Rotherham Metropolitan Borough Council

Public/Private Report
Council/or Other Formal Meeting

Summary Sheet

Committee Name and Date of Committee Meeting
Corporate Parenting Panel – 5th February 2019

Report Title
Annual Report for the Rotherham Therapeutic Team 1st April 2017 – 31st March 2018.

Is this a Key Decision and has it been included on the Forward Plan? No

Strategic Director Approving Submission of the Report Jon Stonehouse

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 RMBC's Therapeutic Team in 2017/18.

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 2019/20.

Recommendations CPP is recommended to note the contents of the report.

List of Appendices Included Case Study

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 1st April 2017 – 31st March 2018.

1. Recommendations

1 CPP is recommended to note the contents of the report.

2. Background

2.1 The Rotherham Therapeutic Team (RTT) was established in 2007, and provides specialist training, consultancy and therapeutic intervention for looked after and adopted children and those involved in their care. In 2017 the Service was expanded to include post Special Guardianship Order support and support to Care Leavers and those involved in their care. In 2017 the Service also introduced the Intensive Intervention Programme (IIP) which offers a high level of intensive and responsive therapeutic intervention to Rotherham's most at risk children and the team around those children.

2.2 Looked-after children and young people have particular physical, emotional and behavioural needs related to their earlier experiences before they were looked after. These earlier experiences have an influence on brain development and attachment behaviour. The rates of emotional, behavioural and mental health difficulties amongst looked after children and young people are therefore unsurprisingly significantly higher than children in the wider population.

2.3 In addressing the specific needs of children in care, it is therefore necessary to offer holistic and accurate assessment with multidisciplinary support provided where it is needed. It is important that services are provided in a timely manner to prevent the escalation of challenging behaviour and reduce the risk of placement breakdown; these should be based on the child or young person's needs and not on service availability.

2.4 NICE guidance provides the national recommendations in relation to the wellbeing needs of Looked after Children.

https://www.nice.org.uk/About/NICE-Communities/Social-care/Tailored-resources/LACYP

Statement 5: Looked-after children and young people receive specialist and dedicated services within agreed timescales: https://www.nice.org.uk/about/nice-communities/social-care/tailored-resources/lacyp/statement-5

2.5 “In recent years there has been a renewed focus on improving outcomes for looked after children and young people, including the publication of revised regulations and guidance from the Department for Education and a new Ofsted framework for the inspection of services for children in need of help and protection, looked after children and care leavers. At the same time, the Health and Social Care Act (2012) set out a new responsibility for the National Institute of Health and Care Excellence (NICE) to develop quality standards in health and social care. One of the first standards to be published was to promote the health and wellbeing of looked after children and young people (Quality Standard 31).

2.6 The Children Act 1989, The Care Standards Act 2000 and accompanying regulations and guidance provide the legal framework for providing services to looked after children and young people.”

2.7 Conduct disorder is the most prevalent difficulty amongst looked after children and young people. Aggressive and challenging behaviour associated with conduct disorder can impose a significant burden to carers. Children and young people with this disorder are also at risk of school exclusion. Looked after children and young people are also more likely than their peers to experience depression and anxiety and these children may carry the burden internally, and it may go unnoticed or ignored by professionals.

2.8 Foster carers, social workers and other professionals can provide children and young people with 'therapeutic' care in the way they parent and support the child to help them understand emotions and feelings and therefore regulate behaviours, The training and support provided by the Therapeutic Team supports this by utilising the team around the child in helping children feel safe; free to learn, develop, aspire and achieve.

3. Key Issues

3.1 Rotherham Metropolitan Borough Council developed an in-house therapeutic team to meet the therapeutic, mental health and emotional needs of children in care whose needs were often overlooked or misunderstood. The service aims to provide a swift initial intervention in order to avoid long waiting times in accessing intervention through the traditional Community Adolescent Mental Health Services (CAMHS). Having a dedicated in-house provision has enabled the development of a highly specialised wealth of knowledge and understanding around the needs of children in care which has complemented the intervention offered by social work teams.

3.2 Since 2007, the Therapeutic Team has expanded from a relatively small team, comprising a clinical psychologist lead and four therapeutic intervention workers, to an extended team of highly skilled and experienced workers, who can provide attachment focused interventions to children in care, care-leavers, adopted children and children placed on Special Guardianship arrangements.

