

# Audit of Clinical Psychology Service for children in long term foster care in West Sussex

## Phase 1 Report

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## **1. Introduction**

1.1. This report details the approach to and findings of the first phase of an audit of the Clinical Psychology post for children in long term foster care in West Sussex (from here on called 'the service'), carried out between April and July 2001. It includes a brief background to the study before introducing the aims of the first phase of the work and the methodological approach. The report then goes on to describe the results that inform the next section of the report, a discussion of the findings. Finally the report highlights the key issues and observations identified in Phase 1, and concludes with an outline of how these will inform the planning and delivery of Phase 2.

## **2. Background to the study**

- 2.1. Deborah Page, the Clinical Psychologist for children in long-term foster care approached the Department of Social Work Studies at the University of Southampton in January 2001 with regard to undertaking an evaluative research study on the service. The Department of Health had initiated the request. The Department felt that, under the conditions of the funding linked to the Mental Health Innovations Fund (formerly the Mental Illness Specific Grant), an external evaluation was required.
- 2.2. Previously the service had sought to incorporate an element of internal evaluation in its work. Given the pressures of work on the lone worker within the service and other factors such as the need for objective distance this proved difficult to sustain.
- 2.3. Detailed plans for the study could not be drawn up until the nature of the funding from the Department of Health to support the work was known. This information came through at the end of February 2001. Three factors then impacted on the start date of the audit:
  - negotiations regarding contractual arrangements
  - the existing workload from another research project being undertaken by the evaluation team, which peaked in March 2001
  - holiday period
- 2.4. Having accommodated these factors a start date was planned for the third week of April 2001 and an end date scheduled for the project for March 31 2001.
- 2.5. Another factor informed the planning and design stages of the audit. An interim report was required for the summer of 2001. This meant that the audit needed to be planned in two discrete phases. The timescale available from start to completion of Phase 1 was restricted, therefore, to three months.

### **3. Aims of study**

3.1. The period available for Phase 1 had a significant impact on the development of a set of realisable aims. Data collection needed to begin very quickly so it seemed appropriate to use Phase 1 as an opportunity to:

- undertake activities that would help provide contextual information about the service
- generate a discrete data-set that would elicit findings that could 'stand-alone' but also:
- assist with the design of activities undertaken in Phase 2

3.2. A decision was made to focus in Phase 1 on the views and experiences of professionals involved in the service. This was to allow for further consideration of the issues of access, methodology and ethics involved in working with foster carers and possibly children as service users.

3.3. Data collection in Phase 1 focused upon two key questions:

- How do professionals involved with the service perceive its nature and the benefits it brings to foster carers and the children for whom they are caring?
- How has the development of the service informed their wider perceptions of the development of effective inter-agency support and services for children in foster care?

#### **4. Methodology**

- 4.1 This section summarises the methodological approach used in Phase 1.
- 4.2 In order to address these questions it was felt that qualitative data, derived from semi-structured interviews with key professional, would generate the richest source of material.
- 4.3 The Clinical Psychologist, from case notes and correspondence, drew up the sample of names and contact details for approximately 55 involved professionals. It included those who had referred to the service and also those who had shared involvement with cases. The list consisted largely of professionals working across the county, including social workers from the area offices, the three family placement team managers, the three CAMHS teams, and individuals who had been involved in the development of the service.
- 4.4 The initial plan included face-to-face interviews. This proved unrealistic given the time-scale of the period for data collection, the need for repeated attempts to make contact with named individuals and the logistics of managing interview time schedules across the whole county.
- 4.5 The approach was modified, therefore, to focus upon telephone interviews and, where possible, focus-group interviews with staff groups.
- 4.6 A question sheet was designed and slightly modified after the first two interviews (see Appendix 1).
- 4.7 Prospective interviewees were, in the main, first contacted by telephone. The research aims and approach were discussed and, if the person was agreeable, a date arranged for the researcher to phone back to conduct the interview. In the interim, an information sheet and question schedule were posted or faxed to give the interviewee information in advance and a chance to consider the questions. In a very small number of cases interviews were conducted during the first telephone call, if initiated by the interviewees.

## 5. Results

5.1 In this section an outline is provided of the data sources upon which the discussion of the findings is based.

5.2 The main source of data that contributes to the findings and discussion of the report has come from 48 interviews carried out with professionals who have had involvement with the service, 24 from the sample of names described previously. Three people who were interviewed were approached as a result of other interviewees suggesting their names.

