APPENDIX 1

C A R E L I N K

Southwark Child & Adolescent Mental Health Service for Looked After Children

ANNUAL REPORT 2011-2012

South London and Maudsley NHS
NHS Foundation Trust

I N D E X

INTRODUCTION TO CARELINK

We are the team who offer a specialist Child and Adolescent Mental Health Service for Looked After Children. We are one of four CAMHS teams/services in the borough of Southwark. Our agency is an NHS team, and we work in close partnership with Children's Social Care.

The team is located, along with the rest of the Targeted CAMHS service at the Lister Primary Care Centre (a modern purpose built health centre) in the middle of Peckham. We also share an administrative base in a shared location with Children's Social Care staff also in Peckham, where we have close links with our social work colleagues from the Fostering Support and Adoption teams. There is a future plan for us to relocate to premises which will be shared by all the social work staff involved with Looked After Children – which will happen this year 2012.

The majority of our sessions with children, young people and carers take place either at the Lister Centre or at Southwark Child Health and Development Centre at Sunshine House in Camberwell (nearby). There we have shared use of the interview/therapy rooms with staff from Child Health and other CAMHS teams. In addition, practitioners see children in their placement (mainly foster homes) or sometimes in school settings.

THERAPEUTIC SERVICES FOR CHILDREN

Presenting problems

Children and young people are referred with a wide variety of problems – emotional disorders, low mood, depression, self harm, suicidal thoughts, PTSD, eating problems, anxiety, attachment disorder and difficulties, behavioural and conduct problems and neuro-developmental problems

LOOKED AFTER CHILDREN:

Our remit is to offer a therapeutic service to children and young people who are looked after by Southwark Social Services, where there is a plan for them to remain permanently in care. Our age range was up to 16th Birthday, but during 2011 we increased our age range up to 18 years; although some young people already received a service from us beyond this age range if already in treatment with our team and no other resource was easily available.

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.

ADOPTED CHILDREN:

We have close links with the SW Adoption Team. We provide services to adopted children, in that Carelink can assist with the transition from foster-care to adopted family. We also offer therapeutic services to adopted children and the family if this seems more appropriate than having intervention from the local CAMHS community team.

We are also 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.

FOSTER-CARER SUPPORT SERVICE:
Our team routinely offer support and advice to foster carers who are looking after the children who are in therapy with our service. We also offer this to Independent Fostering Agency (IFA) carers in circumstances where IFA do not have an equivalent specialist service.

It is also possible for individual Southwark foster carers to be referred on their own for support/advice on the care of LAC children in placement (even if the child is not referred for therapy). These referrals come from Fostering Team/Supervising Social Worker and Carelink work in partnership with them in providing support.

TRAINING FOR FOSTER CARERS
Carelink is involved in foster carer training from the early stages of the approval process. One of the Carelink staff contributes regularly to the foster care initial pre-approval training by providing sessions on managing behaviour and communicating with children.

Carelink has been involved in developing foster carer training in Southwark and two training programmes are now published by BAAF. These courses are usually both run annually, and are facilitated by two members of the team, who have special expertise in working with foster carers. One of these training programmes is called 'Fostering Changes'. This is a skills based course and runs over 10-12 weeks. The programme focuses on developing carers skills to promote positive relationships and to manage difficult behaviours. The other course is called 'Supporting Children's Learning' and a central component to this is its literacy programme. The training course uses Paired Reading which is a very supportive approach to developing literacy and one which we have found to work very well with looked after children. The course also explores how foster carers can support learning in its broadest sense, and help children to develop the necessary social and emotional skills that they need in order to access education and become more confident learners. This course is flexible, and runs between 5-10 sessions. Other courses have also been provided by members of the team, and may be offered in future. These include training on Mental Health and Emotional Intelligence. A group has also been run for carers with placements at risk of disruption. This was an open ended group which was designed to provide carers with reflective space and emotional support for some of the most challenging children and young people.

We are currently planning a workshop to look at problems with soiling and smearing. This will provide expert medical input on both encopresis and enuresis, and opportunity to discuss the mental health aspects of these problems in relation to looked after children. We are also planning a training course that will explore how carers may use sensory play to support children who have been traumatised, and who have insecure patterns of attachment. Our aim is to target skills that will enable carers to provide more attuned and responsive caring, and facilitate in the child the development of greater emotional regulation and, (in due course), a more secure pattern of attachment with adult care-givers. We are currently developing a one day

training with BAAF for foster carers, social workers, IRO's, members of the adoption and fostering panels and possibly contact workers. The aim of this training will be to think specifically about the emotional and developmental needs of under 5's. We plan to run this training to a mixed group of staff so we can generate discussion about different pressures, demands and points of view depending on your role in the child's life.

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 the child continues to reside in Southwark, or in certain circumstances where it is kinship care and the child has previously been in care to Southwark LA and had involvement with Carelink.

Carelink provides a 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 CLA social workers to present individual cases and think clinically about the needs and demands of the work.

The service offers Foster Carer training courses and workshops, on a regular basis and on a variety of topics and we contribute to other training offered by the local authority to both foster carers and other professionals (social workers).

Therapeutic services/specialisms 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

Current Staffing:
We are a multi-disciplinary team consisting of staff from the following specialisms: child psychotherapy, art and drama psychotherapy, family therapy, clinical psychology, occupational therapy, specialist under 5s worker, therapeutic social

work, specialist foster carer support workers, and research. We have access to psychiatry for individual cases as required.
The team also has various trainees attached to the team from time to time.

WIDER CONTEXT FOR CHILDREN IN CARE

Introduction

Children and young people who are looked after by local authorities (identified hereafter by the abbreviation CiC – children in care) 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, CiC 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 CiC vary between 37%-89% which compares with the estimate of 3%-18% for children outside the care system, but CiC 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 CiC often go unrecognised (McCann, James & Wilson, 1996: Richards, Wood & Ruiz-Calzada, 2006; Philips, 1997). Barriers identified include:

- The movement of CiC 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).

