

**Name of Meeting CSAC On 5 January 2006**

Report title: **Child and Adolescent Mental Health –  
LOOKED AFTER CHILDREN & ADOLESCENTS  
NEEDS ASSESSMENT REPORT**

Report of: **Director of The Children's Service**

**Ward(s) affected:** All

**Report for:** Information

### 1. Purpose

- 1.1 To inform members of the findings and recommendations of the Tavistock Clinic's CAMHS Looked After Children & Adolescents Needs Assessment Report.
- 1.2 To inform members of the process of making the 'Care Stories' video of looked after adolescents and progress in developing this into a formal training package.

### 2. Recommendations

- 2.1 That members note the report and support the conclusions and recommendations.

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Director  
The Children's Service

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### 3. Executive Summary

- 3.1 In January 2003, Haringey Social Services, in partnership with the Haringey Teaching Primary Care Trust and the Barnet, Enfield and Haringey Mental Health Trust, commissioned the Tavistock Clinic to set up a small CAMHS team to provide clinical services to Haringey's looked after children and adolescents (LACA) and to undertake a needs assessment of their emotional and mental health needs.
- 3.2 Previous Committee reports have outlined the establishment and development of the LACA CAMHS team; this report sets out the background, methodology, findings and conclusions of the needs assessment report, including the making of the 'Care Stories' video.

#### **4. Reasons for any change in policy or for new policy development (if applicable)**

4.1 The development of the new service followed issue of the government guidance on the National Service Framework for CAMHS and development of national CAMHS priorities as set out in the CAMHS modernisation fund guidance.

#### **5. Local Government (Access to Information) Act 1985**

Framework for the Assessment of Children In Need (2000)

Every Child Matters: Outcomes Framework

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

Haringey Children & Young People's Plan 2005/06

Children's National Service Framework 2004

CAMHS Standards National Framework October 2004

#### **6. Background**

6.1 National research has consistently demonstrated the high level of mental health problems experienced by looked after children and the lack of adequate resources to meet these needs. Within Haringey those difficulties have been compounded by demographic features, a high level of placement breakdowns and the historically low level of CAMHS provision for LACA.

6.2 Concerns about this gap in provision led Haringey Children's Service to commission the Tavistock Clinic to establish a small looked after children CAMHS team, whilst also undertaking a detailed needs assessment.

#### **7. Description**

##### **7.1 Research aims:**

- To identify and consider what needs to be provided for Haringey LACA to ensure their emotional well being.
- To provide a starting point for dialogue and exchange between all those involved in the care of looked after children and adolescents within Haringey.

The intention was to address, not only the facts and figures, but also the perceptions and views of key stakeholders; whilst at the same time providing an intervention into the 'looked after' system.

The following summarises findings from different components of the needs assessment project, before outlining key conclusions and recommendations.

##### **7.2 Care Stories: The Voice of the Young People:**

**7.2.1** It was crucial to hear what the main "users" thought about the services; what they thought was needed. We wanted to make this the cornerstone of the needs assessment and to enable them to make a powerful intervention into the system. It can, however, be difficult to elicit views from young people, and we thought they would find it easier to talk to people not involved with the provision of any of the services.

**7.2.2** We used links with staff/students working on documentary making at London Metropolitan University; obtaining all necessary consents to make a video

about their experiences of being in care. The video was made with 7 young people from the Leaving Care Service, using an oral history/narrative methodology. Many hours of footage were shot and edited by staff and students into key themes. The final product, a twenty-minute video, is a moving description of the experiences of these young people. Longer narrative excerpts from individual young people were subsequently extracted and digitally recorded.

**7.2.3** The video has been shown at different screenings, including the local Stakeholder Conference for the emotional and mental health needs of LACA. It emphasises the importance of addressing the emotional aspects of being in care; highlighting, not only the distress and trauma of looked after children, but also their desire to be listened to and heard. We believe it crucial that the voice of young people be heard when planning services and transcribed their words for Chapter 1 of the full report.

