

East Sussex CAMHS  
Looked After Children's Mental Health Service (LACMHS)

**AUDIT 2015 – 2016**  
**LAC in Fostering and Residential (not SECURE provision<sup>1</sup>)**

The Looked After Children's Mental Health Service (LACMHS) is a multidisciplinary child & adolescent mental health service managed by Sussex Partnership Foundation Trust (SPFT) and co-located with Children's Services. It provides a specialist service for children and young people who are in the care of East Sussex Local Authority and for whom the plan is permanence<sup>2</sup>. The LACMHS has the following remit - to contribute to placement stability by supporting the mental health, emotional and behavioural needs of the looked after child and promoting positive attachments with their new carers.

**DATA SUMMARY – Year 2015-2016**

The LAC Mental Health Service (LACMHS) received **70 NEW referrals** during the year 15/16, all of which were accepted and an initial consultation offered. A number of children were also seen urgently due to the severity of the symptoms they presented such as suicidal thoughts and/or serious self-harm, depression or psychotic symptoms.

**IN ADDITION** there was also a cohort of ESCS LAC in receipt of **on-going therapeutic support** e.g. individual therapy, dyadic therapy (child and carer together), systemic therapy and/or on-going consultation to the foster carer and network. Over the year 15/16 this **ranged between 67 (3<sup>rd</sup> quarter) and 99 (2<sup>nd</sup> quarter) LAC**.

**LACMHS also provided:**

- \*Two Therapeutic Parenting Groups (working with the carers of 16 young people, their Social Workers and Supervising Social Workers)
- \*Weekly consultation to Homefield Broderick residential homes
- \*Weekly consultation to the Care Leavers service
- \*Monthly 'drop in' surgeries to the Fostering and each of the three LAC teams
- \*Two Participation days for service users (children, young people and their carers)

<sup>1</sup> LACMHS provision to Lansdowne Secure Residential Unit provision has been funded separately by NHS England since April 2014 when commissioning arrangements transferred.

<sup>2</sup> For children/young persons involved in court proceedings there has been a Final Hearing and a Full Care Order granted (with a Care Plan for Permanence either through Fostering or Adoption\*).

For children/young persons NOT involved in court proceedings the LAC Review Decisions from the IRO (Independent Reviewing Officer) confirm that the child/young person will remain looked after and that there is no plan to rehabilitate the child/young person with their birth family.

This does NOT mean: The child/young person must be in their permanent placement.

## QUANTATIVE DETAIL

Year	15/16
<p>Number of new referrals accepted for initial extended consultation</p> <p>SEE NOTE [1]</p>	58
<p>Waiting time (weeks) referral to <u>first available consultation</u> (mean, min-max)</p> <p>SEE NOTE [2]</p>	8 (1 – 14)
<p>Waiting time (weeks) referral to <u>actual consultation accepted by referrer</u> (mean, min-max)</p> <p>SEE NOTE [3]</p>	11 (2-50)
<p>Percentage of referrals discharged after one extended consultation</p> <p>SEE NOTE [4]</p>	34%
<p>Average waiting time (weeks) for a therapeutic service after consultation (mean, min - max)</p> <p>NOTE excludes those seen for priority assessments e.g. suicidal ideation and/or serious self harm, depression, psychotic symptoms</p>	30 (3 – 53)
<p>Number of children/young persons receiving on-going therapy from LACMHS during year</p> <p>SEE NOTE [5]</p>	99
<p>Duration (WEEKS) of contact (mean, min-max) for children/young persons CLOSED during 15-16 after on-going therapy</p> <p>SEE NOTE [6]</p>	64 (1-172)
<p>Number of sessions (mean, min-max) for children/young persons CLOSED during 15-16 after on-going therapy</p> <p>SEE NOTE [7]</p>	29 (3-98)

## Notes to accompany Table 1

**[1]** All new referrals to LACMHS receive an extended network consultation of 2 hours duration with two members of LACMHS that is attended by the child's social worker, the foster carer's supervising social worker and the foster carer. Prior to the consultation the LACMHS clinicians read relevant documents such as the child's care plan, chronology etc. the aim of which is to ensure that the time is spent focused on the concerns presented. A written report is provided within 24 hours of the consultation outlining the concerns and recommendations made by LACMHS.

**[2]** All non-urgent new referrals receive within 1 week of receipt of referral a phone call from a LACMHS clinician to make an assessment of risk and to determine whether the young person needs to be assessed before the network consultation. Urgent referrals are responded to on the day.

**[3]** The maximum figure quoted (50) was due to a delay at the request of the referrer, which reflected continuing changes in the young person's network and an appropriate request to wait before continuing with the consultation.

**[4]** This is a relatively stable figure for LACMHS with a percentage of approximately 1/3 of referrals being discharged after the initial extended consultation, across many years.

**[5]** The range of on-going therapeutic work includes a variety of therapeutic approaches to assessment (e.g. Narrative Story Stem assessments, state of mind assessments, sibling attachment assessments, psychometric tests and neuropsychological assessments) and treatment (e.g. trauma work using EMDR (Eye Movement Desensitization and Reprocessing), intensive psychotherapy, play therapy and CBT (Cognitive Behavioural Therapy) consultation and systemic therapy. All of the work is essentially multi-systemic, that is in collaboration with the wider network supporting the child/young person.

