KFCA Mental Health Project 2010

KFCA Mental Health of LAC Project 2010

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Introduction

The KFCA has undertaken to complete a project in 2010 reviewing the services and processes around the delivery of mental health services to looked after children in Kent. The intent was to work cooperatively with KCC in identifying the processes, the issues and best practice.

The implementation of the ILSS plan has provided the opportunity to review how we work together and deliver services.

As part of the project delivery, the KFCA held two workshops with foster carers to obtain their input to the project and highlight the current issues.

What is Mental Health?

"Emotional or mental health is the ability to grow and develop emotionally, intellectually and spiritually; to make relationships with others including peers and adults; to participate fully in education and other social activities; to have positive self-esteem; and to cope, adjust and be resilient in the face of difficulties."
(Weare 2004)

Statistics on Mental Health Disorders

The 2009 Statutory Guidance on promoting the Health and Well-being of Looked-after Children states that there is a high level of mental health need amongst LAC. 45% of LAC were assessed as having mental health disorder, rising to 72% of those in residential care. This compares to around 10% of the general population. Clinically significant conduct disorders were the most common among LAC (37%), while 12% had emotional disorders (anxiety and depression) and 7% were hyperactive. [1]
A further study (ONS 2003) of children and young people who remained in care for at least a year identified 72% of LAC aged 5 to 15 had a mental or behavioural problem.

With this level of identified problems, there is an onus on all involved to improve the way we support these children.

Placement of Child and Support

Matching the child's needs with the experience and skills of the foster carer is the first step to improving outcomes. The provision of quality background information and ongoing support and advice are critical to the process of ensuring the child has the support they need. Placement breakdown is potentially damaging to the child and carer alike. Every effort needs to be made to ensure this can be prevented wherever possible.

The workshops have again highlighted the difficulty for carers when the child's social worker is unavailable, perpetually changing or does not have sufficient time to commit to an individual case. KCC have recently purchased a support package from FosterTalk. This does not replace the role of the KCC social worker but carers should be encouraged to utilise this service.

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[1] Promoting the Health of Looked After Children; Helen Chambers, National Children's Bureau; 2002

When a placement is known to be challenging to a foster carer, a support network needs to be put into place as soon as possible to provide practical and emotional support to the foster carer as soon as practically possible.

It is appreciated that often the full extent of a child's problem is not known or diagnosed at time of placement; often symptoms may develop as the LAC begins to feel 'safe' in placement. It is known that early intervention is critical to prevent problems from escalating. We also note that the younger the child the more likely they will engage with the help on offer. Once puberty sets in there is often a reluctance to participate by the LAC.

Also noted by several carers is the stigma teenagers associate with engaging with Mental Health services. The very word 'Mental' on the signs of buildings and mail can have a negative impact.

Incorporate Strengths and Difficulties into Care Plan

Under the Statutory Guidance on promoting Health and Well-being of Looked-after Children (2009), the local authority is required to provide information on the emotional and behavioural health of LAC. This is done via the 'Strengths and Difficulties Questionnaire' the main carer has to complete. At the time of writing this report, these questionnaires are used primarily to gather statistics. However, a proposal has gone forward to ensure that the LAC nurse reviews these documents and a copy is sent to the child's social worker

It is suggested that this questionnaire be utilised to assist in planning care for the LAC. By reviewing the questionnaire, identifying the areas of weakness and utilising the network meeting, a practical plan could be agreed to assist the carer in providing the child with the help they need. Thought should be given to the school contributing to the plan and working towards a consistent approach. It would be helpful to at least some foster carers if the questionnaire was provided via email. This would also aid distribution.

Access to CAMHS

Foster carers consistently report long delays in accessing the CAMHS service. Waiting lists can be long and the therapy or counselling offered may be inadequate in terms of type, quality or duration. We have noted that the pilot project in West Kent has brought some positive comments. We have also noted that where therapy has been provided for the family (including the foster family) there has been very positive engagement.

Of great concern is the CAMHS service has no provision for children aged 16 and 17; the service concludes when the child moves to 16+. The Kent/Medway CAMHS Strategy 2007 states under the heading of investment priorities "Extend the age criteria for specialist CAMHS to treat young people up to their 18th birthday and develop adolescent link workers in each team to ensure that transitional protocols are implemented. "

Another area considered worth highlighting again, is the need to engage the child at an early stage. When a young child is assessed as borderline (in need of help), early provision will prevent the problems escalating as the young person matures and moves into puberty.

Whilst acknowledging the need to maintain confidentiality, the lack of feedback from CAMHS is not helpful. The therapist could assist the network by advising on appropriate ways of helping the child.

The CAMHS service often has multiple people involved in the care of the child and communication between them is often inconsistent and sometimes appears non-existent! More information on roles of individuals would be helpful.

At Crisis Points

There has been much discussion on the difficulties foster carers face at times of crisis. We heard how the Out of Hours offers little help and is seen as a means of recording a problem rather than assistance to the foster carer facing a crisis.

There were reports of situations where there was police and ambulance involvement being unable to act due to lack of authority - particularly where a child was about to be sectioned and the lack of a appropriate person to sign papers. Clearer guidance on crisis management would be very helpful.

We have again highlighted the 24/7 support available from FosterTalk and encourage all foster carers to utilise this service.

Medication

We noted that not all foster carers are aware of the need to record medication being given (Medicines Administration Record). We also note that the link to this section in the Fostering Manual is not active. Social workers need to ensure that the forms are available where required and foster carers should attend the appropriate training (Recording, Storing and Administering Medication).

It is deemed imperative that medication needs to be explained (reasons for; what it does and **p**ossible side effects), monitored, correctly recorded and reviewed at regular intervals would make for good practice.