In the forward to The Mental Health Needs of Looked After Children (Richardson & Joughin, 2000) Sir William Utting summarised the situation relating to the mental health of looked after children as follows:

“Children who are looked after by the local authorities suffer as a group because of the unthinking and cruel assumption that they are at fault rather than the adults whose crimes and failings are responsible. The stigma of being ‘in care’ handicaps these children in gaining access to the services to which all children are entitled.”

Many CiC 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 evidenced in the research mentioned above.

The prevalence of diagnosed mental disorders among 5 to 10 year olds:
The rate of disorder for CiC compared with children in private households was

- 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 CiC compared with children in private households was

- 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 "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. Agencies also have the key Joint Guidance (2010) issued by The National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE): "Promoting the quality of life for 'looked after' children and young people." – mentioned in more detail below.

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 and CLA Health Team. This report focuses on the Carelink CAMH 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 in detail.

Children in Care in Southwark – some statistics

As at March 2012 there were 551 Children Looked After by Southwark which was an increase of 29 children compared to 522 at the end of March 2011 and a rate of 99.5 per 10,000 of the under 18 population. As at end March 2011, Southwark had both the highest rate (94.2 per 10,000) and number of CLA in London.

Key demographic characteristics of Southwark CLA

- 8% of CLA are under one years old; 14% are 1 - 4 years; 16% are 5 – 9 years; 34% are 10 – 15 years and 28% aged 16+
- 58% are male; 42% are female
- 41.6% are Black or Black British; 32.7% are White; 16.9% are of Mixed ethnic origin; 4.2% are Asian or Asian British and 3.1% ethnicity recorded as 'Other'
- 27 were unaccompanied Asylum Seeking Children
- 4.2% are in residential accommodation; 10% are living independently; 67.2% are in foster placements and 7.3% are being fostered by relatives or friends

- 65.3% of all CLA are placed within a 7 mile radius of their home
- Provisional 2011 – 2012 performance remains in line with last year on CLA with 3 or more placements
- Provisional 2011 – 2012 performance shows a considerable improvement of CLA under 16 years who have been looked after for 2.5+ years and have been living in the same placement for 2 or more years, or placed for adoption. This is above the end of year 2010/11 national and statistical neighbour's rate

Educational achievements of Southwark CLA

- Key Stage 2 results show 55% of children achieving the expected level in maths, which was higher than national, London and statistical neighbour's average
- Key Stage 4 results showed positive figures, with 23.9% of our looked after children achieving 5+ grade A*- C English and Maths, which was nearly double the national average (12.85)

National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) joint guidance: "Promoting the quality of life for 'looked after' children and young people." (2010)

The drive for this guidance was the growing numbers of Children Looked After. In 2011, 65,520 children and young people were looked after by local authorities in England.

The majority of children and young people enter care after experiencing abuse, neglect or severe family problems.

It is important that children and young people experience high quality care, not just while they are being looked after but also for some time after they have grown up and moved out.

NICE and the Social Care Institute for Excellence (SCIE) issued joint guidance on improving the quality of life for looked-after children and young people in October 2010. This guidance combines advice about good practice for the Local Authority, CAMHS and other relevant bodies in relation to Looked After Children. This guidance therefore has a broader remit than most other NICE guidance.

The guidance makes a number of recommendations, amongst those most relevant to CAMHS services include the following:

Strategic Planning

1. *'Senior staff with responsibility for commissioning and providing health services, including CAMHS, should provide services that meet the emotional health and well being needs of children and their carers' (Recommendation 1). 'Commission services dedicated to looked after children and young people that are integrated….have expert resources to address physical and emotional needs'(Recommendation 2*): Southwark borough has Carelink as a designated service to promote mental health and emotional well being of children and young people in care.

Out of Borough Children

2. In Southwark, children placed by other boroughs within our borough would not receive a Specialist LAC CAMHS service but can be referred to our generic CAMHS services, unless the referring authority's CAMHS offers an out reach service to them.
3. Children who are looked after by Southwark but placed outside of the borough may receive a service from Carelink wherever this is feasible (unless curtailed by distance). Carelink will facilitate and negotiate with external CAMHS teams to ensure children placed in more distant placements receive an appropriate CAMHS service.

Specialist accessible and flexible services that include children & young people in unstable placements

4. *'Commission dedicated services for looked after children and young people… that are accessible and flexible … including those in short-term and transitional placements' (Recommendation 8).* In Southwark, we offer flexible, accessible specialist services for looked after children, including for those in unstable, short term and transitional placements, including for those placed outside of the borough.

Transition services for the over 18s

5. *'Therapeutic services for children and young people, …continuing with and completing a therapeutic intervention after the young person reaches the age of 18, when this is necessary' (Recommendation 80. 'Support transfer to adult mental health services' (Recommendation 49).* Carelink have only recently been commissioned to work with LAC up to age 18 years, and will be supporting those children with transitions to adult services.

6. *'Services include a specialist practitioner role in a dedicated multi-agency mental health service to support young people moving to independent living at age 18 or older who may not meet the threshold for onward referral to adult mental health services' (Recommendation 8).* Southwark CAMHS – Carelink does not yet have a specialist practitioner to fulfil this role, but the tasks are shared amongst the team members. Southwark have a Transitions Panel – where senior practitioners from adult and children's services liaise about individual cases to consider transitions needs.

Mental health services for black and minority ethnic children and young people

7. *'Ensure that CAMHS are sensitive to the needs of black and minority ethnic children and young people (including those of multiple heritage and can provide appropriate interventions for emotional and mental health problems associated with racism and cultural identity' (Recommendation 9).* We believe that our specialist CAMHS for LAC service has a high degree of sensitivity to the needs of Black and ethnic minority children, including dual heritage, offering interventions for emotional and mental health problems, with an understanding of the impact of racism on self esteem and cultural identity.

8. *'Ensure access to mental health services for unaccompanied asylum-seeking children who are looked after.' (Recommendation 10).* Although there are no longer any specialist workers for Unaccompanied Asylum Seekers in the Trust, as these young people tend to be looked after under Section 20 of the Children Act they are often seen in our specialist Looked After Team. Carelink has built up some knowledge of working with the presenting problems of these young people, including working with PTSD (including trauma focussed

work), dislocation (from family and culture), stress related to the immigration process and increased risk for suicide and mental illness.

