

CARELINK- Southwark CAMHS service for Looked After Children Ages 0-16 years.

Introduction

Children and young people who are looked after by local authorities (CLA) are among the most vulnerable and disadvantaged members of society (see research by Sempik, Ward & Darker, 2008). They are at increased risk of poor outcomes in terms of mental health, educational attainment, employment and criminality (Viner & Taylor, 2005). By definition, CLA have often already experienced traumatic events in their lives, so it is unsurprising that they are more likely to develop mental health problems than those in stable family environments. Estimates of psychopathology among CLA's vary between 37%-89% which compares with the estimate of 3%-18% for children outside the care system, but CLA also endure a higher prevalence of psychological adversity than even the most socio-economically disadvantaged children living in private households (Ford et al., 2007).

The mental health needs of CLA often go unrecognised (McCann, James & Wilson, 1996; Richards, Wood & Ruiz-Calzada, 2006; Philips, 1997). Barriers identified include:

- The movement of CLA within the care system (Richardson & Lelliot, 2003);
- Lack of Child and Adolescent Mental Health Services (CAMHS) for those without a plan of permanency (Department of Children, Schools and Families, 2009);
- Perceived stigmatisation of a mental health diagnosis in addition to being in care (Richardson & Lelliot, 2003)
- A higher turnover of social workers involved in the care planning (British Association of Adoption and Fostering, 2008; Richardson & Lelliot, 2003).

Recommendations

1. That officers from SLAM, the PCT, and the local authority bring forward proposals to the Committee for meeting the needs of 16-18 year old young people in care.
2. Continue and support the work with under 5's as this we predict will be invaluable with early identification and prevention.

It is important to note that many services may be affected by the outcome of the Comprehensive Spending Review, and recommendations have to be viewed in this context.

Many CLA have moved so often between placements that their lives have lost the stability and rhythm that children need in order to thrive. They lag far behind their contemporaries in educational attainment and have serious health needs, which in the past have not been met. In particular the Review (Children Safeguards Review, 1997) received evidence that 75% of looked after children had mental health problems, some of them complex and severe.” This is evidence in the research mentioned above.

The prevalence of diagnosed mental disorder among 5 to 10 year olds, the rate of disorder for CLA’s compared with private household children were:

- Emotional disorders: 11% compared with 3%
- Conduct disorders: 36% compared with 5%
- Hyperkinetic disorders: 11% compared with 2%
- Any childhood mental disorder: 42% compared with 8%

Among 11 to 15 year olds, the prevalence of diagnosed mental disorder for CLAs compared with children from the private household survey were;

- emotional disorders: 12% compared with 6%
- conduct disorders: 40% compared with 6%
- hyperkinetic disorders: 7% compared with 1%
- Any childhood mental disorder: 49% compared with 11%

These figures show diagnostic categories and do not reflect levels of impairment.

In Southwark the current policy context for shared responsibility is the Every Child Matters framework for improving outcomes for children and young people and the programme set out in the White Paper, Care Matters: Time for Change, for improving outcomes for looked after children. Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children, published in November 2009 imposes statutory duties on Local Authorities, Strategic Health Authorities and Primary Care Trusts to meet the health needs of all Looked After Children.

Over the last decade Southwark Council has taken seriously the need of it’s looked after children and developed the Quality Protects programme (Department of Health 1998a) and the National Priorities Guidance (Department of Health 1998b). This led to the development of Carelink, the CLA CAMHS team and its close working relationships with the CLA Social Care and Health Team and the CLA Education Team, CLA Health Team. This report focuses on the Carelink CAMHs service contribution. Many other issues are very important to children and young people’s health and wellbeing such as educational attainment, placement stability and adoption; this report does not address them.

The National Institute for Health and Clinical Excellence (NICE) has recently issued draft guidance to improve the quality of life for ‘looked after’ children and young people.

Appendix 1

The draft guidance proposes providing targeted support at school and for further education, especially before and during applications to attend further or higher education. Supporting students throughout their time at university or college was also recognised. The guidance has recommendations specific to CAMHS. These include:

- Early identification and prevention of physical and emotional health problems (Rec; 20, 33, 39). Carelink achieved this through its screening of 4-16 year olds referred to service, close working relations to CLA Social workers, CLA Health and Education colleagues so we know of children before they are referred. It is also happening with the under 5's screening of all CLA.
- Access to specialists CAMHS. Carelink is the bespoke service for Southwark Children Looked After 0-16. Either we offer assessment and treatment to children and young people referred to our service or signpost and or facilitate referral to other services.
- Access to professional consultancy for CLA and young peoples care team. Carelink staff regularly have 'drop-in' service for social workers to discuss any child; we run 'reflective space' with CLA teams, regular training and education, network and consultation meetings. As the team is very accessible all aspects of CLA regularly meet to discuss concerning cases.
- Training for Foster carers. Carelink runs termly training 'Fostering Changes' for our carers. The training recommended in the guidance was developed in Southwark with our carers. We have since gone on to develop training about 'Fostering Education', to support foster carers to develop children's reading.
- Supporting and supervising carers. Carelink has a foster care support element to its team where foster carers can be referred or indeed self refer. We work closely with the departments fostering team.

