CPFT
Cambridgeshire and Peterborough NHS Foundation Trust

NHS

The Croft Child and Family Unit

Annual Report 2016/17

The report summarises in the period 01/04/16 – 31/03/17.

We welcome comments, feedback and questions to Nina Bradley (Service Manager)
Nina-Marie.Bradley@cpft.nhs.uk

You can find more information about The Croft Child and Family unit on our website. Please visit

http://www.thecroftchildandfamilyunitnhs.uk/

http://www.cpft.nhs.uk/croftpages/croft1.htm

Contents:

The Croft Child and Family Unit
Annual Report 2016-17

Executive Summary

- The Croft Child and Family Unit is a 12 bedded unit providing day and in-patient psychiatric services for children aged 0 – 13 years and their families. The service also offers day patient admissions, as well as transition services and outpatient sessions

- The service is commissioned by NHS England as a specialised service.

- The service is the only NHS provider of in-patient mental health care for children (under 13) in the East of England Region.

- During the year (April 2016 to March 2017), the unit received 48 new referrals, and assessed 29 of these referrals. The unit admitted 25 children and their families. Another 5 children continued their admissions from the previous year.

- The unit is a member of the Quality Network for Inpatient CAMH services (QNIC) hosted by the Royal College of Psychiatrists and The Croft is peer reviewed annually through this organisation

- Over the last year we have redesigned and refitted our 'soft room', in line with recommendations from a CQC inspection. This is ongoing. When complete the soft room will meet national standards for seclusion rooms but will also be more child friendly as it will have better lighting and air conditioning.

- We are currently redesigning our website to include pages specifically for referrers, parents and children, complete with a modern layout. This is being developed with use of service-user feedback and suggestions.

- More information can be accessed via the unit website which has been updated this year. It can be located at the following address http://thecroftchildandfamilyunitnhs.uk/

- 95% of parents reported the care they received on the unit to be 'Excellent', as well as 95% reporting they would recommend our service to family and/or friends.

- 48% of children showed a clinically significant improvement in global functioning outcomes (Children's Global Assessment Scale).

Introduction to the service

The Croft Child and Family Unit is a specialist 12 bedded unit providing day and in-patient mental health services for children aged 0 – 13 years and their families. The service aims to offer flexible, child and family centred care. The service is the only provider of residential CAMH services for children in the East of England and the only unit in the UK routinely offering inpatient mental health care for children and parents together.

The unit provides an assessment and treatment resource for children with complex and/or severe developmental, emotional and behavioural disorders. Children are usually admitted with an accompanying parent but can also be admitted on their own if this is appropriate.

We provide a day patient service for children who live locally and do not require 24 hour treatment or assessment.

The service also offers second opinions and consultations to other teams. The service provides training for a variety of healthcare professionals.

Referrals:

Since April 2013 the service has been commissioned by NHS England Specialised Services and referrals follow a national protocol. All referrals come through local community CAMH services. There is a standard national referral form. The unit provides a gatekeeping role for NHS England, looking at all referrals for mental health inpatient care for children up to the age of 12 from Eastern England, even those who are not referred to The Croft.

Common reasons for referral to The Croft are:

1. Severe symptoms of mental illness or suspected mental illness, e.g. depression, psychosomatic illness, psychosis, obsessional disorders and eating disorders where inpatient care is needed to manage risk and initiate effective treatment.

2. Assessment of children with presenting with complex disorders, e.g. co-morbid neurodevelopmental disorders, physical health problems, and complex behaviour problems etc., where outpatient assessment has proved inconclusive or additional intensive assessment is required.

3. Assessment and reintegration of children who have been unable to access education due to mental health problems.

4. Children requiring specialised treatments under close observation, e.g. medication or intensive behavioural modification that cannot be safely delivered in the community.

5. Assessment and treatment of challenging parent-child/family relationships where these are thought to be causing significant mental health disorders.

Unit Programme:

Children are usually admitted to The Croft with an accompanying parent/carer. This ensures that the parent is available to support the child as they settle into the unit, allows for an assessment of parent-child relationship and allows us to work directly with parents/carers to develop the most effective treatment and management plan for the child.

Most children requiring admission to The Croft have an eight week admission. This provides an opportunity to assess the child and family and trial therapeutic interventions. The admission will include a mental state assessment, assessment of developmental difficulties and observations of behaviour and family and peer dynamics by the multidisciplinary team. During school terms we are also able to make an educational assessment within the unit school.

During school terms, children spend the morning in the unit school and the afternoon in therapeutic groups. In addition we arrange family meetings or individual sessions as appropriate. We aim to provide a comprehensive and holistic assessment for children looking at their cognitive, emotional and social development, set within their own family context. In holiday periods the team organise an activity programme which combines groups for children, groups for parents/carers and groups for parents/carers and children.

The Multidisciplinary team work alongside the nursing team to provide additional assessments and interventions that are tailored to the needs of individual children and their families. This may include; psychometric and developmental assessments, family therapy, music therapy, play therapy and individual therapeutic sessions. A number of groups are run for parents around parenting issues, these include; parenting support, practical parenting and mellow parenting.

In week 6 we hold a network meeting (CPA review/discharge planning meeting) for parents, referrers and other professionals involved with the child's care. At this meeting feedback is provided on the above assessments and plans made for any further treatment or support required. A small percentage of children require an extended admission, in which case CPA network meetings are held every 6 weeks to monitor and plan care with the community teams.