5.3 20 members of the three Family Placement Teams in the county were interviewed in groups as part of their weekly team meetings.

5.4 Of the remaining 28 people interviewed

- 17 worked for Social Services locality teams, with members of each of the 7 areas, including those working in the Children and Families Team, Permanency Planning, LAC Team, Family Support, Long Term and Adoption Services, Child Protection, Children's Disability Team
- 3 worked for Social Services with a county wide brief either in management or training
- 8 CAMHS staff, with members from the three county teams including social workers, psychologists and psychiatrists

5.5 All but one of the interviews were conducted by telephone as the only viable way of managing the numbers to be contacted and their geographical spread. The interviews lasted an average of approximately thirty minutes.

5.5 Contact with the remainder of the names on the list

- 4 other interviews were arranged, but in the end not undertaken because the interviewees' availability changed and when the researcher phoned at the time arranged could not speak to them.
- 6 people had moved or were on long-term sick leave.
- 8 other people were contacted repeatedly without successfully making a time to conduct the interview
- 5 others were spoken but not interviewed as they felt their contact with the service had been too minimal, this included some Social Services Team Leaders who were contacted initially for permission to speak to team members.
- no one declined to take part in the interviews

- 5.6 The interviews provided outline information on 44 specific cases with which the service has been involved. It is possible that some of these may include examples of the same case discussed by more than one professional involved.
- 5.7 A key feature of the interviews was the rich reflective information they yielded about the nature of the service, its strengths and some of its limitations. Interviewees seemed to be open and thoughtful in their answers and, in the main, genuinely interested in sharing their thoughts. Many were concerned about the validity of their contribution if they had only had involvement with one or two cases. However it was explained that through a discussion about those individual cases the researcher would be able to build up a picture of the service from the accumulation of individual insights. This indeed appeared to happen successfully, largely because of the quality and conciseness of the views provided.
- 5.8 It was clear that those interviewed were also sensitive to the fact that it was difficult to avoid the study being personalised given that a single worker delivers the service. When there was perceived to be a need they were critical of the service, but constructively so.
- 5.9 Overall the interview data presented a largely positive and consistent view of the contribution the service is making to the support system for foster carers and children and, significantly, to those professionals working with them.
- 5.10 It was also possible to identify a pattern of shared understandings about areas of limitations in the service, largely centred, unsurprisingly, on the access limitations imposed by a single-worker, countywide post.

## 6 Key findings and discussion

6.1 This section explores the key findings to emerge from the interview data, using a thematic approach based partly on the question schedule and partly on the issues raised by the interviews. The themes are explored under a number of sub-headings that are sequentially based on the normal order of involvement with the service.

### Initial expectations

6.2 There was overwhelming support expressed for the implementation of the service. The provision of an additional resource to support Looked After Children was welcomed. Some people indicated this with much enthusiasm, as someone said *quite eager weren't we? – desperate in a way*. One person summed this up by saying.

*I sent her referrals on the first day! – before I knew of any formal referral system*

6.3 Another emotion expressed was one of relief that such a resource was now available to draw upon and which could speed up access to a service for certain groups of children. One CAMHS representative felt it would supplement their work.

6.4 There were three main ways in which those interviewed had heard about the service:

- in writing via a letter or circular
- attendance of the clinical psychologist at a team meeting
- by word of mouth

6.5 The way people heard about the service appeared to impact on their understanding of the remit and referral procedures. Some of those who came into post after the initial round of awareness raising were less clear about these matters because of the second-hand and often ad hoc nature of the information they had received.

6.6 There was an indication that for some groups of staff, such as Family Placement teams, early regular face-to-face contact had been useful in developing a working relationship. As part of the process of shaping her role the clinical psychologist had attended team meetings on a regular basis. This was difficult to sustain once the work with service users developed, and although there were mixed views about the usefulness of aspects of the visits, in general it seemed that this contact was valuable in enabling the clinical psychologist to demonstrate how her professional expertise might inform their casework.

## **Role and remit of the service**

6.7 Given the county-wide coverage of the service it seemed helpful in the interviews to gain an understanding of how clear those who might refer and use the service are about its remit, and the referral criteria and procedure.

