

Specialist CAMHS for Care, Adoption and Permanence
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Clinical Psychology Input to Children's Services, Dorset Council

Report of Clinical Input from July 2019 to July 2020.

The role of Clinical Psychologist for Children's Services began in July 2019, working with the Care & Support 0-12 Service. The aim of the role is to contribute to care planning and to support permanence through the use of psychological assessment and intervention with children in care aged 0-12 and their carers. The role is undertaken by Dr Laura Bennett, part-time, three days a week.

Referral Criteria

Initially referrals were received from social workers within the Care and Support 0-12 team. However, since the local authority restructure, children in care are now placed across a range of locality and permanence team and therefore, referrals can be received from Permanency or Locality Teams for any child who is in care and aged 0-12. Referral criteria are based level of concern around care planning, the child's psychological state and quality of placement.

Available Support

A range of clinical interventions are offered through the clinical psychology service, these include:

- Consultation to social workers to support psychological understanding of children and their placement needs
- Psychological assessment of children to support matching or placement stability
- Psychological consultation to IFA carers
- Advice around placement matching / suitability of therapeutic services offered by IFAs or Residential Units
- Video Interactive Guidance (a therapeutic intervention with a child and parent / carer which works to improve and strengthen attachment relationships)
- Support in completing complex Together and Apart Assessments
- Support to wider professional systems to improve placement stability

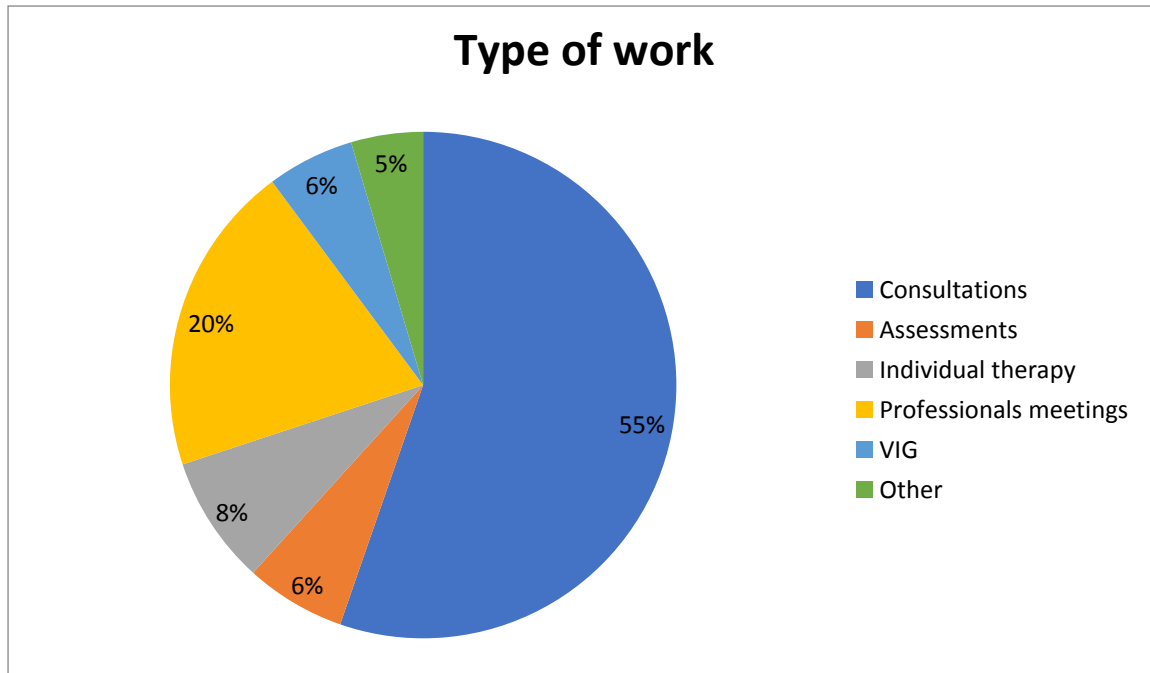
Evaluation of Support

Following the initial set-up period and the establishing of the role, contact data was collected and analysed from December 2019 through to July 2020.