Staff at The Croft:

Consultant Psychiatrist	0.8 WTE
Specialist Registrar	1.0 WTE
Staff Grade Paediatrician	0.8 WTE
Clinical Psychologist	0.7 WTE
Assistant Psychologist	0.5 WTE
Ward Manager	1.0 WTE
Liaison Nurse	0.8 WTE
Deputy Charge Nurses	2.5 WTE
Registered Nurses	6.9 WTE
Healthcare Assistants	4.0 WTE
Social Worker	0.6 WTE
Teacher	1.0 WTE
Learning Support Assistants	0.4 WTE
Administrators	1.8 WTE
Music Therapist	0.4 WTE
Family Therapists	1.0 WTE
Psychotherapist	0.4 WTE
Housekeeper	0.6 WTE

(WTE = Whole time equivalent, e.g. 1 WTE = one week, 0.4 WTE = 4 sessions)

Staff Changes

During the period of this report, there were many changes in staffing, which impacted on assessments undertaken and admissions. This included two members of the team being away on maternity leave (both returned in January 2017).

One staff member went on to a secondment placement from March 2017.

There was an interim ward manager for The Croft from August 2016 previous ward manager went on to become the modern matron for the three child and adolescent inpatient units in Cambridgeshire..

Two new registered nurses joined the team in December 2016 and May 2017.

The Clinical Psychologist left The Croft in June 2016, and a new Clinical Psychologist was in post from October 2016.

The unit teacher began maternity leave in January 2016, This post was filed on a fixed term contract and there was no gap in teaching provision.

Clinical Activity

Referrals

During the year (April 2016 to March 2017), the unit received 48 new referrals, and assessed 29 of these referrals. Common reasons as to why assessments are not carried out on referrals include: the referral requiring seven day care, a decision made by the family to not continue with the assessment, a lack of input by services beforehand to warrant an assessment, the lack of service and resources available post-discharge, or the family living far too greater distance from the unit. The unit admitted 25 children and their families. Another 5 children continued their admissions from the previous year.

Discharges

The unit discharged 26 children and their families during the period April 2016 to March 2017. The mean length of stay for children and their families was 9.4 weeks with a range of 1 day to 27 weeks, and a median of 7.5 weeks.

Waiting Times

Initial outpatient assessments for planned admissions are offered within 4 weeks of referral. For children with particularly complex issues and multi-agency involvement it is often helpful to arrange a multi-professionals meeting before meeting with the family. The purpose of this is to clarify and agree the aims of admission and seek the views of all involved professionals.

For urgent referrals we aim to see children and their families within 48 hours and admit if appropriate as soon as a place becomes available. If a place is not available in the unit, the service will refer on to another children's unit in the national network.

Following an initial outpatient meeting we aim to admit children for a planned admission within 4-8 weeks. We aim to admit urgent cases within 48 hours. The unit is unable to admit children outside of working hours, and the unit is closed at weekends.

Description of Client Group

Age

The mean age for children present on the unit during this period was 10 years and 5 months old. The median age was 10 years, and 6 months.

Gender

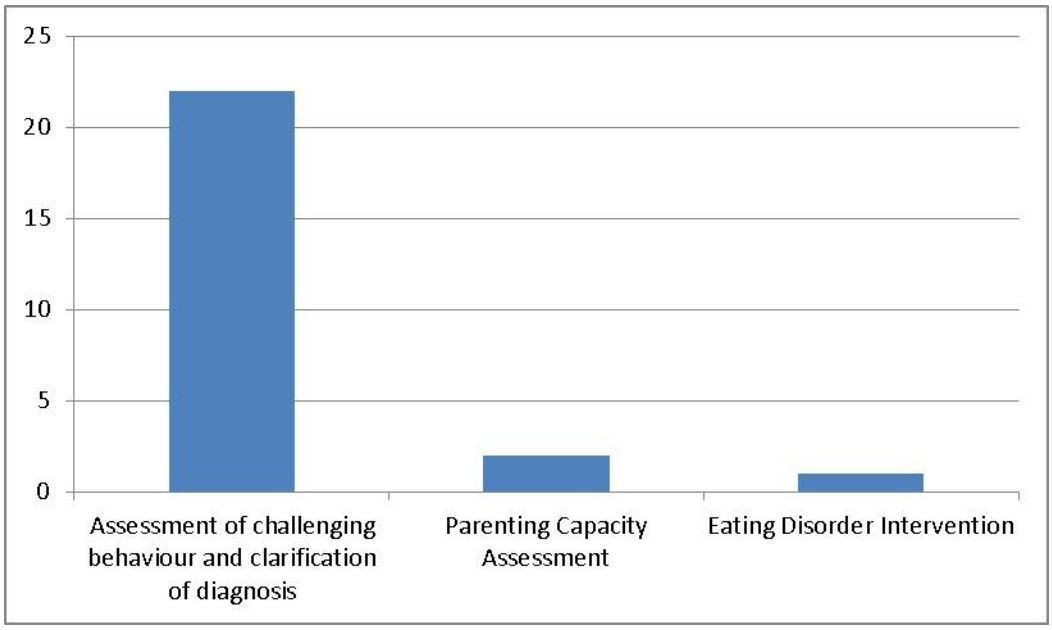
There were 17 (55%) male and 14 (45%) female children inpatients on the unit during this period.

Ethnicity

There were 22 white British children admitted this year, and 3 mixed-white and Black-British children.

Reason for Referral

The graph below displays the primary reason for patients' referral to the unit as given by the referrer. A number of children and families were referred for multiple reasons.