Final guidance is expected in September 2010, once the consultation process has been completed. However from the draft guidance we know that the Southwark CAMHS Carelink team is offering the range of interventions that are recommended for this population and their network. It is worth noting that there has been a 10% increase of children in the care of Southwark in the last year.

Details of the Carelink Service

LOOKED AFTER CHILDREN:

Primarily a specialist assessment and therapeutic service for children and young people, who are Looked After by London Borough of Southwark where there is a plan for permanency. Carelink will see children whether they are in placements within the borough of Southwark, or elsewhere if feasible for them to travel to us or us to visit them. Otherwise, we will facilitate referral to the child's local CAMHS/therapeutic services if possible.

Age cut-off for the service is 16 at referral, but in practice the team are quite flexible and will not turn a child away if previously known to us or an alternative service cannot be identified.

The main strands of our work are

- direct work to children, young people and their carers,
- teaching and training,

-consultation and advice to all parts of CLA services, education, health social services etc
-research

ADOPTED CHILDREN:

Carelink can assist with transition from foster-care to adopted family. It can also offer CAMHS service to adopted children and the family (as long as they remain in Southwark).

FOSTER-CARER SUPPORT SERVICE:

Individual Southwark foster carers can be referred for support/advice on the care of CLAs in placement, irrespective of whether children are referred to us. Carelink will work in partnership with the supervising social worker in providing support.

The service offers Foster Carer training workshops, on a regular basis and on a variety of topics e.g. parenting teen's, parenting under 12's etc. A member of our team is the lead author of this programme, which is now available across the country. In conjunction with BAAF and the fostering department we developed a 'Fostering Education' training programme for carers. This uses 'Paired reading' as a method of improving children's reading. We also run workshops across the department on children's mental health and on attachment, separation and loss.

Other Interventions

Carelink provides consultation/advice to the professional network and especially the SW team on care planning, therapeutic needs, placements, and transitions.

Carelink can work with cases where there is a Special Guardianship Order – where the SGO is to a former foster carer and child resides in Southwark, or in certain circumstances where it is kinship care and child has previously been in care to Southwark LA and had involvement with Carelink.

Carelink provides Drop-In consultation service to the CLA SW teams on a regular basis.

Carelink provides advice/consultation/workshops to the CLA SW teams on Life Story Work and other direct work with children. We also run a 'reflective space' for social workers to present individual cases and think clinically about the need and demands of the work.

Current Staffing:

0.5 WTE	Consultant Child Psychotherapist
1.0	Team Administrator
1.0	Team Manager and CAMHS Specialist Practitioner/ Family Therapist
2.0	Therapeutic Social Workers (one is a Drama Therapist)
0.6	Clinical Psychologist
1.0	CAMHS Practitioner/Art Therapist
0.8	Occupational Therapist – specialising in work with under 5s
0.8	Consultant SW – specialising in foster carer support
0.4	Social Worker – specialising in training and supporting carers

1.0 Research Assistant

There are also various trainees attached to the team from time to time, including from the following specialisms: psychotherapy, psychology, family therapy and social work.

The team do not have psychiatrists as part of the team, but have access to psychiatry as the need arises.

The Administrative base for the team is a Social Services office, at East Dulwich – premises shared with the SW Fostering and Adoption teams. Practitioners travel to another site, the Southwark Child Health and Child Development Centre at Sunshine House in Camberwell, in order to meet with children and carers in a therapeutic setting. There we have shared use of the interview/therapy rooms with staff from Child Health. In addition, practitioners see children in their placement (mainly foster homes) or in school settings.

Carelink do not undertake assessments for court and care proceedings, due to limited resources. Carelink are commissioned to provide an accessible assessment and therapeutic service to our Children Looked After. A strength of the service is our ability and willingness to see children, where feasible and practical, when they move out of the borough of Southwark. It is difficult to secure adequate mental health and emotional wellbeing services for children in many outside boroughs. It is also valuable to individual children that they are able to keep seeing the same therapist even when they move placement, which gives them continuity in the therapeutic relationship and can be very useful in helping them with transitions.

We routinely get feedback from all who use our service and use this to continue to shape and develop the service and work.

Therapeutic services offered:

- Individual psychoanalytic psychotherapy (for some this will be intensive psychotherapy)
- Play therapy
- Art therapy
- Drama therapy
- Systemic Psychotherapy – including a family therapy clinic, which also takes referrals from foster carers, looking at impact on their own families of fostering challenging children
- Specialist under 5s input by Lead Occupational Therapist
- Cognitive Behaviour Therapy and social skills/behavioural approaches
- Psychiatric assessment and review
- Child Attachment Interview – specialist assessment on attachment type
- Psychometric Testing
- Foster Carer Support Service
- Training for foster carers
- Consultation to professional networks and child's social worker

Presenting problems

Children and young people are referred with a wide variety of problems – emotional disorders, low mood, depression, self harm, suicidal ideation, PTSD, eating

problems, anxiety, attachment disorder and difficulties, behavioural and conduct problems and neuro developmental problems.

