

Specialist CAMHS for Care, Adoption and Permanence

**Report on the Provision of Service for Dorset
1st October 2020 – 31st March 2021, Quarters 3 & 4**

Introduction

This report looks at the overall service provision based on referrals and other work carried out by the team for quarters 3 & 4 of the last financial year. The service remit is to primarily offer consultations and training to BCP council & Dorset council's Fostering Service and Aspire Adoption Services and their carers. This report focuses solely on provision to Dorset's Fostering Service and Aspire Adoption Service (for Dorset families only).

During this period staff mainly remained working from home offering virtual meetings. They continued to demonstrate great dedication and commitment to the service and their families, as they dealt with another lockdown. Our high level of performance has been maintained by using Microsoft Teams and Attend Anywhere to stay connected. Supervision and reflection on our roles and boundaries has facilitated containment and efficient working, as Dorset continues its service transitions. The team is a safe base from which child focused psychologically informed specialist support is offered to colleagues and carers, containing anxiety and distress, to ensure that at all times the voice of the child is heard and understood.

Following the first lockdown we continued offering additional case discussion groups to support staff. The duty service was not continued after the 2nd quarter, as it was no longer being utilised.

This report does not include the work of Dr Laura Bennett, who focuses on children in care between 0 and 12 years. Data referring to Aspire Adoption Services is for Dorset children and carers only, unless specified. The third and fourth quarters are referred to as Q3 and Q4, respectively.

Psychology Team Hours

Dorset receives 1 wte of psychology time (37.5 hours per week). This total is shared between Fostering and Aspire Adoption Services. In addition, Aspire Adoption Service funded .4 wte (15 hours) of psychology time – pan Dorset. The team is supported by the Clinical Lead, an administrator and a BU student (30 week placement).

Open-cases, case load & waiting list

On 1st October 2020, 44 Fostering cases and 29 Aspire Adoption cases were open to the two psychologists working in Dorset, a total of **73**. By the end of Q3 this had increased to **86** cases - 54 Fostering cases and 32 Aspire Adoption cases. By the end of the year (31/03/21), this had reduced to **76** cases - 48 were Fostering cases and 28 were Aspire Adoption cases.

One of the **73** open-cases was referred in 2016, 3 were referred in 2018, and 36 in 2019. Thirty-two of the open cases were referred in 2020. Of the 3 cases that have been open

since 2018, 1 was referred by Aspire Adoption Services and the other 2 by Fostering/LAC nurse teams.

On 1st October 2020, **9** cases were waiting to be allocated; 1 was a referral from Aspire Adoption Services. Eight were referrals from the Fostering service. On 1st January 2021, the waiting list stood at **7** cases waiting to be allocated. One was a referral from Aspire Adoption Services and six were referrals from Fostering Services. Referrals are rag-rated (red, amber & green), resulting in some cases waiting for longer periods as urgent cases are prioritised. The longest waiting time is **25 weeks**. Long waiting lists are demoralising and the service is aware of a number of cases where placements have come to an end as the psychologist becomes involved or while the case is still awaiting allocation.

The figure below details the number of cases waiting for a service at the beginning of each quarter.

Quarter	Referrals on Waiting List		Total for Quarter
	Dorset	Aspire	
1 st April 2020	5	6	11
1 st July 2020	11	3	14
1 st October 2020	8	1	9
1 st January 2021	6	1	7
1 st April 2021	7	2	9

Figure 1: Number of referrals on waiting list based on quarter.

Received Referrals

From October 2020 to March 2021, the service received a total of **29** referrals that were placed on the waiting list. Nine of these referrals were from Aspire Adoption teams and 20 were from Fostering teams.

Referral Source	Number of referrals received
Fostering Service	19
LAC Nursing Team	1
Aspire Family Finding Team	2
Aspire Adoption and Special Guardian Support Team	6
Aspire Recruitment and Assessment Team	1

Figure 2: Number of referrals received based on referral source.

Allocated Referrals

The service allocated and opened a total of **21** referrals from October 2020 to March 2021. Figure 3 below shows a breakdown of referral source.

Referral source	No. of new referrals opened
Fostering Service	14
Aspire Adoption Family Finding Team	2
Aspire Adoption and Special Guardian Support Team	5
Total number of referrals (n=21)	21

Figure 3: Number of allocated referrals based on referral source.

The service receives referrals for Post-Care children from Aspire’s Post Adoption & SGO Support Team. These are children who have been adopted or are subject to a Special Guardianship Order (SGO). Of the total 21 referrals allocated, 5 (i.e. 23.8%) were for Post-Care children. The service also takes referrals for adults; these can be prospective and/or approved Foster Carers (FC), Adopters or Special Guardians (SG). Between October and March 2021, there were 2 allocated referrals from the Dorset Fostering Service for adults.

Discharges

Between October 2020 and March 2021, 7 Aspire Adoption cases were closed and 10 Fostering cases were also closed. Overall a total of **17** cases were closed. Owing to the pandemic and the impact on our service, we worked to review and close cases enabling the team to ensure that they could maintain safe practice – closing dormant cases; and more effective practice – reviewing impact of role in cases. However, the service struggled with this, as the overall caseload increased over Q3 & Q4.

