Looked-After Children (LAC) and Young People’s Mental Health and Wellbeing

Joint Session with the Department of Health and the Local Government Association
Session Agenda: Looked After Children

Short presentations from:

• **Wendy Lobatto**, Clinician Manager/Systemic psychotherapist, Bounds Green Health Centre, Haringey

• **Alison O’Sullivan**, Co-Chair, Expert Reference Group on the Mental Health of Children in Care

• **Prof Jonathan Green**, Professor of Child and Adolescent Psychiatry University of Manchester

• **Shain Wells, Policy Head** CYP Mental Health Department of Health

• **Question and Answers**
FIRST STEP:

PSYCHOLOGICAL HEALTH SCREENING AND ASSESSMENT FOR HARINGEY’S LOOKED AFTER CHILDREN AND YOUNG PEOPLE

AN INTRODUCTION

Wendy Lobatto, Clinical manager
NOVEMBER 2016
What is First Step?

• Commissioned 2012 by London Borough of Haringey from Tavistock & Portman NHS Foundation Trust

• Aim: to provide universal fast track psychological health screening and assessment service to all looked after children to ensure that all who require CAMHS can access it

• Co-located with LAC Health team

• High levels of social deprivation and mobility
How do we work?

• Notification system (not referral based system)
• Use of Strengths & Difficulties Questionnaire to triage children, as well as social work concern
• Close working relationship with colleagues in social care
• Brief comprehensive screening / assessment protocol
• Bespoke brief intervention for children new to care
• Access to council electronic case records system
Pathways into the First Step service

NEW IN CARE

INITIAL SCREENING
SDQ/ SOCIAL WORKER CONCERN

High SDQ score + not seen by other CAMHS

EXTENDED SCREENING
• SW CONSULTATION
• FWI REVIEW
• MEETING CHILD & CARER

REPORT
AND POSSIBLE REFERRAL

ALREADY IN CARE

ANNUAL SCREENING
SDQ/SOCIAL WORKER CONCERN
The role of generic NHS CAMHS

• Initially we were a CAMHS referral route, however:
  • CAMHS often unable to work with children who are unstable in placement, in court proceedings, pre-school etc.
  • CAMHS set up to work with children who have a functioning parental figure
  • High thresholds for access to service, including the possible presence of mental illness
... the step before referral to CAMHS...

• Do we know what the emotional needs of the child are?

• Is the care plan informed by these needs?

• Is the carer supported adequately to appreciate and work with the emotional needs of the child?

• Does the key adult network share a rich understanding of the child's past, present, needs and resources so that all care given is coordinated and underpinned by this emotional understanding?
What is unique about First Step 1?

We screen, assess and annually review the emotional needs of all looked after children including:

- Babies and young children in care
- Children and young people with disability
- Children and young people facing major transitions
- Young people in secure settings
- Unaccompanied asylum seekers
- Children and young people across the country
What is unique about First Step 2?

- **Bio-psycho-social adversity**
  eg. trauma, attachment issues, neglect, abuse, learning / physical disability, intra-uterine adversity, witnessing or being subject to violence, substance / alcohol abuse, repeated placement breakdown, loss of birth parents and family, anxiety, despair

- **Not restricted to a narrow mental health perspective**

- **Support placement stability as key to children’s emotional wellbeing**
What is unique about First Step 3?

Creating an emotionally friendly care system

- We facilitate the building of relationships and creation of integrated parenting teams with colleagues in Haringey
- We are embedded in the system, sharing IT networks
- We help with and represent the psychological and emotional needs of children and young people
- We inform care planning through reports and guidelines
- We support the corporate parent to be capable and emotionally friendly to children
Did we achieve our aims?

We support children’s social workers to:

• identify those looked after children who need additional psychological support
• Coproduce a mental health & wellbeing care plan with them and the parenting network
• Facilitate rapid referrals to the NHS CAMHS where appropriate.
• Additionally we may be asked to reassure social workers that additional specialist therapeutic intervention is not required
• We could do more if more resource were available.
The team

- Multi-disciplinary team, 3 clinical staff, (including social work, child psychotherapy, family therapy, clinical and educational psychology)

- Need experienced team members who understand social care systems

- We work in teams, joint working, high levels of reflective supervision
The children...

- Hoping to receive funding for research within the service. Is challenging to show improved outcomes for this brief intervention given the amount of life events that looked after children experience.