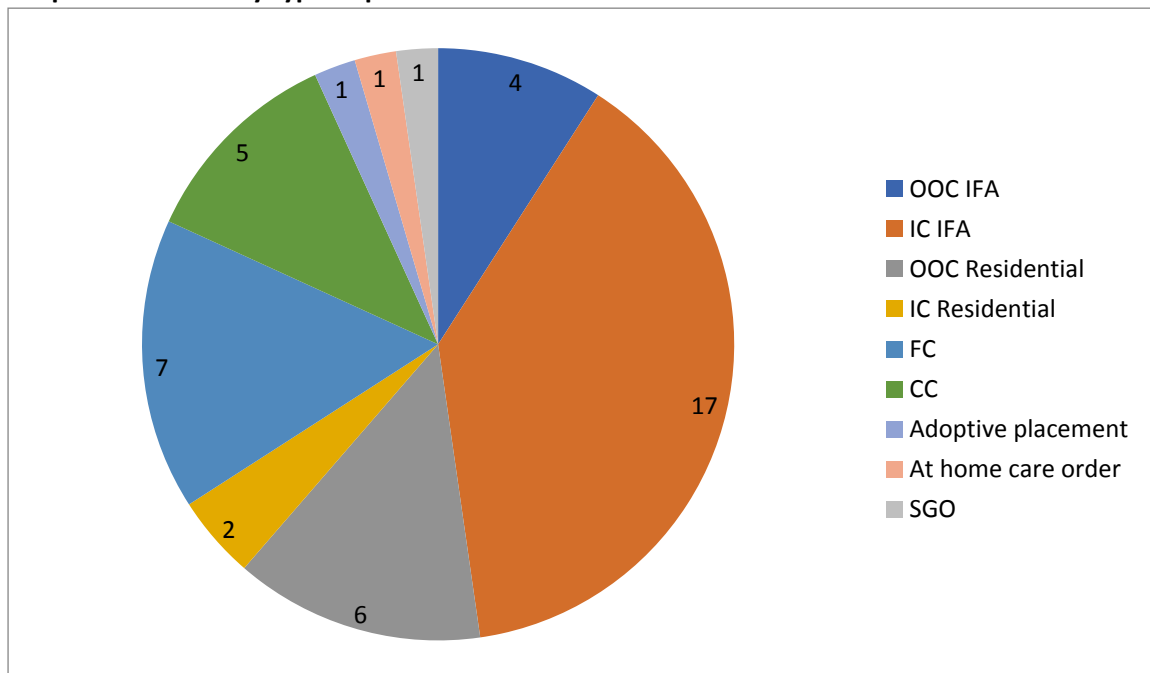
Data revealed that during this 8-month period there were 44 referrals and an additional recorded 13 pieces of one off work.

Graphs 1 and 2 below show that the majority of work was consultative work to foster carers and social workers, and that children referred were primarily placed with IFA carers or in residential units.