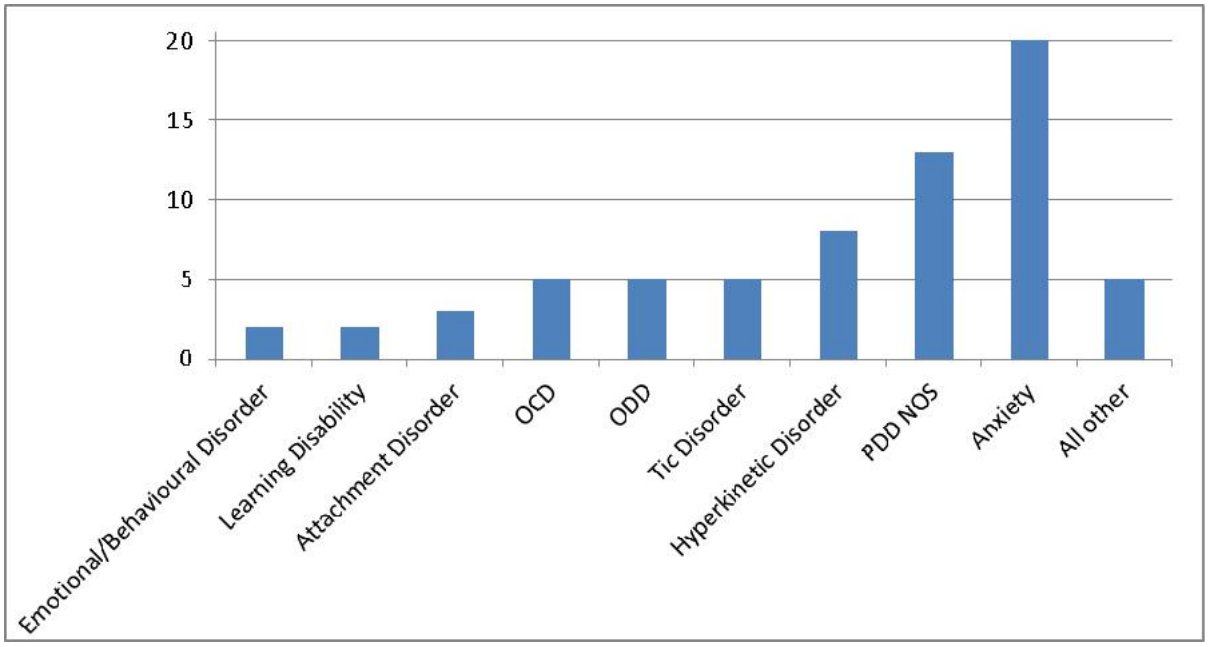


Diagnosis on Admission and Discharge

Out of the 25 children who were admitted over the year, 56% were admitted onto the unit with one or more previously identified DSM-IV diagnosis (Diagnostic and Statistical Manual of Mental Disorders-IV). The majority of the remaining children were admitted with an identified problem of emotional and behavioural difficulties.

Out of the 26 children who were discharged over the year, 97% of children had a diagnosis meeting International Classification Disease-10 (ICD-10) criteria (including diagnosis of a learning disability). One child was discharged from the unit having

remained as an inpatient for one day. Of the children given a diagnosis, 70% of children had a complex diagnostic picture with two or more difficulties. The maximum number of DSM-IV diagnoses for a given child was 5 with a range of 1-5. The graph below describes the range of different diagnoses that children presented with on the unit.

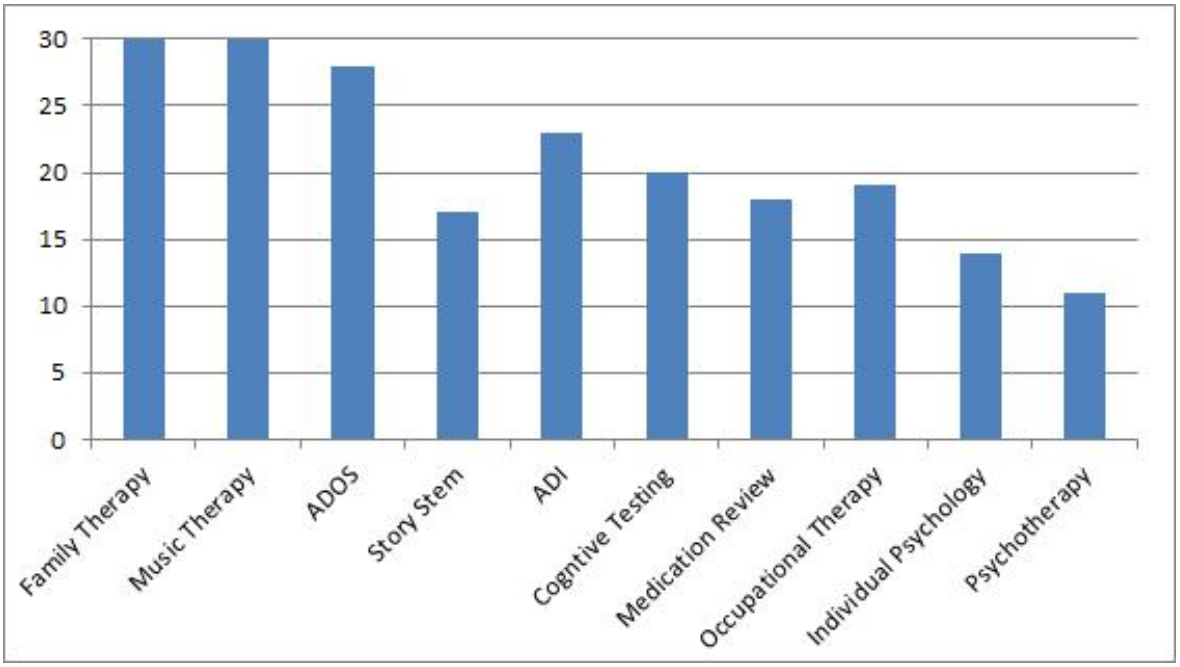


The category of 'Other' included a number of diagnoses including anorexia, feeding disorder, sibling rivalry disorder, enuresis, and encopresis, which were for one child each.
Abbreviations used: OCD (obsessive compulsive disorder), ODD (oppositional defiant disorder), PDD NOS (pervasive developmental disorder, not otherwise specified).

Outcome Data

Care received on the Unit

30 children and their families have received care on the unit during the time covered by this report. The graph below shows the variety of assessments, therapeutic groups and individual care each of the children and families received.