RESEARCH IN THE TEAM

The team has always had a commitment to review, audit and get feedback on its work. More recently we are carrying out formal research with the support of our colleagues in CLA social services, CLA Health and CLA Education. In addition to the developmental work on the Fostering Changes programme and the Fostering Education programme we successfully completed one research pilot and this September 4-16 screening have started the second research project 0-4 screening. To our knowledge this work is not happening in any other similar services.

SDQ Screening Study 4-16 year olds

The mental health needs of CLA are not routinely assessed with many children receiving help when more intensive treatment is needed (Whyte & Campbell, 2008). Looked-after status potentially overshadows other explanations for observed emotional and behavioural issues in professionals' minds. This suggests the need for systematic screening to promote early identification and intervention. In 2008 the team were successful in a bid for money from Guy's and St Thomas' Charity to run a mental health screening programme for all young people aged 4-16 remaining in the care of the social services department for four consecutive months over a period of 12 months.

We agreed on the age range as the measures used - Strengths and Difficulties Questionnaire (SDQ) and the Developmental and Well Being Assessment (DAWBA)- are not validated for use on children below the age of four. Carelink is not funded to provide a service to young people over the age of 16 years and so we did not screen over that age as we could not guarantee they would receive a clinical service. The pilot study evaluated a mental health screening protocol and assessed social workers level of concern about the mental health of young people screened. The research supports the SDQ as a brief screening measure. While the uptake of the second part of the screening was lower than desired it did identify some previously undetected psychiatric disorder. We found that the detailed information provided by the DAWBA did aid referral and assessment of children out of borough. Southwark Social workers are confident about making referrals as they are familiar with the Carelink team. The fact that the team is co-located in a social services building was also identified as an advantage. We are now using the DAWBA as part of our assessment as this helps strengthen our current assessment. We are fortunate that Professor Robert Goodman joins our team meeting approx. every 6 weeks to review the DAWBA's and help identify clinical need.

Emotional / mental health screening study – Southwark Looked After Children 0-4 years

The team have received funding for a project to run for 15 months again funded by a grant from Guys and St Thomas' Charity.

The aim of this study is to identify early social and emotional difficulties in young children, aged 0-4 years, who become looked after by Southwark Children's Services. There is strong evidence that 70-80 % of children entering care have extensive needs that require skilled professional help (Ward et al 2008).

Appendix 1

The project plans to screen all young children entering care within a 12 month period. We are asking foster carers and birth parents to complete a standardised screening questionnaire at the child's initial health assessment, and will consider the information in the context of the child's general development. The second part of the screening involves carrying out a home observation of the child's interaction and play with their carer.

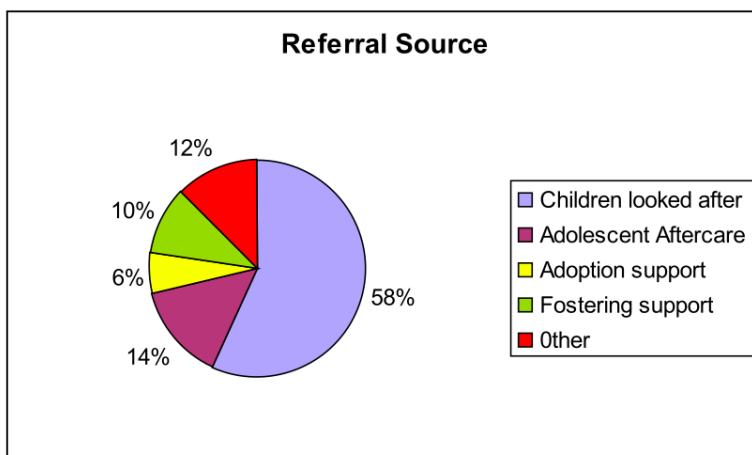
We will formulate a profile of the child's social-emotional development and share information from the screening with professionals across the network of health and social care, with the aim of positively informing and influencing the care planning for the child. In addition we will deliver a short intervention of foster carer support/advice to focus on the children highlighted as having specific needs. We also want to improve access to CAMHS for children with more significant mental health difficulties who remain looked after and signpost children to appropriate community services if they are returning home to their birth family.

We will evaluate the uptake of the screening and utility of the service by collating feedback from foster carers, paediatricians and social workers from CLA, Adoption and Fostering, Assessment and Safeguarding, and Family Support teams.

In addition the project will provide specific data on the number and types of social and emotional difficulties among children under 5 who are looked after in Southwark which could be used to inform future staff training programmes and service developments.