Graph 1: Referrals by Type of Work

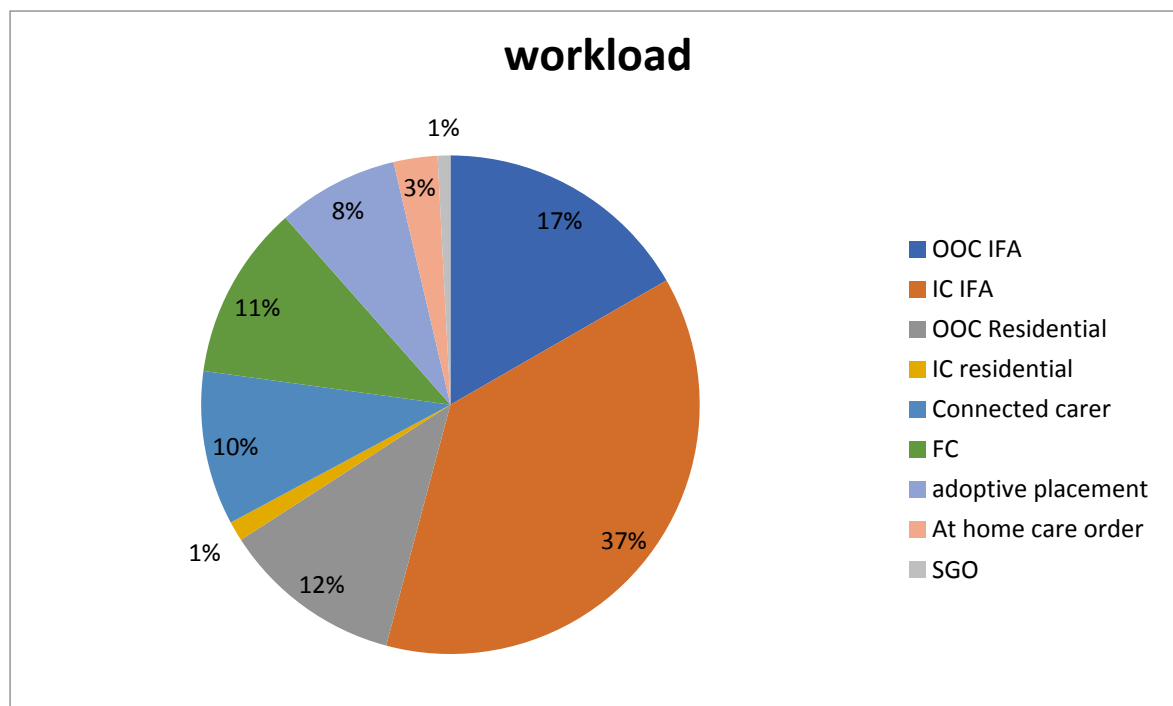


Graph 2: Referrals by type of placement



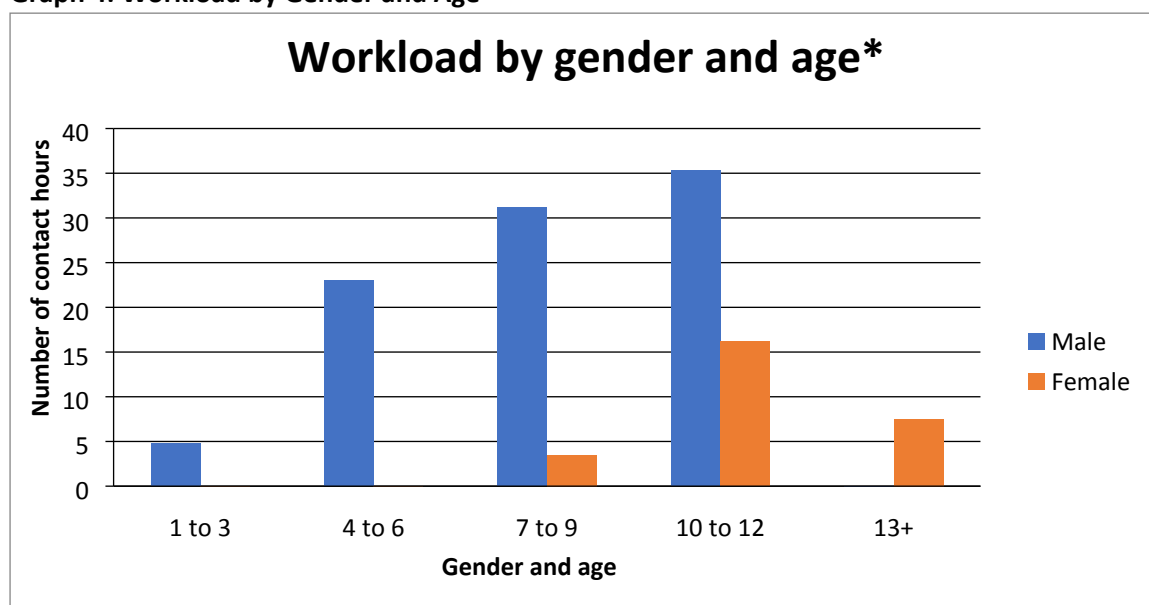
Graph 3 below highlights that the work completed across type of placement is in line with the referrals received and highlights how the role complements the work of the fostering and Aspire Adoption clinical psychologists, who work with in-house carers, adopters and Special Guardians, by supporting children in IFA and residential placements.