All of the children and families who stayed on the unit received daily observations of behaviour and family relationships by the nursing team and every child had weekly individual sessions with a member of the nursing team. All but one child attended weekly group sessions including music therapy, children's cognitive behavioural therapy group, and groups in the community with parents.

Children received comprehensive developmental and diagnostic assessments when necessary, with 87% completing the ADOS (a structured play and talk-based assessment for children with Autism), 53% completing the Autism Diagnostic Interview (ADI), and 75% completing the Story Stem Assessment (an assessment of children's representations of family attachments).

62% of children received cognitive testing (including the Wechsler's Intelligence Scale for Children IV and Wechsler Individual Achievement Test II). 43% of children received individual psychology sessions, and 34% received play-therapy/psychotherapy sessions.

Global Functioning Outcome Measurement

Children's global functioning, covering psychological, social and school functioning was measured using the Children's Global Assessment Scale (CGAS). This is a clinician-rated scale, which is divided into deciles. Each individual child is given a score on a continuum of 1-100. For example, a score of 1-10 indicates that the child needs constant supervision; a score of 31-40 indicates that the child has major impairment in functioning in several areas; a score of 51-60 indicates that the child has variable functioning with sporadic difficulties and a score of 81-90 indicates good functioning in all areas. The team rate children on the CGAS scale during their first week on the unit and then in each subsequent week of their admission.

For the period April 2016 to March 2017 we have complete data available for 30 of the children whom received care at The Croft. The children's mean CGAS score on admission was 29 with a range of 8 to 44. A score of between 30 and 39 indicates that the child is unable to function in several areas, and requires additional support.

The mean change in CGAS score between admission and discharge was 9, with a range of a decrease of 5 points to an increase of 42 points. 48% of children showed a clinically significant increase in CGAS scores (increased by 5 or over) at discharge, 45% showed no significant change and 7% showed a clinically significant decline (reduced by 5 or over).

Patient Feedback and Satisfaction

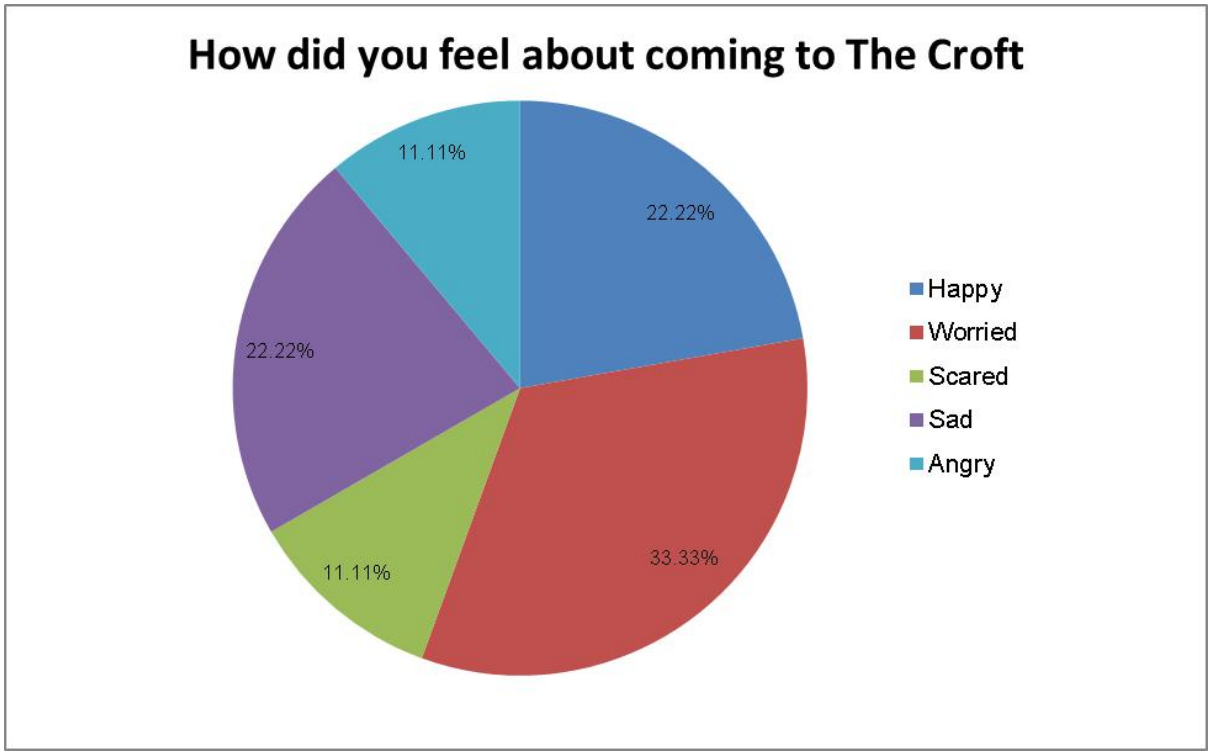
All children completing an admission at The Croft are offered the opportunity to meeting with our advocate from NYAS (national youth advocacy service). The following are themes from the children's feedback forms this year.