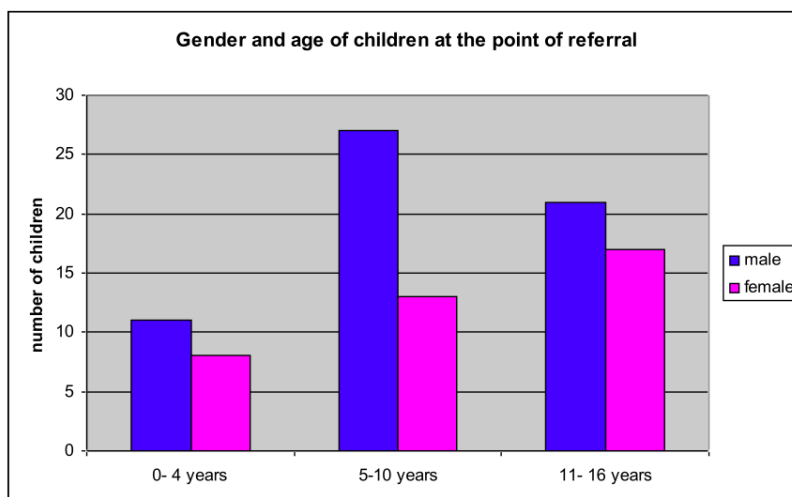
Appendix 1 - Statistics from Carelink for existing team caseload at August 2010:

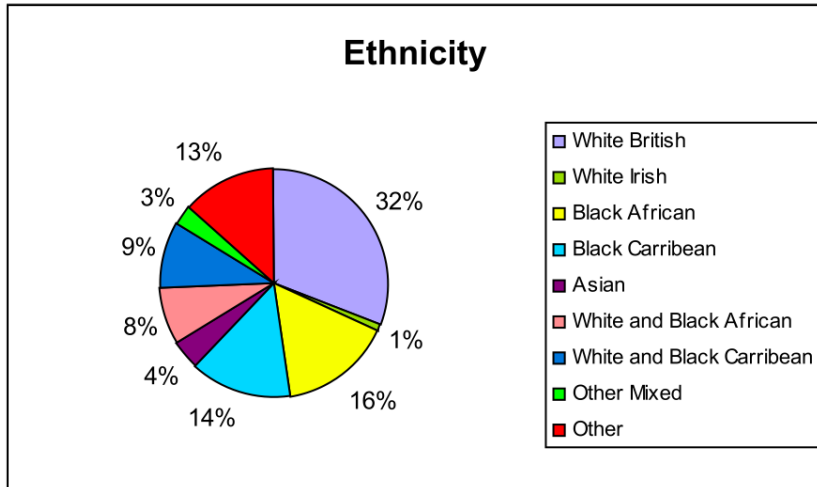
N = 97 this number refers to the children on referral and not the foster carers. We do not count consultation and work with carers. The team case load generally is between 100-120.



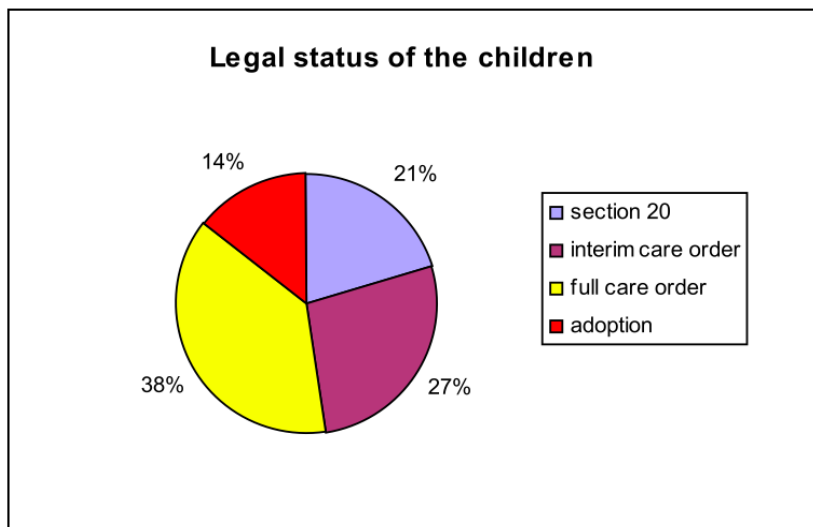
Note: Children Looked After, Adolescent Aftercare, Adoption support and Fostering support are all social work teams.

Other includes internal CAMHS referrals, GP's, Paediatricians and other social work teams including Referral and Assessment and Family Support Teams.