Babies and under 5s

9. *'Ensure that all frontline practitioners have access to specialist services… to help them meet the emotional and physical wellbeing needs of looked-after babies and young children' (Recommendation 17). 'Ensure carers and frontline practitioners working with babies and young children receive specialist training' (Recommendation 18).* Meeting the needs of babies and under 5's is a particular priority for Carelink. Our team offers specialist screening for looked after children under 5 (Ages and Stages Questionnaire tool) with direct carer-child attachment based interventions and supports offered to the foster carers.

Foster carer training and support

10. *'Train foster and residential carers' (Recommendation 36). 'Support foster carers and their families (Recommendation 37).* Our team offers specialist training and support to foster carers and adopters. Examples of this: Fostering Changes[1], Fostering Education[2] (Paired Reading course), reflective practice groups and specialist training to foster carers on various topics such as the impact of parental mental illness and attachment. One of our team members was the co-author of Fostering Changes and the BAAF Education programme.

11. Supporting and supervising carers (Rec; 37). Carelink has a strong foster care support element in our work, where foster carers can be referred or indeed refer themselves for individual input. We work closely with the Local Authority's Fostering and Adoption teams, to ensure the right sort of support.

Research

12. The guidance acknowledges the lack of good research in this area: *'there is a lack of robust, adequately controlled, studies completed to a high standard. Consequently, the UK evidence base does not serve the needs of looked-after children and young people as well as it might' (pg89).* Within the South London and Maudsley NHS Foundation Trust there are some examples of research into looked after children being supported or undertaken directly. This includes:

- Study of Adolescents in London (SAIL) – investigated the quality of attachment in looked after children who had been in placement for at least 6 months. The study showed that achieving stability had significant beneficial impact of adolescent's attachment almost raising levels to that of controls in birth families.
- National & Specialist CAMHS have supported doctoral thesis research into the risk for depression in this group. This will look at the latent, or hidden, risk of depression in otherwise well looked after children, as a way to develop well-being interventions to prevent the onset of low mood when faced with life events and stressors.
- Audit of referral patterns to National Adoption & Fostering Service – comparing rates of mental health with ONS statistics. A significant over-

[1] Evidence based foster care training.
[2] Package for Foster Carer training from BAAF

identification of attachment issues and a gross under-identification of conduct, ADHD, learning and neurodevelopmental issues; compared with national statistics and a specialist assessment.

- An evaluation of the under 5s screening and stability project originated by Carelink, Southwark CAMHS.
- An evaluation and implementation of mental health screening for 4-16 year old children and young people looked after by Southwarlk. This was done by Carelink, Southwark CAMHS.
- A Lewisham Family Therapist carried out qualitative research into the experience of foster carers. The results of this study supported the importance of listening to the "voice" of foster carers in order to increase carer satisfaction, create contexts for collaborative working relationships and sustain and increase placement stability.
- Lambeth have been involved in several service evaluation projects: (1) placement stability project (2) Fostering Changes evaluation – part of national project (3) audit on psychotropic medication in Lambeth LAC – phase 2 out of borough
- Staff have also offered supervision to research dissertations, for example, investigating the experience of staff working in Therapeutic Communities, resilience and young people in residential care and the impact on foster carers of caring for traumatised young people.

Overall, in respect of the joint 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 6% increase of children in the care of Southwark in the last year.

RESEARCH PROJECTS IN THE CARELINK TEAM

The team has always had a commitment to review, audit and get feedback on its work. We have been carrying out formal research with the support of our colleagues in CLA social services, CLA Health and CLA Education.

Children in Care and Strengths and Difficulties Questionnaire (SDQs) screening

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. In 2008 the Carelink team with Southwark Children's Social Care (CSC) 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.

The strategy had the following components:

We used the Strengths and Difficulties Questionnaires (SDQs) 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 combines information on symptoms and impact from all informants to give a prediction of the likelihood of psychiatric disorder as 'probable', 'possible' or 'unlikely' (Goodman, Ford, Simmons, Gatward & Meltzer, 2001).

- We had support from supervising social workers, social workers and foster carers to ensure completion of the questionnaires. The measures were completed by children aged 11 and over, their foster carers and the schools.

- 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.

- 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.

On completion of this research in 2009 and in accordance with Government indicators, Southwark Local Authority (CSC 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.

For the SDQ to be interpreted reliably there needs to be at least two informants (three if the child is 11+). 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.

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 being seen or are on referral to a CAMHS service, usually the Carelink team.

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.

The CSC Department will continue to ensure foster carers complete the SDQs annually and the Carelink team will clinically review to ensure early identification of need and accessibility of service to children in care to Southwark.

Carelink are now using the DAWBA more routinely as part of our assessments. We are fortunate that Professor Robert Goodman (who devised the SDQ and DAWBA) joins our team at regular intervals to review the DAWBAs and help identify clinical need.

Emotional / mental health screening study –
Southwark Carelink Screening and Intervention Project for 0-4 LAC

Our thanks to Guys and St Thomas' Charity, who made a research grant to fund the project to run for 15 months.

Introduction

Experts in the field (Sempik et al, 2008; Milburn et al, 2008) have called for more research into the presentation and needs of under 5s Looked After Children (LAC). In addition the CAMHS review (2008) and NICE/SCIE guidance (2010) identified babies and young children who are looked after as a high risk group and recommended that their mental health needs should be assessed alongside all their other needs.
We set out to establish a routine screening that would improve inter-organisational working and address the current failure to detect and help under five LAC with social and emotional difficulties.

