Dorset Council

Dorset HealthCare University NHS Foundation Trust

Specialist CAMHS Psychology Team for
LAC & Adoption and Permanency Services

Specialist CAMHS for Care, Adoption and Permanence Service Report

April 2020 to March 2021

Report of Clinical Psychology Input for Dorset's Children-in-Care aged 0-12 years

Executive Summary

Clinical Psychology input to Dorset's children in care aged 0-12 years has been in place since July 2019.

This report shows that over the past year:

- Clinical Psychology input has been provided to 73 children, 61 as long-term referrals and 12 through one-off consultations
- At any one time Laura has worked with between 24 and 41 children
- The average length that referrals were open was 9 months, with a minimum length of 2 months and a maximum of 18 months.
- 47% of referrals were for children in in-house and connected carer placements and 53% were for children in other types of placement
- The main referral reasons were support to carers and schools and psychological assessments
- 75% of the work completed was consultation and attendance at professionals' meetings
- 51% of work was with children in IFA placements and residential units 31% was with children in in-house or connected carer placements (primarily assessments and VIG)
- The average number of direct contact hours, providing clinical work was 27 hours per month
- Foster carers and social workers who have used the service consider it to be helpful in understanding children's needs, changing their practice and improving placement stability.

Service Provision

The role of the 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 support permanence for children in care between the ages of 0 and 12 years, using psychological assessment and intervention. The role is undertaken by Dr Laura Bennett, part-time, three days a week.

Referral Criteria

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Since the Child Care Services were re-configured in July 2020, abolishing the Care & Support 0-12 Service, referrals are now received from Permanency or Locality Teams for any child who is in care and aged 0-12. Children need to be experiencing psychological dysregulation, where there is placement strain and where there is a clear achievable goal identified together by the child's Social Worker, the Team Manager and the Psychologist.

Referral process

Social workers initially email Laura Bennett to arrange a case discussion and if case discussion confirms it is a suitable referral, the Clinical Psychology Referral Form is completed by the Social Worker and sent to their Team Manager and Laura Bennett. Confirmation from the Team Manager that they agree to the referral is needed before the work can begin. Once received the referral is Rag rated. Over the past year it has been necessary to put a waiting list in place to deal with the increased number of initial enquiries and referrals that have been received.

Available Interventions

A range of clinical interventions are offered to a range of different providers, professionals and carers, these include:

- Consultation to Social Workers to support psychological formulation and understandings of children, their family of origin and their placement needs, this may include advice and recommendations around complex placement matching / suitability of therapeutic services offered by IFAs or Residential Units / complex Together and Apart Assessments
- Psychological assessment and formulation of children – e.g., to support complex matching or placement stability, to ensure appropriate provision of therapeutic intervention and provide opinion and recommendations on the child's psychological needs/mental health
- Psychological consultation to IFA carers and their Supervising Social Workers to share formulations and increase understanding and parenting skills
- One-off consultations to Dorset Foster Carers, when required
- Direct work with birth parents to increase understanding of the child's psychological needs and parenting capacity

- Guidance and recommendations to the wider professional systems to improve placement stability and increase workforce capacity

Specific trauma and attachment orientated interventions are employed, such as Video Interactive Guidance - VIG (a therapeutic intervention with a child and parent / carer which works to improve

and strengthen attachment relationships), Dyadic Developmental Psychotherapy informed practice and Meaning of the Child informed assessments.

Evaluation of Work

A variety of data has been collected over the past 12 months from 1st April 2020 until 31st March 2021. Before evaluating the data, it is important to consider the unique characteristics of the past year during which the data was collected.

March 2020 saw the arrival of Covid-19, a global pandemic which resulted in a year of Lockdown, with minimal social interaction for much of the population. This had a significant impact upon many of the children in care and their carers and may explain some of the increased need for services over the past year.

Furthermore, there was a requirement for all local authority staff to work from home and conduct meetings and interventions virtually. This has impacted upon the way in which the Clinical Psychology role has been carried out. This, combined with the restructure of Children's Services, meaning that the service no longer sits within one specific team, has prevented the informal discussion and support that was previously provided to the 0-12 Care and Support Team and has meant that anyone wishing to seek Psychology support needs to do this in a more formal manner. It has also prevented the opportunity to develop psychological thinking and understanding within a specific social care team and it has not been possible to continue with the programme of training previously being offered to the O-12 team. These issues may also explain the increased need for Psychology support.