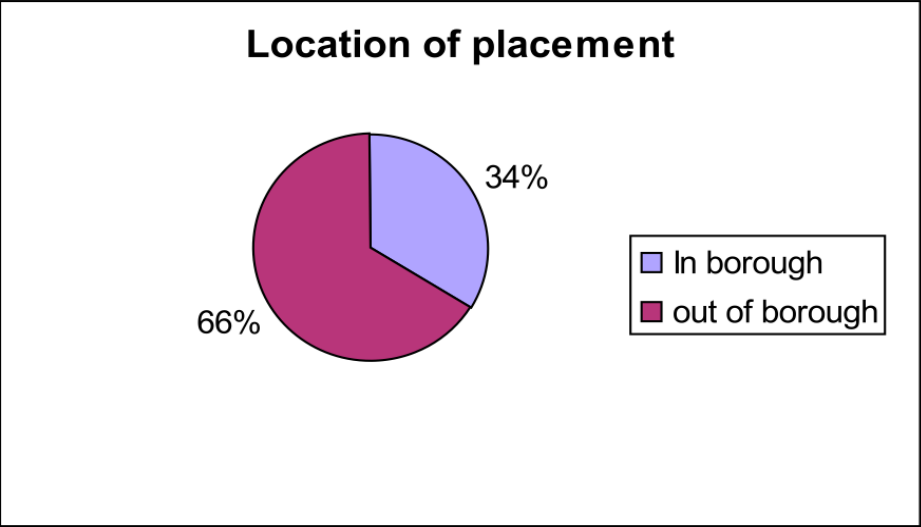


The age of children referred and ethnicity is in keeping with statistics for Southwark's CLA population

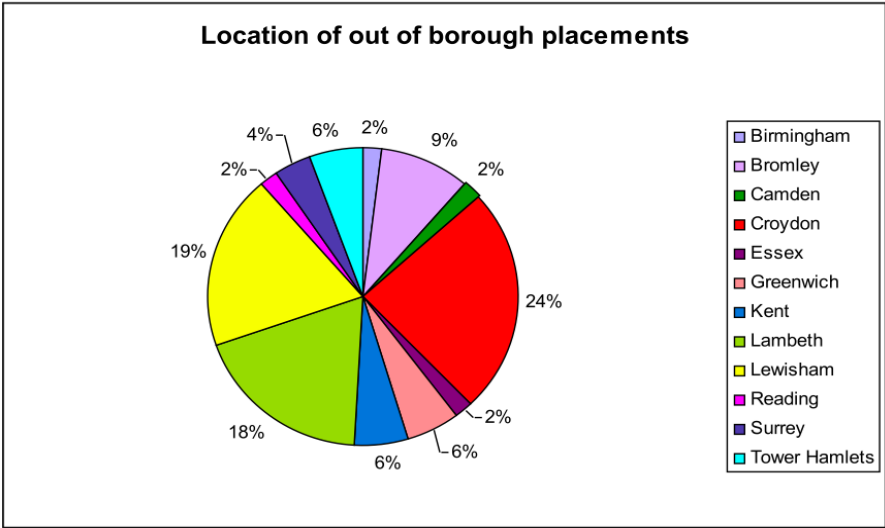


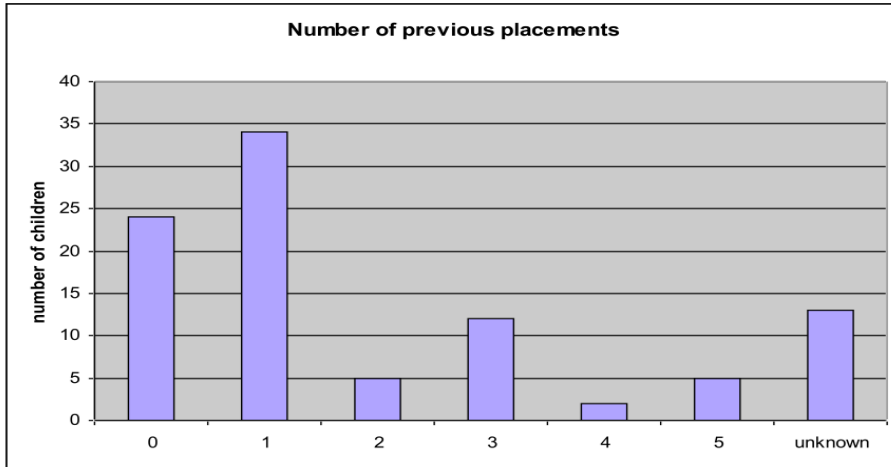
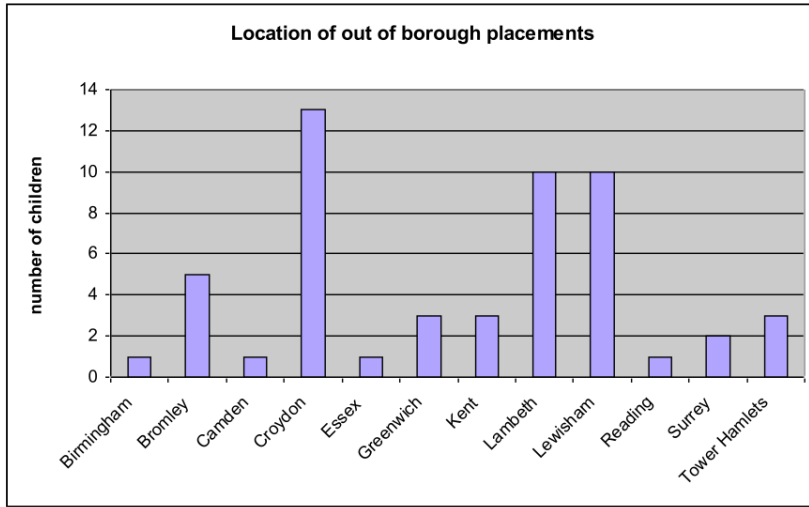
Note: Section 20 = voluntary accommodated by the local authority

While most Southwark CLA are in Southwark placements we also provide support to Private and Voluntary sector carers.

