance process for placements including criteria for whether a placement can be classed as therapeutic and will assess the suitability of the placement for the presenting child or young person. The team will also organise spot checks to be completed on placements for children and young people known to the CAMHS LAC team. Spot checks will ensure that therapeutic work is in place and may be completed by children in care nurses, CAMHS LAC or placements QA posts dependent upon who has the team capacity at the time.

The group proposed that actions can be taken forwards over the next few weeks in order to strengthen the pathway.

SERVICE BACKGROUND AND TEAM UPDATE.

1.1 The CAMHS CIC team was established in 2000 and provides a high quality service to support and maintain the emotional and mental health needs of those children looked after by Nottingham City council. The multi-disciplinary team offers support and intervention based on a **Consultation Model** that supports the professional network to better meet the child or young person's emotional and mental health needs by providing a reflective space and expertise in relation to CiC's mental health needs. Consultations are offered in a variety of settings in order to meet the needs of children and young people irrespective of the type of provision they are accommodated within.

1.2 Direct therapeutic work is also offered to those children, young people and carers, identified via the consultation process, as able to benefit from this type of provision.

1.3 The Team

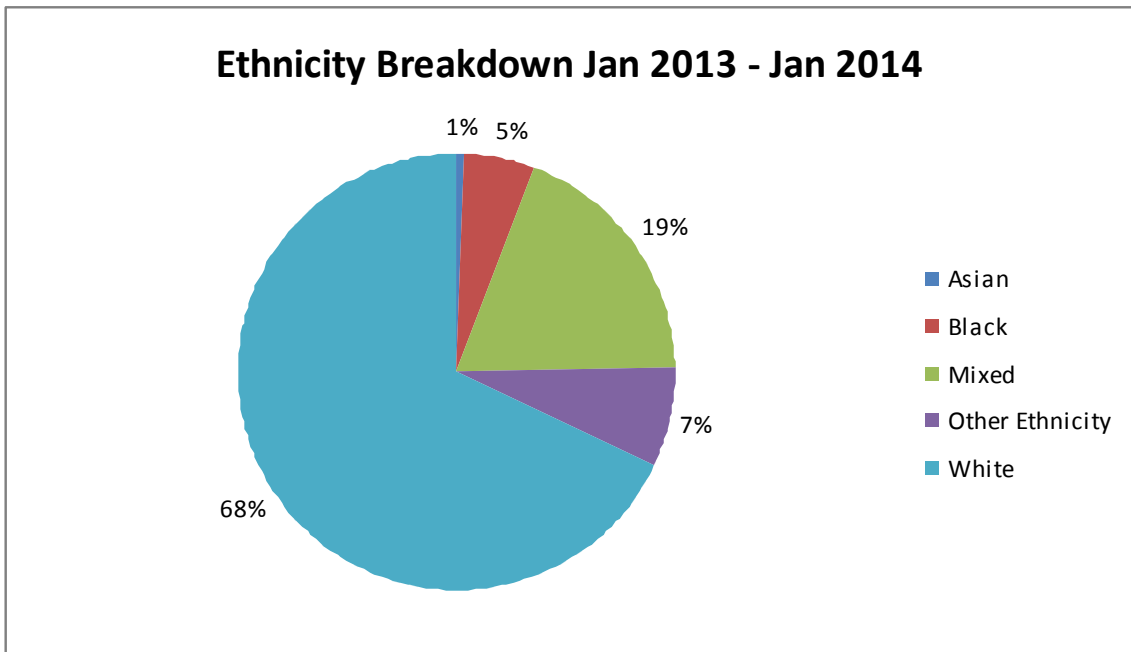
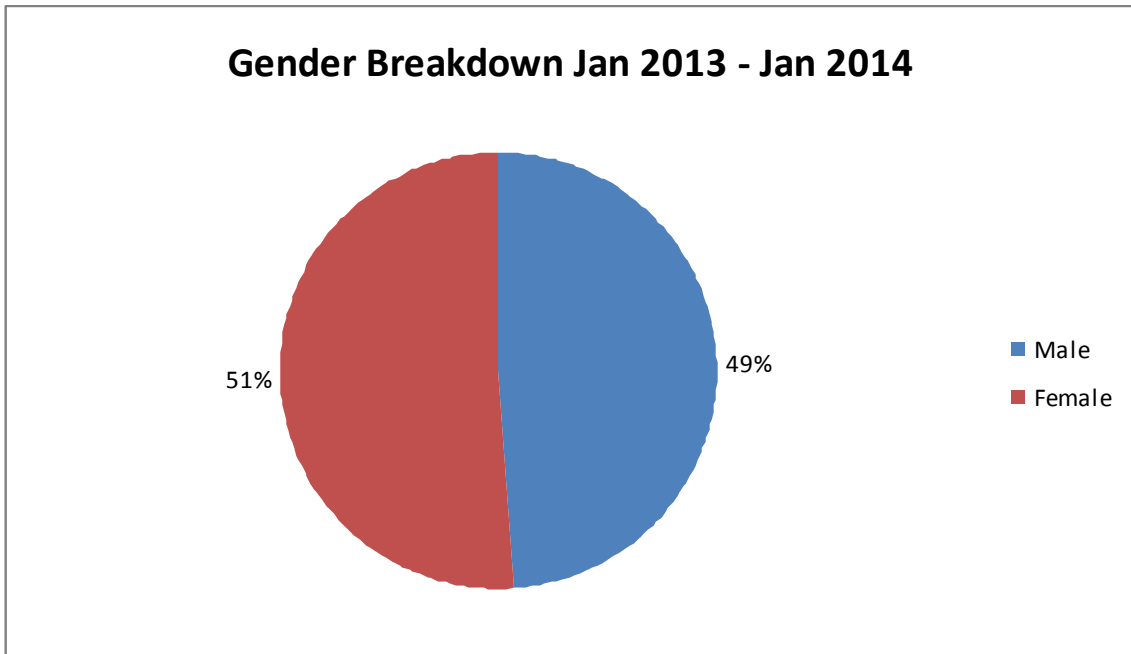
1.4