3.3 September 2017 saw the start of the Intensive Intervention Programme (IIP), with an increase of provision to include 5 part time workers (3 FTE). The selection process for referrals is undertaken by utilising data from the Strengths and Difficulties Questionnaire Screening and other reportable risk information, such as placement disruption information and other data/ outcomes. Once identified as 'high risk', a programme of intensive intervention is offered to: promote the emotional wellbeing of the carers and the child, prevent further placement disruption, and prevent escalation of care to more expensive provision. In the 2017 Ofsted Inspection, the Therapeutic Team was noted for its practice and impact and specifically this innovative way of working to support children using a tiered response from consultation to intensive therapeutic provision.

3.4 The Therapeutic Team are supported by up to three trainee Clinical Psychologists, and one Social Work student and/or an Art Therapy trainee. These students offer therapeutic sessions within the team, and attend university to continue their studies. Their contribution is considerable, and

gives an additional therapeutic benefits for Rotherham's children in care at low cost.

3.5 The Therapeutic Intervention workers in the team undertake regular training and development to ensure that their practice is relevant, contemporary and research based. Dr Sara Whittaker, Consultant Clinical Psychologist, and Dr Donna Fisher, Clinical Psychologist, provide clinical supervision; whilst other workers within the team also access external clinical supervision and a range of ongoing professional training and practice.

3.6 The Therapeutic Team provides Rotherham's Statutory Post Adoption Support service (PAS); liaising with the Adoption Team, producing regular newsletters/emails, and offering training, support groups and coffee mornings for adoptive parents, commissioning therapy using the Adoption Support Fund (ASF), providing activities for adopted children, and an Annual Adoption Celebration event.

3.7 The Team also provides Rotherham's Statutory Post Special Guardianship Order (SGO) service. Assessments are undertaken and therapeutic provision coordinated using local resources and where eligible Adoption Support Fund (ASF) therapeutic interventions are commissioned. Activities are provided for children subject to SGO arrangements.

3.8 Rotherham's Therapeutic Team work alongside other agencies such as Educational Psychologists, the Virtual School, counsellors in schools, Barnardo's Child Sexual Exploitation (CSE) and sexually harmful behaviours services, and other agencies including Rotherham's Information, Support and Equality Service, (RISE). The Therapeutic Team consults with and attends regular meetings with local psychologists across the hospital paediatric, RMBC and Rotherham, Doncaster and South Humber NHS Foundation, (RDASH) trusts to look at shared cases and also to agree appropriateness of interventions and lead agency with challenging and complex cases.

3.9 Nationally, Rotherham's Therapeutic Team work alongside the LAC Nursing Team and 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 Independent Fostering Agencies, (IFA) and residential placements) are fully delivered as contracted, to ensure good quality service provision for all children in care, where ever they are living. The Therapeutic Team Manager now attends Resource Panel to consider therapeutic assessments and interventions across Looked After Children's placements.

Service Delivery

3.10 Given that the Therapeutic Team offers a service across a wide spectrum, interventions are generally based on a Brief Intervention Service (BIS). This includes consultation, advice and training, with more tiered, intensive direct therapy packages offered when recommended.

3.11 The 'Consultation Model' involves working with the 'Team Around The Child' including Social Workers for children in care, Fostering Social Workers, carers, schools, and adoptive families. Direct work is based on a 'dyadic model', which means that the carer and child generally attend interventions together, which promote attachments and enables the child to be involved in an intervention from a 'safe base'. Therapeutic models include Theraplay, Trauma Work, EMDR (eye movement desensitisation & reprocessing), Narrative Therapy, Psychotherapy, Creative & Art Therapy, and Dyadic Developmental Psychotherapy Practices (DDP, Dan Hughes' model).

3.12 The team also deliver therapeutic training courses to share best practice with carers and professionals. The Service receives good feedback which is used as part of the service development. In this reporting year, there were 15 training events providing a service to 275 attendees. These courses included:

- Attachment & Trauma
- 10 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/permanence)
- Living with Sexually Abused Children
- Assessing sibling groups training.

3.13 The Therapeutic Team accepts referrals for all looked after children who live local to the service (within Rotherham). This includes children who are looked after by another authority but placed in Rotherham, with a Rotherham GP. This is due to the local health agreements and Rotherham's Clinical Commissioning Group (CCG) funding arrangements.