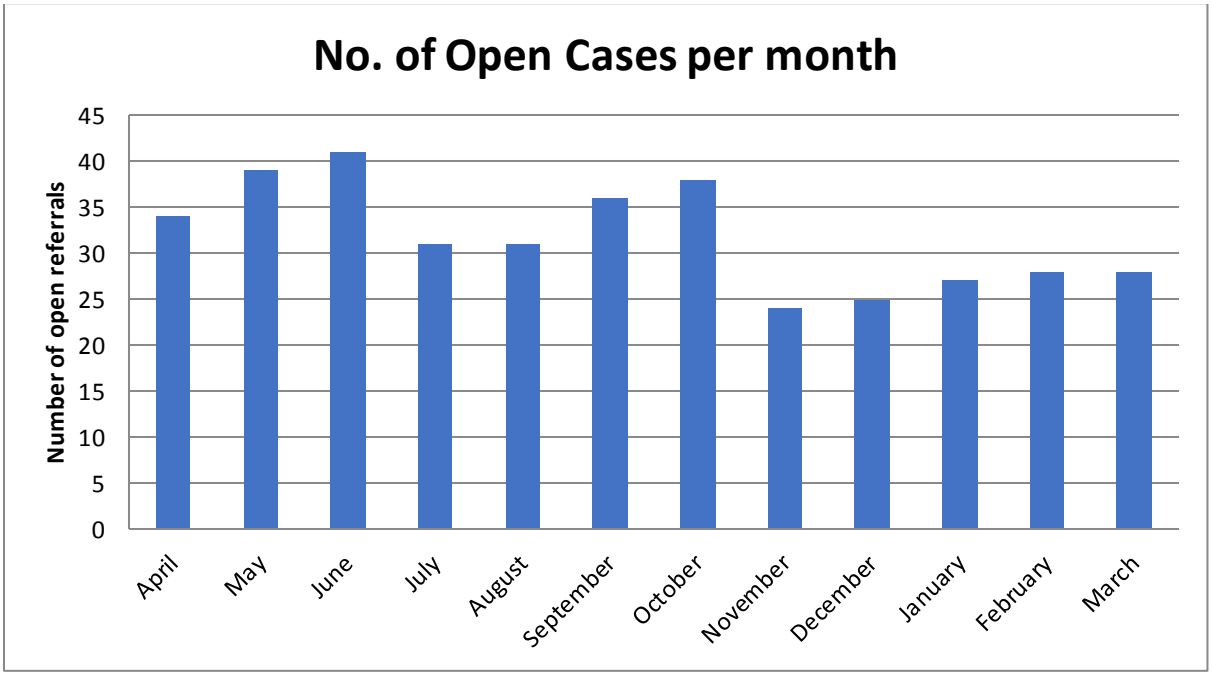
Furthermore, the initial national lockdown resulted in a period of time from April 2020 to June 2020 when individual assessments with children could not be completed as conducting face to face assessments was not possible. It also required consultations to carers to be conducted virtually, which often negatively impacted on the complex therapeutic skills required for facilitating full engagement and intervention success.

Analysis of Referral Data – 1st April 2020 to 31st March 2021

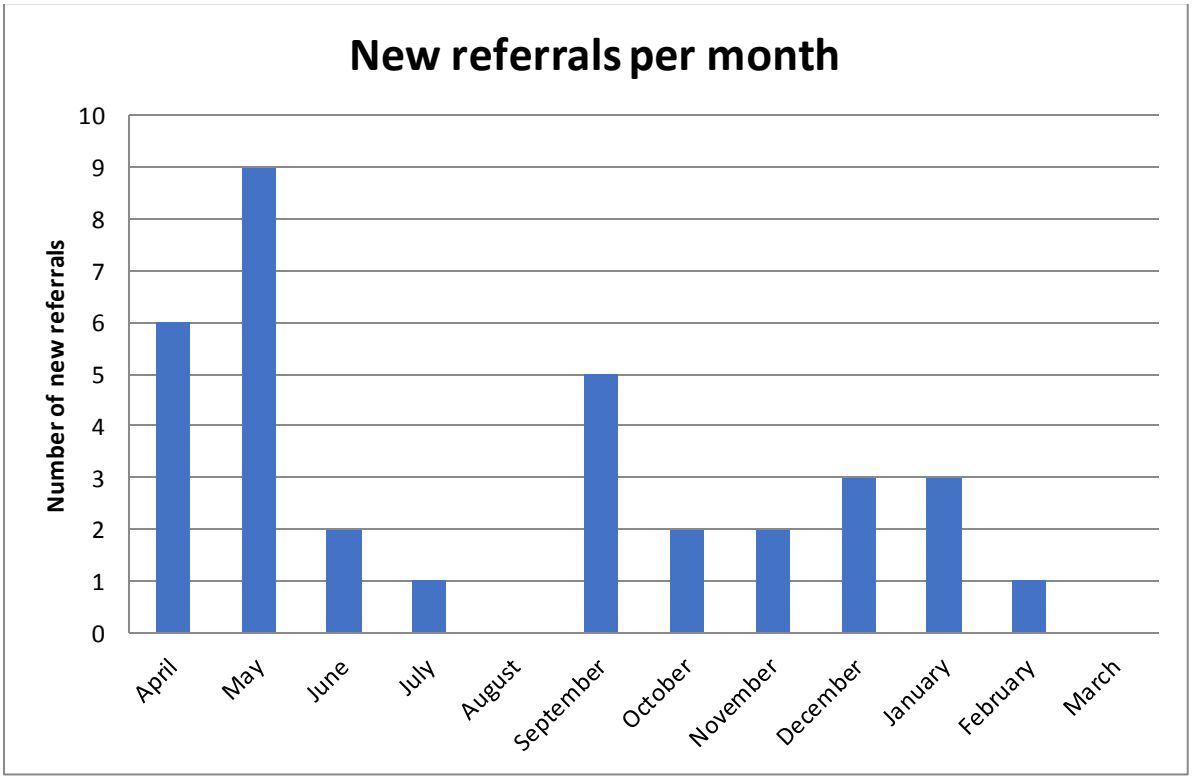
Data revealed that from the beginning of the recording period (01/04/2020), there were 27 active open cases. A further 34 referrals were accepted in addition to 12 pieces of one-off consultative work (which did not necessitate a referral), during the year.