Project Synopsis

The aim of the Southwark Carelink project was to screen all children aged 0 to 4 years who became looked after by Southwark Children's Services in a 12 month period in order to identify early social/emotional or mental health difficulties and to formulate an appropriate intervention for those children with specific needs.
The project involved joint working and close collaboration between professionals in Child and Adolescent Mental Health Services (CAMHS), Paediatrics and Children's Social Care who were in a position to positively influence the social and emotional health of children under 5 who are looked after. We also wanted to see if social workers found this helpful in their Care planning as well as improving the access of this high risk group of children to CAMHS.
We asked foster carers and birth parents to complete a standardised screening questionnaire (called 'Ages and Stages') at the child's initial health assessment

The screening used a combination of standardised and clinical observation measures to assess the child's social-emotional development and quality of relationship and attachment to their foster/kinship carer. Observations of the child took place in their LAC medical and in the foster home. Information regarding their social-emotional development was considered along with their general health and development and a profile of their specific needs formulated in a written summary to the professional network. The brief intervention was tailored to maximising healthy emotional and social development and the child's attachment to key caregivers.

Evidence base

This exploratory study has been well-received and has proven to be acceptable to foster carers, birth parents and professionals with a 94% uptake rate. The study identified and offered interventions to 67% of the children screened in comparison to only 10% children's needs being identified (and no CAMHS referral made) in baseline paediatric assessments the year before.

Preliminary data shows that at a 6 month review that 20% of children reached the clinical cut off for concern compared to 40% in initial screening. A further study is planned to include randomised intervention groups and regular reviews for the child's journey through care to permanence. Funding is currently being sought for this extension of the study.

Improved outcomes

- Significantly improved levels of identification of social-emotional difficulties in under fives LAC population, 67% in screened group compared to 10% previously. Increased knowledge of prevalence and type of difficulties.

- Targeted interventions were taken up in majority of cases, in context of significant time pressures for carers managing intensive Contact schedules for infants/children.

- On 5 point scale, foster carers and social workers positively rated the usefulness of intervention with 4.6 and 4.3 average scores respectively.

- Social care professionals, including those on Adoption Panel, positively rated usefulness of the child's screening profiles in Care planning and when thinking about placement matching and the child's long-term needs.

- Increase in referrals to CAMHS, both following the screening/intervention and to the existing LAC CAMHS team where social workers sought a similar assessment for young children who were already in care and not part of the initial screening cohort.

The research study and its outcomes were presented to various audiences throughout the year:

March 2011 - LAC London-wide Special Interest Group at Tavistock Clinic
May 2011 - Presentation to SLAM Trust Board
June 2011 - BAAF Health Conference
September 2011 - ACAMH LAC Special Interest Group
January 2012 - Presentation to Children's Minister at Alliance of Child Centred care seminar
January 2012 - BAAF conference - Permanence Planning for Under Fives.

There were also several talks locally in Social Services in last 2 years -
Safeguarding, Adoption (including Adoption Panel study events x2), Fostering, CLA social workers and to Paediatricians in Child Health, to brief them on the study.