<u>Job Title</u>	<u>Number of Sessions* - Weekly Team Capacity</u>
Team Co-ordinators	10 sessions
Consultant Psychiatrist	6 sessions
Clinical Psychologist	3 sessions
Clinical Psychologist	10 sessions
Specialist Nurse	3 sessions
Specialist Social Worker	3 sessions

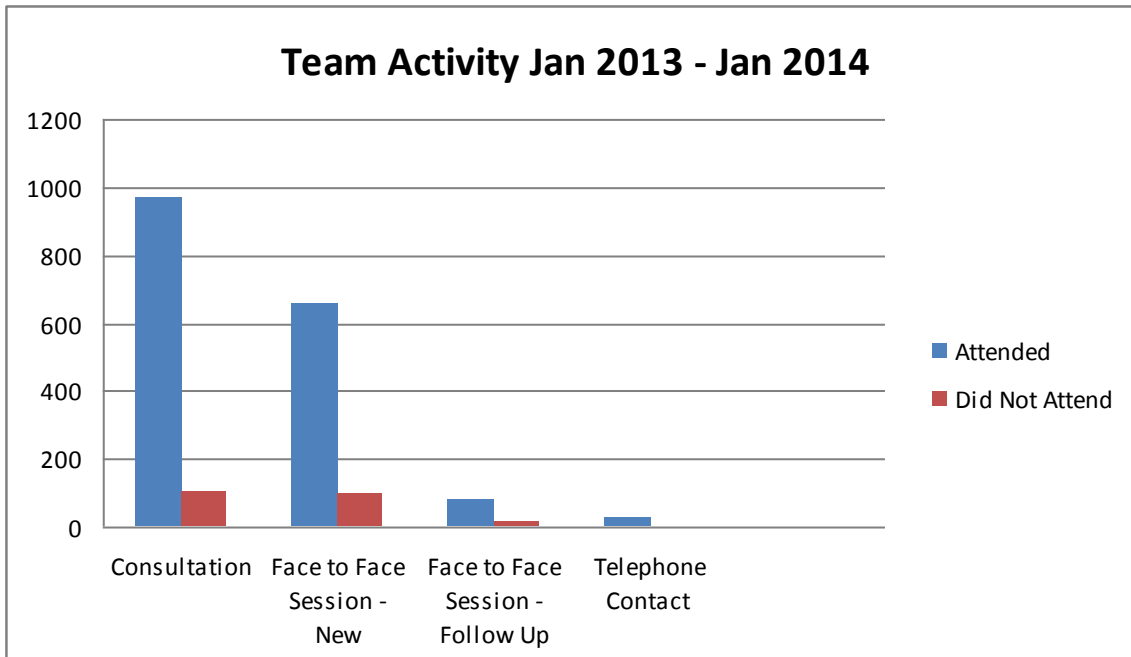
Specialist Social Worker	5 sessions
Specialist Social Worker	6 sessions
Specialist Social Worker	6 sessions
Specialist Social Worker	10 sessions
Specialist Social Worker	6 sessions
Art Psychotherapists	5 sessions
Business Support	10 sessions