One off consultations

In addition to ongoing work with colleagues and carers, the Service provided a total of **29** one-off consultations to discuss concerns that did not necessitate a referral for ongoing work (e.g. to discuss concerns about a prospective carer’s assessment or assist with formulation and recommendations for care planning/interventions). Colleagues can use this part of the service to discuss cases that do not fall within our service remit (e.g., to discuss referrals into C-CAMHS, children and YP in IFA placements).

One-off consultations by Team	No. of consultations
Fostering Teams	8
Children in Care Teams (including Dorset's care and support teams)	1
CiC Health Team	3
Other	1
Aspire Adoption Teams	16
Total (n=29)	29

Figure 8: One off consultations based on team/service.

By comparison, in Q1 & Q2, a total of 11 one-off consultations were recorded.

Supervision and Case Discussion Groups

The service provided supervision and case discussion groups to various teams. The frequency of these increased during lockdown, to ensure rapid response to colleagues requests for support with cases.

The table below gives details of the supervision and case discussion groups that were either set up or already rolling through the year. These groups are a successful method of up-skilling the work force as well as bringing a psychological perspective and containment to the work of health, social care and Aspire staff.

The table below shows the number of supervision/case discussion group arrangements in place from October 2020 to the end of March 2021.

Professional Group	Supervision/ Case discussion group	Number of Sessions October-March
CiC Health Professionals	Supervision of CiC Nurses	5
	Supervision of CAMHS CiC Social workers	13
	Supervision for Emotional Health and Wellbeing Practitioner	8
Fostering	Case Discussion Group for Fostering Teams	12
ASPIRE Adoption	Case Discussion Group - Recruitment and Assessment Team	9
	Case Discussion Group - Post Placement Support Team (adoption and SG cases)	5

Figure 9: Breakdown of supervision and case discussion groups per team.

Training

Journey to Fostering training was provided on three occasions.

Adult attachment training was provided to the Aspire recruitment and assessment team on two occasions.

Outcome Measures

Dorset Council and Aspire staff were asked to complete feedback forms after a Psychologist on the team worked with their case. A total of 14 feedback forms were sent out (8 to Fostering staff and 6 to Aspire staff with Dorset cases). Of the 14 forms sent out, we received 6 responses (1 response from Fostering and 5 responses from Aspire). Overall, this means that 42.9% of staff responded.

Feedback forms were also sent to carers whose child(ren) were recently discharged from the service. Feedback forms were sent out to 4 Dorset carers, and 3 responses were received.

Please see comments received from the Aspire Adoption and Fostering Service respondents, below. Please see appendix A & B for sample questionnaires.

Service	Comment
Aspire Adoption	This is such a valuable resource for staff and helps to deliver a better service to the families we work with.
Dorset Fostering	It was helpful to discuss possibilities for the future and recognise the importance of permanency prior to therapeutic work.
Aspire Adoption	Thank you so much for your support and this service - I really have found it invaluable for this case.
Aspire Adoption	I find the clinical psychology service an essential resource, both for families and workers. We are dealing with incredibly complex difficulties and challenges from the families we work with and the knowledge and support from the clinical psychology team is invaluable for me.
Aspire Adoption	Having started working with XXX recently I have found her really easy to work with and her practice brilliant.

Summary

- The service received 29 referrals and allocated 21 cases from the waiting list. The Fostering Service made the majority of referrals.
- The team's case load was unevenly split between Fostering and Aspire Adoption Services over the 2 quarters, with the Fostering Service having significantly more allocated cases and open-cases. This suggests that the bulk of provision is focused on Fostering and CiC.
- The waiting list was at its lowest with 7 referrals [at the beginning of Q3] and at its highest at the beginning of Q2 with 14 referrals waiting. The longest a referral had to wait was 25 weeks.

- The size of the caseload held by the Dorset psychologists did not reduce during Q3 and Q4, with 73 at the beginning of Q3 and ending Q4 with 76 open cases. At the end of Q3 86 cases were open.
- The service continues to work on cases referred three or more years ago, reflecting the level of need and complexity with these cases.
- Twenty-nine one-off consultations were provided, significantly more than recorded in Q1 & Q2 – 11. Aspire Adoption Services used this provision more than the Fostering Service.
- The provision of reflective case discussion groups and supervision was not shared equally between Fostering and Aspire Adoption Services. The Fostering Teams and CiC Health Team received a larger proportion, as only 2 teams from Aspire Adoption Services received case discussion groups from the Dorset Psychologists.
- Finally, the reports from the respondents who completed the feedback questionnaires about the service were positive, showing that the service is valued and effective.

Discussion

Comparing service performance and provision to previous years (such as referral rates), is problematic as there has been significant service change and redesign over the last four years, pan Dorset. Direct comparison of figures is difficult owing to: staff changes, such as sickness/maternity leave, receiving the benefits of trainees on placement and altered methods of data reporting/analysis. What is clear is that there continues to be a waiting list for the service.