Graph 1 shows the number of open cases per month, to give a picture of the size of the caseload during the year. The graph shows that at any one time the service was working with between 24 and 41 looked after children and the systems around them.

Graph 1: Open cases per month



Graph 2: New referrals accepted each month



Graph 2 shows the number of new referrals received each month. The highest number of referrals was made in April and May 2020. This coincides with the first period of lockdown and the beginning of Children's Services restructure and highlights the increased need for service at this time. There was also an increase in referrals made in September 2020, this can be attributed to people returning from holidays and the start of the school year.

Analysis of the data reveals that the minimum length a referral was open for was two months and the maximum length was 18 months, with the average time for cases remaining open being nine months. Furthermore, of the referrals made between December 2019 and June 2020, eight of these remain open. This is likely to be due to the complex needs of these children and the need for regular ongoing support to social workers and foster carers.

Table 1: Referrals by type of placement

Type of placement	Number of referrals	Percentage
FC/CC (in house)	16	47%
IFA	10	29%

Residential	5	15%
SGO	1	3%
Adoptive placement	1	3%
CiC placed at home	1	3%

Table 2: Referrals by Type of Work

Reason for referral	Number of referrals
Carer/ school support	14
Sibling assessment	3
Assessment of therapeutic needs	11
therapeutic support	1
VIG	1
Advice to residential units	2

Table 1, above, shows that referrals for psychology are received about children in a diverse range of placements, with just under half of referrals being for children in in-house foster placements and just over half coming from other forms of placements.

Table 2 shows that the main reasons for referral are requests for support to foster carers and the systems around children, and requests for assessments. This year's data shows that there has been an increase in the requests for individual assessments for children, and whilst this is an important part of the role of the service, consideration needs to be given to this, as providing a full psychological assessment is a lengthy process, reducing the number of children the service is able to support at one time.