6.8 As already indicated many people who were in their posts when the service began remembered either the clinical psychologist coming to talk to a staff meeting about the service or receiving a copy of a memo about the service. Some were aware that as the service developed it seemed to shift its focus, and not all were clear about its current remit. There were two aspects identified about which different understandings were expressed:

- The extent to which the service worked directly with children as well as foster carers
- The target group of children for the service

6.9 Someone felt the title of the service was confusing, that it suggests work with children when in reality there is a crossover. Yet several people asked in the interviews if work was done with children, as they were not sure.

6.10 Others had seen a shift from working with to away from and then towards work with children again. Others were explicitly aware that the service had been re-focused at an early stage on children in long-term foster care, and one person said they felt this was because the number of children needing the service had been underestimated.

6.11 Overall therefore, whilst the majority of those interviewed seemed to have a clear grasp of the remit of the service, a significant minority felt or seemed to be less well informed. It was recognised by more than one person that this could then affect equity of access to the service, including foster carers whose knowledge about it was felt to be varied.

## **Referral procedure**

6.12 Understanding of the overall service was also reflected in the views on the referral procedure. The most common route people seemed to take to making a referral appeared to be to have an initial telephone discussion about the appropriateness of a child for referral and then follow this up by letter. From the interview data no clear picture emerged of single triggers that made people refer to the service. There appeared to be a mixture of reasons for initiating a referral. Some involved a kind of crisis event that resulted in the need to seek further support. Others included long-standing cases that had involved different services and which needed an additional layer of expertise, or a specific input to contribute to the overall support package.

6.13 Some people consistently used the referral form and guidelines. Several comments were made regarding the necessity of the chronology requirements, which were understood but perceived as time-consuming. This appeared to inhibit the potential for making ill-considered referrals. Not everyone was clear about the procedure, however. As one person said:

*Not clear at all because its passed verbally from colleagues – not sure of procedure or written form*

6.14 Some of those interviewed felt that in their role they would not make a referral to the service but may be involved with the same case as the clinical psychologist.

6.15 Other views expressed about referral issues indicated that potential referrers recognised the impact of making unlimited referrals to the service. The first concerned the waiting list: they perceived the service to be holding which meant there was little point in making new referrals; another was the fact that the service is aimed at those in long term foster care only, which frustrated some people. As someone commented

*we are constrained by court decisions and how these affect children as being in short or long-term foster care*

6.16 It seemed from the interviews that whilst professionals saw these limits they not infrequently found a way around them by use of a consultation process with the clinical psychologist that was different to making a full referral. There is more discussion of this process under the sub-heading 'support for professionals'.

## **Communication**

6.17 Given the countywide brief of the service, communication appears to be a key issue in exploring service development. A challenge for the new post holder was to not only inform relevant people of the existence of the new service but also to build and sustain effective working networks with other professionals across the county. It has already been noted that in the early stages of the service the strategy of attending team meetings, as well as sending out written information, provided a sound basis from which to develop such networks. The interviews highlighted a number of points about communication, which add to the overall critique of the way the service operates.

6.18 At a practical level views were once again mixed on how accessible the service is by telephone. Use of email is not widespread so telephone contact is the dominant mode of communication. Many people commented positively that, even if they could not reach the service directly, messages were responded to promptly. This view was also expressed with regard to responses to referrals.

6.19 There was an acknowledgement that the route in to involvement with the service may affect levels of communication. Comments were made by individuals from both CAMHS and Social Services that they had not known that the service was involved in a case with which they were also working. Other comments were similar, as one senior social worker said *I am not clear about the feedback and liaison process*.

6.20 However, other views expressed a slightly different perspective. Several people felt that *its up to me to find out what's happening*, whilst others were satisfied that they were updated via either a child's social worker or a foster carer, although concerns were also expressed about the latter route. Another element of this concern was shared as

*Foster carers seem to be able to access her informally whenever they want – does this make her less accessible for future cases?*

6.21 However, as the next section goes on to explore, it is the accessibility of the clinical psychologist that is a key part of her successful approach.

6.22 Many positive comments were made about the tone, style and productivity of the core meetings held as part of case management and their overall contribution to moving a situation forward.

6.24 The less positive comments about such events concerned the organisation of such meetings. People were very aware of the service post holder (in location terms) being *all over the place, this shows she is very stretched* and another commented that *she always seems to be rushing*. One person had noticed an improvement in this area by the refocusing of the service's work and another said *she's very good if it's really urgent*.

6.25 Overall a picture emerges of some issues regarding direct accessibility, counter-balanced by the positive feedback about the quality of the interaction when direct contact is made either in person or on the telephone.