(* A 'session' is the equivalent to half a working day)

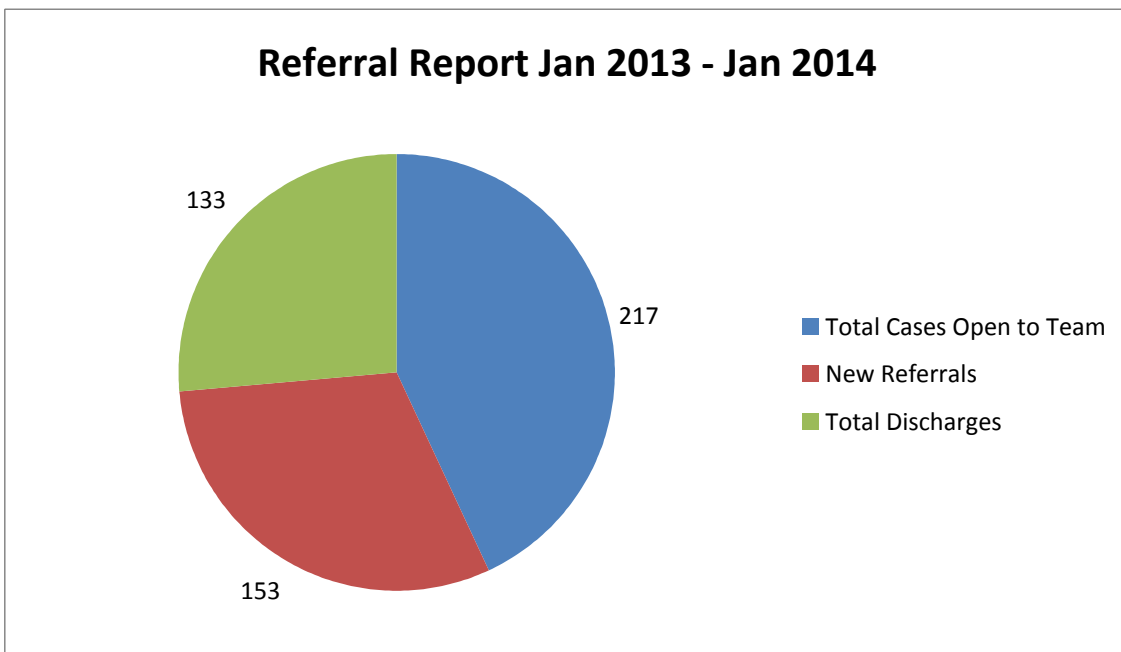
Key Team Statistics



The following data shows activity levels between Jan 2013 – Jan 2014



(Please note Consultations could include work with Foster carers Residential Social workers, social workers and Adopters.)



Direct Work January 2013 - January 2014



(Chart shows direct work with Children and young people who are open to CAMHS)

Direct Work with Children and Young people

Over the last year there have been **70** cases which have or are receiving direct work. This includes:

- Theraplay
- Dyadic Developmental Psychotherapy
- Creative Therapeutic approaches
- Systemic Family Therapy
- Play therapy
- Creative art psychotherapies

Theraplay and Dyadic Developmental Psychotherapy Clinics

Theraplay techniques are practical and play based. They aim to build relationships through fun interactive games and activities. These sessions are brief, usually thirty minutes, and lively. They aim to create opportunities for children to experience important aspects of relationships that are vital to building attachments. The parent and child will be supported by a therapist to play together using a specially designed programme which aims to address the particular issues that the child needs help with.