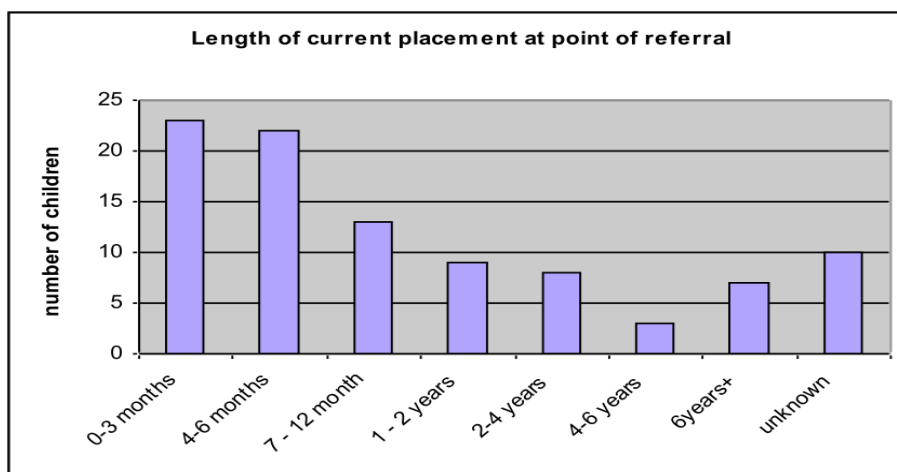


A high percentage of our work is out of borough and we are committed to offering a Southwark service to Southwark children where possible.



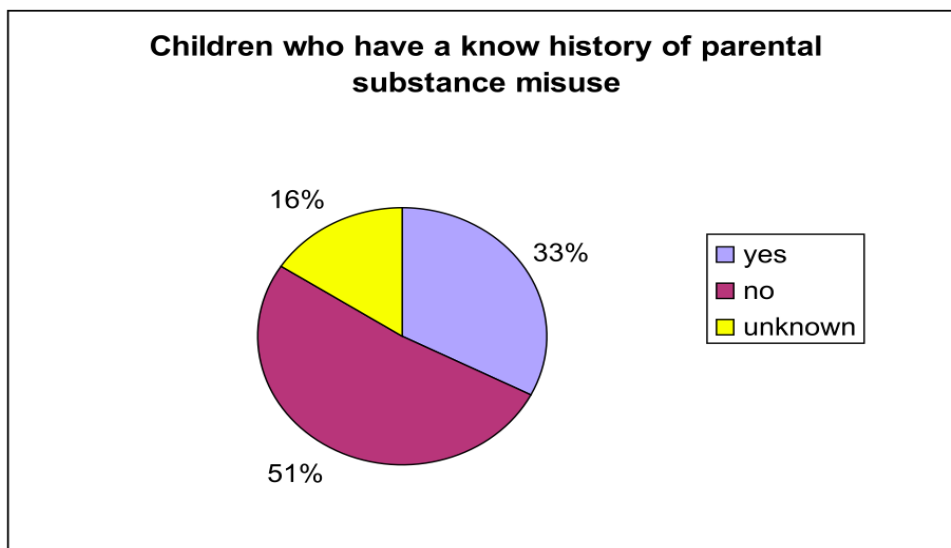
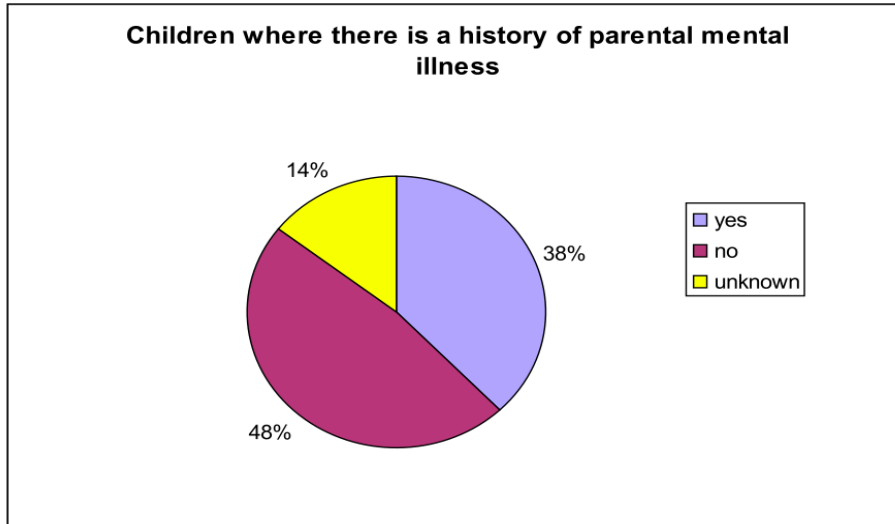