- Children who receive sensitive and attuned care from those who look after them, and who are working together, are likely to experience a better childhood than those who get lost between disintegrated and conflictual adult networks, little support and low morale.
Quantitative feedback from service users (n=70)

How useful was your contact with First Step?
1= not useful
10= very useful
Contact details

Wendy Lobatto, Service Manager
wlobatto@tavi-port.nhs.uk
0203 074 2750
First Step, Bounds Green Health Centre, 1a Gordon Road, London N11 2PA
Improving mental health and wellbeing support for children and young people in care

Speaker: Alison O’Sullivan
Work of the Expert Group

- May 2016 to October 2017 (8 meetings)
- Inclusive definition of children in care
- Young peoples voice and agency
- Practical outcomes, concrete milestones and measures
- Reach commissioners, professionals, provider organisations, advocates, as well as policy makers
- Integral to Future in Mind
Hopes for the project

- Go beyond just rearranging the system – develop new innovative approaches and ways of working
- Support for the child’s mental health will be written into the day-to-day plan for care and schools from day 1
- To move away from problems towards possibilities
- The narrative around being in care becomes more positive
- Real levers to come from this to make change happen – e.g. legislation, concepts woven into longer term policy rather than just producing a guidance document
- Adults working with children in care become much more organised around children’s needs and views rather than targets and progression. Put the young people in focus – a shift in culture
- Children and young people’s voice to come through in the project, and the wider groups feed into the work, checking at every point. Producing an output that resonates with young people and can be used by them
Expert Group Membership

Anna Freud Centre
3CCG
NHS Trust
Paediatrician
Adoption
Adoption UK
Coram Voice

NHS Foundation Trust
Fostering Network
Designated Nurse

Local Government Association
NHS England
Psychotherapist
Foster carer
Psychologist
Nurse
Foster Carer
Care Leavers Association

Social Worker
British Psychological Society
Educational Psychologist
Family Services
Care Leaver
Local Authority

Multisystemic Therapy
Clinical Psychologist

scie
social care institute for excellence

Department for Education
Department of Health
Inclusive group & wide engagement

- Bespoke research/working/writing/reviewing
- Being a channel for wider stakeholder contributions
- Personal contributions of experience and expertise
- Invited commentary on preliminary products
We want a product which will be used for many purposes

- To guide best practice
- To ensure efficacy of approaches used
- To describe an ideal pathway or journey or ‘entitlement’ for a young person
- To make recommendations which will lead to positive change
Early Questions

- How can we best integrate support for MH with the LAC process and move it early into the pathways?
- What are the appropriate mental health assessments at various stages of the programme?
- What interventions should be used routinely on the basis of best evidence?
- How services should interface with one another at each stage of the care pathways?
- What should be the role of foster carers, adoptive parents and above all young people in decisions in relation to MH support?
- Who should provide MH services with what training and what support?
- What is the role of personal budgets in the LAC MH process?
- What training needs can we identify in existing or new staff to achieve the desired outcomes?
- What gaps in resources for LAC does the ERG identify?
The test of whether we have achieved something will be

- Have commissioning priorities changed?
- Does the guidance lead to change in the individual support received?
- Have we changed the aspirations and expectations of young people, professionals and advocates?
- Have general and genuine concerns been addressed?
Project Contact Details

Website:  http://www.scie.org.uk/children/care/mental-health

Peter Fonagy  

p.fonagy@ucl.ac.uk  
@PeterFonagy  

@SCIE_socialcare

Alison O’Sullivan  

alisonos@blueyonder.co.uk  
@aosullivan01
Mental health after adoption

Jonathan Green

University of Manchester, Royal Manchester Childrens Hospital and Manchester Academic Health Sciences Centre
The challenge

• The nature of adoption

• Some of the most complex mental health needs in the community - deserving the best health care

• The development of a parallel therapy ecosystem

• CAMHS provision

Vision –

• Health needs understood and identified

• Integrated and high quality evidenced response
Why are the needs so complex?

Natural focus on attachment (disruptions and forming) – but many other cumulative/additive risks in these children

• **Familial** – genetic

• **Pre-natal** – exposure of developing fetus to alcohol, drugs, trauma, stress –

• **Post-natal** – maltreatment, neglect, relational disruption

Layered consequences for biology, genetic expression, neurodevelopment, psychological development
What are the needs?

- 25% (of 390 surveyed adopting families) report ‘major challenges’ and complex needs.
- 23% of children for whom placement ‘going well’ scored above clinical threshold on SDQ
- MH problems in 97% of disrupted children; 82% in children remaining in placement with ‘major challenges.’
- Significant impact on family, problems with service access and perceptions of blame

Selwyn et al, 2014
Studies

• *Attachment in young school age children 5-8yrs* community and and clinical populations, risk factors and outcomes - Manchester Child Attachment Story Task, *MCAST*

• *Social and attachment outcomes in adolescents 9-16yrs in LAC after severe early adversity* - Care Placement Evaluation, *CAPE*
  - Catherine Kay, Jonathan Green (Kay and Green 2013, Green et al 2014)

• *Social and attachment outcome in children 5-9yrs adopted after early adversity* - Social Outcomes and Early Life Experience, *SOCiAL*
Attachment Disorganisation (60-80%)

RAD (??≈20%)

DAD (≈50%)

Social Impairment

Psychological/interpersonal

Multiple/Biological

Risk

Secure attachment

Quasi-autism (≈13%)