### **Support for foster carers and children**

6.26 The next two sections address the nature of the work that is carried out with adults by the service.

6.27 The discussion focuses only the qualitative aspects of the work as articulated by those professionals closely involved with the cases, and a commentary on some of the perceived outcomes for the children involved and their foster carers. It is hoped to gain further understanding of these two aspects of the service in Phase 2.

6.28 In the interviews people were encouraged to talk about the work by drawing on specific anonymous case examples. This generated a rich set of 44 snapshots of the range of work undertaken by the service. A selection of case vignettes with which the service has worked is included in Appendix 2. Some of the details have been omitted or modified to secure the best chance of maintaining confidentiality. They provide some insight into issues and levels of need associated with many children in long term foster care in the county.

6.29 A consistent thread in respondents' views about the successful features of the service related to the style of the service. These included:

- Flexibility that is tailored and pitched to individual requirements and appears to not be inhibited by a pre-set agenda
- Approachability demonstrated by the way, as one social worker commented, some foster carers perceive the post holder as 'my' psychologist
- The grounded and practical approach to difficult situations – as one person commented *she makes things seem clear and possible*
- Working with carers in a way that makes them feel like an equal rather than 'analysed'. This was seen to include sitting and listening to their views and then responding.

6.30 The approach to each case reflects:

- The use of a systemic approach, which was argued by one social worker as more inclusive for foster carers than previous experience with psychology services
- Recognition of the value of working in situ with foster carers or children whenever possible.
- Maintenance of low level but ongoing contact based on carers or children's needs.
- The way a focus is given to separating out needs of foster carers, foster children and their involved family members and sometimes foster carers' birth children

6.31 The range of support described includes:

- Discussion of individual situations, which offer a place to explore issues and ideas including, as one person commented, a chance to *look at underlying but significant issues* affecting the placements
- Provision of written materials for foster carers
- Advice and support to sessional workers undertaking, for example, play therapy
- Provision of specific and practical behavioural management techniques and strategies

- Support work with foster carers, direct work with foster children, group work with the whole unit, or a combination of all the above. Many examples of this support and intervention were given. Some examples are:

Social services

*Cognitive behaviour therapy for the child and support and guidance for the foster carer and me*

*working through the foster carer to support children*

CAMHS

*picked up liaison work to help other workers keep a boundary with individual work – separates roles*

*I helped with the child's inner world and Deborah helped with the outside*

- Ongoing contact by telephone
- One-off or short-term consultations
- Co-working with a group for foster carers
- Bridging role – for example one person said the service helped with *moving a statement process along when we got stuck*

6.32 These qualities and support strategies appeared to impact positively on the successful outcomes of intervention by the service. These included:

- Reassurance for foster carers managing very difficult situations and reinforcement of what they are doing well, affirming the appropriateness of strategies in use. As one person commented *foster carers are given good feedback about what they are doing*
- Development of understanding by foster carers of new perspectives on a foster child's behaviour. This may include help with seeing the behaviour as 'normal' or context-bound by their situation and experiences. One person felt this was done by providing *simple tips to help them enormously to understand where this child is coming from*
- Development of additional coping skills by foster carers
- Exploration of attachment issues, loss and grief in foster carers' lives that influence their caring abilities and approaches
- Limiting the impact a child's behaviour may have on the foster carers' lives
- Helping foster carers understand the parenting context with foster children; in a sense giving permission to acknowledge how their parenting will be different to the way it is with their birth children

6.33 Inevitably whilst the work was seen as contributing to the stabilisation of some placements, interventions were also seen to lead to *the decision that it is not the right placement*.

6.34 As can be seen from the points raised above less was said about individual outcomes arising from direct work with children. The case vignettes in Appendix 3 outline some of the situations involving children. However, it may be that professionals are more directly aware of foster carers' views about the service than the children's views. One person commented *I don't really know what work she does with the child*. It may also reflect the relative balance of interventions in the service between direct work with children and support work for foster carers. According to the Annual Report of the service 2000-2001<sup>1</sup> between April 2000 and March 2001 of the 56 active cases 5 involved individual work with the foster child and 12 a combination of work with adults and children.

