

Summary Sheet

Council Report

Corporate Parenting Panel – 27 September 2016

Title:

Annual Report for the Rotherham Therapeutic Team (1 April 2015 – 31 March 2016)

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report:

Ian Thomas, Strategic Director of Children and Young People's Services

Report Author(s):

Dr Sara Whittaker, Anne Marie Banks and Ian Walker

Ward(s) Affected:

All

Summary

This report is an annual report to brief on the business and activity within the Council's Therapeutic Team in 2015/16.

The report provides performance and activity data on the service, reports on the activity and functioning of the therapeutic team, and details service delivery that has occurred in the year and those that are planned moving through 2016/17.

Recommendations

That the Corporate Parenting Panel receives this report, considers and comments on any issues arising

List of Appendices Included:

None

Background Papers:

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Annual Report for the Rotherham Therapeutic Team 2015-2016

1. Recommendations

- 1.1 That the Corporate Parenting Panel receives this report and considers and comments on any issues arising.

2. Background

- 2.1 The Rotherham Therapeutic Team was established in 2007, and provides specialist training, consultancy and therapeutic intervention for looked after and adopted children and those involved in their care.

3. Key Issues

- 3.1 The Team is a relatively small team, comprising a clinical psychologist lead and four therapeutic intervention workers, who can provide attachment focused intervention. This includes a range of therapies; primarily working within a 'dyadic model', which means that the carer and child generally attend intervention together, which promotes attachment and enables the child to be involved in an intervention from a 'safe base'. Therapeutic models include theraplay, trauma work, narrative therapy, art therapy, and dyadic developmental psychotherapy practices, (DDP, Dan Hughes' model).
- 3.2 Given that the team is small and offers a service across a wide spectrum, including professionals, children in care and their carers', and adoptive families, interventions are based on a tiered, brief intervention service, (BIS). This includes consultation, advice and training, with more intensive direct therapy packages offered when recommended.
- 3.3 The team deliver therapeutic training courses to share best practice with carers and professionals, this includes
 - 8 week Therapeutic Parenting Courses (Beek & Schofield Safe Base Model of Intervention)
 - Bonding Through Play training (Theraplay Intervention)
 - Life Story Work (Narrative Therapy)
 - Transitions (Moving Children on to adoption)
 - Living with Sexually Abused Children training
 - Assessing sibling groups.
- 3.4 In line with the Government performance indicator requirements, (PI), the therapeutic team collates and analyses the 'Strengths and Difficulties Questionnaire', (SDQ) data for all children in care between the ages of 4 years and 16 years inclusive. The SDQ gives an indicator of two impacts, the mental health and wellbeing

of the child, and the impact on the carer. In addition to collating, the therapeutic team screen this data, but do this in a more comprehensive way than government requirements. In this reporting year, over 300 SDQ's were sent to carers, with returns of 197, an increase from 181 in the previous dataset year.

- 3.5 As indicated above, the Therapeutic Team provide consultation and support to carers and children where the score indicates a 'high' or 'very high' need. Telephone consultation is offered to all foster carers in these instances to provide advice and guidance, and carers can access to suite of training offered by the team, such as attachment training, or theraplay workshops.
- 3.6 The SDQ is also used within direct therapies with all children referred to the team at the start and end of involvement to map positive changes and the SDQ is repeated each year. Analysis of individual children is made at the LAC Reviews, at the annual Health Assessments, and also in review by the therapeutic team, which enables a child focused response to accessing services.
- 3.7 The team also provides Rotherham's Statutory Post Adoption Support service; liaising with the adoption team, producing regular newsletters, and offering support groups and coffee mornings for adoptive parents, activities for adopted children, and an annual adoption celebration event. Work was focussed on 97 families this year; 23 were referrals and work continuing from the year before, leaving 74 new assessments completed this year. The Post Adoption Worker within the team undertakes assessment, signposting and support. This includes accessing therapeutic intervention from the Adoption Support Fund, (ASF). 33 applications to the fund were made in this financial year in relation to 28 children and/ or their parents. This has provided therapeutic packages to the value of £220k for Rotherham's adopted children and parents.
- 3.8 The therapeutic intervention workers in the team undertake regular training and development to ensure that their practice is relevant, research based and up to date. Dr Sara Whittaker's professional status was re-graded to Consultant Clinical Psychologist in this year, whilst other workers within the team are currently undertaking a range of ongoing professional training and practice, including 'DDP' therapy training, social work post qualifying certificate in social work studies, and theraplay practicum.