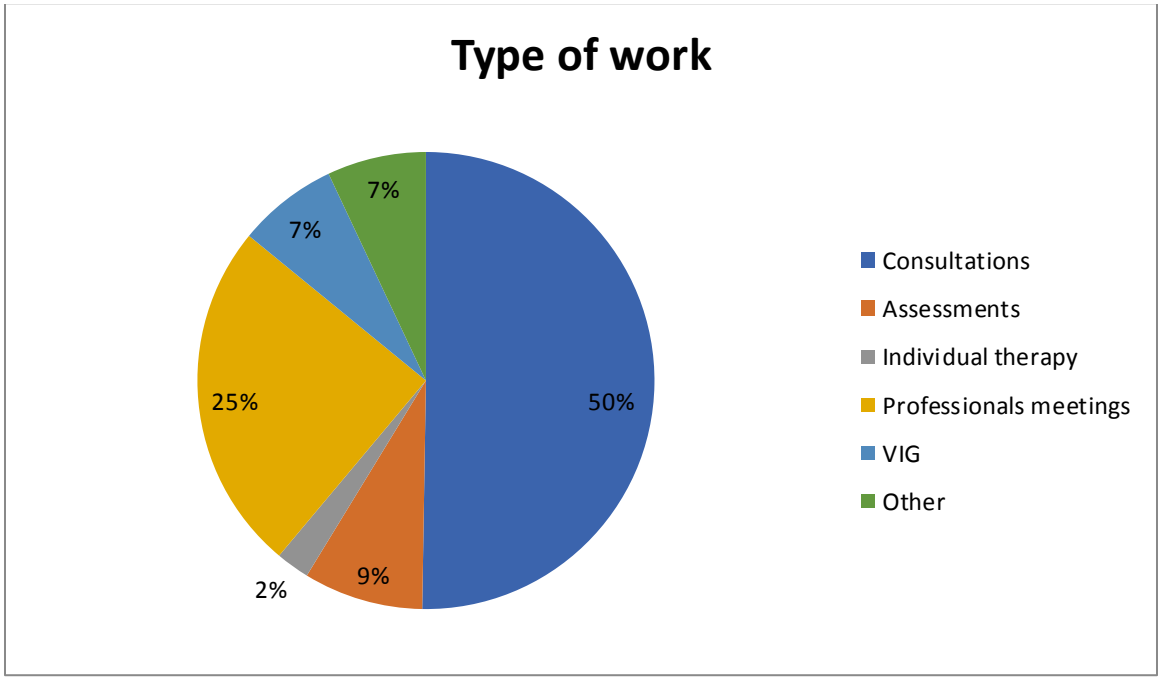
Table 3. Referrals by Team

Team	Number of referrals
Dorset West and North Permanence	7

East Locality	6
East permanence	5
Chesil permanence	7
Chesil Locality	6
West locality	1
CWAD	1
Unknown	1

Table 3, above, shows the rate of accepted referrals by team / locality. The majority of teams/localities have accessed the service, with only the West Locality making a single referral and no referrals being received from North Locality teams. However, many of the referrals were made between April 2020 and June 2020, by social workers who were previously members of the 0-12 Care and Support Team. It will be helpful to continue tracking data and promoting the service to ensure equity of service across area.

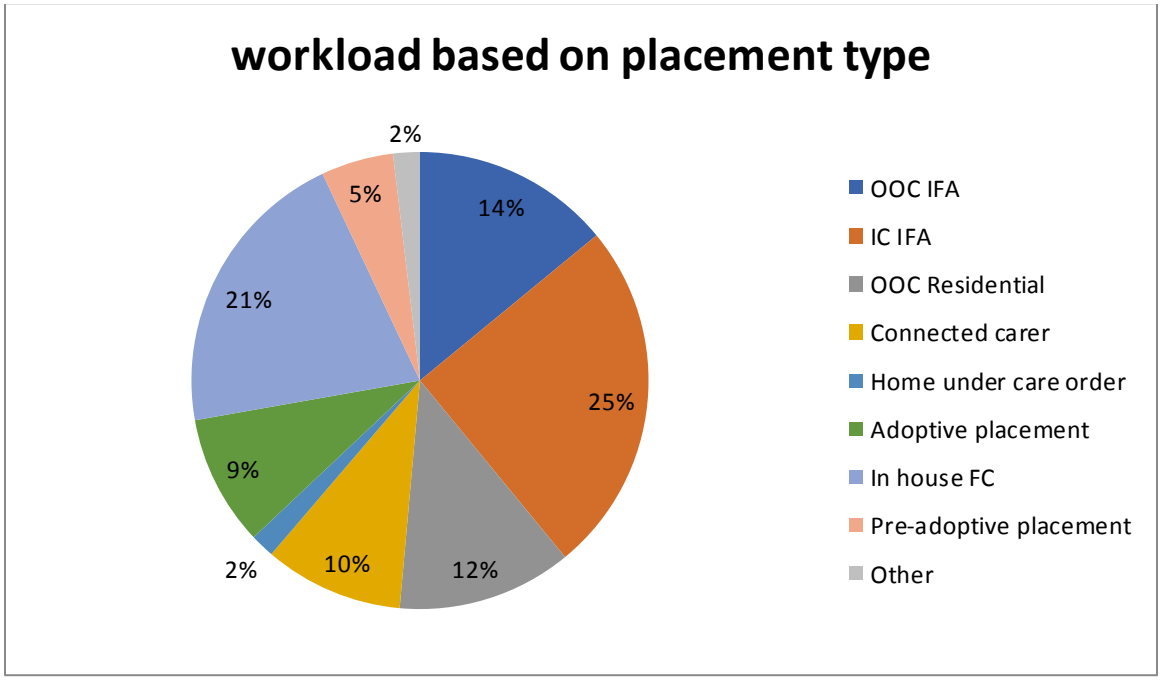
Graph 4: Type of work by contact hours



Graph 4 shows that three quarters of direct work focuses on offering consultation appointments with: childcare social workers; supervising social workers; foster carers; other health and social care professionals; and school staff as well as attending professionals' meetings. This consultation model along with attending Professionals' meetings allows for the development of a shared formulation of the child's situation as well as indirect therapeutic support to children and is therefore considered to be a good use of Psychologist time.

Whilst a large proportion of referrals were received for assessment, data indicates that only 9% of contact time was spent on assessment appointments. This is understandable given that much of the work when completing assessments involves researching, reading and report writing.