Dyadic developmental Psychotherapy (DDP) is an integrative method of psychotherapy that was developed in the 1990's for the treatment of children and young people who manifested psychological problems associated with complex trauma and who failed to establish secure patterns of attachment. Most of the clients receiving this treatment were residing in foster homes, adoptive homes and residential treatment centres. Within a DDP model, PACE provides an attitude of parenting which can be used to facilitate security of

attachments and to support the young person to create new meaning and understanding around past experiences. It also allows them to develop their skills in regulating the emotions that these experiences create.

The team is currently operating a Theraplay clinic which meets 3 times a week on a Monday, Wednesday and Thursday. The clinic is facilitated by Clinical Psychologist and Specialist Social Workers. Facilitators have completed either the Level 1 Theraplay training or Level 2/Group training.

It is still hoped that we will be able to complete an evaluation of Theraplay in the future and that this work will be carried out by ongoing trainee clinical Psychologists in the future. We are hoping to use outcome measures such as SDQ and Carer's questionnaire to do this (see attached). The idea is to have these completed at the point of referral or identification of the case for Theraplay.

The team have also received training in Dyadic Developmental training which like Theraplay sets out to strengthen the child or young person's Attachment to their main carers but is used primarily with older children or adolescents. There is a special interest group within the Nottinghamshire Health Care Trust which supports clinician which are using this approach and which is widely recognised in many countries as a successful approach in supporting Attachment difficulties with children, young people, Foster carers and Adopter.

Waiting times within the Service

Currently on average we will see the majority of our referrals within 4 to 8 weeks of the referral being made. To enable us to reduce waiting times further we have incorporated into our Consultation schedule, weekly acute slots which will allow cases which need a more urgent response to be seen within a quicker timescale of 1 to 2 weeks on average. Since September 2013 we have employed Dr Pallab Majumder who is the teams full-time Consultant Psychiatrist. This has given the service greater capacity to offer more urgent support for CiC who are open to the team and require assessments following concerns in relation to deterioration in their mental health.

The wider CAMHS also operates on-call services for crisis intervention which also includes children and young people who have recently come into care and are not open to the team. In such instances CIC CAMHS would offer a follow-up appointment within no more than 2 weeks of the child or young person's initial mental health assessment.

The CIC team also provides onsite support to internal residential homes. There are 2 workers allocated to each home and support through consultations is given to residential staff within the home with regards to understanding and managing behaviours in relation to emotional and mental health difficulties.

