

Item No. 10.	Classification: Open	Date: 21 February 2012	Meeting Name: Corporate Parenting Committee
Report title:		Child and Adolescent Mental Health (CAMHS) - Carelink	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children's Services	

RECOMMENDATIONS

1. That the Corporate Parenting Committee notes the report on Carelink and the valuable role it plays in maintaining stable placements for children and young people in care.
2. To note the service has been protected and its brief expanded by extending its upper age limit from 16 – 18 years.

KEY MESSAGES

3. Established in 1999, "Carelink" is Southwark's dedicated Child and Adolescent Mental Health team (CAMHS) who offer assessment and treatment to children and young people in the care of Southwark Social Care and their foster carers. Carelink is a multi-disciplinary team that is co located in the adoption and fostering team. Over the past year we have continued to offer a comprehensive CAMH service to Southwark looked after children.
4. Children and young people in care 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 disorders.
5. In 76-80% of the children and young people in treatment to the Carelink team have 4 or more confirmed Adverse Childhood Experiences (ACE), Felitti e al 1998. In the general population the figure is 4.6% with 4 or more ACE. Research has shown that this level of trauma, if not mediated by appropriate treatment correlates with a heightened risk of serious physical and mental ill health in later life.
6. This report was requested by Corporate Parenting Committee due to concerns that recent cutbacks in Southwark may have had a significant impact upon Carelink and its services to looked after children.

KEY ISSUES FOR CONSIDERATION

7. In addition to direct work with children, young people and their carers we offer advice/consultation to the professional network and especially the social work team on care planning, therapeutic needs, placements and transitions. At any one time we will work with 140 looked after children and their foster families. In most cases this means seeing the child and foster carers on a weekly basis.
8. We have close links with the adoption team and more usually the referrals from that team are with children who are in transition from foster care to adoption. Or

we are referred adopted children and young people for a CAMHS assessment and possible therapeutic interventions who are experiencing extreme difficulties. Examples are adolescents undergoing developmental crisis that place pressure on the parents and increase likelihood of family breakdown. These young people are often not known to Southwark Social Care as the adoption may not have taken place in Southwark but the family now reside in the Borough, or the child and family were known in the past but have not had contact with the service for many years.

9. We work with Southwark looked after children both in and out of Borough. At any one time up to 50% of our open cases can be on children who are looked after by Southwark but live outside of the Borough. Where possible we like to work with Southwark children irrespective of address so we can offer continuity of service should there be a change of placement and better collaboration with the network given our close links with the CLA social workers. Where children and young people live too far to travel to Southwark for appointments we will broker referral to other CAMHS teams as necessary.
10. We are engaged in a wide range of teaching and training. This includes regularly running "Fostering Changes" training. This is primarily for foster carers and occasional adopters attend. The 'Fostering Changes' training offers specific strategies for parents coping with children and young people at different developmental levels. Indeed this training is the result of close collaboration between CAMHS and Southwark Social Care. This has been developed into a training manual and is published by BAAF. This has been further expanded and rolled out at a national level with a second addition recently published.
11. Following this and in conjunction with Carelink, Social Care and BAAF, another training programme called "Fostering Education" was developed. This is a specific training aimed at helping foster carers support children's learning in particular reading. "Fostering Education" has been evaluated and shown to be highly effective- this is evidenced by the average increase in children's reading age as assessed by standardised measures.
12. Additional practice books now also published by BAAF includes 'Managing Difficult Behaviours' a handbook for foster carers and 'Supporting Children's Learning'
13. Alongside the group work Carelink offer individual foster care support to Southwark carers. We also offer this to IFA carers in circumstances where IFA do not have an equivalent specialist service.
14. We regularly present to the prospective adopters preparation group on areas such as attachment and emotional development. We routinely have requests for information on the child's emotional needs from the fostering and adoption panels. This facilitates better identification of need and care planning.
15. We offer a 'drop-in' service to the CLA teams so they can quickly access advice on a particular child and easily make a referral to our service or signpost to another service as necessary.