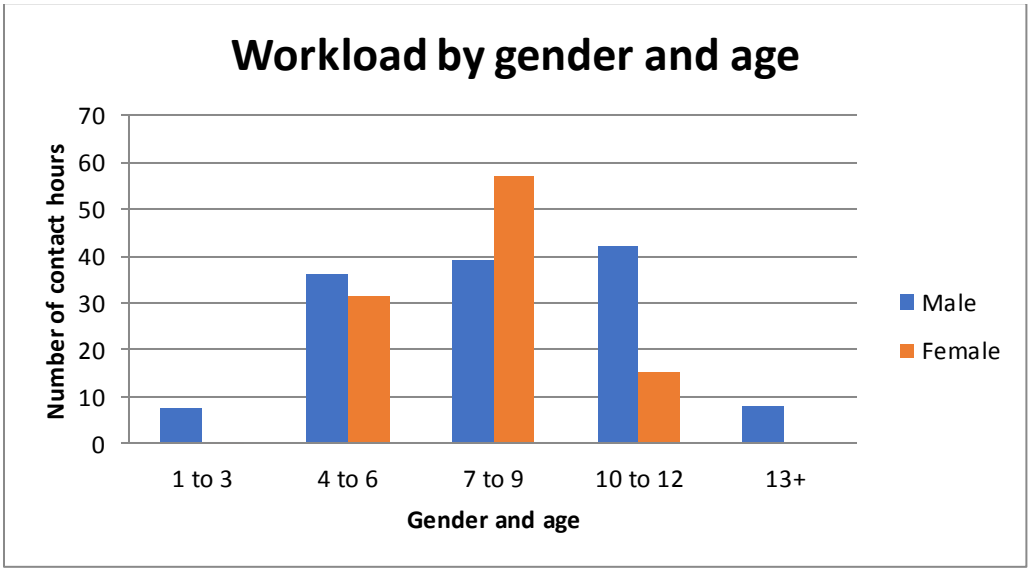
Graph 5: Workload by type of placement



Graph 5, above, highlights that the largest amount of work (51%) is offered to children in IFA placements (in and out of county) and residential units. This highlights how the role complments the role of the fostering clinical psychologists, who work with in-house carers, adopters and Special Guardians. Data indicates that work with children in in-house foster placements and connected carer placements (31%) was primarily for assessments of therapeutic need or Video Interactive Guidance (VIG).

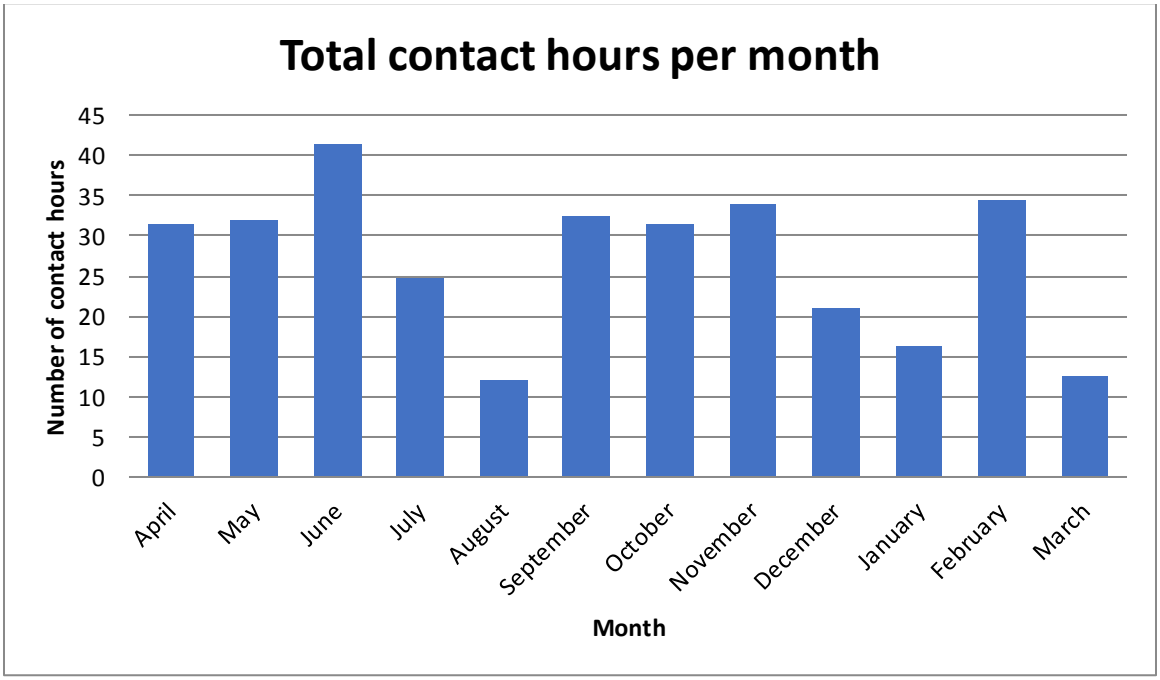
Graph 6, below, shows that Clinical Psychology input has been offered across the 0-12 age range, with the highest level of input being offered to males and females within the 7-9 age group, closely followed by those in the 10-12 age group. There has been an increase in the amount of work offered to children aged 13 plus. This can be accounted for due to a number of children turning 13 before an established piece of work had been completed and the service offering several one-off consultations to Social Workers for young people aged 13 and over in order to signpost to appropriate services.