3.14 All intervention begins with an assessment of need, and up to three sessions of consultation: advice, guidance and support to the primary carer and team around the child/young person. A training programme and a selection of information sheets, workbooks and resources are made available to support and supplement this intervention. Narrative therapies are used which promote the use of stories to help children understand their life story, emotions and behaviours. Bespoke story books are created for many children by the team.

3.15 Where indicated children and young people are referred for therapeutic intervention, or referred to another agency, including CAMHS, RISE, Barnardos, and other therapeutic services. Where these Agencies are unable to see the young person, the Therapeutic Team will continue to support the carer and aim to provide a required intervention within six months.

3.16 The Therapeutic Team are now co-located in the building at Kimberworth Place with CAMHS and children's disability services. Tier 3 CAMHS will triage children in care, and 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 complex mental health issues, or the 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

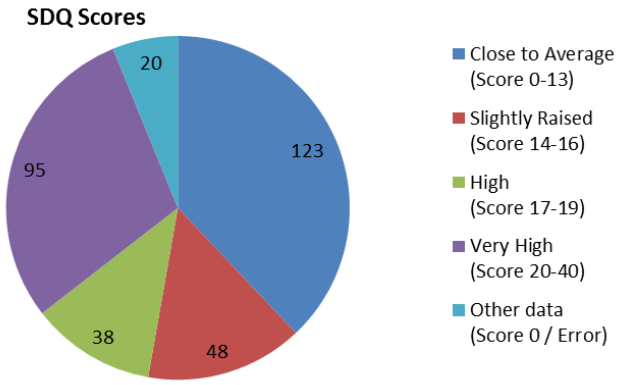
health indicators, such as significant self-harming attempts, psychosis and eating disorders. The Therapeutic Team manager meets with the clinical leads in CAMHS to look at children whose needs may move from the Therapeutic Team to meeting CAMHS' mental health criteria. A 24 hour service response was offered by CAMHS as a pilot for children in care when required.

Strengths and Difficulties screening and application in service delivery

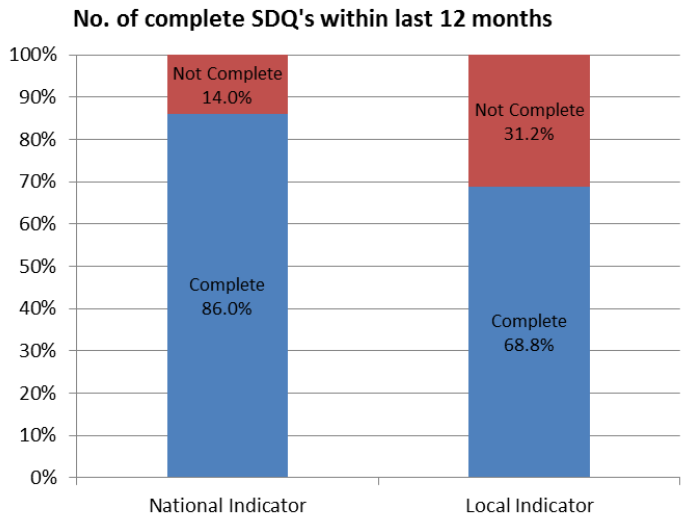
3.17 In line with the Government requirements, the therapeutic team collates and analyses the 'Strengths and Difficulties Questionnaire' (SDQ) data for all children in care between the ages of 4 years and 16 years inclusive. The SDQ gives an indicator of two impacts, the mental health and wellbeing of the child, and the impact on the carer. In addition to collating, the therapeutic team screen this data, and do this in a more comprehensive way than government requirements.

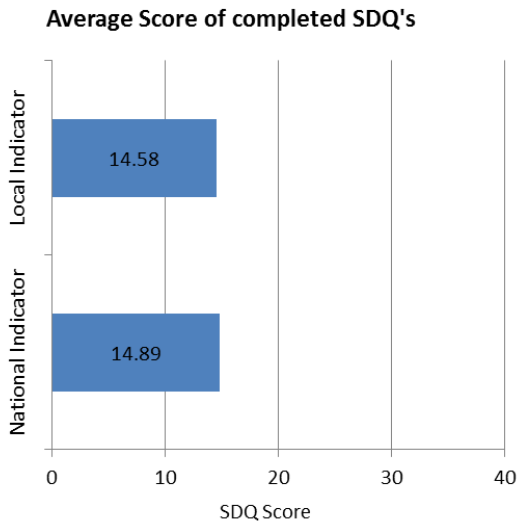
Parent/Carer Questionnaire (age 4 – 17 years):