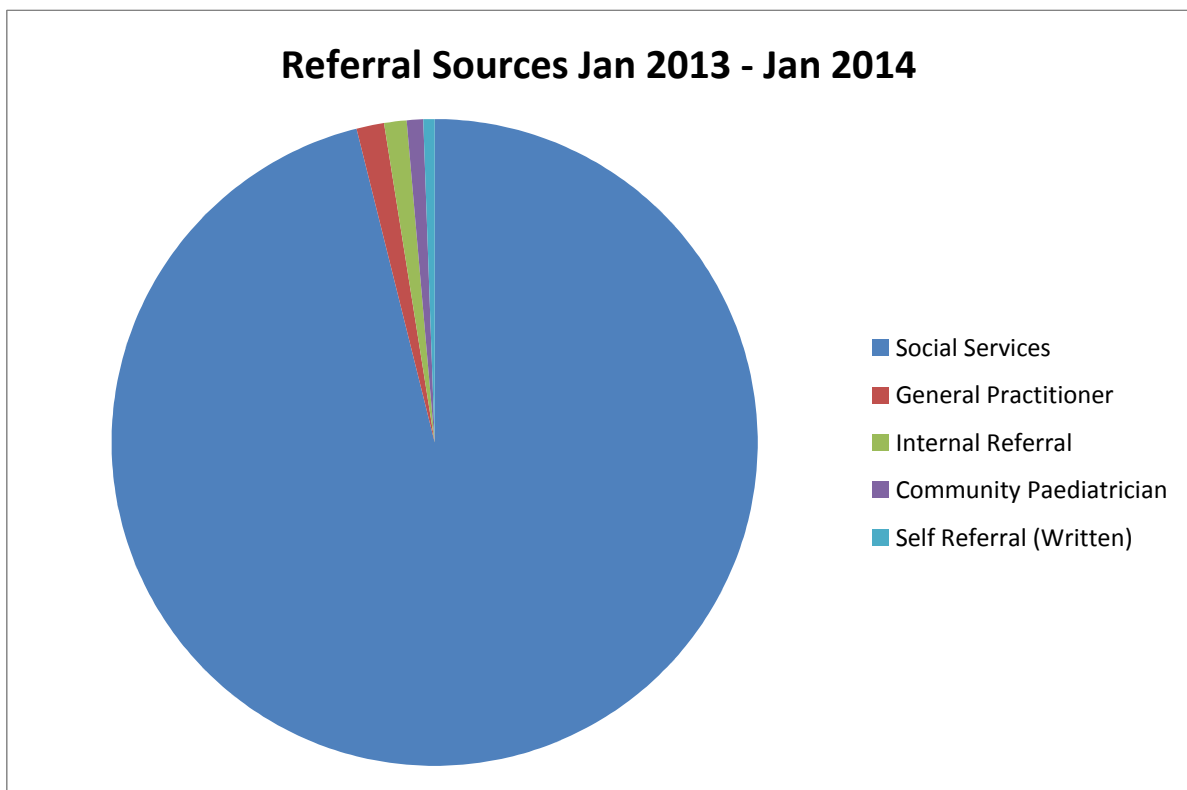
The Assessment Homes and semi-independent accommodation are visited on a fortnightly basis whilst Small Group Homes are visited monthly or more frequently if there is a need.

We are also in the process of establishing links with the CAMHS LD team so that young people who are placed in NCC's new home which specialises in Children who have severe to moderate Autistic Spectrum Disorder/ Learning Difficulties, can be jointly supported by services.

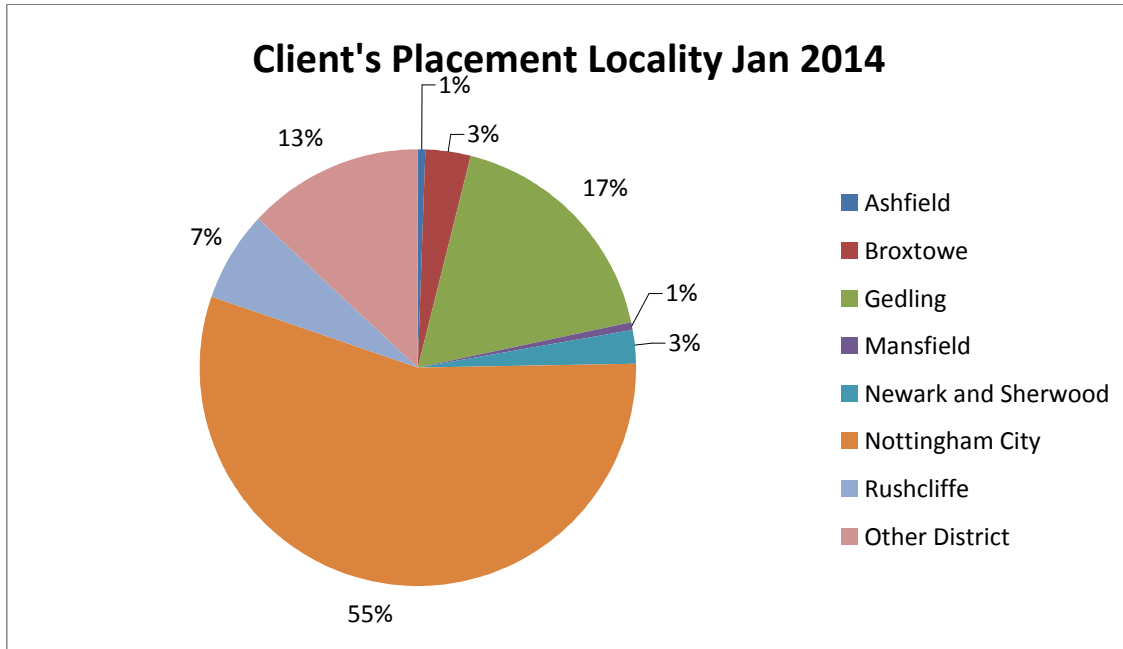
How cases are prioritised within CAMHS CiC

