CLA CAMHS Operational Procedure

NATURE AND SCOPE: CAMHS OPERATIONAL GUIDANCE

SUBJECT: CHILDREN LOOKED AFTER AND ADOPTED CAMHS TEAM

IMPLEMENTATION DATE: MAY 2013

REVIEW DATE: APRIL 2015
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CLA CAMHS OPERATIONAL GUIDANCE

1.0 INTRODUCTION

1.1 The County CAMHS Children Looked After & Adoption team was established in 2001. The team was restructured in 2007 and has developed into the service currently offered. The Child and Adolescent Mental Health Service (CAMHS) provide a service for children 0 -18 years, where there are concerns about their emotional well being or mental health.

1.2 The County Children Looked After Team and Adoption Team is jointly commissioned by Nottinghamshire County Council and Nottinghamshire NHS Trust. The team is based within the Specialist CAMHS Service, Specialist Service Directorate, Nottinghamshire Healthcare NHS Trust.

2.0 AIMS OF THE SERVICE

2.1 The team is commissioned to specifically work with children & young people who are looked after and living away from their birth parents, in the care of Nottinghamshire Children’s Services. These children and young people may be living with foster carers or living in residential care. The team also offers specialist consultation and support to children/young people who have been adopted, and their families.

2.2 We are a multi-disciplinary multi-agency team whose purpose is to assess the mental health needs and promote the psychological well being of:

2.2.1 Young people within Nottinghamshire who are living with foster carers or living in residential care.

2.2.2 Young people who have been have been adopted, and their families, or for whom adoption is being explored / planned.

2.2.3 Young people who are looked after or adopted and placed in Nottinghamshire by other Local authorities/Health Trusts

3.0 SERVICE PROVISION

3.1 Referral Pathway to access a service from CAMHS CLA & Adoption team

3.2 An initial CAMHS consultation with the young person’s social worker is the referral pathway to accessing a service from the CAMHS CLA & Adoption team. The child/young person’s Social Worker is asked to complete a consultation request form (see appendix 1) and book into an initial consultation appointment, where the social worker will usually meet with two members of the team. Following the consultation the CAMHS clinicians’ will provide a written record of the consultation detailing the ongoing CAMHS plan. This information is also shared with the child/young person’s GP and the Designated Nurse for Children in Care (see appendix 2).

3.3 Access - To ensure ease of access to the service a total of 25 monthly initial CAMHS consultations are offered for social workers at the following countywide venues.

3.3.1 Through Care Team
Fortnightly consultations (6 per month)

Venue - Bevercoates, Wellbeck House, Ollerton
3.3.2 Adoption Service & Permanency Team  
Fortnightly consultations (8 per month)  
Venue - Chadburn House Mansfield

3.3.3 Nottinghamshire County Council Children’s Residential Homes – monthly consultations at the 3 mainstream Residential Homes within the County (Lyndene, Westview and Oakhurst). The sessions are with the young person’s key worker at the residential home. The young person’s social worker is also invited to attend.

3.3.4 Other Initial CAMHS Consultations  
Weekly consultations (8 per month)  
Venue - St John’s Street, Mansfield or Thorneywood Nottingham

3.4 Examples of the referrals for these initial consultations are;

3.4.1 GP or Community Paediatric referrals for adoptive families not currently receiving social worker support. To access a service from the team these families receive a standard letter and consultation request form to complete and are asked to contact the administration team to arrange an appointment. *(see Appendix 3)*

3.4.2 Referrals for children young people who are looked after or adopted and placed in Nottinghamshire by other local authorities and health trusts. The social worker for the child/young person will receive a standard letter and consultation request forms advising them of how to access a service. In line with Responsible Commissioner Guidelines there is a charge for a CAMHS service from this team. *(see Appendix 4)*

3.4.3 For looked after and adopted children/young people from Nottinghamshire who are placed outside of Nottinghamshire, their social worker will need to make a referral to the local CAMHS team in the area where the child young person is placed. If required the CAMHS Children Looked After & Adoption Team can support the social worker with this.

3.5 Strength & Difficulty Questionnaire (SDQs) - The CAMHS Children Looked After & Adoption Team have incorporated this questionnaire into their referral process and have been liaising with colleagues in Nottinghamshire County Council’s Looked After Children Strategy Group, to determine routine collection of the SDQ data, which enables joint monitoring processes to regularly ‘score’ the emotional health of each child in care. This data highlights those children and young people who would benefit from CAMHS involvement and allows interagency checks to identify existing service provision or indeed gaps in service.

3.6 Urgent Referrals - To access support for a child young person following an episode of self harm, the young person will need to attend their local hospital Accident & Emergency Department to be assessed by the on call team. A follow up appointment will be offered based on the assessment of the on call team.

3.7 Follow up & Ongoing consultations- Following the initial consultation with the social worker, further consultations are arranged and may include the foster carers for the children/young people, education staff and/or other relevant people from the child young person’s network.

3.8 Dependent on where the child/young person is in the adoption process, the child/young person’s network can vary for adoptive families.
3.9 The consultation model offers the network around the child a space to reflect on the complex issues they are dealing with and it provides the opportunity for a shared understanding of the powerful emotions and experiences of the young person. It provides the opportunity for containing anxieties in the network generated around the child. It offers an alternative to therapy for a child who may not be in a secure long term placement, but where some form of intervention is needed to help the child reach this goal and improve their long term prospects.