Being proactive ensures the most effective and efficient work. Waiting lists, along with high caseloads and insufficient time for administration, lead to more reactive styles of working [being unable to pick-up cases in a timely manner with reduced likelihood of preventing placement breakdown]. The number of cases closed, which was seen as necessary to reduce pressures and increase sustainability, was insufficient; and caseloads remain too high. No group work for carers took place (excluding Journey to Foster Sessions), owing to the pandemic and it is clear that currently there is little available provision to allow this important intervention to take place. There are tensions between the time to complete necessary administration to close cases, and the demand for direct contact time. There are also requests for the service to take on additional duties (requests for training on mental health and to run referral consultations with the EHWP practitioner). Staff work committedly to remain as effective and responsive as possible, but in the long run this is not sustainable. The demands on the service cannot be fully met without further provision.

Meetings with the Fostering Service managers have taken place to begin to address quality assurance arrangements around referrals and smarter ways of working together, but regular meetings to develop procedures have not materialised. Dorset foster carers and connected carers are a vital part of services for children's development and recovery. Children require nurturing, compassionate and safe placements and the demand for more psychology provision to facilitate best care is clear. However, this cannot be at the cost to Aspire Adoption Services. The data clearly shows that the split of provision between Fostering and Aspire Services has become skewed toward Fostering and CiC over the last 6 months. It seems that our level of provision to Aspire Adoption Services has been eroded owing to multiple factors including on-going high fostering caseloads, the higher volume of referrals from the Fostering Service and a lower rate of referrals from Aspire Adoption during the first 2 quarters (only 3 referrals-possibly due to staff changes). It is likely that these factors have contributed to this unequal split (which is not reflected in the BCP data). We will continue working to address this.

Clearly there are challenges as well as strengths and the report demonstrates the level of work and commitment from such a small provision, accessible to multiple teams within the Fostering and Aspire Adoption Services as well as the Health CiC Team and the CAMHS CiC SWs, for Dorset children and families.

Appendices

Appendix A

Staff Feedback Form



SPECIALIST CAMHS for CARE, ADOPTION &
PERMANENCY

CLINICAL PSYCHOLOGY EVALUATION FORM

We want to improve how we provide our services to you and as you've recently had contact with a psychologist, from the Specialist CAMHS for Care, Adoption and Permanence team, we thought it would be a good time to send you our feedback questionnaire.

If you have had contact with more than one psychologist recently, please hold only one of them in mind as you complete the form.

Please tick one answer per statement.

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It was easy to access the Clinical Psychologist.	1	2	3	4	5
The input from the Psychologist broadened my understanding of the child/carer/placement.	1	2	3	4	5
The input from the Psychologist informed my practice.	1	2	3	4	5
The input from the Psychologist changed my practice.	1	2	3	4	5
The input from the psychologist helped to improve placement stability for the child.	1	2	3	4	5

<p>What was beneficial about the process?</p> <p>If applicable, how did the child(ren) indirectly benefit from the work?</p>	<p><i>Please comment:</i></p>
<p>What was unhelpful about the process?</p>	<p><i>Please comment:</i></p>
<p>Any other feedback:</p>	

Details

<p>Professional Role:</p>	<p>Social worker <input type="checkbox"/></p> <p>Supervising social worker <input type="checkbox"/></p> <p>FSP <input type="checkbox"/></p> <p>Other (please state) <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>	<p>Length of work:</p>	<p>Multiple Appointments <input type="checkbox"/></p> <p>One-Off <input type="checkbox"/></p>
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Your name (optional):

Date:

Thank you for your time.

Appendix B
Carer Feedback Form



**SPECIALIST CAMHS FOR CARE, ADOPTION AND
PERMANENCE**

Foster Carer Feedback Form – Consultations with your Clinical Psychologist

Please complete the questions below regarding the meetings you have most recently had with our Clinical Psychologist. Your views are important to us and will help shape the service we deliver. Please feel free not to identify yourself.

Name:

Name of psychologist:

Date:

Please answer the questions below using the scale of :

1 – not at all,	3 – somewhat,	5 - extremely
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Please tick one answer.

1. Overall how helpful has it been for you to meet with the psychologist?

1 2 3 4 5

2. Did you feel safe enough to fully participate in the meeting/s?

1 2 3 4 5

3. Did you feel listened to?

1 2 3 4 5

4. Did you feel that the issues that you brought up were understood?

1 2 3 4 5

5. Has meeting the psychologist helped you reflect on the psychological needs of your child/young person?

1 2 3 4 5

6. Has the support from the psychologist helped you reflect on your own psychological needs as a carer?

1 2 3 4 5

7. Do you have a better understanding of the child/young person you are caring for?

1 2 3 4 5

8. Have you made changes in how you relate to your child/ care for your child, since working with the psychologist?

1 2 3 4 5

9. Do you feel more resilient as a carer now you have finished meeting with the psychologist?

1 2 3 4 5

10. Has the child benefitted in any way from you meeting with the psychologist?
(Please circle one)

Yes No Don't know

If so, how?

Please add any comments you might have regarding your answers to the above questions

Do you feel there were any other aspects of meeting that you really liked or some which we can improve?