4. Performance

- 4.1 During the period 1 April 2015 - 31 March 2016, there were 511 referrals made to the team, which equates to 401 different young people.

- 4.2 The team provided support to carers of 38 children who moved on to adoption, and this included support in preparing for permanence, supporting the foster carers and fostering team and the adoption team in the transition.
- 4.3 The team assessed and made 33 applications to the Adoption Support Fund in this financial year, in relation to 28 adoptive families, providing £220k therapy for Rotherham's adopted children and parents.
- 4.4 At any time, the team hold a large and varied caseload of long term, short term, consultation only and direct therapy families. In November 2015, a snap shot of activity revealed that within that month, 38 children and carers were receiving direct therapy, and 170 carers and/or professionals had accessed consultation support from the service. Demand exceeds capacity and many of the 170 cases where consultation was offered, children and young people would have benefitted from more direct intervention, but due to the limited capacity within the team, this was not possible.
- 4.5 In this financial year, Rotherham's NHS Clinical Commissioning Group, (CCG) provided additional funding to the team of £50k, which enabled temporary recruitment of four part time agency workers, who worked with 66 families over a four month period. Dyadic (family) sessions occurred with 27 young people and their carers/parents, on a weekly basis, with additional consultation with carer/s and the team around the child which further enhanced this provision. Furthermore 28 carers/parents/colleagues received consultation from these workers, when the young person would not engage in direct work. This provided some additional capacity within the service although it was only a short-term solution.
- 4.6 There is currently a transformation review of the service regarding an expansion 'offer'. An expanded team could enable financial savings resulting from earlier intervention which could prevent placement disruption, and resolve the pressures for Out of Authority 'therapeutic' placements. It could also provide more intensive and responsive team around the child therapeutic support and interventions for 24 targeted children, such as adolescents and sibling groups placed in RMBC foster care and therapeutic packages purchased for targeted children in independent fostering agencies (IFA) or residential homes.
- 4.7 A tiered model means that most people receive consultation, training and advice, with a few going on to receive direct therapy packages and a few receiving high intensity and longer pieces of intervention and therapeutic support. Of 511 referrals, BIS, a brief intervention service was offered wherever possible to all 511. Of those 511, direct work was offered to approximately 55 young people in that year, usually consisting of 6 to 14 sessions – up to

48 if court directed for the year or if two interventions are offered sequentially. Further direct therapeutic work was offered and delivered to children who had waited from the year before, and the ASF funded services for families in the post adoption period too.

- 4.8 To respond to referrals and crisis situations, all interventions start with an assessment of need, and up to three sessions of advice, guidance and support to the primary carer and team working with the child/young person. A training programme and a selection of information sheets, workbooks and resources are made available to support and extend this process. Narrative therapies are drawn on promoting the use of stories and story books to help children understand their life story, emotions and behaviours. Bespoke stories are created for many children.
- 4.9 The team deliver Therapeutic Training courses to share best practice with carers and professionals. Courses delivered receive good feedback. Feedback is considered, collated and responded to in relation to making relevant changes. Training was provided to 474 carers/adopters and professionals across children's services this year, with a similar figure of 498 in the previous reporting year.
- 4.10 Where indicated children and young people are then added to a waiting list for therapeutic work, or referred to another agency, including Youthstart, CAMHS, RISE, Barnardos, and MAST. Where these Agencies are unable to see the young person Rotherham's Therapeutic Team will continue to support the carer and aim to provide a required intervention within six months.
- 4.11 The Therapeutic Team takes all referrals for looked after children who live local to the service; (within South Yorkshire). Tier 3 CAMHS service refer into the Therapeutic Team all families who have adopted children, children in care and children subject to SGO for support, assessment, therapeutic work and attachment interventions. Generally CAMHS will only continue to work with these families if there is a requirement for assessment of autism, ADHD and neuro-developmental delay. Partnership work between the therapeutic team and wider CAMHS provision also happens where there are more serious mental health indicators, such as significant self-harming attempts, psychosis and eating disorders. The team consults with and attends regular meetings with local psychologists across the hospital paediatric, RMBC and RDASH trusts to look at shared cases and also to agree appropriateness of interventions and lead agency with challenging and complex cases.
- 4.12 Rotherham's Therapeutic Team work alongside other agencies such as Educational Psychologists, MAST counsellors in schools, Barnardo's CSE and sexually harmful behaviours services, Youthstart and other agencies including RISE. Nationally Rotherham's Therapeutic Team work alongside the Clinical

Commissioning Group, (CCG) to ensure that children living in different parts of the country receive CAMHS and other services as appropriate. The team also work closely with the RMBC commissioning team to ensure that therapeutic provisions (within IFA/residential placements) are fully delivered as contracted to ensure good quality service provision for all children in care, whether they are living..