Screening to identify any emotional or mental health difficulty

16. Children and young people who become looked after by local authorities are among the most vulnerable and disadvantaged in society (Sempik, Ward & Darker, 2008). They are at increased risk of poor outcome in terms of both child and adult mental health, educational attainment, employment and criminality (Ford, Vostanis, Meltzer & Goodman, 2007a; Viner & Taylor, 2005). By definition children in the care of social services 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.
17. The mental health needs of children in care are not routinely assessed with many children only receiving help when more intensive treatment is needed if their needs are recognised at all (Whyte & Campbell, 2008). In Southwark we agreed there was a need for systematic screening to promote early identification and intervention.
18. Given this gap in service provision and identification of difficulties for looked after children we developed mental health screening for 4-16 year old and 0-5's.

Screening 4-16 year olds

19. In 2008 the Carelink team with Southwark Social Care successfully bid for a grant from Guy's and St Thomas' Charity to run a mental health screening programme for all young people aged 4-16 years remaining in the care of the social services department for four consecutive months over a period of 12 months.
20. The strategy has the following components:

We used the SDQ's (Strength and Difficulties Questionnaire) and Development and Well Being Assessment (DAWBA).

- The SDQ is a brief well validated and commonly used measure of psychopathology in 4-16 year olds (Goodman, 2001). The measures are currently not validated on children below the age of 4 years.
- A computer algorithm combined information on symptoms and impact from all informants to give a prediction of the likelihood of psychiatric disorder as 'probable', 'possible' and 'unlikely' (Goodman, Ford, Simmons, Gatward & Meltzer, 2001).
- The measures were completed by children aged 11 and over, their foster carers and the schools.
- We had support from supervising social workers, social workers and foster carers to ensure completion of the questionnaires.
- Foster carers and social workers caring for children with an 'unlikely' prediction were informed that it was unlikely that the child had significant psychopathology at this time. However it was stressed if they disagreed they could contact the Carelink team to be seen by a clinician and discuss their concerns.

- All informants for children with a 'probable' and 'possible' diagnosis were invited to complete a structured online psychiatric assessment, the DAWBA.
 - In addition all children with a 'probable' and 'possible' diagnosis were offered a CAMHS service.
21. Most children were seen by the Carelink team. For children living outside of the Borough unable to travel to our service we were able to successfully engage services local to the children and carers to offer a CAMHS service.
 22. On completion of this research in 2009 and in accordance with Government indicator the Department agreed to continue to support the screening of children in care. The Government only requires that the foster carers complete an SDQ and does not state what the Department has to do with this information.
 23. For the SDQ to be interpreted reliably there needs to be two informants (three if the child is 11+).
 24. In order to make the information clinically useful in Southwark we have agreed the following;
 - On a given date once a year all foster carers are asked to complete an SDQ for all Southwark children in their care. To date the return rate has been 100%.
 - The SDQ is returned centrally and forwarded to the Carelink team where they are reviewed.
 - When the SDQ is reviewed if there are concerns we complete the rest of the screening and where indicated ensure that a clinical service is offered to all children and young people with identified mental health need.
 25. In the two years we have been doing this screening all children and young people who have been identified as having a mental health need are already been seen or are on referral to a CAMHS service, usually the Carelink team.
 26. We think that this is due to the fact that Southwark social workers and foster carers are correctly identifying mental health needs in children in their care and ensuring referral to the appropriate services.
 27. The Department will continue to ensure foster carers complete the SDQ's annually and the Carelink team will clinically review to ensure early identification of need and accessibility of service to children in care to Southwark.

Emotional and social development screening and intervention for looked after children 0-5 Years.

28. The publication of the NICE Guidance for looked after children states we need to 'ensure all babies and young children are assessed by specialists child mental health worker to ensure the child does not exhibit signs of emotional distress (for example children or babies who may exhibit passive withdrawn or over compliant behaviour)'. It also asks that services 'offer early and preventive interventions for

babies and young children to avoid placement breakdown and reduce the impact on a child's potential to develop meaningful relationships in the longer term'. In order to target this vulnerable group who are not routinely seen in CAMHS teams we developed a screening protocol and successfully bid for a research grant from the Guy's and St Thomas Charity.