### **7.3 Facts and Figures: The Voice of the Researcher:**

Chapter 2 pulls together research data about the service in Haringey and across Britain. We start by defining what is meant by mental health, and draw on research data to look at the mental health needs of looked after children/young people, including unaccompanied minors and refugees. Taking into account Haringey's demographic profile, we estimate resource requirements of a mental health service for Haringey LACA and compare this to that provided in the first year of the new LACA CAMHS team.

### **7.4 Focus Groups: The Voice of Local Stakeholders:**

Nineteen focus groups were held representing different teams within the service, from the Adoption team to the Youth Offending Service Managers. Children in one of the Haringey Council residential homes had a focus group of their own; similarly there was a focus group for local foster carers. Participants were asked about their experiences and about the needs of children and adolescents in care. As a focal point, key stages of care were identified around which needs could be discussed and there was space for general and specific discussion. Chapter 3 provides a detailed account of the findings of these groups.

### **7.5 The Conference: Bringing Colleagues together:**

We became aware of the numbers of professionals and agencies involved in the looked after care system and of the many misconceptions about each other's contributions and focus. Accordingly, we organised a conference, with the title: the Emotional Well-Being of Looked After Children and Adolescents. We saw the conference as an opportunity for people across the borough to meet up and talk about the contributions made by different teams. It was also an opportunity to show the video of the young people to a large audience. The report on the conference is the focus of Chapter 4.

### **7.6 Working with Emotional Well-being in mind: The LACA CAMHS team:**

While providing a CAMHS service, we tried to bear in mind how this fitted into the service as a whole. We saw it as another way of undertaking a needs assessment, by examining and reviewing the impact of providing mental health resources. We provided a range of interventions, responding to referrers' needs as well as those of carers and LACA. Chapter 5 gives examples of our work in response to different types of referrals, providing a flavour of our clinical interventions and our reactions to the work.

## 7.7 Summary of focus groups and conference:

- *Resources*: Whilst the short-fall in resources is real, providing the context for many of the difficulties and complaints raised by young people and stakeholders, feelings about resources (particularly money) also symbolised the enormous difficulty of the work and the insatiable needs which resources alone cannot meet.
- *The ongoing impact of the death of Victoria Climbié and the Laming Inquiry*: Though often unspoken, the other reality that pervaded the focus groups and conference was the ongoing impact of the death of Victoria Climbié. People felt blamed, criticised for doing too much or for not doing enough. There was a general sense of not being able to get it right.
- *'Splitting' between teams*: This culture of blame and criticism mirrored the conflict within the families of origin of many looked after children. However, it also created a splitting between different teams that was particularly evident from the focus groups.
- *Fragmentation*: The vast array of professionals and agencies fragments care and adds to the potential for 'splitting'. Many staff did not fully understand the working of the care system with all the interconnecting groups and teams. Communication was a problem throughout. We wondered whether the system of care, with so many teams working independently, aided or hindered communication between groups.
- *Helplessness, powerlessness and impotence*: Many of these difficulties were acknowledged by staff at all levels in the system. Powerlessness to influence the system was mirrored by helplessness in relation to the multitude of emotional needs that the young people present.
- *Pain*: Dealing with these young people has its price for workers. The plea of the young people in the video was, "Care for us". It seemed clear that workers did care. There was a wish to look after children better, but a feeling of being unable to do so and disappointment that their care, at times, did not make anything better. We wondered what additional support systems might be necessary for staff.
- *Mental health needs*: The focus groups and conference confirmed not only the high level of need, but also the lack of adequate resources to meet the mental health needs of looked after children and young people and to support the carers and staff involved.
- *The future*: There was some – if muted – optimism about future possibilities; the conference ended with a positive atmosphere, a sense that it is possible for professionals to connect with each other and with the children.

## 8. Summary and Conclusions

### 8.1 Recommendations for the LACA CAMHS team:

The needs assessment exercise identified a significant shortfall within Haringey in the provision of CAMHS services to support primary care workers in offering tier 1 provision or to enable a sufficient (and sufficiently diverse) response to the 203 LACA requiring tier 2 or 3 services.