	Close to Average	Slightly Raised	High	Very High	Other data :
Total SDQ score	0 - 13	14 – 16	17 – 19	20 – 40	0 (maybe an error)
No of SDQs in each category Total = 324 scores	123	48	38	95	20



Indicators	Number	%
Number of children eligible for National Indicator ***(age 5-16 and LAC for 12 months)***	**279**	
- of those, number with an SDQ complete in the last 12 months	240	86.02%
- of those complete, average score	14.89	'-
Number of children eligible for Local Indicator ***(age 3-17 and LAC for 3 months)***	**471**	
- of those, number with an SDQ complete in the last 12 months	324	68.79%
- of those complete, average score	14.58	'-





3.18 The Therapeutic Team provide consultation and support to carers and children where the SDQ score is above 16 – or indicates a 'high' or 'very high' need. Telephone consultation is offered to all carers in these instances to provide advice and guidance, and most carers can access a suite of training offered by the team, such as attachment training, or theraplay workshops. The SDQ has become part of the referral criteria for clients moving to the IIP intensive intervention programme.

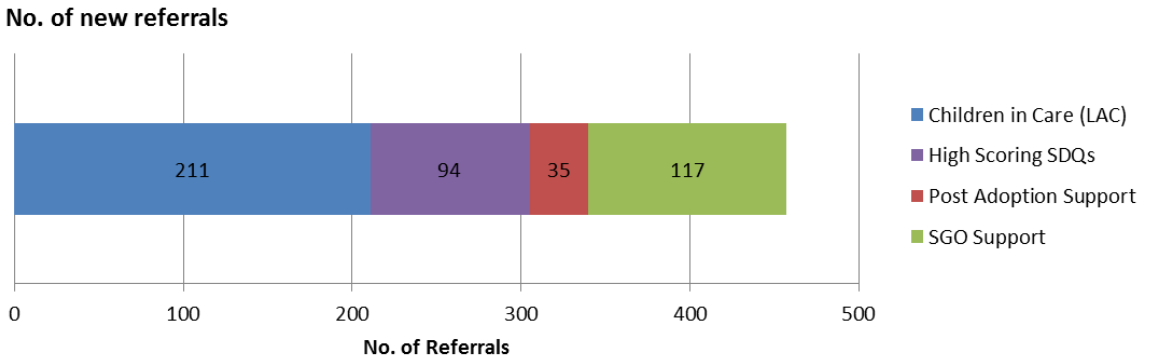
3.19 The SDQ is also used within direct therapies with all children referred to the team at the start and end of involvement to map changes and the SDQ is repeated each year. Analysis of individual children is made at their Statutory Looked After Children's Review (LAC Review), at the Annual Health Assessments, and also in review by the Therapeutic Team, which enables a child focused response to accessing services. As Head of Service for Children in Care, Ian Walker has oversight of this process and children scoring highly are reviewed for therapeutic need/provision.

Activity & Performance

3.20 During the reporting year 17/18 there were 610 cases worked with. 457 were new referrals. On one sample day, in the reporting year 16/17 there were 247 open cases comprising children and their carers/parents, this increased to 365 in 17/18. This reflects the increase in numbers of children entering care, the increased support available to adoptive families through the Adoption Support

Fund, the introduction of the SGO support offer, and the development of the IIP offer; and expansion of the Team to meet this need.

	Children in Care (LAC)	High Scoring SDQs	Post Adoption Support	SGO Support	Total New Referrals
New Referrals	211	94	35	117	**457**



3.21 **Children in Care (LAC):** There were 211 referrals into the service in relation to children in care, with 94 children additionally referred with high scoring SDQs. Across the year there were 357 interventions delivered. Some children are supported on a consultation only basis; others are invited for direct therapies (following a waiting time during which carers can attend relevant training). During an intervention, 2– 50 sessions/contacts are offered.

3.22 The Intensive Intervention Programme has developed during the past year as part of the Therapeutic Team. Over 30 children in care, their carers and the professionals working with them have received an intervention. This group of children and young people comprises our 'higher risk' children, including those who have experienced multiple placement moves, those at risk of childhood sexual abuse and/or exploitation, or children and young people who have histories of complex developmental, familial trauma who need lengthy packages of therapy. Initial outcomes suggest that the IIP intervention promotes placement stability, delivers carer and staff support and training. The intervention delivers complex research based psychological and therapeutic theory which is accessible and easily understood whilst adhering to a standard protocol. Feedback from carers and colleagues within the networks is positive.