5. Outcome measures

- 5.1 The therapeutic team collect before and after measures to evaluate the impact of work undertaken, which indicates that more progress is made where interventions are extended over longer periods of time and carers or adopters attend training courses and consultations and before direct therapy is provided.
- 5.2 A recent service evaluation research project/consultation interviewed nine carers who all agreed that the service had been useful and appropriate, but four felt they had to wait too long to receive support or intervention.
- 5.3 Feedback from young people is largely positive, as is feedback from professionals, although concerns surrounding the time waiting for intervention is often a feature which reiterates the findings from the recent service evaluation.
- 5.4 Feedback gained from training courses, indicates that families and professionals appreciate the way that complex psychological information and learning can conveyed in a way that is easy to understand.

6. Options considered and recommended proposal: That the Corporate Parenting Panel receives this report, considers and comments on any issues arising

7. Consultation: Not applicable, this is an Annual Report to panel to Corporate Panel.

8. Timetable and Accountability for Implementing this Decision: Not applicable.

9. Financial and Procurement Implications

- 9.1 To consider the RTT transformation expansion proposal – including increase in staff number and secondment of at least one more Clinical Psychologist from SHSCFT.

10. Legal Implications

- 10.1 The therapeutic team need to develop a more responsive pathway into therapeutic provision funded through the Adoption Support Fund, in particular for Special Guardianship families. This matter will be addressed in the therapeutic transformation proposal and reported back to Corporate Parenting Panel later in this year.
- 10.2 In addition, the adoption regionalisation programme may also impact upon the allocation and functioning of the adoption support. This matter will be addressed within the adoption regionalisation update report which is due to be submitted later in this year.

11. Human Resources Implications

- 11.1 There are no Human Resource implications of note with regards to the timescale described within this Annual Report.
- 11.2 A further report is scheduled to be submitted later this year, which will set out the therapeutic team transformation 'offer,' when issues pertaining to human resource implications will be addressed.

12. Implications for Children and Young People and Vulnerable Adults

- 12.1 The Therapeutic Service provides a dedicated pathway into mental health provision for children in care, adoptive and special guardianship families. However, the waiting time for access into provision is too long and the service generally offers short term intervention. This matter is being addressed within the therapeutic service transformation proposal and a report will be submitted to Corporate Parenting Panel later this year to address this matter.

13. Equalities and Human Rights Implications

- 13.1 The Council must comply with its duties under the Equality Act 2010. In addition, the Council has a duty to fully consider the human rights and implications for children, families and staff including access to services.

14. Implications for Partners and Other Directorates

- 14.1 Ongoing partnership work is important through Rotherham's Clinical Commissioning Group, (CCG) and Rotherham, Doncaster and South Humber NHS Foundation Trust, (RDASH), Children and Adolescent Mental Health Services, (CAMHS), RMBC's virtual school, Multi-agency Support Team, (MAST), Rotherham's Information Support and Equality Service, (RISE), and Barnardos, amongst other services.

15. Risks and Mitigation

- 15.1 There are no particular risks from the year previous annual report. However there are ongoing risks to the emotional wellbeing of children in care and those who have left care if expansion is not achieved.
- 15.2 If no transformation/expansion is available or agreed at this time there will continue to be demand in excess of capacity, waiting times, minimal interventions, staff stress and poorer emotional outcomes for children in our care.
- 15.3 Legal risk if Special Guardianship supported through the Adoption Support Fund is not developed urgently by RMBC. This issue is being addressed within the transformation proposal currently under review.
- 15.4 There is also future risk of complaints from SGO, foster and adoptive carers for delays and limited service provision.

16. Accountable Officer(s)

Ian Walker, Head of Service, Children in Care.

Sent to for information:

Joint Assistant Director, Commissioning, Performance & Quality – Nicole Chavaudra, Via Paul Theaker, Adrian Hobson and Claire Burton

Strategic Director of Finance and Corporate Services:-
Named officers – Mark Chambers & Paul Jackson

HR Services - Luke Ricketts

Assistant Director of Legal Services - Neil Concannon, Service Manager

This report is published on the Council's website or can be found at:-

<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

References: What good looks like in psychological services for children, young people and their families. (2015). The child and family clinical psychology review 3, pp119-129.