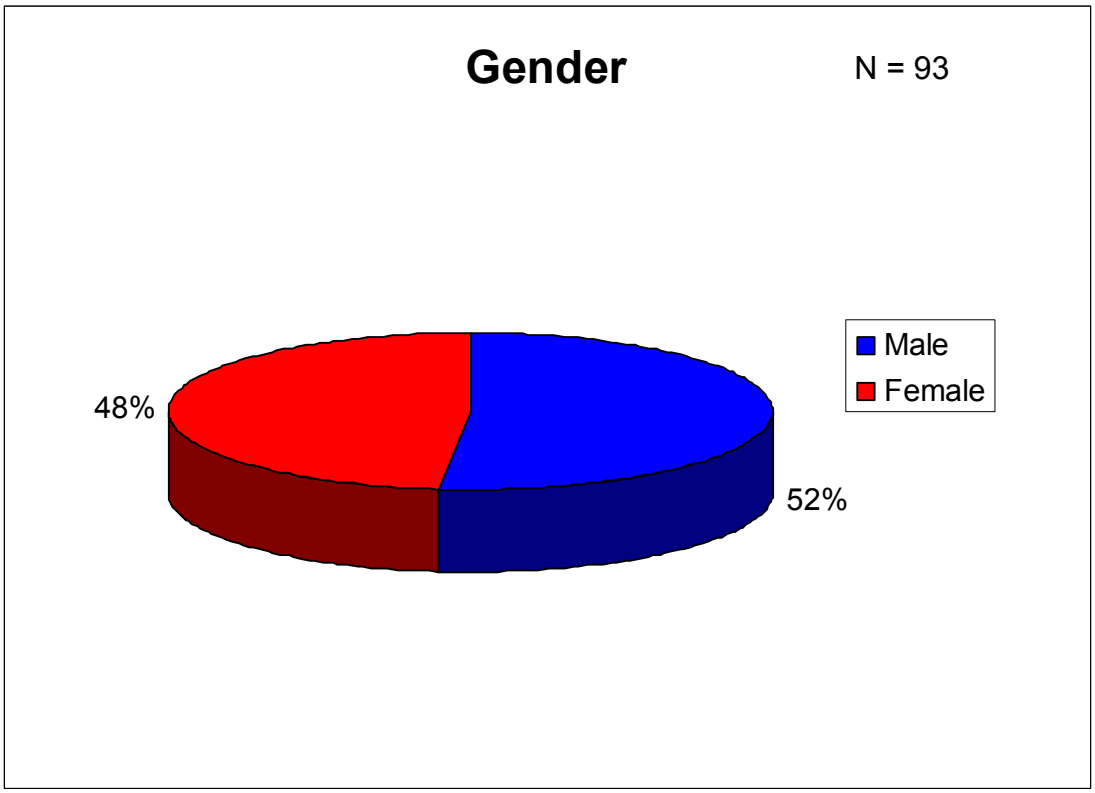
Appendix A

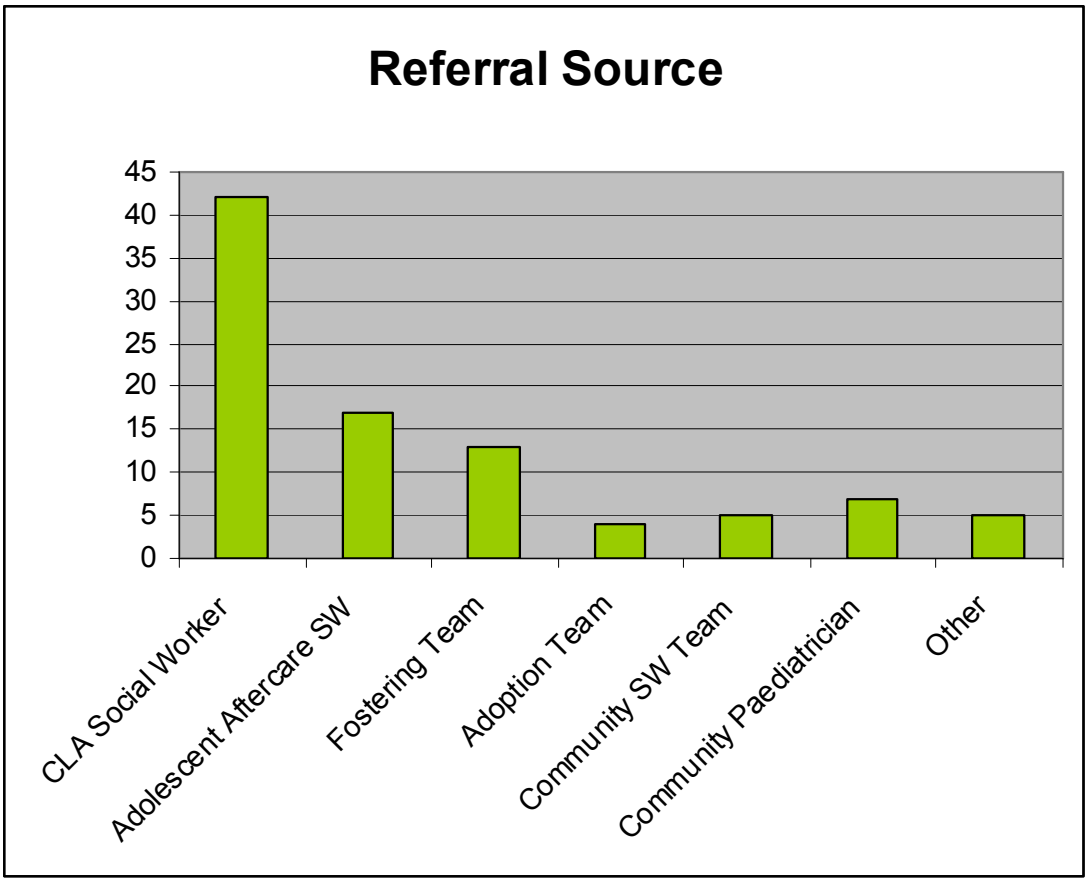
Statistics from Carelink for 2011:

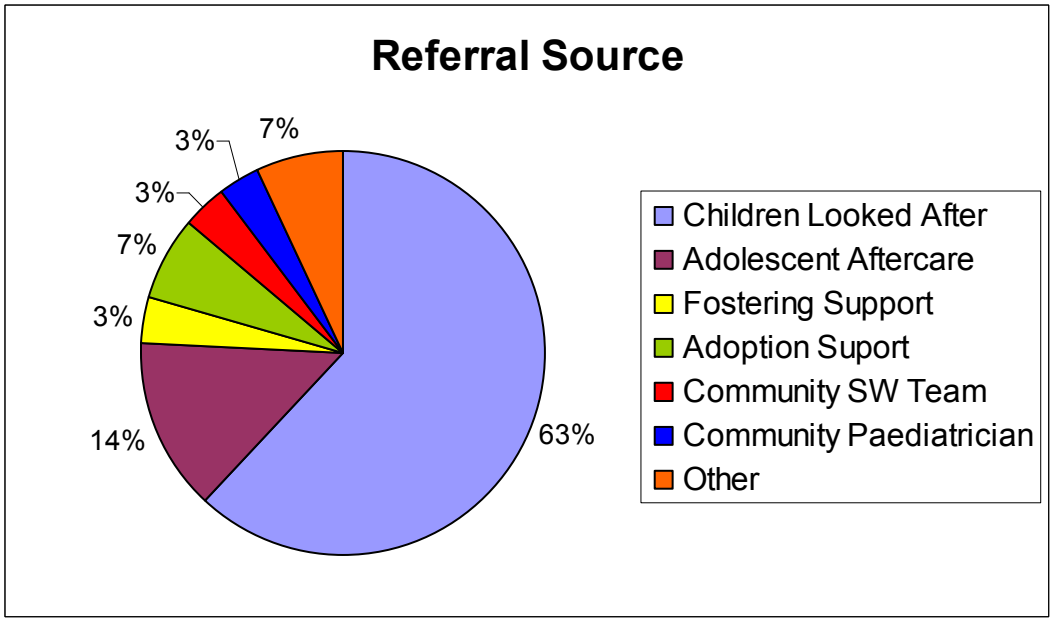
Total number of children/young people referred to Carelink during 2011 = 93

CARELINK REFERRALS RECEIVED QUARTERLY BREAKDOWN					
CHILDREN REFERRED					
	Jan - Mar 2011	**Apr - June 2011**	**Jul - Sep 2011**	**Oct - Dec 2011**	**Annual Total**
GENDER					
Male	15	15	12	12	54
Female	14	13	7	5	39
Total	**29**	**28**	**19**	**17**	**93**
Age Group					
Under 5	11	7	5	5	28
Age 5 to 11	12	13	6	8	39
Age 12 to 15	2	4	4	1	11
Age 16-18	4	3	5	3	15
Referral Source					
CLA Social Worker	18	11	7	6	42
Adolescent Aftercare Tm	4	4	9	0	17
Fostering Team	1	5	0	7	13
Adoption Team	2	0	2	0	4
Community SW Teams	1	2	0	2	5
Community Paediatrician	1	4	1	1	7
General Practitioner	0	0	0	0	0
Other	2	1	1	1	5
	FOSTER CARER SUPPORT ONLY				
Fostering Team		3		7	
Child Social Worker (IFA)	4	1	2		
Total	**4**	**4**	**2**	**7**	**0**