29. The purpose of our study was
 - to understand more about the emotional/social development and mental health needs of young children who are looked after by social services.
 - to provide intervention for the child's carer and advice to the professional network where a need is identified
 - .
 - to improve collaboration and joint working across agencies.
30. Results from the project showed that 67% of under 5s had significant social/emotional needs that required follow up intervention from CAMHS. The project picked up a high level of previously undetected need and was able to offer a follow up intervention to help the child and their foster carer/kinship carer. Children with ongoing CAMH needs were also signposted to Carelink or other community resources and referrals of under fives have increased by three fold in this 12 month period. Social workers and Independent Reviewing Officers found the screening report and subsequent discussions/consultation very useful in decision making and care planning.
31. The Carelink team are continuing to use the ASQ-SE screening tool, along with clinical assessment, with under 5s being referred to the service, which has proved to be useful to SWs, IROs, and the Fostering/Adoption teams in identifying the needs of these young children and contributing to their care planning. We are submitting another research funding bid this year for a longitudinal study running across three or more boroughs with LAC. This has been highlighted as an area of good practice at a meeting with Tim Loughton, Children's Minister where we presented the project. We are very pleased with the support of the LA and Child Health in furthering this piece of work, as a collaborative project.

Current context

32. In the recent financial reductions we have not lost any specific posts however we have extended our brief significantly and now accept referrals for young people up to the age of 18 years. In addition in the service reconfiguration Carelink have joined the Targeted service in Southwark CAMHS and this gives more scope to work with children on the edge of care. This has advantages as it offers the child a more seamless service in that they may not have to change teams on being accommodated by the department.
33. We also can co work with other members of the multi disciplinary team in Targeted CAMHS. However this does also mean an increase of the demand for the Carelink service. We will need to closely monitor work load and referrals so we can ensure continuing quality of the service and that looked after children are not being disadvantaged as they are in many mainstream services.

34. Since November, when we formally increased the age range for referrals, the team have started making stronger links with the YOS and have noted a change in the referral trend as the 16-18 age range are more likely to have problems that include anti-social behaviour, offending and gang related activity or be at risk of these difficulties. The team have met with Jenny Brennan from YOS and other community-based agencies working with this age group, which was productive and have another meeting to follow this up planned for March.
35. The Carelink service have had some disruptions over the last year, moving from the administrative base in East Dulwich in August – for some months there was additional pressure as there were difficulties with a clinical base and finding suitable and sufficient space to see children. This has now been resolved by the team having designated clinical space at the Lister Health Centre and we will be joining the CLA service at Curlew House in the near future for some administrative space, which will afford closer links with our CLA colleagues.
36. We have been involved in the two recent Ofsted inspections for Fostering and Adoption.

Service user involvement - links with South London Gallery

37. Carelink received a grant in early 2011 to run creative workshops with children and young people on referral. This two year project led to the development of a partnership between South London Gallery and Carelink involving the galleries artist workers, and use of their gallery 'The Clore Studio'. In total five groups ran between July and October. Three led by Carelink staff and two facilitated by artists.
38. Together the groups collaborated in an end of year exhibition on the 7th of December held at the Clore Studio for the children, carers, social workers and other professionals. Flyers and postcards were designed and created for the event and sent out to the children and carers to distribute, they were also placed in various venues and sent to all relevant professionals.
39. We are excited to say that both groups will continue to run alongside SLG this year. The first groups will be run in half term with further groups in the year.
40. We also continue our links with the Young Vic Theatre project and support our children attending the workshops in the half term holidays. These are important initiatives for the children and young people as they can build on the children's self esteem and help them develop a new interest in self expression and their creative abilities.
41. We continue to get regular feedback on our service from children, carers and members of the professional network. Overall the feedback is positive. We have made changes to our service delivery as a result of feedback. An example of this is that we now run our family therapy clinic later in the day so we can offer appointments outside of working day. This makes it easier for some parents to attend.
42. We continue to work closely with our colleagues in Social Care, Child Health, Education and other parts of the network to ensure that our resources are being used in an effective and efficient way. We appreciate good levels of multi agency co-operation to ensure the highest quality service for our children and young people.

43. We are keen to continue to develop and extend our service and appreciate feedback so we can constantly review the way we work. While we are compliant with most aspects for the NICE Guidance for looked after Children the one area that needs development is working with care leavers and transition into adult services. We do not have the resources to undertaking this work at the moment. We are currently putting in a bid for further research money to extend the under-5s screening.

Community impact statement

44. Southwark CAMHS works to promote the health and well being for children in care which is a CYPP priority. It is recognised that placement, stability, and positive mental health help to build resilience in young people, and help to narrow the gap between outcomes for children in care and children in the general population.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

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Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	No	No
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