The CAMHS team use both Strengths and Difficulties Questionnaires' (SDQ's) and the BERRI (a clinical psychology questionnaire which more specifically relates to CiC) as part of the referral and initial Consultation process. The SDQ provides us with an added indicator in relation to whether a child or young person has a score which is Normal, Borderline or Abnormal. We are also in the process of ensuring that the SDQ's are monitored as part of the Looked After Child Review to ensure that professionals are aware if a score has altered and become either lower or higher and are curious as to why this is. Increased Scores at LAC review will automatically result in a recommendation from the Independent Reviewing Officer (IRO) that a referral be made to CAMHS by the social worker.

Our referrals are also prioritised based on the individual circumstances and needs of the child. Acute Consultation slots will be given to children and young people where there is a risk of placement breakdown or concerns regarding their presentation in relation to their mental health. Children and Young people who have self-harmed and require a follow-up appointment following an admission into hospital will also be seen more urgently and within a maximum 14 day time scale.



(Internal referrals relates to referrals received from Community CAMHS in tier 2 or 3. Self-referrals are received from Adopters)



(The above gives a breakdown of placement destination for Children and Young people accessing a service from the CiC team)

Out of the 217 cases open to the team we can see that although 55% of Children who receive a service live in Nottingham City there is a significant proportion who are placed outside of the City and most significantly in the wider Nottinghamshire area. There are 13% of children who are also open to Consultation that are placed out of area and may be placed as far as Southampton or Wales.

Post Adoption and Fostering Drop-in's at Isabella Street.

The team continues to offer Consultations and where appropriate direct work for cases where a child or young person has been placed 3 years post the adoption and is living in the Nottingham City area. Over the last year we have seen a raise in these cases and therefore we will now start to monitor the numbers of referrals we receive regarding adoption

There is an increased demand in Adoption referrals therefore it has been proposed that a 'Drop-in' service be offered to the post order team. Foster carer Drop-in's will also be piloted. This model is used within the Nottinghamshire CiC and Adoption CAMH's team and has been a successful addition to the service which they currently offer. It is hoped that the Drop-in's will run initially on a monthly basis and would be offered for a morning or afternoon. Drop-in's commenced in the service in May 2014.

The team will still continue to work with prospective Adoptive parents within Nottingham City where it has been identified that support from CAMHS would be beneficial to the child's overall plan of care. This will be with the aim to reduce placement disruption.

Community of Interest Group

A Community of Interest event for Children in Care took place on Friday 21st March 2014 from 9.00am -2.00pm at Duncan Macmillian House on Porchester Rd. The event was jointly facilitated by CiC Health team, CAMHS CLA City/County team and the Virtual School CiC City/County. The event has been organised to raise the profile of the specialist teams working with CiC and so that the 'Voice of the Child can be heard.

Listen Up

Dr Pallab Majumder is part of a research team which will work with young people who are in care within the East Midlands and who have experienced self-harm. The project will give CiC the opportunity to talk about their experiences. The research is really important as it will give the young person's experience a voice and will help us understand more about self-harm and develop future services within CAMHS and the voluntary sector.

Panels/Meetings

Managers and senior members of within the team have continued to attend the following Panels/meetings. This to ensure there is CAMHS representation and has helped to promote the importance of early intervention in Child and Adolescent Mental Health for CiC who are vulnerable to developing difficulties in adulthood due to early trauma.