Number of previous placements at point of referral to our service



Southwark Social Services regularly reviews children’s placements and we all work towards stability of placement. If a child has to move we hope this happens in a planned way. In an audit in March 2009 69% of children who have been looked after by Southwark for 2.5 years were in stable placements e.g. in placements for 2 years plus. This is an increase of almost 10% in three years. It is difficult to attribute any one factor to the increase as realistically it is a combination of all staff and foster carer’s efforts. However the flexible and tailored support offered to children and carers in Carelink is an important dimension. We have many examples of being able to keep foster children in foster homes given the high levels of support we offer carers rather than the child needing to go to a residential unit. It is also important that we can remain involved in the child’s care over several years if necessary; maintaining a consistent presence in the child’s life. This means we can give specific and targeted intervention when required and ‘share the burden’ of caring for often the most needy and vulnerable children in the Borough.

Significant factors from child's background which may be indicators of adversity or vulnerability:



This is supported by Felitti et al (1998), who did research on Adverse Childhood Experiences and suggested that if a child had four or more of the following there was a high probability that they were at risk of mental and physical health problems in later life. The adverse experiences include domestic violence, sexual abuse, physical abuse, emotional abuse, neglect, death/separation of a parent, parental mental health difficulties, parental substance abuse and parental criminality. We know that the vast majority of our population will have experienced most if not all of the above.

We have recorded where we the mental illness and substance abuse is known there will be many instances where we do not know.

DIAGNOSTIC TOOLS AND OUTCOME MEASURES

CAMHS teams across Southwark are using various outcome measures, including some which are generic like the Strengths and Difficulties Questionnaire (SDQ), Development and Wellbeing Assessment (DAWBA) and Children's Global Assessment Scale (CGAS) and some which are more specifically targeted like the Moods and Feelings Questionnaire (MFQs).

Children's Global Assessment Scale

Ref: <http://depts.washington.edu/wmirt/index.htm>

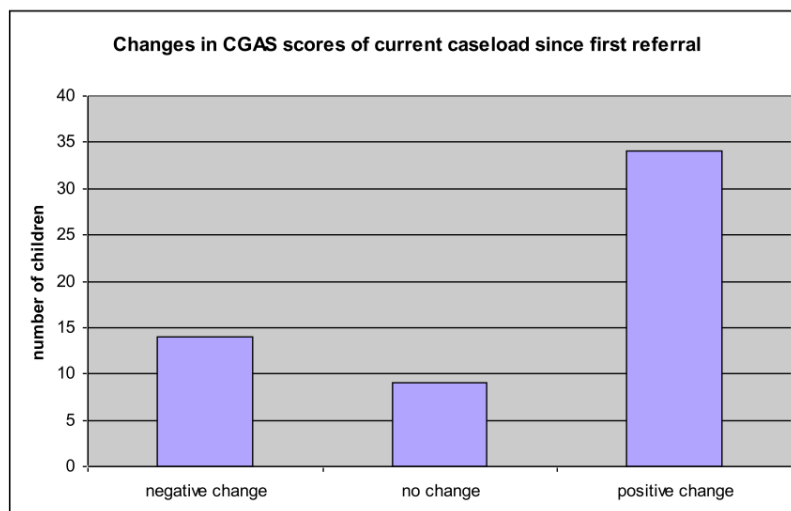
This is a 100-point rating scale, measuring psychological, social and school functioning for children aged 6-17. It was adapted from the Adult Global Assessment Scale and is a valid and reliable tool for rating a child's general level of functioning on a health-illness continuum.

A child or young person receives a score at initial assessment, which is a clinician rating on the basis of known information about general areas of functioning. This score is reviewed on a regular basis by the practitioner and the team, and at the point of closure of treatment, to give an indication of the child's progress in terms of their functioning.

Southwark CAMHS are now ensuring all children referred receive these scores, in order to provide outcome measures.

Children's Global Assessment Scale:

CARELINK – Data on differences in CGAS score for those children who currently have at least 2 scores noted



Total number of children with paired CGAS scores is 57. The total current caseload is 97.

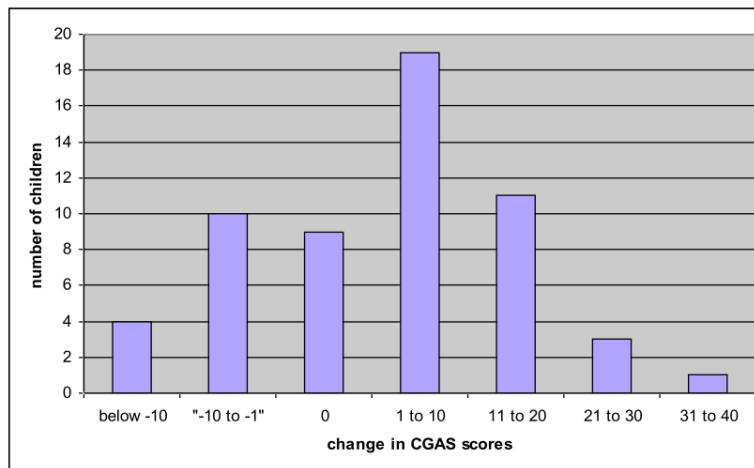
Appendix 1

NB: some children do not yet have two scores – may only have initial score given at assessment/point of referral.