3.23 **Post adoption support:** In 2017/18 The Service also undertook 35 new Post Adoption Support assessments, with a further 141 families receiving ongoing support.

3.24 The Therapeutic Team has a dedicated worker who provides support to carers of children with an adoption plan. The work includes providing narrative stories, direct work with children, preparation for permanence support, support for the Foster Carers and the Fostering Team, Adopters and the Adoption Team through the transition and early stages of adoption.

3.25 The Team also have a dedicated Post Adoption Support (PAS) worker whose role is to undertake assessment, provide support or where relevant signpost to alternative provision. In many instances support is accessed for these families by utilising the Adoption Support Fund. This support includes access to training, newsletters, support groups, celebration events, direct intervention from the service or through access to intervention through the ASF.

3.26 In this reporting year, there were 104 successful applications made to the Adoption Support Fund for post adoption intervention to the value of £315,681.87. 72 children living within 65 families have been supported through this. Support included a therapeutic based summer camp where 5 adopted children attended costing £10,000.00 which was funded through the Adoption Support Fund.

3.27 **Special Guardianship Order support:** In this reporting year the service received 117 new Special Guardian referrals. The Service offers support to Special Guardians and the children they care for. Support is offered through newsletters, training, support groups, intervention through the service or accessed using the Adoption Support Fund. The Service is actively working with 70 families. In this reporting year, 19 families caring for 22 children benefitted from therapeutic provision funded through the Adoption Support Fund equating £32,781.98

3.28 As previously mentioned a tiered model means that most families or practitioners receive consultation, training and advice, with group work offered

to families subsequently requiring additional support, with a smaller group of higher risk children receiving therapeutic intervention. At any time, the team hold a large and varied caseload of long term, short term, consultation only and direct therapy families.

Outcome measures

3.29 The therapeutic team collect before and after measures to evaluate the impact of work undertaken. This indicates that more progress is made where interventions are extended over longer periods of time and carers or adopters attend training courses and consultations before direct therapy is provided. Outcome measures are available on a case by case basis – and responsibility is placed on each practitioner to collect and evaluate this feedback.

3.30 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. New reporting systems have been requested from Liquid Logic, and there remains delay in moving forward on this reporting functionality.

3.31 Feedback gained from training courses, indicates that families and professionals appreciate the way that complex psychological information and learning can be conveyed in a way that is easy to understand.

3.32 A service evaluation for IIP noted: "*The intensive intervention program for the first five young people worked with, appears to have been effective and well received by the young people, carers and professionals involved. It has reduced the number of placement moves, episodes of going missing and other key indicators of stability for five young people at risk of placement breakdown. Professionals in particular report that they found the focus on getting everyone in the network working more intensively together particularly useful and felt that it gave them a clearer direction for the work to go towards*."

3.33 The Ofsted Inspection Report (January 2018) noted, "*SDQs are used to good effect to identify children who need therapeutic support. The local authority has a comprehensive and impressive offer for therapeutic support, including for*

those children who are out of area. This includes an effective in-house therapeutic looked after children team that provides one-to-one support and a range of therapeutic interventions, and has recently piloted an intensive therapeutic intervention programme, which is preventing placement breakdown".

Summary and recommendation of development in 2019/20

3.34 Since the introduction of the Therapeutic Team in 2007, Children and Young people in care, their carers, Adoptive Families, Special Guardians and the professional team around the child have benefited from their services. The Team provide high quality attachment and trauma training which is rolled out through a calendar of events through the year, and at different forums to reach all those involved in the lives of these children to ensure that the emotional health and wellbeing is well understood and met. The Service also work closely with the adoption service to ensure that children with a permanency plan of adoption are placed in line with best practice and support is offered from foster placement into adoption and beyond and may in part be one of the reasons that Rotherham's Adoption disruption is low.

3.35 The Service provide evidence based therapeutic provision, and over the years have extended their 'offer' and their repertoire of interventions including DDP, Art Therapy, Theraplay, EMDR and Narrative Therapy and are therefore in a position to provide bespoke packages of intervention that meet the individual needs of children.

3.36 The Service also use a 'Team Around the Child' approach to ensure that everyone is working together to keep children safe, to support education, placement stability and security for the child. Working in this manner ensures that there is consistency of intervention whatever the setting, as this continuity helps children feel safe.