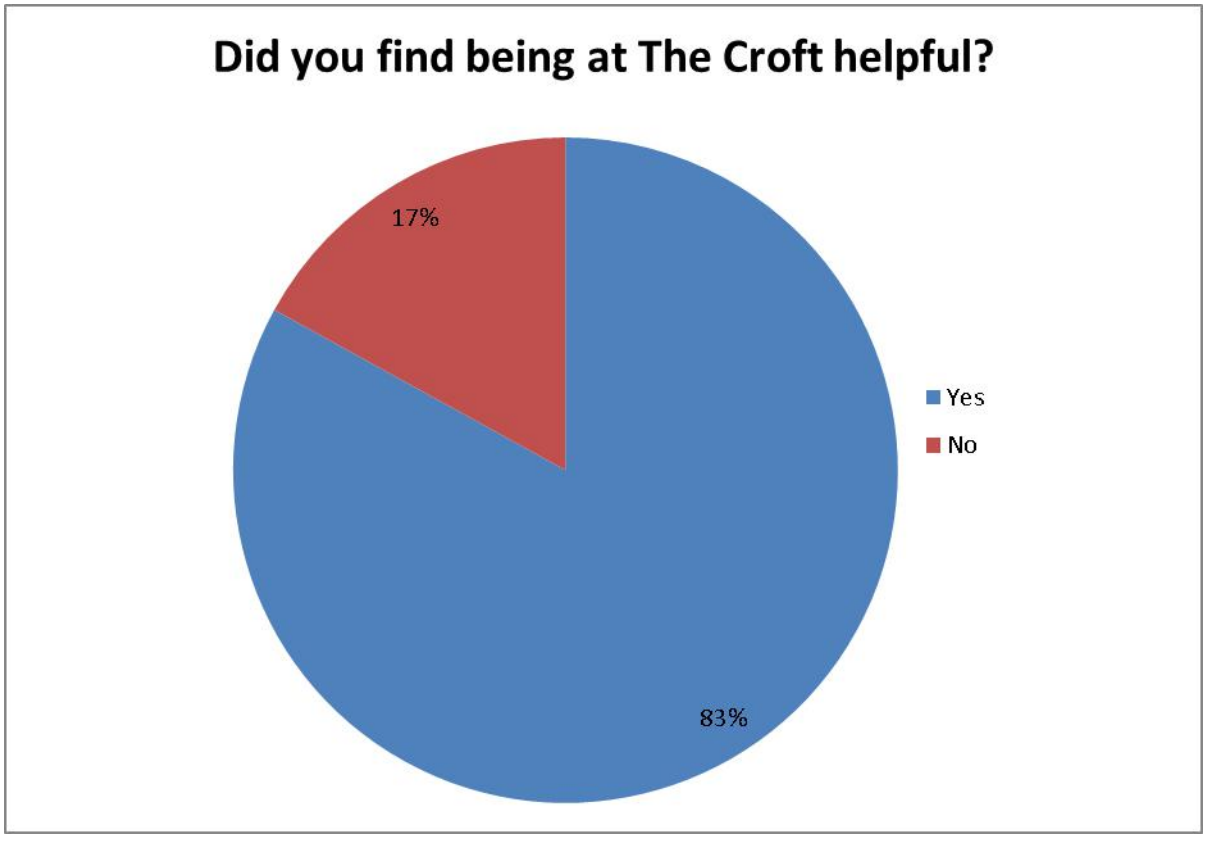
Things which I liked about The Croft

Meeting all the other children.
Music.
School.
Art group.
Staff/key workers.
Rec Group.
Mum/Dad being here with me
The housekeeper and the food she makes
Playtime.
The soft-room.
Lego
Pool.
Spending time with staff.
Talking about my feelings.

Things which I didn't like about The Croft

Family therapy.
Having to leave.
Early bedtimes
Sleeping here.
Being forced to do things.
Not having my pet/s here.
Being on my own (without parent).
People leaving.
The soft-room.


How did you feel about coming to The Croft
11.11%
22.22%
22.22%
11.11%
33.33%
Happy
Worried
Scared
Sad
Angry


Did you find being at The Croft helpful?
17%
83%
Yes
No

Feedback from Parents

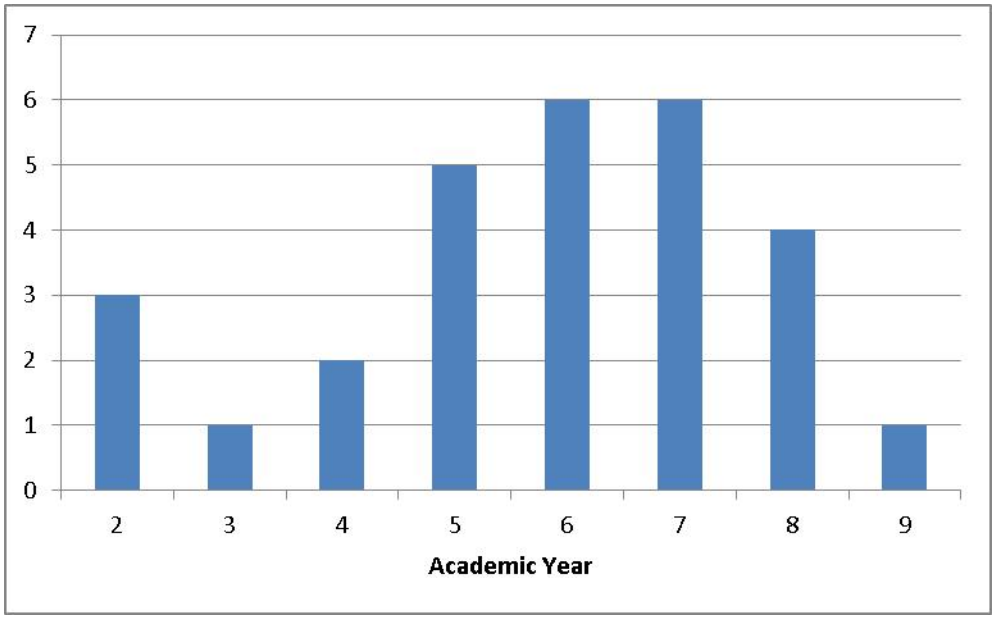
From January 2012 a new system of capturing patient feedback and satisfaction was introduced across all of the inpatient units in the Cambridgeshire and Peterborough NHS Foundation Trust. All parents and carers of the children admitted to The Croft are invited to complete a questionnaire asking their views about numerous aspects of their experiences.

The questionnaire responses showed an overall positive response for parent's views on their stay at The Croft.