3.10 Consultation can function to encourage all members of the network to remain fully engaged in improving the quality of life of the young person, rather than handing over responsibility for providing a ‘cure’ to ‘experts’. The consultation model of working with Looked after Children continues to be a NICE/SCIE quality standard recommendation as follows:

3.10.1 “a consultancy service could be designed and delivered by in-house experts, external advisers or child and adolescent mental health services. This can contribute to children’s needs being met and placements being more effectively supported. The approach should be based on the concept of reflective practice and how to manage conflicting views in the team.”

QS31 health & well being of looked after children and young people issued April 2013 NICE

3.11 Ongoing work - We tailor our model of intervention to meet the individual needs of the child and their network, based on the evidence base; NICE guidelines; the views and skills of the client and their family/foster carers; and practice based evidence.

3.12 Beginning with the initial assessment and plan of intervention formulated at the Initial CAMHS consultation, there is an ongoing process of individualised psychological formulation and intervention, reviewed with the network via the consultation process. This process may identify and agree the need for additional interventions with the young person and their network.

3.13 Alongside ongoing consultation the following additional integrative interventions may be introduced: fostering attachments; therapeutic parenting or attachment focused family based interventions such as Theraplay; Dyadic Developmental Psychotherapy or Systemic Psychotherapy. The team can also provide specific diagnostic assessment, as well as the prescribing and reviewing of medication. Individual play therapy, art therapy and psychotherapy are also offered when assessed as appropriate to meet the formulated need.

3.14 Theraplay

3.14.1 All members of the team have completed Theraplay training and two members of the team are currently working towards accreditation in Theraplay. They are working closely with social work colleagues within Children’s Services; The Adoption Service; and colleagues in Targeted Support Services. This involves a process of joint working and monthly peer consultation and supervision.

3.15 Dyadic Developmental Psychotherapy (DDP)

3.15.1 All members of the team have completed Level 1 training in DDP and some are working towards therapist accreditation. The Team have developed Nottinghamshire Special Interest Group for DDP, which links with the National DDP Special Interest Groups facilitated by the DDP UK based Accredited Consultants. DDP is an ‘attachment’ focused ‘family’ based intervention.
3.15.2 At a recent DDP Conference in Manchester 2012, Nottinghamshire Healthcare NHS Trust and Nottinghamshire County Council were recognised for their commitment to DDP. Alongside this the CAMHS CLA and Adoption Team and colleagues in the Nottinghamshire County Council Fostering Futures Team are in discussion with a researcher from Glasgow University in relation to being involved in a national feasibility study and subsequent randomised control trial of DDP, thereby developing the evidence base of DDP in the UK within a Nottinghamshire base. This would support the further development of NICE/SCIE guidance for children who have experienced maltreatment in early life.

3.16 Fostering Attachments Group

3.16.1 Over the past year the CAMHS CLA and Adoption Team has developed and provided an 18 week therapeutic group for foster carers. The aim of the group is to support foster carers to increase their understanding of how to meet the unmet emotional needs of the young people they are caring for. Both groups have received positive evaluation from the participants and the plan is for this to become an ongoing intervention.

3.17 Foster Carers Induction Training

3.18.1 Alongside our colleagues in the fostering service, education, health and youth services we attend the foster carer’s induction programme, which runs twice a year. This enables new foster carers to gain an understanding of the range of services available for children who are looked after within Nottinghamshire.

3.18 Community of Interest for Children in Care

3.18.1 In partnership with colleagues in the CAMHS City CLA team and colleagues in the Children in Care Health team, we have been successful in initiating a Community of Interest for Children in Care with the aim of establishing a network of people with shared vision for improving the physical and mental health needs of Children in Care.

4.0 TEAM STRUCTURE

4.1 As illustrated in the Team Model below, the team is multi-agency: made up of professionals, some of whom are employed by Nottinghamshire NHS Trust and others by Nottinghamshire County Council. The team is multi-disciplinary; made up of professionals who have undertaken different types of training, including: Clinical Psychology, Specialist Social Worker, Specialist Nurse Practitioner, Psychiatry, Child & Adolescent Psychotherapy, Systemic Family Therapy, Play Therapy, Art Psychotherapy. The team is supported by an administration team and lead by a Team Manager Coordinator.
5.0 **IMPLEMENTATION**

5.1 This procedure will be implemented by communication to all responsible staff through team meetings and induction process.

6.0 **TRAINING**

6.1 All clinical staff to be made aware of procedure during induction to the clinical team. Operational Managers will ensure that all operational staff are familiarised with the requirements of this local procedure and the specific implications for their role.

7.0 **TARGET AUDIENCE**

7.1 All staff working with Looked After and Adopted children

8.0 **REVIEW DATE**

8.1 April 2015

9.0 **CONSULTATION**

9.1 Child and Adolescent Mental Health Service team

10.0 **RELEVANT TRUST POLICIES/LOCAL POLICY AND PROCEDURES**

10.1 None
11.0 MONITORING COMPLIANCE

11.1 Under 16s and 16/17 year olds form part of Local Services Dashboard and are monitored monthly at the CAMHS directorate business meetings. Monitoring compliance at Directorate Level will be the responsibility of the CAMHS Matron.

12.0 EQUALITY IMPACT ASSESSMENT

12.1 This procedure has been assessed following the Equality Impact Assessment; the outcome of the initial screening assessment was that it does not adversely affect different groups on grounds of disability, BME, gender, age or sexual orientation. Appendix 3

13.0 LEGISLATION COMPLIANCE

13.1 Mental Health Act 1983 (revised 2007) which specific reference to Section 131a of the Act.

14.0 SPONSOR AND EXPERT WRITER

14.1 The Sponsor of this procedure is Debbie Abrams/ Rachel Coombs and the Expert Writer is Yvonne Cottingham / Helen Daft