Overall the outcomes are very good. This shows that a designated, accessible, bespoke and flexible service that not only works with the children but also their carers and the wider network is giving added value to this group. As explained above CGAS looks at day to day functioning so irrespective of initial diagnosis it's the child functioning that is important to them leading a happy and healthy life. We looked at the negative score and some of the reasons include death of a parent, move of placement, change of social worker. We will continue to follow this up closely.

Carelink is a stable team that is well integrated into Southwark CLA and CAMHS. We continue to build a sound knowledge base on treatment and interventions that are helpful to our children. We have successfully started research and have plans to submit proposals to research further area relevant to this group.

Level of change in CGAS Scores of current caseload since point of referral



Total number of children with paired CGAS scores is 57. The total current caseload is 97.

User feedback- Children and young people

This feedback is obtained by sending out a questionnaire.

Overall the staff are rated as kind and caring, allow the children to talk about important things, do seem to understand the children and are trustworthy people.

Free text comments about what would make your appointment better include;

'Fun'

'I don't know what can be improved'

'not in school time'- following this we are exploring if we can run an evening clinic and have raised this with senior managers as there is a resource implication.

Free text comments about the best thing about appointments include;

'Making me open up, allowing me to talk'

'Being able to talk in private'

'Letting things out, make it funny'

'Tell my feeling and talk about them'

'Playing and talking'

'I can talk and am given ideas to help myself get better'

User Feedback- Social Workers

The feedback was obtained by a member of the Carelink team meeting with Social Work CLA teams and undertaking a semi-structured interview. The responses were very positive and included the following:

- The teams said that Carelink is well respected for the work they do, they involve Carelink in care planning for children and gave examples of how the team had assisted in a complex piece of work.
- Access to the Carelink services was described as quick with a clear response even if the response is not always what is hoped for. Communication is good as are follow up calls regarding referrals.
- Social Workers wanted regular updated lists of staff in Carelink and what is on offer. This has since been provided.
- Social workers want more services for children in transition/care proceedings.
- Social workers know that Carelink do not provide a services to children who are being rehabilitated home but wish this could happen. This and the above point need to be discussed at a strategic level.

USER FEEDBACK

Foster Carer Support Service

This service is for foster carers (or prospective adopters) who are referred in their own right to Carelink for support/advice and behavioural strategies to help them manage the looked after child or young person in their care – the child does not have to be referred or be seen by our service at the same time (although sometimes they might be).

There is a specific feedback form given to foster carers on completion of a period of support from Carelink.

Appendix 1

Examples of comments from foster carers over the last year, about what they found most helpful:

"A friendly person who understood and was able to support and suggest ideas and strategies to support myself and my child"

"I would use Carelink in the future if needed, a friendly, supportive service."

"I found it helpful when we worked on behaviour sheets, rewards and time out."

"I really liked the way we worked and the "fly on the wall" feedback from the team watching was fantastic. Really enjoyed the exploring and acting out of some of our problems. Extremely informative."

"The way that help was offered was really good."

"Being able to explain any difficulties I was having, and then being offered a solution, or at least tactics to try at home in order to resolve problem."

"Initially it was my Social Worker who referred me, but now I feel confident to make a referral myself or to phone up for advice from Carelink."

"It was perfect."

"The Carelink workers were very helpful in offering me support with a couple of issues. One in particular that left me feeling isolated and disappointed by the fostering service/employers. However, this quickly faded with Carelink's help."

"The worker from Carelink is absolutely fantastic. She is very knowledgeable and all her advice has been very beneficial towards the CLA in my care. I have also attended a course that Carelink facilitates and this too was remarkable in the development of my practice. She still calls me from time to time to enquire how I am doing with my new placement, which is very nice and appreciated. Y and Z are an asset to Southwark Social Services and I would not have achieved the desired results in the LAC and my practice had it not been for their input."

"Help and advice to assist me in understanding some of the child's problems and for me to look at my own self and how I was dealing with some situations."

"Carelink was very helpful and understanding towards us and we left the meetings feeling fully supported."

"Good, constructive and very useful help and tips. Felt listened to and there was empathy and sympathy."

Feedback from Independent Reviewing Officer on a particular case: email sent to Team Manager and Clinical Lead

"I would like to tell you how impressed I have been by the work of x staff to support child Y and his prospective adopters. Their huge commitment and effort has I think been crucial in preventing Y's adoption placement from breaking down, and their support to Y and his prospective adopters through some extremely testing times has had a significant and very positive outcome. He has been helped to develop a secure relationship with his adoptive parents and is now much more settled at home and at school. At the review yesterday a recommendation was made that the prospective

adopter's should go ahead with their application to adopt, and it is the key work of x staff that has enabled the family to reach this point".

Elizabeth Murphy,
Consultant Child and Adolescent Psychotherapist/Clinical Lead Southwark CAMHS

September 2010.