6.35 Whilst the points highlighted here are presented briefly, they do reflect a consistency of views amongst those interviewed. Many people raised the same observations, even if using somewhat different language. The overriding picture gained is one of a valued service that is seen, in particular, as providing a range of positive contributions to the work foster carers are undertaking and to the stability of the many of the children for whom they are caring. One person summed up the way the service seemed to be addressing the *conscious competency* of foster carers, something very much on the agenda of the county in terms of its training and accreditation programme for foster carers. Some attempt was made to tease out which foster carers received the service and how this related to the accreditation programme. The information gained was too limited to make any valid observations about the link between the two. It did emerge, however, that inevitably perhaps, not all foster carers welcomed the opportunity to work with the service. This reluctance was perceived in part to be related to a traditional culture in foster care and partly to a personal response. It was recognised that some *experienced foster carers can feel threatened*. It feels inappropriate to speculate further on these issues from the data available but may be an issue to address in the 2<sup>nd</sup> Phase of work.

6.36 Another aspect raised in the interviews concerned case closure, an area recognised as difficult by the service. As one person noted

*Problem is the level of difficulties aren't going to be resolved in 6 months so that she can just move on*

and another commented

*You could leave foster carers feeling quite devastated if she withdrew*

6.37 A variety of endings were described, including referring on to other services, withdrawing completely, winding down contact and withdrawing then reactivating. This issue clearly has implications in the longer term for the service and also links to the provision of other resources in the county.

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<sup>1</sup> Deborah Page, Progress Report for the Clinical Psychology Post to Children in Long Term Foster Placements in West Sussex, April 2000-March 2001

## Support for allied professionals

6.38 An interesting and significant aspect of service delivery to emerge from the interviews pertains to professional support. Experience of feeling supported by the service was articulated by many of those interviewed. Their views demonstrate how the service not only supports children and foster carers but also those working with them. The emotional and practical demands placed on professionals working day to day with children with complex needs arising from often very distressing life experiences was represented very strongly. As one interviewee commented on her expectations of the service:

*I hoped for professional expertise and support –  
we don't always have it for very disturbing behaviour*

6.39 Different ways in which the support was seen to be provided include:

- The provision of written information such as journal articles and extracts from books
- Acting as an advocate for high standards in child care practice
- Providing peer supervision and consultation
- Validation of strategies for and interpretations of case situations
- Providing new insights from an objective stance on long-standing issues
- Enabling workers to focus on their areas of work
- Being alongside difficult cases and reducing the isolation of managing complex cases
- Offering an additional 'sales tool' in the recruitment of prospective foster carers
- Being available to offer special expertise, particularly regarding attachment and behavioural management, in the context of long-term fostering
- Access to additional resources for individual therapeutic work, accessed via the service's budget for the purchasing of therapeutic work.

6.40 Access to this money was seen as valuable as some social workers felt that they were often in a difficult position to make quality judgements when buying in therapists. It was also felt that opening doors to private therapy in this way could be quicker and more needs led than trying to access services from other scant sources. One person commented that provision of therapy via this route *could also be more acceptable than the stigma of using a mental health label, that LAC have enough stigma.*

6.41 Two other dimensions of the support stand out from the list above. The first concerns the contribution made by the service to the continuing professional development of other professionals. As one social worker said

*I thought there was something going in to me rather than giving all the time ... and on a personal level I've learnt so much on attachment and in respect of assessment of foster carers looking at their own attachment and how that's passed on to the child*

6.42 It seemed that a key aspect of this was the affirmation of the knowledge held by professionals involved in cases and encouraging them to feel the direction they are taking is the appropriate one. As someone noted *it's about back-up support and knowing someone is there in the background has made my life easier.*

6.43 Interestingly both CAMHS and Social Services personnel valued the service for its understanding of each of their agency's issues. As one social worker said *she has become aware of the role and pressures of social workers* whilst a CAMHS worker said *she understands our (CAMHS) pressures.*

6.44 The second related dimension is how the service brings an objective but informed perspective on difficult and often long-standing situations. The issue of advocating for high standards was an interesting facet of this objectivity. In certain contexts social workers may find themselves pushed and pulled by resource issues and the needs of different members of a child's system. Several people commented on the way the service allowed for the needs of a child to be placed first, by providing an independent but informed voice. As one person said the service

*helps the system focus on the child a lot more – we are too much in to keeping all the rules and the paper work and the courts; the child often gets lost in that I think*

6.45 A facet of this was highlighted as enabling a core group of professionals to acknowledge that a move for a child may actually be in their best interests if the placement is not meeting their needs.