3.37 In this reporting year, the Intensive Intervention Programme was introduced and many of our most vulnerable children in care and their foster carers are benefitting from the intensive support that is offered within this model to

promote emotional health and wellbeing, reduce risk and promote stability, and early results are promising.

3.38 The Service also introduced the Special Guardianship 'offer' with a dedicated post Order worker who provides a range of services to families subject to this permanency arrangement. Again feedback is positive with families feeling that they are now being able to access support in ways that were not available before.

3.39 In more detail the Service plans to:-

- Build on the Intensive Intervention Programme as a model of best practice for our most vulnerable children.
- Roll out workshops for the Fostering Service on the emotional needs of children in care, and best practice in supporting carers and children. These workshops have the specific aim and intention of equipping the Fostering Service with the skills and resources to better support families without requiring a referral into the Therapeutic Team, thereby reducing the demand on the Therapeutic Team and enabling them to focus on our higher risk children.
- The Service will also be working with the Adoption Service on reviewing best practice guidance when moving children onto Adoption.
- Recruit two therapists to the team who will be funded by drawing down the ASF (Adoption Support Fund) to work with eligible post adoption and post SGO families.
- Develop links with Edge of Care and Early Help services.
- Consider additional therapeutic models – Adolescent wellbeing group and the offer of psychotherapy based interventions.
- Continue to use ASF effectively to support local families.
- Work with Performance and Quality Team and Liquid Logic to make better use of performance analytics.

4. Options considered and recommended proposal

4.1 DLT is recommended to endorse the contents of this report and agree to its presentation to the Corporate Parenting Panel

5. Consultation

5.1 This report has been written with the full consultation of partner agencies.

6. Timetable and Accountability for Implementing this Decision

6.1 Ian Walker and Sara Whittaker are responsible for implementing this decision. It is intended that this report will be presented to the Corp[orate Parenting Panel on the 5th February 2019.

7. Financial and Procurement Implications

7.1 The funding for the Intensive Prevention Programme is due to expire in March 2020. A full evaluation of this Programme will be presented to DLT by September 2019 in order to evidence the benefits of extending the programme.

8. Legal Implications

8.1 The policy and proposed changes meet the requirements for provision for therapy in law as proposed. I confirm that it is important that when providing services as detailed it is an important requirement of the law that that an assessment has taken place prior to the implementation of services to assess that the services are in line with the needs of the child.

9. Human Resources Implications

9.1 Recruitment of any additional posts will be appointed in line with RMBC policies and procedures.

10. Implications for Children and Young People and Vulnerable Adults

10.1 Having an 'in-house' therapeutic service ensures that looked after children have a timely and commensurate access to therapeutic interventions. This means that their emotional and mental health needs will be better met and that they will have a greater opportunity to achieve better outcomes

11 Equalities and Human Rights Implications

11.1 The support offered by the RTT is designed to narrow the gap between looked after children and their peers in terms of their emotional well-being and resulting successful transitions to adulthood.

12. Implications for Partners and Other Directorates

12.1 By providing local support in respect of emotional and mental health needs young people are more likely to be able to maintain family based placements. As these placements are more cost effective the work undertaken by the RTT has a positive impact on the budget of the Council as a whole.

13. Risks and Mitigation

13.1 There are no risks identified as a result of this report.

14. Accountable Officer(s)

Approvals Obtained from:-

	Named Officer	Date
Strategic Director of Finance & Customer Services	Neil Hardwick	9/1/19
Assistant Director of Legal Services	Lucy Barnes	10/1/19
Head of Procurement (if appropriate)	N/a	
Head of Human Resources (if appropriate)	Amy Leech	10/1/19

Report Author: Ian Walker Head of Service,
Sara Whittaker Team Manager of RTT and Consultant Clinical Psychologist

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

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

Appendix: Case Studies to capture performance and outcomes
Case Examples: KC – age 7 in spring 2017:

K.C is a 7 year old, White British male. K.C is a likable, affectionate and loving little boy. He seeks comfort and attention. He likes the company of adults. K.C has a very creative imagination. K.C likes music, he enjoys singing and dancing. K.C presents as an anxious and at times an unhappy child. K.C has complex needs and significant emotional and behavioural difficulties. K.C tries to be in control and pushes boundaries. He can display aggressive behaviour towards others.