- Overall 95% of parents felt that the care received whilst at The Croft was 'Excellent'.
- 95% of parents were likely to recommend this ward to family and/or friends.
- 87% of service users felt welcomed by the staff upon arrival.
- 90% reported staff to be polite and friendly, and that they treated the service users with dignity and respect.

School

Between April 2016 and March 2017, a total of 29 children attended the unit classroom. The breakdown of the children's academic year group is as follows:



Staffing

In September 2016, a permanent team was in place; this included a teacher in charge, two teaching assistants, and a support Key Stage 3 Science teacher.

The teacher in charge went on maternity leave in January 2017, and a supply teacher was assigned in her place, until July 2017. There was no gap in teaching provision.

Curriculum, Assessment & progress

September 2014 saw the introduction of the new curriculum, and the end of use of previous levels and level descriptors in schools in England.

As no new nationwide levelling scheme has yet been developed, The Croft school, alongside many other schools, have continued to use the old National curriculum, as well as the new generic statements of below, at and above age related progress.

To assess the children on entry at The Croft, a range of the following tools are used:

- A questionnaire sent out to schools prior to admission.
- Oral feedback from the school team (telephone conversation to touch base with schools usually in week 2 of admission)
- Assessment of academic achievement on entry:

Maths: Access to Maths test 1 (KS2 lower KS3), or Wigan tests (old national curriculum levels, but used as a diagnostic assessments for Foundation and Lower KS1) which assess key mathematical skills across the mathematical areas. Education city tests, (New National Curriculum, Years 2-6 only).
Identification of four key areas of learning to work on during admission.

Writing: Independent writing assessment (recount or a choice of 2 story starters). Identification of four key areas of learning to work on during admission.
Reading: Access to Reading assessment (KS2-KS4).

Science: Because of the breadth of the curriculum and the variety of strands studied in each group, we use a topic based approach where we differentiate activities to meet the different learning objectives to the children's levels through a whole class teaching approach. This year, a Key Stage 3 science teacher was assigned to extend the curriculum for the relevant aged children.

The Croft School re-tests the children on exit in Maths, and teacher-assess progress in the other subjects, using evidence collected during admission. Assessments carried out in the school are checked against any WISC assessment (cognitive learning profile assessment) that may be carried out. This then used to inform strategies and approaches in class, and to provide feedback to home-schools, as appropriate.

Through the discharge meeting and liaison work with schools, the school communicate progress and identified areas of difficulties with the children's home schools.

Non-academic targets are also identified, in liaison with the MDT and their home school, depending on the nature of the children's admission. Since September 2015, a new record keeping system has been implemented to retain the children's work in order to check progression.

Through use of an Individual Education Plan, initial and exit assessments are collated to stream the process of collecting data more efficiently. As of March 2015, The Croft School now make use of a system known as 'School Pod', which records attendance, pupil information on levels on arrival and exit. This is used to track the pre and post changes made within The Croft School.

This year, all children have made progress during their admission in The Croft school. Depending upon their level of functioning on entry and the length of their admission, some will have principally made progress in terms of attitude to school, confidence in their abilities and themselves as well as getting along with others or overcoming worry associated with the use of a range of equipment, to name but a few.

All children have made progress towards meeting their individualised English or Maths targets, as identified on admission (detailed above). Many have made quantifiable progress where they have improved on sublevel descriptors (old National Curriculum levels, when used), academic year group outcomes, or age scores. Progress is recorded and evidenced in a number of ways: numerically on a

data base, and through a range of evidence (marking/feedback and progress sheets as well as weekly Ward round notes and RIO).

Behaviour Management

The Croft School have continued to use positive behaviour management which includes the following:

A sticker to reward good language/appropriate conversation. Children collect these on a book mark. These are incentivised by the children having ownership, within a theme, of what is drawn on their stickers.

Stickers for: coming in on time, completing the work as expected by adults, and doing what adults have asked them. Children work towards obtaining a badge at the end of the week if they have not lost more than 2 stickers during the course of the week.

This is in line with The Croft wider team approach of 1,2,3 magic. There is focus on developing and supporting the children to meet the demands of the new curriculum. This has allowed children who have previously experienced difficulties in this area to develop tolerance towards academic work. This has been beneficial in preparing children for re-integration into mainstream placements, where appropriate. Despite this, The Croft school maintains a flexible approach by making use of a secondary classroom, and individualised timetables.

Future plans

- To develop the use of the secondary classroom as a learning space
- To continue to improve feedback and assessment, particularly TA feedback.
- To continue to develop the teaching of Science and improve differentiation.

Service Developments

Children's Care Plans

Following a QNIC Review and a visit to another children's unit, we have been developing a Children's Care-Plan, by collating resources and ideas. This is with the view to formalise a care-plan that is suitable for children. This is an ongoing development.

Information Packs

As part of our preparation for the QNIC accreditation review which took place in January 2015, we reviewed, amended and updated all the written information that is given to parents/carers prior to their child's admission starting. This includes The Croft leaflet, Parent's Information Pack and Welcome Pack, the Children's Welcome Pack, and some of the pre-admission consent forms eg creating an updated internet usage agreement form. Comments, suggestions and questions raised by newly admitted parents/carers during our weekly parents' coffee group were very helpful in this process, as these drew attention to sections of the packs that might need re-wording or greater detail.

We also reviewed what written information is available to parents/carers and young people once they are staying on the unit, eg leaflets and posters, to make sure that these were of good quality and range, and appropriate for the needs of our particular service users. We have introduced a 'Welcome Notice' which is put on the noticeboard in each child's bedroom when their admission starts, letting them know the names of their keyworkers.

Goal Based Outcomes

We have developed our own method of collecting goal-based outcomes with the families who are admitted to the unit. This is a collaborative process, and involves weekly tracking of progress of the service-users aims for their admission. An audit of this is planned for the next Annual Report.