Autism
SOCiAL study

- 60 children adopted from UK care – responding to advertisement through Adoption UK

- 72% post-natal maltreatment/neglect; >55% pre-natal risk exposure; 20 removed at birth, mean care entry 12 months, adoption mean age 3 years

- Gold-standard in-depth assessments of mental health and developmental disorder during middle childhood

www.bbmh.manchester.ac.uk/social
These ‘disorders’ have evidenced treatments

But in addition or underlying these there are attachment and relational predicaments and processes
<table>
<thead>
<tr>
<th>NEED</th>
<th>Evidence based interventions</th>
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<tbody>
<tr>
<td><strong>Attachment</strong></td>
<td>New NICE guidelines</td>
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<tr>
<td></td>
<td>Video Intervention to Promote Sensitive Parenting (VIPP)</td>
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<tr>
<td></td>
<td>Parental sensitivity and behaviour training (parents, carers and professionals)</td>
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<td></td>
<td>Intensive training and support of foster/adoptive/residential placement</td>
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<tr>
<td></td>
<td>Cognitive and interpersonal skills training for older children</td>
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<tr>
<td><strong>Anxiety</strong></td>
<td>Range of interventions dependent on type. CBT, group, family or parent led.</td>
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<td></td>
<td>Individual therapies, play therapy, systematic desensitisation, guided self-help, systemic therapies i.e. family therapy (NICE)</td>
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<tr>
<td><strong>PTSD</strong></td>
<td>Trauma-focussed therapies, e.g. CBT, Interpersonal therapy, EMDR (NICE)</td>
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<td><strong>Conduct</strong></td>
<td>Group/individual parent/carer training programmes*</td>
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<td></td>
<td>CBT for child, group child-focused social and cognitive problem solving, Multi-modal interventions i.e. MST, MTFC*, Systemic approaches i.e. family therapy (NICE)</td>
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<tr>
<td><strong>ADHD</strong></td>
<td>Pre-school: individual/group based parent training* and education</td>
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<td>School aged: Parent training*</td>
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<tr>
<td></td>
<td>CBT and social skills training, occupational therapy</td>
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<td></td>
<td>Pharmacological treatment in severe cases (NICE)</td>
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<tr>
<td><strong>Attachment disorders</strong></td>
<td>No specific evidence-based interventions for attachment disorders</td>
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<tr>
<td><strong>ASD</strong></td>
<td>Social communication interventions with teachers and/or parents inc. video feedback and play based strategies, Social skills training, Speech and language therapy, music therapy (NICE)</td>
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How to deliver care?

• Assessment
  • Critical in complex presentations combining neuro-biological, neurodevelopmental, psychological, family issues

• Development and Well Being Assessment (DAWBA)
  • Parent-rated (online/interview),
  • Specific modules for the range of problems
  • Computer generated risk profile
  • Clinician review of data
Specialist Hub Model of LAAC Services
Example from Manchester
Recommendations

• ‘Adoption awareness’ for CAMHS

• Specific training, engagement and management protocols including attachment awareness

• Systematic staged assessment of need (DAWBA)

• Focused integrated management in regional specialist multiagency contexts

• Evidenced based intervention strategies

• Keyworker system for long-term support
DAWBA as an identification screening tool

3 settings

Pre-adoption -
completed with foster carers
to help develop a prospective support plan in
collaboration with after adoption services

Pre-adoption order –
placement with prospective adopters prior to adoption order
process similar to pre-adoption

In adoptive care, seeking support via ASF - relevant to the ASF fund.
Thank you to
Our participating families

The Social Team
Dr Catherine Kay
Dr Kishan Sharma
Dr Kathy Leadbitter

www.medicine.manchester.ac.uk/social

Our funders and collaborators:

thewaterloofoundation

adoption.uk

jonathan.green@manchester.ac.uk
Looked-after Children (LAC) and young people’s mental health and wellbeing

Shain Wells
Policy Lead, Children and Young People’s Mental Health and Wellbeing (Vulnerable Groups)
Department of Health
By 2020: the vision for change

- Improved crisis care: right place, right time, close to home
- A better offer for the most vulnerable children and young people
- Improved transparency and accountability across whole system
- Improved public awareness: reduced fear, stigma and discrimination
- Timely access to clinically-effective support
- Treatments that have a better evidence base and are focussed on outcomes
- More visible, accessible, flexible support
- Professionals who work with children and young people trained in child development and mental health
- Smooth, planned transition from children’s to adult’s mental health services
- Parents can access evidence-based programmes of intervention and support
- Information and self-help available via online tools and apps
Questions & Answers

Co-Chairs:
Shain Wells (DH) and Councillor Gillian Ford, Havering (LGA).

Panel: Steve Jones (NHSE), Wendy Lobatto, Alison O’Sullivan and Prof Jonathan Green