The statistics on this page relate to the children newly referred during 2011:





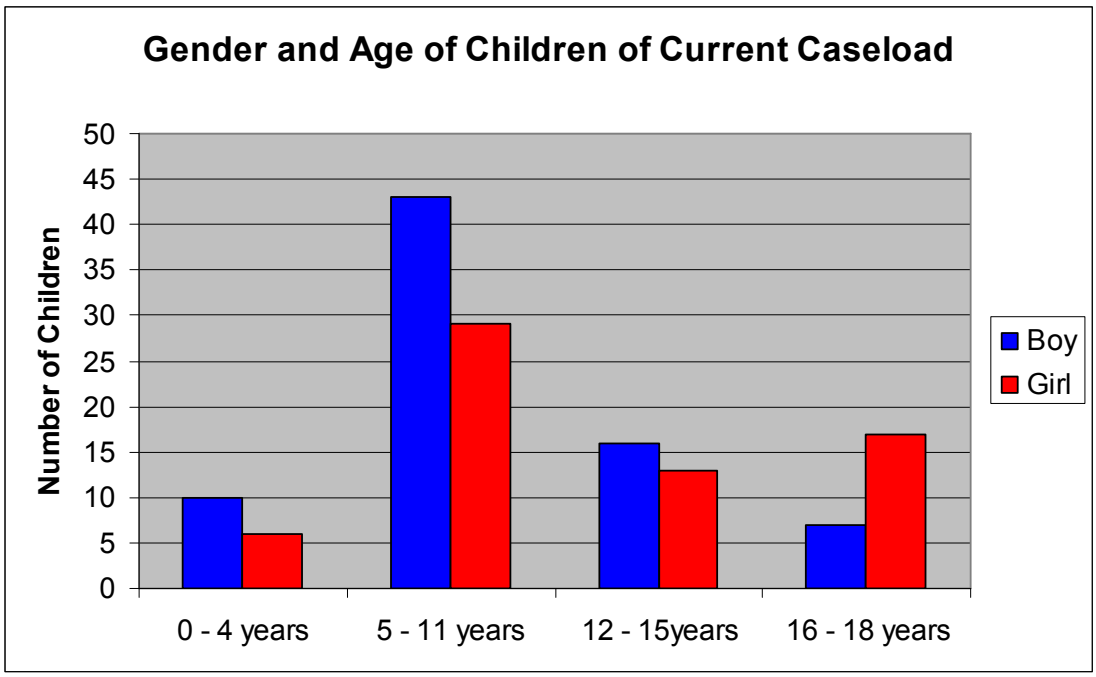


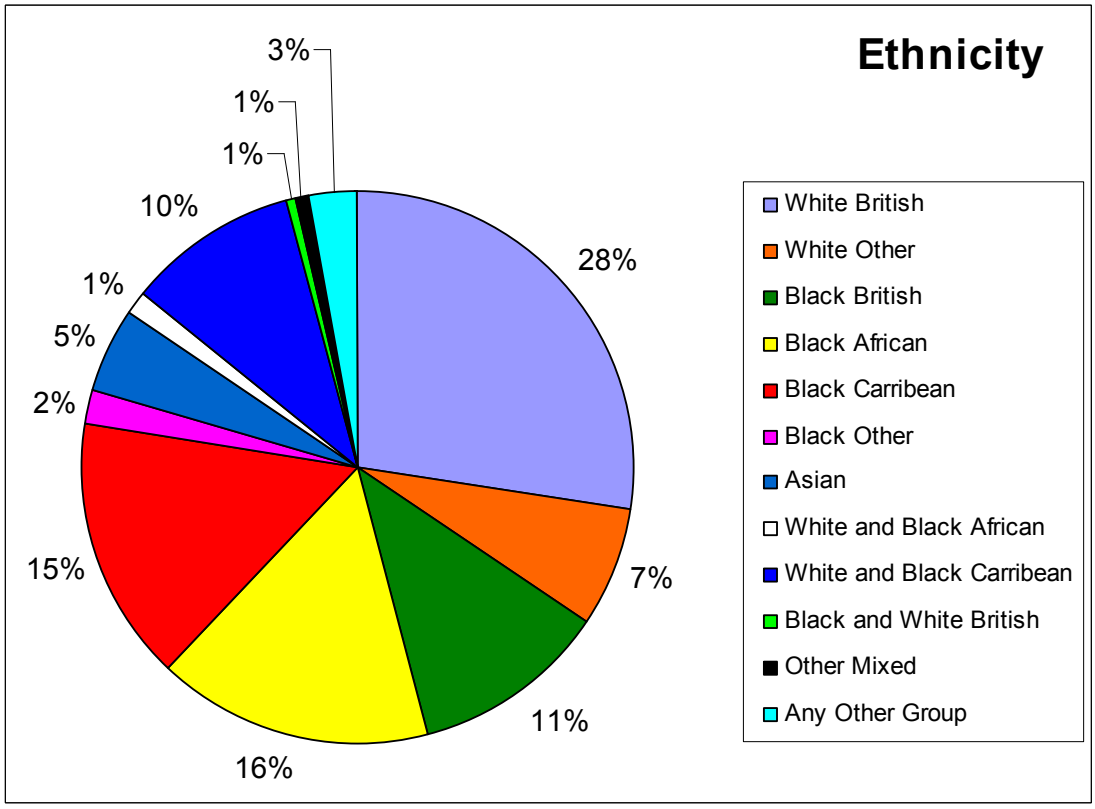
Note: Children Looked After, Adolescent Aftercare, Adoption Support and Fostering Support are all social work teams.

"Other" includes internal CAMHS referrals, GP's, Paediatricians.