6.46 Some social workers acknowledged that a privileging of a psychologist's status sometimes enabled the clinical psychology service to be heard in a way that social workers' views may not be heard by foster carers, other professionals and even the court system. On the whole interviewees were gracious about the benefits this brought.

6.47 It was clear that the service could comfortably sit in the CAMHS and Social Services 'worlds'. As the earlier section on communication indicated, however, key professionals sometimes felt outside the main communication loop. . For example one social worker commented that she had experienced a situation in which she felt a foster carer consulted the service on matters that she felt should have come via her as the case worker first.

### **Inter-professional and inter-agency issues**

6.48 Given the continuing focus in policy and practice on partnership and joint working it was hoped that the interviews would elicit some insights on the inter-professional and inter-agency issues in West Sussex affecting children with complex emotional and behavioural difficulties. The inter-agency context is significant to the work of the service because of its situation within health but supporting a social services client population. The majority of issues identified in the interview data concerned the relationships between CAMHS and Social Services.

6.49 The first comment to make is that it is inappropriate to generalise about inter-agency issues across the county. A key issue to emerge was the locality-based differences in peoples' experiences in different parts of the county. These differences seemed to be generated by three factors:

- Individualistic approaches of health professionals, which often engendered sets of relationships between individuals rather than services
- The complex and fragmented management structure of health services in the county
- Boundary issues arising from the factors above which impact on which children receive a CAMH service and how services do or do not follow the child due to limited resources

6.50 The last point perhaps explains the somewhat different perceptions expressed about access to different services. For example, many social workers talked about the difficulties created by the huge waiting lists for CAMHS services, but at least one CAMHS health professional talked about having no waiting list. Some social workers also expressed frustration at the access criteria of both CAMHS and the clinical psychology service, which resulted in, as one person put it:

*The catch 22 of psychology services – you cannot work with a child unless they are stable in a long-term placement but we can't get them stable because they can't get help*

6.51 This appears to be primarily an issue arising from the prioritisation of limited resources. Someone else commented on the referral process to CAMHS as *exhausting and tedious but worth it – these children do not have time on their side.*

6.52 The biggest area of potential tension appeared to be in relation to support for Looked After Children. From a health perspective these children, whilst important, are one group in the whole health service population. For Social Services these children are high priority and occupy a significant proportion of child-care resources. Views were disparate with regard to negotiations about allocation of LAC provision. One Social Services representative felt that Social services don't have a say whilst a CAMHS representative said social workers want all the say. Exacerbating this situation is the reality of limited resources in the county, which are discussed below under 'Gaps in county resources'.

6.53 The issue also linked to an expressed feeling from social workers that they and foster carers and social workers had sometimes felt excluded from any dialogue about the therapeutic process of individual work provided for children by CAMHS. The way the service works with foster carers and other professionals seemed to avoid this.

6.54 Exacerbating this situation is the reality of limited resources in the county, which are discussed below under 'Gaps in county resources'. The service, although sited in health was clearly seen as separate to other health services

6.55 Interviews suggested that there were different understandings amongst health and social services staff about roles and responsibilities of services and individuals. For example one person in health felt  
*there is a misunderstanding on health side – think she (the service) sees all LAC*

6.56 Other views were expressed about the role of family placement workers and social workers in relation to direct work and the relative emphasis currently on the administrative implications of fulfilling statutory duties.

6.57 Some people felt that the service had opened up a line of communication between CAMHS and social service in individual cases and that some of the perceived barriers in dialogue and accessibility were managed by the service in a flexible manner.

6.58 It also seemed that there were some questions raised about the potential overlaps between the service and other professionals' activities. When situated alongside the gaps in knowledge of some professionals about the roles of others these questions seem inevitable.

6.59 Whilst the service is an example of an effective agency partnership there was little evidence to suggest the presence of the service having made inroads into the agency boundary and management issues at structural level. There was also very little understanding of the role or involvement of Education in the service expressed by those interviewed.

6.60 Since the service began the Management Group and the commissioning services have experienced reconfiguration and changes in senior personnel. Major changes in health service structures in the County are underway and any influence the service may be able to have must be understood within this broader context of change in which decisions regarding changes to policy and practice are informed by a wide range of factors

6.61 This should not detract from the work at the individual level to encourage systemic approaches and the opening up of lines of communication between individual professionals in different agencies. As one person said *her involvement made everyone aware that we need to work closely together and learn from each other*. Someone else reinforced this by saying

*It is just important that all services work together and best people provide what's needed.*

## **Gaps in county resources**

6.62 Interviewees, having witnessed the impact of an additional service, were asked their views on the ways in which they hoped services and support might develop for Looked After Children in foster care.