- **Placement panel**
- **Profiling tool panel**
- **Performance Management Meeting's (PIMM'S)**
- **Children in Care Working Group**
- **Children In Care Outcomes Group**
- **NSPCC Steering Group**
- **NCSB Audits**
- **Network Meetings - Police/YOT**
- **NSPCC Achieving Emotional Wellbeing for Looked After field work and priorities for system change.**

Training for Residential Social Workers and Foster Carers

Attachment training to all internal residential staff has been undertaken in the last year and has provided a total of 7 separate training groups from 2013-2014 which are still currently on-going. Clinical Psychologist Dr Zoe Kyte has facilitated a total of 7 groups to residential staff within the city, focussing on the work of Kim Golding and her "Fostering Attachments" programme and has incorporated some of the therapeutic approaches that are used within the service. Feedback has been really positive, with staff valuing both the information provided within the group and also the practical ideas offered. Through formal evaluation of the groups, attendees have that they have felt a greater understanding of young people's difficulties and behaviours, particularly in terms of the link to their early experiences and gaining greater confidence and skills to manage challenging behaviours. Young people present with, improved relationships and better communication with young people, more positive responses to attempts to help young people and that they found the their role more rewarding. Feed back we received included the following comments.

“This has been fantastic and I have already used a number of techniques suggested and applied this to several cases”

“Very helpful. It has been very useful to reflect on attachment issues and relate them to service users we currently care for.”

A rolling programme of 10 week groups to Foster Carers supporting the development of ‘fostering Attachments’ has just ended, and was attended by a mixture of internal and external foster carers. The group again offered to foster carers knowledge and information with regards to developing their understanding of different attachment styles, helping them to think about specific behaviour and challenges (i.e. self-harm, stealing, lying etc..), and offering them a therapeutic model of care.

The next group will now take place in September 2014 and is already full in numbers.

Training and Development to the Workforce

The team have continued to be involved in delivering training within the Service as a whole. In 2013 CAMHS worked closely with Work Force Development to offer training to residential staff, newly qualified social workers and foster carers. Dr Zoe Kyte has also delivered on ‘the Impact of Trauma on Brain Development’ in June and October 2013 and in February 2014.

We are also in the process of responding to request to offer training to Foster Carers Social Workers and Social Workers around supporting their understanding in relation to CiC and their Emotional Health and Wellbeing. It is planned that a series of seminars will be offered to internal staff in the future.

Life Story work training

The team have received several requests for direct work to be undertaken where life story work has not been completed with the child or young person. If the young person does not have a narrative about their experience then therapeutic work will not be effective as it does not allow them to make sense of their experiences. As this is an area which requires time and often specific skills in both creating a narrative and managing what could be distressing emotions it has been proposed that some training be offered by CAMHS which would give social workers, supervising social workers and foster carers more confidence in this area.

Developing a new system for monitoring and supporting life story work has also been proposed and made as a recommendation. CAMH’s will have a key role in this and will be working closely with Social Care in order to create and develop new robust systems.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

Tariff model and Traded Services

4.1 Over the past year we have piloted work with cases where children are living in Nottingham City but placed by other Local Authorities. This pilot has involved two cases where we have provided a CAMHS service to support and maintain placements

under a commissioning arrangement with the placing authority. Funds raised pay for Dyadic Developmental Psychotherapy which is widely recognised across the country as an approach which supports children and young people with attachment difficulties. It is hoped that we will continue to reinvest any further funding into training and development for the team.

- Commissioned service for Children from other Local Authorities placed in Nottingham City.
- Fostering Attachment groups for Foster carers within Independent Fostering Agencies (IFA's).

- Assist in colleagues Continued Professional Development
- Support a need for commissioning assessments which are specialist and not able to be provided internally due to the team not having the necessary expertise. e.g Forensic Assessments.

4.2 Further discussion on the progression of these pilots and its impact on the team will continue with a view to increasing the self-sufficiency of the team

5. **RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)**

5.1 N/A

6. **EQUALITY IMPACT ASSESSMENT**

6.1 Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) X

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

7.1 PH28 Looked After Children and Young People National Institute for Health and Care Excellence (NICE) October 2010 last modified April 2013.

7.2 Best Practice Guidance Standard 9: The Mental Health and Psychological Well-being of Children and Young People. National Service Framework for Children, Young People and Maternity Services Department of Health, Oct 2004

7.3 The Statutory Guidance on Promoting the Health and Well-being of Looked After Children published November 2009, (Department for Children, Schools and Families and Department of Health).

7.4 Annual Report 2011/12 Children in Care and Adoption Health team Practice Guidance.

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None