The following statistics relate to the team caseload open at March 2012. N = 136

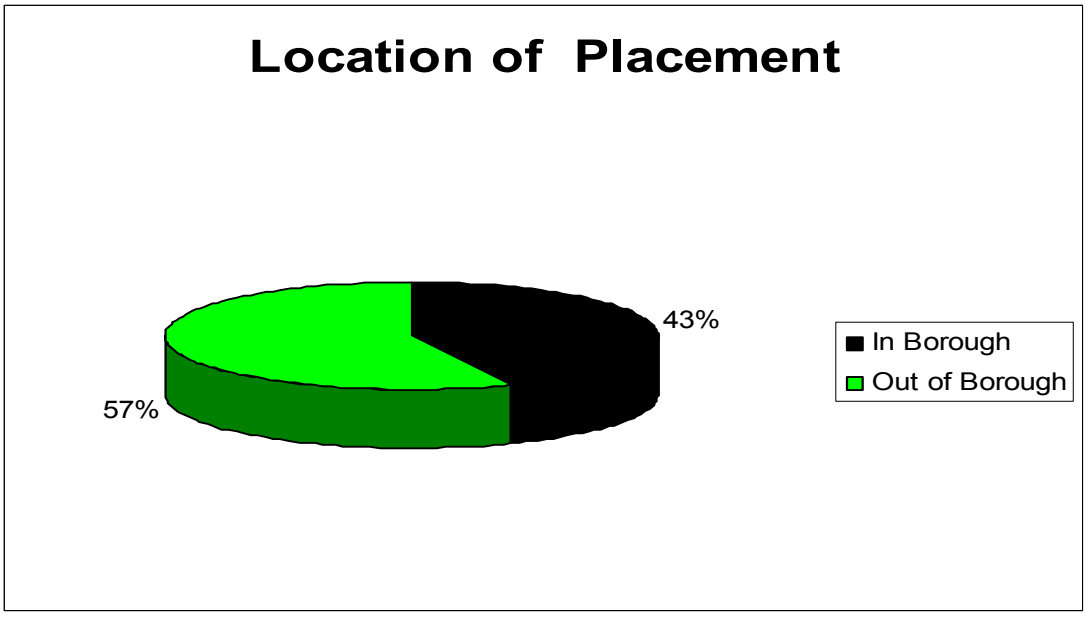
This number refers to the children on referral and in treatment. We do not count consultation and work with carers. The team caseload generally, for children involved in therapeutic work with us, is between 130 -140. We anticipate that the numbers will increase as our age range for referral has gone from 16 to 18 years. The number of Under 5's has also increased since undertaking the 0-5's screening study.