Graph 6: Workload by Gender and Age



Graph 7, below, shows that the service currently provides between 10 and 42 contact hours per month with a mean average of 27 contact hours per month. Low contact hours in March 2021 are the result of 2 weeks training and 1-week annual leave. These figures are slightly higher than the previous year, when the mean average was 23 contact hours per month.

Graph 7: Total contact hours per month



Waiting List

In February 2021, following discussion with Dr Rebecca Haworth, Clinical Lead - Specialist CAMHS for Care, Adoption and Permanence, it was agreed that it was necessary to introduce a waiting list. This was due to the increase in individual assessments that were being requested and the length of time that it takes for these to be completed. At the end of March 2021, there were five children on the waiting list for psychological assessments and the longest wait for support was 6 weeks.

Professional Feedback

In March 2021, social workers and foster carers who had been in receipt of the service were asked to complete a brief evaluation of the service. Nine responses were returned, this included four responses from Social Workers, four responses from Foster Carers and one response from Adoptive Parents. The responses covered a total of 11 children.

The evaluation (included as an attachment) asked respondents to answer questions using a five-point Likert scale as well as providing 3 open-ended questions. Average responses overall and by role are recorded in the graph and tables below.

Graph 7: Evaluation Responses

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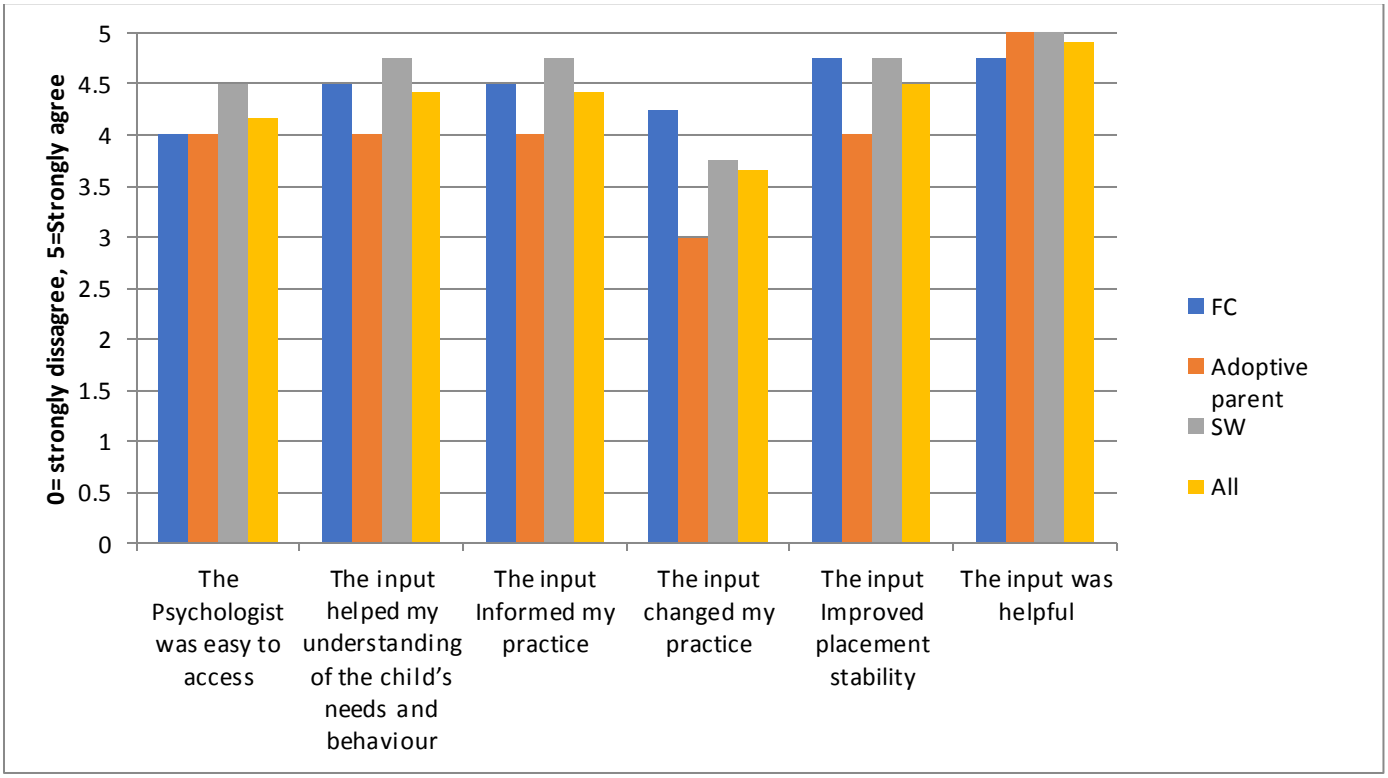