There has been a long history of Social Care involvement. K.C has two older half siblings: N&A, and two younger half-siblings, twins, M&L. The family had a history of Social Care involvement due to worries around parental alcohol misuse, domestic abuse, E's poor emotional health, and poor home conditions, and unexplained injuries to the children. K.C and brother K and his younger half-siblings have been open to Social Care since December 2014 due to concerns around neglect. Care proceedings were initiated due to escalating concerns and evidence that the children were suffering, and were at risk of further suffering, significant harm. Concerns focused predominantly on poor supervision, lack of routines, lack of boundaries, poor home conditions, missed meals, parental aggression, poor mental wellbeing of parents and minimum acknowledgment of agency concerns from parents.

The children were accommodated under Section 20, 29th May 2015. An Interim Care Order was granted in respect of the children, 10th June 2015. Viability assessments were completed in respect of maternal grandmother, LC, and maternal Aunt, RC, although both were negative. K.C and K's birth father and his extended family members were also assessed. All these assessments were negative apart from a paternal uncle and his partner. However as they had their own child and a pet, after discussions they felt it was not the right time for them given K.C and K's care needs. They have expressed an interest in contact in the future with K.C and Kai. The care plan that Social Care presented at court was one of long term therapeutic fostering for K and K.C and parents did not oppose this decision. Half-siblings, M&L, were placed for adoption. Full Care Orders were made in respect of K.C and K, 10th February 2016.

K.C and his older brother K were originally placed together however the relationship between them became very strained as K.C's behaviour was challenging for K and K did not understand K.C's complex needs. A sibling assessment concluded the boys should be separated with a view to repairing their relationship through positive contact. K remained in his foster placement and K.C moved to another placement. K.C has experienced numerous placement moves in a short space of time and also moved schools, which has significantly affected his emotional wellbeing. It is therefore paramount that K.C has stability and can form an attachment to his carers.

Despite being 7 years old, K.C experienced 12 placement moves in 8 weeks over the summer of 2017, including two moves to emergency bed placements with staff employed as carers, when suitable carers could not be found. He has been placed with his most recent carers since August 2017. Previous carers have had difficulty responding to and understanding K.C’s behaviour which has resulted in placements breaking down.

IIP involvement

Since IIP became involved in August 2017, K.C has received weekly direct therapy sessions with his carers, weekly carer consultations, monthly network meetings and his carers and the professionals working with him have attended monthly training workshops and have been offered monthly reflective practice sessions. K.C's IIP worker has been involved in considering the emotional impact of educational provision, supporting the social worker in considering appropriate placements.

K.C experienced a significant number of placement breakdowns in a short period of time, and there was some difficulty in identifying a placement with suitably experienced carers. This significant number of placement breakdowns could suggest there was a risk of a move to residential placement. Since IIP involvement there have been no further placement breakdowns/ moves and the current placement is stable. K.C remaining in an IFA foster care since August 2017 as opposed to a residential placement has potentially saved between £2204 - £5754 per week based on the current costs of K.C's placement compared with potential costs for a residential placement.

The network around K.C have provided detailed feedback regarding IIP. K.C's carer's stated: "The service that the IIP has given has far exceeded anything we have had from not only Rotherham but all other local authorities. The complete package of training, support meetings, network meetings etc. have provided a service that has been second to none. We believe it has been a crucial part of providing a stable placement both at home and school for a very traumatized young man. We are not sure that the improvements we have seen, especially at school would have come about so quickly – if at all, if it hadn't been for the IIP."

"As you may be aware, the IIP work with our young man has now completed and I wanted to say once again how good the therapeutic intervention has been. We have worked with various therapeutic teams across the region, including Rotherham in the dim and distant past. I would be lying if I said that I expected great things as, sadly, my experience has not been wonderful. However, the IIP team have been instrumental in underpinning this traumatised boy, and securing the placement for long term fostering. Not only have they worked with the child and us, they have also worked with the social worker and the school to provide a level of understanding about the child's needs and how we can all work with him.

What has set this apart from any other therapy that we have ever undertaken, has been the training that was open all those around the child to attend. This meant that all those working with him, understood how the therapy techniques were hopefully going to work. In the past, other professionals have tried to understand the therapy by asking questions in network meetings, but we felt that doing training together was far better. It also gave us a chance to understand some of the issues that are faced in school with children like ours, and also some of the problems that social workers face, as we discussed various scenarios.

So please do pass on our sincere thanks to all on the team, and especially Niki, whose creativity and determination to get a positive outcome for our young man, was outstanding."