Positive Feedback

Generally network and LAC Review meetings are seen as a positive approach to managing and sharing responses to problems. However, it is noted that often the CAMHS representative is unable to attend. Other issues related to when a therapist attended meetings but made no contribution due to confidentiality. The mentoring system can be very positive and should be encouraged / extended.

Other positive feedback was related to family therapy where the whole family participated including foster carer's birth children. Appreciating the contribution of the children who fostered and allowing their input saw very positive results.

A named contact in the CAMHS service was considered crucial by carers. Likewise, continuity of people involved is not always consistent and often means that the person/s dealing with the situation lacks background information.

West Kent Implementation

A project has been running for several years in West Kent. It is headed by Dr. Andrew Briggs, Clinician Manager LAC Mental Health Team. The team includes 3 therapists plus one part time. They have virtually no waiting list and dealt with 41 referrals in 2008/09. Foster carers have noted some very positive results. The team has to work under tight criteria controls due to limited budget. They see West Kent LAC who are placed in West Kent with West Kent carers. It does not include kinship care and is limited to children before their 16th birthday.

The ILSS is proposing to extend the model to two teams to cover all of Kent which is expected to be rolled out by the end of 2010. This model will be reviewed and results evaluated. Budget is limited and it is likely to be under resourced to provide cover for all Kent but is a positive step forward.

The Role of the Foster Carer

Living with the child on a 24/7 basis, the 'therapeutic role' of the foster carer often goes un-noticed. While we are not advocating for the foster carer to replace a therapist, more specific training and guidance would be seen as a way forward. This could be planned as part of the Strengths and Difficulties approach above. Foster carers have also said they would welcome more training alongside social workers – not just about the 'whys' in order to understand a LAC's behaviour or diagnosis, but the 'hows' in terms of practical help, advice and guidelines in support of the young person.

The foster carers all felt they needed more support in managing the child. Network meetings need to be in place for challenging placements where the emphasis needs to be on practical guidance and support.

Social workers from Children and Families are criticised for not taking sufficient time to know the child and assist the carer; a more proactive partnership with the foster carer is required.

Foster carers must be encouraged to make use of the FosterTalk support services.

We acknowledge the impact on the carer of dealing with challenging children and emphasise the need for carers to take care of themselves; evaluate their emotional intelligence and wellbeing to ensure they remain fit to care. We also appreciate there is no 'magic wand', that often healing is a long process, and what the foster carer offers in terms of a safe environment and consistent care and responses is important and considered to be of therapeutic benefit.

The KFCA have agreed to run a pilot workshop to address these issues.

Training

Training available is on a theoretic level. All carers at the workshops have attended Attachment training and while it is good at explaining why there are problems it offers no practical solutions to dealing with them. It is at the practical level that carers would like to have more

training/discussions. We also believe the network meetings offer the potential to provide this practical assistance.

We have discussed at length that the foster carer does provide a therapeutic setting to the child providing the security and safety the child needs. More recognition of the role this plays in helping the child with practical assistance provided by network meetings is seen as a way forward.

Recognition of Professional Status of Foster Carers

We must push for further recognition of foster carers' status as professional people who are valued and respected as an essential part of the team helping the young person. We feel it unprofessional and detrimental that there are still examples of foster carers being excluded from professionals meetings when, in fact, they are an expert witness on the LAC's issues, day to day functioning, behaviour, etc. We consider the carers attendance and contributions to be an asset to the team in terms of continuity.

Transition to Adulthood

The support given to young people approaching adulthood is deemed inadequate. Many of these young people (and specifically those who have special needs) are emotionally immature for their chronological years. LAC should be seen as a special and vulnerable group where additional mental health support is available/continues beyond 16 years of age when required.

Consideration should be given to the impact of moving to the 16+ team during GCSEs. The additional burden of change placed on the child when they should be concentrating on their education can cause undue stress.

There have been significant discussions on the ability of the child to cope when moving to 16+. More emphasis needs to be paid to their emotional maturity and individuals treated as such.

The role of the foster carer, once the young person moves to independence, is unrecognised. The foster family are often the only family these young people have and most carers will include them in their extended family. More recognition of this needs to be incorporated into planning and flexibility allowed in meeting the young person's requirements.

Foster carers should not suffer financial hardship in order to assist the extended family of foster children**.**

Residential Homes

There has been much press in recent months about the European model of social care which is more reliant on residential care. There are discussions ongoing nationally about whether the UK should be looking at more residential places being available for the small percentage of children who are not really suitable for placement in foster care. We asked about what news in Kent there was on this front but nothing is known at this time.

We talked about the LAC who go through multiple placement breakdown and the need for formal reviews to take place.

Disability Living Allowance

Not all carers are aware of the financial support available to children with disabilities (including serious mental health issues) or how to obtain it. It is considered that the DLA can help foster carers to provide a better level of support for the child such as holidays, horse riding and some of the more expensive activities. It has even enabled a support carer to be taken on holiday. Foster carer's may also be entitled to claim carer's allowance.

Statement of Special Educational Needs

In recent years it appears that the statements are becoming more difficult to obtain and seem to be limited to those children who will need to attend a Special School. However, those children who do have a statement are more likely to benefit from additional support at school.

Out of Hours Support

The workshops discussed in depth their dissatisfaction with the OOH service. There were many reported instances of inconsistent and poor quality help available particularly during crisis periods. It is particularly pointed out that the county OOH service performs a record keeping service; call back by social workers is not timely enough and often they do no more than fax the child's social worker for next day actioning. During a crisis a more hands on approach would be appreciated. The Fostering OOH team came under less severe criticism but there limited hours of availability was seen as a problem. Also heavily criticised was the lack of OOH from the 16+ team.