(4 SW, 4 FC and 1 adoptive parent)

What was beneficial about the process?

FC/Adoptive parent • We could talk about our worries and got over them • We learned new strategies • Laura gives us ideas to implement and reminding us of previous training methods • Good opportunity to discuss post placement • Laura was able to provide a very valuable perspective & insight
SW • Laura acknowledges what was already done well by the carers and the school • It was helpful for the carers and school to feel like they had access to an expert who could guide them • Valuable perspective and insight

What was valuable about having time and space to reflect about the child?

FC • We understand him better now • Enables us to chat about the problems with the YP with someone who completely understands the problems and behaviours • Good to get a more objective opinion as when you are in the middle of a difficult situation you cannot always think objectively and think rationally
SW • The whole focus of the session was on the YP and their lived experience- helped everyone see out of their eyes and make sense of their behaviour • Reassuring and calming • Recognise bias

What was unhelpful about the process?

SW • The only way to improve the experience would be to clone Laura so that she can double the work • Waiting times as Laura is extremely busy and in demand. • Does not have enough hours in the day due to the level of Psychological input required, Cloning our Psychologist would be helpful, seriously we need more Laura's!

Any other feedback

FC • Really appreciate Laura's input and advice • Refreshing • Laura was very supportive on our zoom meetings. We felt reassured that we were doing the best job we could (adoptive parent)
SW • I found working with Laura has enabled me to gain insights that have enabled me to reflect on my practice and identify blind spots. I have also been able to deepen my understanding of how self can impact on a dynamic

Whilst the responses cover only a small percentage of the professionals and carers involved with the Psychology Service, they indicate that social workers, parents and carers have found psychology support to be beneficial. Results indicate that social workers and carers find psychology input helpful in understanding the children they are supporting, the work informs and to some extent changes the practice of carers and social workers and that most importantly, it increases placement stability and security for children.

Psychometric Evaluation

From September 2021 the use of the Assessment Checklist for Children (ACC) to assess attachment security for children was piloted as a way to quantitatively measure the direct impact of psychology input on children. The ACC was sent to foster carers at the point of referral and again either when the referral was closed, or at three monthly intervals.

ACC questionnaires were received back from all 27 children at the point of initial referral. These indicated a highly level of attachment insecurity and attachment focused behavioural difficulties in all children being referred to the service. Unfortunately, only two of the follow-up ACC questionnaires that were sent out were returned, which has not allowed for quantitative evaluation of the impact upon children. Of the two that were returned, one showed a reduction in attachment focused inappropriate behaviours and one showed an increase. Analysis of why ACC forms were not returned, suggests that this was due to many children having had a change in carer or social worker during the time that psychology input was being received and therefore the purpose of the ACC was not fully understood. It is also possible that the incentive of receiving psychology support motivated people to compete the ACC at the point of referral, but the lack of incentive at follow-up meant this was less of a priority for both social workers and carers.

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Case Studies

The case studies below provide an example of the work completed by the Child in Care Psychology Service:

James and Ben (names have been changed)

James and Ben were referred to me by their social worker as there were concerns about the level of emotional warmth they were receiving in placement and the level of aggression they could show towards each other, which was preventing them from forming secure attachment relationships and building more positive internal working models. Their foster carer Kim had been receiving support from one of the fostering Clinical Psychologists, however it was thought by the professional network that a more relational therapeutic intervention was needed.

I completed 2 cycles of Video Interactive Guidance (VIG) with Kim, James and Ben. VIG focuses on the positive interactions seen between carers and children in order to build attachment security. Completing VIG allowed Kim to build her confidence and notice times when she showed emotional warmth and nurture towards James and Ben and her ability to diffuse disputes and arguments between the boys in a warm, non-confrontational way. This resulted in Kim using a more consistent therapeutic parenting style with the boys. Furthermore, as part of the intervention, I was able to share video clips at a meeting with the professional network, to provide them with an alternative perspective about Kim's capacity to care for the boys. This helped to improve relationships within the network.