'Let It Go' Children's CBT Group

As part of The Croft programme, we have developed a children's CBT (Cognitive Behavioural Therapy) group which has been titled 'Let It Go' Group by the children. This group utilises principles of CBT and psychoeducation to provide children with a platform to speak about emotions and feelings. The group is currently under review with aim to submit an audit evaluation to the British Psychology Society for publication

Soft Room

The unit has a 'Soft Room. This is a multi use area', which is used as a play area, and also for de-escalation and management of children who are highly distressed and trying to harm themselves or others. As , at times, children are segregated in

this room on their own for a short period of time to prevent them harming themselves of others, the room needs to meet national standards for a designated seclusion room. Based on feedback given by the Care Quality Commission (CQC) visit in 2015, and in order to comply with CPFT Seclusion Policies, an en suite facility is being incorporated so that children will have direct access to toilet facilities if needed. This work is currently on-going, and is due to be completed in July 2017.

Eating Disorder Pathway

In response to the new NICE pathways for Eating Disorders published in May 2017. The Croft has implemented a new Eating Disorders Pathway.

The pathway concentrates on the journey through The Croft from assessment through to admission, treatment and discharge. The pathway combines the Junior MARSIPAN, Cambridge and Peterborough Countywide CAMH and paediatric eating disorders guidelines alongside the NICE Eating Disorders Pathway.

Infant Mental Health Training

Two staff members recently completed an infant mental health training course, provided by Warwick University. This course covers neurophysiology and biochemical structure of a baby's brains, mother and foetus relationships, and social and emotional development.

Positive and proactive Care and managing challenging behaviour at The Croft Child and Family Unit

Many of the children admitted to The Croft present with severely challenging behaviour and the management and treatment of such behaviour is often a key goal in the child's care plan. The unit team have extensive experience in de-escalation techniques and behavioural modification approaches. The team, in conjunction with learning and development constantly review management approaches to ensure they appropriate and effective.

In April 2014 the Government launched a two year project called 'Positive and Safe' – the focus of this initiative is to provide support and guidance to health and social care services to reduce restrictive practices and physical interventions in the care of patients who present with aggressive and challenging behaviours. Guidelines called positive and proactive care have suggested guidelines to achieve this in adult patients and guidelines for children are in preparation.

The Croft senior leadership team have reviewed the unit protocols for management of challenging behaviour in light of the principles outlined in Positive and Proactive Care and we are pleased that much of our practice is supported by the document. The document places a strong emphasis on providing an environment that is stimulating and provides opportunities to manage strong negative emotions positively for example using exercise or meaningful activity. These goals are very much embedded in the unit approach to caring for children with complex and severe mental health disorders.

A key aspect of Positive and Proactive care is the reduction in the use of restraint and the eradication of prone restraint. Prone restraint not used by the team. The team have carefully considered the use of time out and short periods of segregation as part of planned interventions to help children to be safe and to promote calming, self regulation and acceptance of adult authority. This is an on-going process and the QNIC accreditation team suggested that the soft room which is used for segregation should be upgraded to be compliant with national standards for seclusion facilities.

The unit team audit the use of seclusion regularly. The last review which covered the period Jan to June 2016 identified 11 episodes of seclusion, all of which were for less than an hour. This compares with 90 episodes of segregation involving 15 children in 2012. This suggests a very marked reduction in the use of segregation.

Teaching, Training and Research

Teaching and Training

The Croft is a training placement for student nurses, trainee clinical psychologists, trainee child psychiatrists, trainee family therapists and trainee music therapists. We are also involved in training medical students and have regular visits from social workers, teachers and other professionals involved in the care of children with developmental and mental health problems.

Over the year, we provided training placements for trainee clinical psychologists from the University of East Anglia training course. This included a specialist placement for a third year trainee. The unit provided one placement for a trainee child psychiatrist, a trainee music therapist and a trainee play therapist. In addition to this, we also continued to host student nurses on a regular basis, as well as volunteers.

We provide a training clinic for medical students and also host medical students for longer periods when they opt for additional experience in psychiatry.

Members of the multi-disciplinary team are also regularly involved in teaching and presenting outside of the unit. For example, Vince Hesketh, Family Therapist is a tutor at the Tavistock Clinic and teaches annually on the clinical psychology at the University of East Anglia. Professor Amelia Oldfield is also a part-time senior lecturer on the Music Therapist MA at the Anglia Ruskin University and has presented at a number of international conferences in Greece, France, Belgium and Scotland. Dr Holmes is an Associate Training Programme Director for Child psychiatrists in training in the Eastern Region. Dr Vicki Richer has delivered teaching sessions on eating disorders at the university of Hertfordshire, the university of East Anglia and the university of Anglia Ruskin. A number of members of the team contribute to the regional academic programme for child psychiatrists in training.

The previous Clinical Psychologist, Dr Debbra Mortlock, implemented an in-house teaching programme, which covers a variety of pertinent topics, some of which are covered on an annual basis. This includes; capacity and consent, and mental health act. In addition to this, we have developed an ad hoc reflection group, which is utilised to discuss our client group and methods of working. This training programme has been continued by the current Clinical Psychologist, Dr Vicki Richer.

Research and Audit

The unit is linked to the University Of Cambridge Department Of Developmental Psychiatry.

Music Therapy
Professor Oldfield has been involved in a number of on-going studies including a randomised trial of music therapy for children with autism spectrum conditions and music therapy for children and adolescents with emotional disorders.

Professor Oldfield's activity includes:

Oldfield, A. (2016) The Future of Music Therapy with Persons with Autistic Spectrum Disorder in: C. Dileo (ed) Envisioning the future of music therapy. Published by Temple University's Arts and Quality of Life Research Center, USA, pp. 96-103. www.temple.edu/boyer/researchcenter; Envisioning the future.