6.63 Given the physical limits of the service already discussed it is not unexpected, perhaps, that those interviewed identified a further range of resources they would like to see developed in to offer a broader range of support services to children and the foster carers who work with them. These resources included:

- More posts for the service in different parts of the county
- A psychology service for all LAC, including direct support for a wider range of foster carers
- Therapeutic groups and individual counselling for children and young people who have been sexually abused. This was seen as a huge resource gap in the county
- More group work for teenagers and more attention on managing their placements, which are often very difficult to maintain. More work with foster carers to manage children who have been in children's homes and/or secure units for long periods
- More play therapists
- Similar assessment and intervention services for children in short-term foster care, pre and post adoptive work and those with learning disabilities
- Need for the availability of a peripatetic clinical psychologist to provide advice and support to social workers in matters to do with day-to-day general case management
- Availability of more universal community services for young people, especially those living in rural areas, to widen options to leisure and other community-based activities
- Development of more united CAMHS management structures and county-wide multi-professional teams with specialist briefs to support Social Services and CAMHS teams in localities
- Tools to assist in assessing whether a child is fosterable
- Reiterated the need for more support for foster carers in managing children's needs, such as a helpline or using models of intense support found in the private foster care sector. A Helpline run by the local authority was reviewed and shut down, with plans secured for it to be managed instead by the County's Foster Care Association

- Need to resolve the issues regarding provision of specialist support for children placed in West Sussex in private foster care from other counties, given the difficulties expressed in trying to get the 'home' authority to provide support services

## 7. Conclusion

7.1 In this section some conclusions are drawn from the previous discussion section. At this stage it needs to be reiterated that the data gathered for this report represent a partial picture of the service audit. For this reason it can be argued that more questions than conclusions arise from these findings.

7.2 However the contributions of 48 interviewees do constitute a considerable weight of evidence in their own right. The findings reveal a service that is almost uniformly valued for a range of tailored, appropriate and flexible responses provided by the service. The specialist role of the service in relation to LAC was recognised by health and social care professionals. A particular blend of knowledge and empathy had developed to serve the interests of an important group of children and their foster carers. The range of cases discussed demonstrated the complexity and diversity of the situations and needs of children in long-term foster care and in turn the challenges facing those living and working with them. A key finding concerned the ways in which professionals felt personally supported by the service post holder.

7.3 Many positive aspects to the service in terms of approach and outcomes for foster carers were identified, although understanding of work with and benefits to children were less clearly articulated. This suggests the need to explore further these areas in Phase 2 from the perspective of these two groups of service users.

7.5 The findings identify the perceived lack of resources within county for supporting children with complex therapeutic needs. This appears to exacerbate the limitations of the service in managing its countywide brief, an issue all interviewees seemed to be acutely aware of.

7.6 Whilst many of those interviewed were aware of the service at its inception, not all had a clear grasp of its current remit and referral procedures. Again because the post holder covers the whole county there are many people who have little contact with the service. Although many professionals were interviewed, the question remains unanswered about the perceptions of the service held by those not included in the sample. One may speculate that awareness of the service will be even less than that of some of those interviewed. Even with a good understanding of the service many people still acknowledged that access to the service was constrained by the pressures on the service caseload.

## **8. Recommendations**

8.1 In this section some recommendations are made regarding possible improvement areas for the service, drawn either directly from interviewees' views or from the analysis of the interview data. As this is only the end of Phase 1 these recommendations are appropriately limited.

1. It seems that it may be helpful to undertake some more promotional work about the service to simply and clearly clarify the remit of and entry criteria to the service. This may include updating and re-circulating written information and procedures. This promotion could also extend to providing information directly to foster carers through information packs, their newsletters or via local seminars. This could be supported at senior management level where representatives on the Steering Group have a continuing role to play in reiterating key messages about the service.
2. More work with groups of foster carers as an alternative to some of the individual work
3. Faster access at crisis points for children in need of full psychology assessments
4. More direct work with children

## **9. Planning of Phase 2 – Ideas and Issues**

9.1 This section summarises the ideas and perspectives that were gathered in Phase 1 that will be used to inform the focus and approach adopted for Phase 2. After the first three interviews were conducted an additional question was asked of participants at the end of the interview. They were asked specifically about what area particularly to do with the experience of foster carers and children they would be like the research to focus upon (within the time boundaries). This question yielded some helpful and informative ideas that sit alongside the overall data set from Phase 1 and other contextual factors informing the study.