**[6]** The maximum figure quoted (172 weeks which is also the same case as the maximum 98 sessions quoted in the next box) was a case that could not be closed any earlier due to the level of trauma and risk the young woman presented. The intervention was a mix of network and child-carer work at different times and on closing there was a significant improvement in the young person's emotional regulation and capacity for seeking help appropriately and a significant reduction in self harming and aggressive/threatening behaviour to others. Had the case been closed prematurely it would have contributed to multiple referrals at times of crisis which were avoided by keeping the case open to us and varying the intensity of intervention across this period as dictated by need and concern expressed.

**[7]** Although provided for interest, this figure must be interpreted with CAUTION as it is by no means an accurate reflection of the hours attached to each case. For example a Narrative Story Stem assessment is typically

recorded as 2 sessions but takes approximately 13 hours. Likewise a neuropsychological (cognitive) assessment is typically recorded as 2 or 3 direct contacts but takes approximately 10 hours. In addition most cases require additional support outside of the direct appointment with phone calls for some in-between sessions and liaison with the wider network supporting the child/young person ensuring that a joined up approach to the child/young person's needs is aimed for.

## **QUALITATIVE DETAIL**

Service user feedback (on both the quality of delivery and outcome on referred problems) received for LACMHS is consistently positive with the only criticism of the service being the delay for an on-going service. Examples of feedback received during the year 2015-2016 from young people, their carers and social workers:

*"It has looked at the needs of the whole family and not just the needs of the child as although the child's needs are our main focus it has strengthened our ability to uphold that."*

*"Helped us to understand how M perceives her world and history and enabling us to better meet her individual needs. Specific and expert input."*

*"I feel that not only our child's needs have been appropriately identified and worked with but the input we have received has significantly contributed to the on-going formulation of a well functioning family unit."*

*"The appointments have always been positive and constructive. The care has been genuine and wonderful results have been achieved."*

*"My child and I have been able to build an excellent relationship with our therapist. She has listened, given sound advice and help and always responded to any concerns/questions in a positive and helpful manner."*

*"LACMHS have provided both our child and us with excellent information, guidance and support which has enabled us to continue to effectively manage our child's diverse and changing needs. Without support from LACMHS, SW and SSW and the Virtual School this would not have been possible."*

*"Being able to speak to the clinician and getting an understanding of underlying problems."*

*"Very kind staff and people who listen".*

*"All the professional advice given to me really helps and makes me think about the other ways of dealing with situations".*

*"Very helpful staff".*

*"Our clinician is very professional and the children look forward to seeing him"*

*"Overall a really helpful service"*

*"Being able to express myself and show myself what characteristics I have was really good".*

*"The care was really good because my psychologist gave me some strategies/techniques to help me to calm down and to help me to control my anger. The strategies/techniques have really helped me a lot."*

*"The service I received went well and everything was absolutely perfect, helpful, advisable and good. There was nothing I disliked".*

*"They listened to the problems and tailored the sessions to the problem".*

*"Felt we were listened to and all questions answered".*

*"Good team work"*

*"Everyone that has been involved with the young person is very approachable and friendly".*

*"I was kept up to date with what was going on".*

*"Clinician was very friendly and helpful."*

Examples of feedback received from foster carers who attended the Therapeutic Parenting Group during the year 2015-2016:

*"The Therapeutic Parenting Group training has been invaluable, an absolute game changer. We have learnt so much about brain based parenting, had practical guidance and support and an arena to specially focus on our child's needs. The information, support and helpful suggestions offered within these sessions offered by both facilitators has been provided at a good and steady pace. The new techniques reviewed at each session has facilitated a deeper understanding and awareness of not only what brain based parenting is, but how to use it to meaningful effect. All of the topics covered have been so beneficial we will be continuing to study in more depth when the course is over"*

*"Found the trainers and their warm and compassionate approach, whilst also professional, helped provide a foundation to the group being a positive and supportive one – where it was a safe place to be. I found I looked forward to attending and it provided a positive therapeutic time for me. It also gave me time to stop and think. I think it is a shame this course is not more readily available to more foster carers and supervising social workers".*

*"I thoroughly enjoyed the course. I feel I am better equipped to continue my role as a foster carer and have learned such a lot (about myself as well). Taking away a folder of useful literature to be able to refer to was useful".*

*"All information throughout the course has been of value"*

*"Learning new skills has really helped us all live in a calmer household"*

In addition feedback from foster carers at an Education Committee inquiring into the Mental Health of LAC (3<sup>rd</sup> March 2016 on BBC Parliament):

*"Really helpful in East Sussex. Very good. Only thing- discharge, the problem hasn't gone away, need CAMHS again if having flashbacks or something. The SW got (YP name) back in to CAMHS again in two weeks. It's been very good".*

*"I found service in East Sussex fantastic, really really good. Since moving to different part of the country, I've had no service for them at all around here".*

## **CONCLUSION**

LACMHS continues to work in close collaboration with its partner agencies to provide a respected service to ESCS LAC for whom the care plan is permanent accommodation out of their birth family. The response to new referrals is prompt (e.g. a risk assessment being provided within one week) and initial advice in an extended consultation thorough and inclusive of multiple perspectives with excellent communication across multiple teams and agencies. On-going therapeutic work is highly regarded.

However the prevailing issue for LACMHS over the last few years has been the increasing complexity of the LAC cohort and the demand for intensive on-going support to the child/young person and their networks. The impact on service delivery has meant that the waiting time for on-going therapeutic interventions has increased. A proposal for a Service Redesign to address some of this delay has been written for discussion with our partner agencies and commissioner.

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**June 2016**