Graph 3: Workload by type of placement



Graph 4 below shows that Clinical psychology input has been offered across the 0-12 age range, with the highest level of input being offered to males and females within the 10-12 age group, closely followed by those in the 7-9 age group. The support to children aged 13 plus can be accounted for by direct individual therapy to a 14-year-old who remained under the care of the 0-12 team.

Graph 4: Workload by Gender and Age



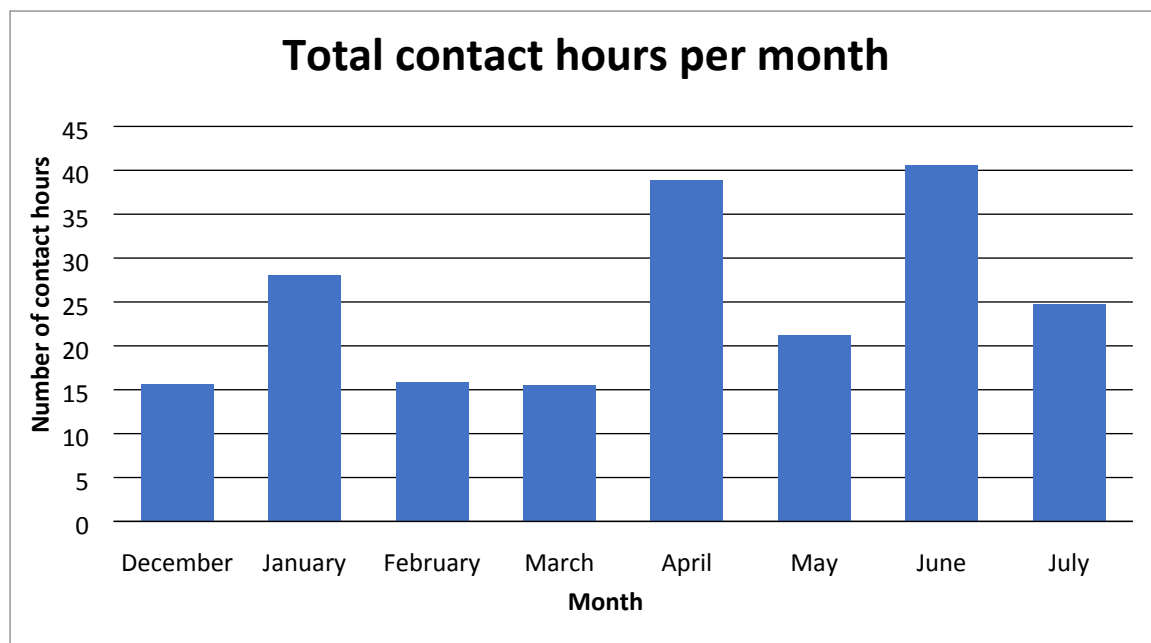
*Some data is missing

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Graph 5 below shows that the service currently provides between 15 and 40 contact hours per month. It is likely that the increase in contacts from April 2020 onwards is due to the change in working practices due to Covid-19, meaning that more appointments were held virtually and travel time between appointments was not required.

Graph 5: Total contact hours per month



In March 2020, social workers and foster carers who had been involved with the clinical psychology service were asked to complete a brief evaluation of the service. Eighteen responses were received, this included eight responses from children's Social Workers, two responses from IFA Supervising Social Workers and four responses from Foster Carers. The responses covered a total of 28 children.

The evaluation (included as an attachment) asked respondents to answer questions using a five-point Likert scale. Average responses overall and by role are recorded in the tables below.