9.2 These contextual factors include the spotlight that foster carers in the county are under currently from two other research projects. It is recognised that foster carers, in addition to their day to day work are also facing increasing demands from training, accreditation and NVQ assessments. Any additional research requests need to be sensitive to these pressures and to the work being undertaken by other researchers.

9.3 The other main contextual factors are the same as those impacting on phase 1:

- Geographical spread of potential participants
- Time-lines: September 2001 to March 2002
- There are also the additional considerations of ethical issues involving any methods that may involve or affect children in long-term foster care.

9.4 Areas that interviewees wanted to see addressed are outlined below.

### ***Foster carers' perspective***

- Perceptions of the timing of interventions and of the service in general to compare with the views of professionals
- Service satisfaction – accessibility, efficiency, speed of response, eg. did the clinical psychologist talk in a down to earth manner?
- Which behaviours in fostered children do foster carers find most difficult to deal with and which responses provided by the service most helpful?
- How have interventions impacted on attachment issues?
- Comparison of clinical psychologist's and foster carer's understanding of the psychological model of behaviour in individual cases
- Explore carers' practical support needs for behaviour management strategies and develop a resource package based on these that would include materials, activities and information that are frequently distributed by the service
- How foster carers perceive and use or not use the support systems around them

- Do foster carers feel they have a voice?
- How do foster carers understand the roles of different professionals
- Link the perceived benefits felt by foster carers to informing recruitment strategies for new carers, promoting what support they can expect to meet their needs
- Tracking of foster placement disruptions and positive moves
- Longitudinal study of comparative groups of foster carers, one that has received the service and one that has not

***Child's perspective***

- Has their behaviour changed during the period of their involvement? Look at individual outcomes
- What do children like or not like about the service?
- What do young people want from support services in general?

***Other***

- Impact on quality control in child-care decisions
- Links to foster care training and evidencing of competencies
- How the service fits in with CAMHS – how does the process of referrals between the services work
- Systemic analysis of the impact of the service on foster care unit, including other household members and foster child

9.5 Clearly the second part of the evaluation cannot address all these areas so careful consideration will be given to focusing upon questions that will yield findings that may help inform the development of support services for children in foster care in West Sussex and more widely.

### Case Vignettes as provided by interviewees

1. 11 year old with presenting very challenging behaviour, diagnosed with ADHD – foster carers provided with support and guidance
2. 9 year old girl receiving specialist support for severe sexual abuse. Service became involved in case planning with CAMHS and provided support to foster carers in coping with the behaviours and issues arising from the trauma of the abuse.
3. 16 year old young woman with long care history who was ready to engage in therapeutic work and who had requested support. Plans negotiated and sessions provided for the young woman at a centre within walking distance of foster home for the girl
4. 9 year old boy whose behaviour was impacting negatively on the foster family. Supported foster carers in understanding the behaviour and managing feelings generated by it. The behaviours connected with personal issues of the foster carers and the Service addressed these.
5. 15 year old boy with a moderate learning disability whose behaviours were challenging the foster carers. The service worked with the fosters carers to provide strategies and support for coping with the behaviour.
6. Young man in need of full psychological assessment to address concerns about his motivation and functioning and links to possible rejection issues from his birth parents
7. 10 year old girl who was going through care proceedings who was receiving a CAMH service. The service provided consultation to the social worker and peer supervision to the CAMHS worker undertaking individual work. When issues arose that impacted on school and foster home the Service undertook the liaison and support with the relevant adults involved whilst CAMHS maintained the individual work.
8. 10 year old girl exhibiting severe sexualised behaviours. Service provided practical strategies for the foster carers in understanding and managing the behaviours at home and also support for her school.
9. 2 brothers who had been placed in foster care following care proceedings related to chronic neglect. Issues around eating and control. Foster carers concerned with lack of weight gain. Case involved the Service in suggesting underlying issues and strategies to address the problem, supported by Health Visitor's case history and knowledge of the children.

10. Child who had experienced extensive domestic violence, but who was still in regular telephone contact with one of the abusing parents. This was causing difficulties for child and the placement so contact was stopped by the Local Authority. The Service worked with social worker and families to rethink strategy and to devise a new contact arrangement, thus providing an objectiveness to an emotionally charged situation.