

East Sussex CAMHS
Looked After Children's Mental Health Service (LACMHS)
AUDIT 2016 – 2017
LAC in Fostering and Residential (not SECURE provision¹)

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 permanence². 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 **62 NEW referrals** during the year 16/17, 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 16/17 this **ranged between 69 (4th quarter) and 78 (2nd quarter) LAC.**

LACMHS also provided:

*Two Therapeutic Parenting Group (working with 21 carers of 15 young people, their Social Workers and Supervising Social Workers)

*Three Therapeutic Parenting Groups provided to the residential home staff of Homefield, Brodrick and Hazel

*Weekly consultation to Homefield, Brodrick and Hazel residential homes

*Weekly consultation to the Care Leavers service

*Monthly 'drop in' surgeries to the Fostering and each of the three LAC teams

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

² 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	16/17
<p style="text-align: center;">Number of new referrals accepted for initial extended consultation</p> <p style="text-align: center;">SEE NOTE [1]</p>	57
<p style="text-align: center;">Waiting time (weeks) referral to <u>first available consultation</u> (mean, min-max)</p> <p style="text-align: center;">SEE NOTE [2]</p>	6 (2-16)
<p style="text-align: center;">Waiting time (weeks) referral to <u>actual consultation accepted by referrer</u> (mean, min-max)</p> <p style="text-align: center;">SEE NOTE [3]</p>	9 (4-22)
<p style="text-align: center;">Percentage of referrals discharged after one extended consultation</p> <p style="text-align: center;">SEE NOTE [4]</p>	49%
<p style="text-align: center;">Average waiting time (weeks) for a therapeutic service after consultation (mean, min - max)</p> <p style="text-align: center;">NOTE excludes those seen for priority assessments e.g. suicidal ideation and/or serious self harm, depression, psychotic symptoms</p>	40 (1-78)
<p style="text-align: center;">Number of children/young persons receiving on-going therapy from LACMHS during year</p> <p style="text-align: center;">SEE NOTE [5]</p>	78
<p style="text-align: center;">Duration (WEEKS) of contact (mean, min-max) for children/young persons CLOSED during 15-16 after on-going therapy</p> <p style="text-align: center;">SEE NOTE [6]</p>	91 (1-254)
<p style="text-align: center;">Number of sessions (mean, min-max) for children/young persons CLOSED during 15-16 after on-going therapy</p> <p style="text-align: center;">SEE NOTE [7]</p>	29 (1-330)

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 (22) was due to a delay at the request of the referrer, which reflected a change in the young person's placement and new carer's becoming part of the network.

[4] This is a slight increase in the percentage of referrals being discharged after initial extended consultation which over a number of years has been stable at around a1/3. This may reflect less young people being placed on the waiting list for 'consultation to the network' and instead social workers and the wider network using the 'drop in' surgeries and follow up consultations to access LACMHS clinicians in a more timely and flexible way.

[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 (254 weeks which is also the same case as the maximum 330 sessions quoted in the next box) was a particularly complex case that presented with significant trauma and complex mental health difficulties and could not be closed any earlier due to the level of trauma and risk the young person presented.

[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.

The case with 330 contacts (also mentioned above) does reflect a particularly complex case with a high level of face to face contacts that involved multiple clinicians over a period of almost 5 years. The young person received weekly psychotherapy from our team alongside consultation to the network and support from psychiatry and liaison with the EIS (Early Intervention Service).

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 2016-2017 from young people, their carers and social workers:

“Many thanks for your insight and observations. Most useful and timely.”

“Thank you for getting the consultation summary out so quickly, I found it a very useful meeting and I know that I have already got some useful information to use to support staff.”

“You have always been there for her and me. I have had the privilege to be part of your sessions for the past 6 months. You are so skilled, I have learnt so much from you. It was tough work but very much needed work.”

“I met with the carers yesterday and it was a positive visit, we were able to identify lots of things that E can now do and be part of their family. The carer was amazing at reflecting back on some beautiful memories of them two, it was quite emotional and really reminded us of the remarkable journey they have been on – there was so much they have enjoyed. Thank you for pushing so much for this. I also think that now is a good time to tell you, you did provide the miracle that I requested of you in our first conversation regarding E. Thank you.”

‘All the professional help and support and input I was given was extremely helpful. I would highly recommend LACMHS. Very helpful. I have seen a huge change in my child’s behaviour.’

‘Sense of being listened to and a sense of someone taking the time and giving hope and help to try to improve things and understand, strategy to cope with difficult emotions.’

“Thank you for helping us reflect on anxieties and behaviours (and our own responses) in different ways yesterday. It was very helpful to have the opportunity to think about these in such a supportive and therapeutic space.”

“Thank you so much for the consultation, I think it was really positive and enabled us all to take a breath and really think about how A experiences the world.”

"The clinician is here every time and the service I received is consistent and reliable".

"They were kind and treated me well."

"Someone helping with friendships was good".

"What was good about your care? – everything that I can think of"

"The therapist listened to me and she was really nice".

"You understood how I felt and that I needed a lot of help".

"We work together".

"It is fun and I can do lots of cool things".

"The people who saw me listened".

"The care was good and helpful".

"Thank you for helping me".

"They listened and I wasn't treated like a kid".

"The therapist was able to give us homework which was very helpful. The role play helped me to express what is going on in my life"

Examples of feedback received from foster carers, social workers and residential workers who attended the Therapeutic Parenting Group during the year 2016-2017:

"Knowing some of the strategies and ways of working with young people that carers are adopting will really help me in my work with the young people. The self-belief and shame topics were excellent"

"It was useful and thought provoking".

"The course has really helped"

"We have both become more relaxed with A and we now "get" why she behaves as she does.

"I have moved from black and white to grey".

"A wonderful course"

"Enjoyed all"

"Great delivery and understanding"

"Supportive at all times"

In addition feedback from the Virtual School following their conference that LACMHS contributed to and attended.

“A huge thank you for attending the conference last week, it was great and feedback has been so positive, there was a real sense of partnership working. LACMHS input to network meetings came up as a real positive and hopefully if we can get EP’s coming to monthly meetings we will be able to work more closely with ISend as well.”

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 continues to be 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 continues to be highly regarded.

However the prevailing issue for LACMHS continues to be the increased complexity of the LAC cohort and the demand for intensive on-going support to the child/young person and their networks. This is reflected in the number of contacts and duration of therapy of cases closed this year. The impact on service delivery has meant that the waiting time for on-going therapeutic interventions has continued to be long. In light of the Service Redesign proposal being put on hold, alternative ways of reducing the waiting time for ongoing therapeutic work are being discussed within the team and with wider management.

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