Table 1: Feedback across all professionals

Question	Average response (out of 5 - <i>strongly agree</i>)
It was easy to access the psychologist	4.5
The input from the psychologist was helpful	4.9
The input from the psychologist informed my practice	4.6
The input from the psychologist changed my practice	4.1
The input from the psychologist improved placement stability for the child	4.6

Table 2: Foster Carer Feedback

Question	Average response (out of 5 - <i>strongly agree</i>)
It was easy to access the psychologist	3.5
The input from the psychologist was helpful	4.7
The input from the psychologist informed my practice	4.3
The input from the psychologist changed my practice	3.5
The input from the psychologist improved placement stability for the child	3.5

Table 3: Feedback from Social Workers and Supervising Social Workers

Question	Average response (out of 5 - <i>strongly agree</i>)
It was easy to access the psychologist	4.9
The input from the psychologist was helpful	5
The input from the psychologist informed my practice	4.8
The input from the psychologist changed my practice	4.4
The input from the psychologist improved placement stability for the child	4.9

Respondents were also asked to provide qualitative feedback regarding their experiences of using the service. The feedback could be categorised within the following themes.

Positive Themes

1) Speed & quality of support:

- Easy to contact
- Support offered quickly
- Up to date knowledge
- Provision is likely to deliver good quality and informed interventions
- Solicitors impressed by psychologist input
- Very efficient to work with
- Welcoming approach
- Non Judgemental

2) Support for professionals

- Gave me confidence
- Communicated to me in an understandable way
- Supporting me and FC to ensure placement doesn't breakdown
- Opened up my practice, I was able to recognise FC lack of confidence
- Opportunity to liaise and agree input
- Benefit to FC- watching her grow in confidence and ability
- Laura is a valued team member and has made a massive positive difference to the team
- Reassurance of methods already put in place

3) Therapeutic support

- Gave a therapeutic perspective
- Useful having someone who is trained and knows the best therapeutic support

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- Clear therapeutic support given

4) Child-centred practice

- Child focused
- Helpful to know what's best for the child
- Supported myself and FC to ensure placement doesn't breakdown
- Adding stability to placement
- LAC are better off and prioritised through this provision
- Best interest of child is met
- Stabilising placements

Negative feedback:**1) Lack of availability of Service**

- Expecting more visits at a very challenging time (FC)

A young person's feedback form was also sent out to those young people who had received regular direct support from the service (included as an attachment). This totalled a very small number of young people (3) and only one form was returned. Responses are reflected below.

Children's evaluation form – 1 response

- Helpfulness (5/5)
- Made me feel better (5/5)
- Saw Laura quickly (4/5)
- The emotion that best describes how they felt working with Laura (Very happy)

Qualitative

- Helpful
- I am now worry free
- I feel a lot happier
- I am proud of what she said to me
- She is the best person to see

Conclusions and Future Planning

Contact data and responses from the evaluation forms indicate that the clinical psychology service is a useful resource for children, social workers and foster carers and is providing a resource that is not available through other services such as C-CAMHS or our Fostering and Aspire Adoption psychologists.

The clinical psychology service within Dorset is in its infancy and has a growing and changing role. During the first year, the service has needed to contend with a number of challenges, in particular the restructure of Children's Services, which has placed the Clinical Psychologist providing a standalone service covering a range of teams, rather than a service embedded within a social care team. Adaptation have also been needed due to the impact of Covid-19 and the inability to provide face to face work.

As yet, it has not been possible to find appropriate outcome measures which can accurately record the clinical changes for children, young people and foster carers from clinical psychology input. This is an area of development for the service and at present we are trialling the use of some outcome

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measures. However, there remains data which is likely to go unrecorded through this method and therefore further work needs to be undertaken to redefine the evaluation process.

With the restructure of Dorset Children's Services, the role has shifted and therefore, future work will need to focus on providing a good understanding across all Permanence and Locality teams regarding the role of Clinical Psychology and in ensuring an equitable spread of services across all teams.

Report compiled by
Dr Laura Bennett, Clinical Psychologist