Oldfield, A. (2015) "35 years as a music therapist – the best job in the world…", *Music Therapy Today* World Federation of Music Therapy online journal, Spring 2015, 11(1), 150-161 Link: http://www.wfmt.info/music-therapy-today/music-therapy-today-current-issue/music-therapy-today-spring-2015/

Conferences:

Invited to speak at a one day conference: *"Envisioning the Future of Music Therapy" at Temple University, Philadelphia, USA*, held in conjunction with a University Consortium meeting which took place in Cape May on the two following days. My paper was entitled: The future of Music Therapy and Autism. (April 2015)

Invited to speak at a one day conference: *"Emergences du langage", Paris, France*, organised by CIPPA (Coordination Internationalles de Psychothérapeutes, Psychanalystes et membres associés s'occupant de Personnes avec Autismes). My paper was entitled: *"Expression vocale en musicothérapie avec de jeunes enfants autistes et leurs familles" (presented in French)* (November 2015)

Invited to present a paper (in French) at the Faculté de Medecine in Nantes, France at a two day conference: *"L'écoute en musicothérapie"*. Ma paper was entitled: "Le rôle de l'écoute dans la musicothérapie active avec les enfants et leur famille". (March 2016)

Publications

Recent publications by members of the staff team include;

Bode, R and Russell, S (2015) Jane – Experience as an inpatient at a specialist unit in *'CBT Approaches For Children and Young People: A Practical Case Study Guide' (Coad, A and Wrycraft, N). Open University Press.*

Oldfield, A, Tomlinson, J and Loombe, D. (2015) *Flute, Accordion or Clarinet? Using the characteristic of our instruments in music therapy*. Jessica Kingsley Publishers.

Oldfield, A, (2016) Music Therapy with Families in a Psychiatric Children's Unit in: S. Lindahl Jacobsen and G. Thompson (eds) *Models of Music Therapy with Families*, Jessica Kingsley Publications, pp. 72-91

Oldfield, A. (2016) Emotional Expression in Family Music Therapy, in: L.Konieczna (ed) *Emotional Expression and Music Therapy*, Katowice, The Karol Szymanowski Academy of Music Press, pp. 115-128.

Oldfield, A. (2016) Family approaches in music therapy with young children in: *The Oxford Handbook of Music Therapy*, edited by Jane Edwards, Oxford University Press, pp. 158-175.

Presentations

Oldfield, A (2015) *"Envisioning the Future of Music Therapy" at Temple University, Philadelphia, USA*, held in conjunction with a University Consortium meeting which took place in Cape May on the two following days. The paper was entitled: The future of Music Therapy and Autism.

Workshops

Mortlock, D and Richer, V (2015) *Using Cognitive Analytic Therapy (CAT) In CAMH.* CYPF Conference, Birmingham.

External Reviews

QNIC

QNIC peer review for Cycle 16 (2016-2017) took place on 9 Nov 2016. The reviewers gave very positive feedback on the day and in their subsequent report, noting the commitment of the staff team and the excellent range of facilities, activities and therapies offered to children and their families. They identified a number of areas for improvement/development including:

1. Introduce monitoring system to ensure that staff can and are taking adequate breaks as/when they should.
2. Involve parents/carers and children in the development of staff training.
3. Consideration regarding possibility of move to seven day service and the implications/logistics this would involve.
4. Revise Children's Welcome pack to make this more accessible and interesting; review and update information boards on the unit, involving the children in both these processes.
5. Revise care plans to include a child-friendly version and goal-based outcomes.
6. Help children better understand role of the advocate.

With regard to points above, the following has happened:
1. The shift co-ordinator is responsible for assigning breaks for members of the nursing team on shift.
2. A parent has recently attended one of the team's weekly training sessions to talk about the services available in Suffolk for parents/carers of children with mental health difficulties; this was very interesting and we hope to arrange similar sessions when opportunities arise.
3. We are currently in the process of discussing this with commissioners and external sources of funding.
4. The Children's Welcome pack has been reviewed with the children by a trainee and their ideas/suggestions incorporated into a revised version of this which is nearing completion.
5. We have incorporated a section on goal-based outcomes at the end of the care plan used with parents, and have reintroduced use of the children's care plan (which was created some time ago).
6. The advocate has introduced monthly meetings with the children for them to let know any comments/complaints/questions/ suggestions they might have, which she passes on to the staff team and we then respond using the 'You Said We Did' format. The advocate has also updated the advocacy notice board in the reception area.

Future Plans

In order to continue developing our service, a number of plans for the future have been discussed. These include environmental developments, as well as intentions to expand our service.

Seven Day Care
The Croft is currently having discussions within The Trust and external commissioners about the development of a seven day service.

Fencing
The Croft houses two gardens; one being a playground with suitable play equipment for children, and the other a ‘low stimulus’ garden. The fencing of these gardens are currently under review in order to put in more secure fencing.

Internal Decorations
In order to provide a more homely and warmer atmosphere for our service-users, we are currently in the process of providing new and rearranging current furniture.

Cross Unit Research
The Croft is one of three child and adolescent in patient units for CPFT. As such, the opportunity to develop and carry out cross-unit research is something that is being designed. The research is aimed to enhance collaboration with the peer units, as well as to open up understanding in to chosen topics of research.

Appendix 1

Table comparing Clinical Activity for 1st April 2015 to 31st March 2016 to Clinical Activity for 1st April 2016 to 31st of March 2017.

Clinical Activity	**2015-16**	**2016-17**
Number of Referrals Received	63	48
Number of Assessments Undertaken	39	29
Number of Admissions	30	25
Number of Admissions carried over from previous year	6	5
Number of Discharges	29	26
Mean Length of Admission (weeks)	10	9.4
Range of Length of Admission (weeks)	2.8-29	1 day – 27 weeks
Mean age of patients admitted	10.6	10.5
Number of boys as inpatients	20	17
Number of girls as inpatients	16	14