I was then asked by the social worker to contribute to a Together or Apart assessment. I used the Family Relations Test to look at James and Ben's relationship with each other and combined this with my insights from conducting VIG to report upon the boys' relationship with each other. This report helped the social worker conclude that James and Ben should remain together with their current carer.

James and Ben remain with their current carer in a long-term placement and James is thriving. I recently received a new referral for Ben and convened a multi-disciplinary meeting which led to the recommendation that Ben have access to a more intensive relational intervention, DDP and I am in the process of helping to source an appropriate DDP therapist and providing a clear rationale to senior management as to why such an intervention is necessary. I hope that this intervention will provide ongoing placement stability for both boys.

Lauren and Darren (names have been changed)

Lauren and Darren were placed together in an IFA foster placement in Nov 2019 as a result of chronic and significant neglect at home. Once coming into care, Lauren made significant allegations of sexual abuse and the foster carer was seeing increasingly dysregulated behaviour from both

children. I received a referral from the Social Worker requesting support on completing a sibling split assessment and we worked together to conclude that the children would be better placed apart.

The Social Worker and I then worked together to source a new foster placement for Lauren and I put together a formulation of psychological need to guide the therapeutic work being offered in her IFA foster placement and attended regular therapeutic planning reviews.

Darren remained in his foster placement and I have provided consultation to his foster carer, supervising social worker and SENCO at school on a monthly basis to support the security of the placement and to manage conflicts within the professional system.

Lauren sadly could not be contained in her foster placement and therefore in September 2020 I became involved in the search for residential provision for Lauren. I visited the home and spoke with the therapeutic team to ensure that Lauren would receive the correct therapeutic provision and have continued to meet with the Lauren's key worker and assigned Clinician on a regular basis to ensure that she is receiving appropriate therapeutic intervention.

Whilst both Lauren and Darren continue to have significant attachment needs and complex developmental trauma, alongside physical health needs, they are both settled in placement and have good relationships with their carers. Both children are now wishing to explore their past experiences and so dyadic trauma focused therapy is being sourced for them. This indicates a level of security in placement in that they feel safe enough to revisit their past

Conclusions and Future Planning

The contact data and responses from the evaluation forms clearly demonstrate the demand for and the effectiveness of the service. It continues to be a valuable and useful resource for children, social workers and foster carers. The Service provides a resource that is not available through other services such as CAMHS or Dorset's Fostering Clinical Psychologists and allows the psychology support to continue across placements, regardless of type of placement.

There have been a number of challenges over the past year, in particular the restructure of Children's Services, which has placed Laura providing a stand-alone service covering a range of teams, rather than being embedded within a social care team. Adaptations have also been needed due to the impact of Covid-19 and the inability to provide face to face work. Data suggests that these changes have not impacted negatively on demand or the amount of direct work provided, and in fact, there has been an increase in both. Anecdotal evidence suggests that there remains some confusion regarding Laura's role, with the service having received significantly more requests for referrals for children over the age of 12 as well as requests for support to in-house carers (which is covered by fostering psychology), and on some occasions requests to work with children not yet placed in care. This suggests that there is a further need to promote the role of the psychology

service to all Permanence and Locality Teams as well as Senior management. Work on this is underway at present through the production of a leaflet and Psychologist profiles to be shared across teams.

Trials of the use of the ACC as a quantitative measure of impact upon the child proved to be unsuccessful, due to the lack of response from foster carers post intervention and this is something which will need to be revisited, perhaps looking at alternative methods of gathering ACC data. Laura is currently involved in work being undertaken to develop measures of wellbeing for children in care to be used across the service as well as the use of goal-based measures in supporting foster carers. Therefore the service will focus on linking in with these ways of measuring change as well as investigating alternative ways to gather information regarding the impact of interventions on the child such as recording data around placement moves and stability, happiness and wellbeing of children in placement and collecting further anecdotal and qualitative information regarding the benefits of the service for placement stability and children attachment security.

Working from home and no longer being placed within a children's social care team has resulted in a loss of informal discussion with social workers, a part of the role considered highly important in increasing social workers' psychological and therapeutic understanding and allowing them to become more confident and skilled in their decision making around therapeutic interventions and direct work with children and carers. Instead there has been an increase in the request for full psychological assessments and consultations with carers, both of which are time consuming activities and may not be the best use of limited time. Thought needs to be given as to how Psychology can become embedded within services to allow relationships with children's social workers to remain strong and for children's social workers to grow in their therapeutic abilities.

NHS administrative support is provided (0.1 WTE) weekly and this has been invaluable, allowing more time for the Psychologist to focus on direct clinical work. The restructure of children's services has meant a loss of a link to local authority administration support, which has caused some difficulties with regards communication with carers and professionals. It has been agreed that a named Dorset Council administrator will be identified within the near future to ensure good communication going forward.

Report compiled by
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