- To provide a robust and responsive service that can combine offering support to primary care workers (tier 1) with direct services for LACA with mental health disorders (tier 2/3), the LACA CAMHS service needed to be increased and diversified.
- Increased diversity within the staff group would enable the team to extend the range of services provided to LACA and to workers/ carers and permit increased accessibility of and to the team.
- We recommended a 150% increase in funding to allow the service to reach 42% of the LACA population. With the additional service provided by the BEH MHT St

Ann's team and the Adolescent Outreach Team this would bring service provision closer to the 67% prevalence rate of mental health need.

## **8.2 Developing other parts of the looked after children system:**

### ***Supporting the emotional well-being of LACA:***

- Reducing the numbers of different professionals working directly with each child, thus providing a more integrated service;
- Ensuring LACA get sufficient, timely and accessible information about themselves, plans for their care, their options and where to get further and specific support;
- For emotional well being to be a prioritised part of assessments, reviews and other progress reports undertaken by professionals.

### ***Supporting workers and carers in providing care:***

- Training in child/ adolescent development and mental health; creating interagency training/ development programmes to promote integration; post-qualifying training for social workers on the needs of LACA and their carers.
- Clinical supervision and staff support: To provide opportunities for front-line workers to acknowledge feelings/ difficulties, learn from mistakes and explore the impact of the work, issues of role and the use of authority.
- Policy and procedures: Reviewing work loads; developing a more empowering culture where professional judgement can be used and risk owned and managed.

### ***Strengthening the system:***

To consider ways of promoting integration of different staff groups:

- Strengthen procedures for communicating facts; disentangling fact from fantasy.
- Creating greater links between parts of the system and improving transition between parts.
- Regular meetings across services to increase communication/understanding and think about ways of improving effectiveness.
- Establishing groups of practitioners from different agencies to focus on corporate parenting and developing a model that reduces the numbers of staff involved.

## **8.3 Recommendations for reducing placement breakdowns:**

- Providing consultancy to foster carers/residential staff to explore the factors underlying placement breakdowns and develop strategies to reduce the rate of breakdown.
- Increasing the involvement of CAMHS staff in foster care selection/ training, matching processes, post-placement support

## **8.4 Disseminating the video and report:**

To build on the Needs Assessment and the interest it has generated, the findings of this report need wide dissemination – not only to those who participated in the focus groups and/or conference – but also to staff at all levels within the looked after children network. One way of doing this would be to have a dissemination conference; this, in itself, would be an additional intervention to take the work forward.

## **8.5 Subsequent developments**

- Since this report was published, Haringey Children's Services, via the CAMHS grant, has significantly increased funding to the LACA CAMHS team from £130k to £280, i.e. 115%, thus enabling a significant increase in staffing for the project. This large increase in staffing is gradually being fulfilled, although not all are yet in

place. This goes a long way towards the recommended 150%. The project, now 115% bigger, has accommodation problems, which need also to be resolved. This in turn may have financial implications.

- With additional funding from the Tavistock Clinic and Haringey Children's Service, the Care Stories video is in the process of being developed into a national training package.

## **9. Legal and Financial Comments**

### **9.1 Comments of Head of Legal Services**

Under section 10 of the Children Act 2004, the children's services authority is required to promote co-operation with its partners and others with a view to improving the physical, mental health and emotional well-being of children in its area.

The recommendations in this report will help facilitate the discharge of that and other statutory duties towards looked after children and also assist the implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services which requires that:

All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, have access to timely, integrated, high quality, multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.

Although these standards are not statutory, they set out good practice and the local authority should have regard to them when designing, commissioning and delivering services.

### **9.2 Comments of Director of Finance**

The CAHMS grant has already increased funding to the LACA. The subsequent developments particularly related to accommodation may or may not have financial implications; however, these are yet to be quantified.

## **10. Equality Implications**

- 10.1 Looked after children have for many years had statistically considerably worse life chances in terms of health, mental health, educational achievement, employment chances, homelessness and risk of offending and imprisonment than children in the general population. Children from black and other ethnic minority groups are over represented in the care population and can experience a 'double jeopardy' effect. Strategies to improve support and services to these children and their families and carers are essential if the improvement in their life chances is to be achieved and sustained.