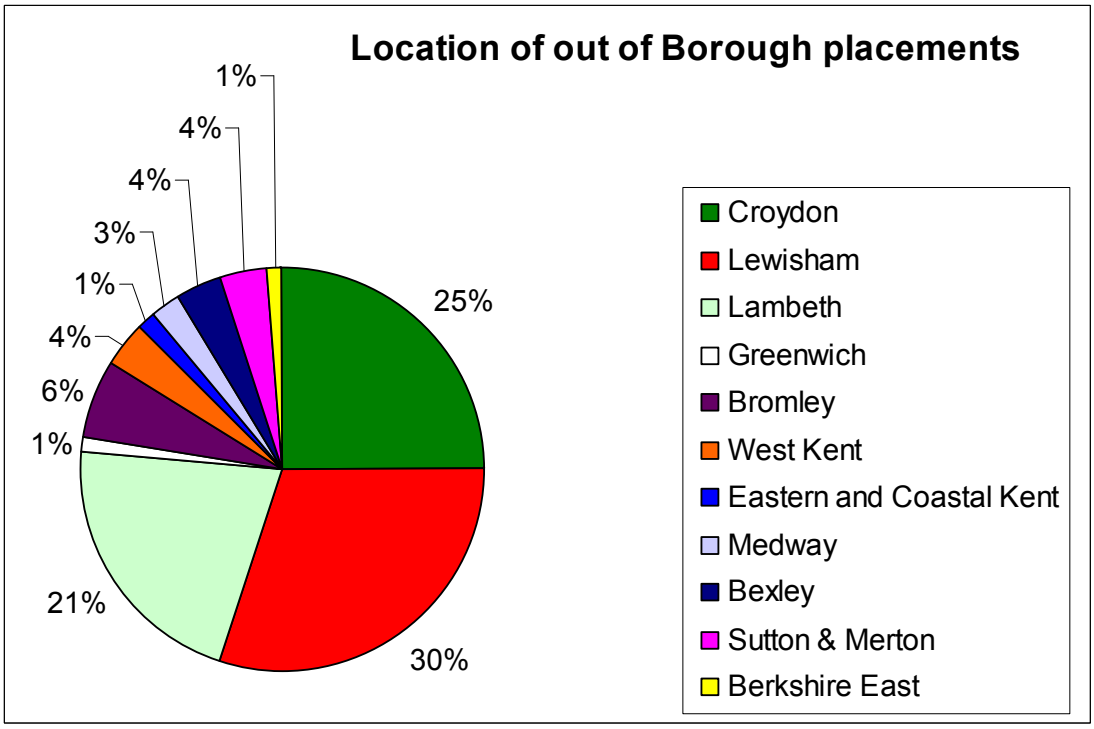


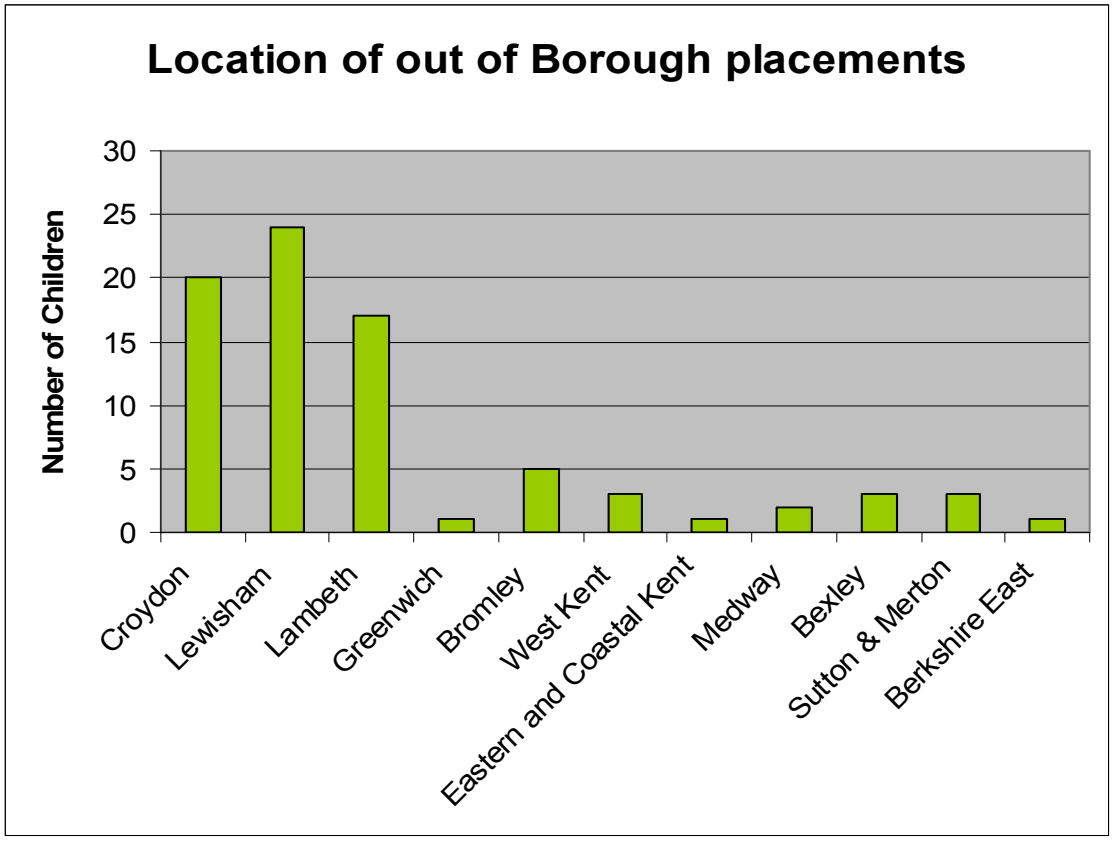


The age of children referred and ethnicity is in keeping with statistics for Southwark's CLA population (see p6).

A high percentage of our work is out of borough and we are committed to offering a Southwark based-service to Southwark children where possible.
While most Southwark CLA are in Southwark placements we also provide support to Private and Voluntary/Independent Fostering Agency carers.







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.

DIAGNOSTIC TOOLS AND OUTCOME MEASURES

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

Children's Global Assessment Scale
Ref: www.corc.uk.net

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.

Southwark CAMHS Routine Clinical Outcome Measurement (RCOM)

All Southwark CAMHS teams have received feedback with regards to their RCOM data using CGAS through bi-monthly performance management meetings, regular reporting to local management teams and feedback sessions have been given to members of teams from across the services which treat similar patient groups e.g. Neurodevelopmental teams, Early Intervention teams and Looked After Children teams, etc.

These feedback sessions have provided: -

- Discussion of process and purpose of outcome measurement, addressing the practical actions and requirements, the clinical rationale behind the measurement of outcomes

- Discussion about context – diagnoses, age, gender and how this impacts on data collection and the impact on outcome results

- Clarification of statistical analysis – including discussion of clinical significance, reliable change, suitability for treatment, etc.

- Looking at outcome data from local teams, comparing similar services and discussing any similarities and anomalies etc

- Addressing inter-rater reliability, using vignette exercises to compare clinicians CGAS scoring, and offering further discussion and training to local teams individually.

The direct outcomes feedback sessions, 'closing the loop' and making the process meaningful, have been received very well by clinicians, which should assist in maintaining high standards of recording outcomes and future outcome measurement developments.

Southwark CAMHS 2010/11 data compared with Australian dataset: -

Borough	Stage	Mean	N	Standard Deviation	Effect size
Southwark	T1	57.74	1159	12.31	0.43
	T2	63.17		12.89	SMALL
Benchmark	T1	56.70	166,026	12.10	0.48
	T2	62.80	90,144	13.40	SMALL

Source Benchmark: Australian Mental Health Outcomes and Classification Network – 2000 -2009
Eisen et al (2007) stated the effect size statistic can be adopted as a measure of clinically significant change, on the basis that research suggests that a medium effect size corresponds to change that is of sufficient magnitude to be evident to a careful observer.

2011/12 Performance against CQUIN target

		2011									2012
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Southwark	Eligible	1,052	1,062	1,058	1,037	1,002	922	857	804	755	728
	Recorded%	96%	95%	95%	95%	95%	94%	93%	91%	90%	87%
	Target %	76%	77%	79%	80%	81%	82%	84%	85%	86%	87%
	Variance%	20%	18%	16%	15%	14%	12%	9%	6%	4%	0%

Note: CQUIN = Commissioning for Quality and Innovation which sets various targets for NHS services

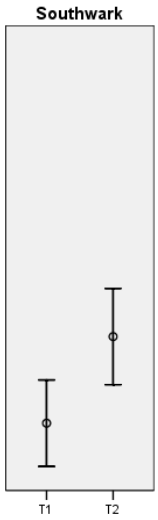
The table below shows target and completion rates for at least two CGAS scores on patients referred to the team. Carelink have consistently high rates of completing the CGAS scores routinely

2011/12 team level performance

Southwark Carelink	Eligible	117	119	119	120	121	113	107	104	100	95	89
	Recorded %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%
	Target %	76%	77%	79%	80%	81%	82%	84%	85%	86%	87%	89%
	Variance %	24%	23%	21%	20%	19%	18%	16%	15%	14%	13%	10%

Southwark Looked After Children (LAC) team

The chart below shows the mean first and last CGAS score within the episode of care for the local LAC teams: -



In comparing data across Boroughs it indicates that at intake the scores for overall functioning were lower for the newly referred children in the boroughs of Lambeth and Southwark compared to those in Croydon and Lewisham. This could be due to a different demographic across boroughs with more severe levels of morbidity in the comparison populations. However, on further review and training, it was thought likely that it partially related to differences in rater adherence and levels of training and familiarity with the instrument. It was thought that some teams were routinely over-estimating the CGAS scores, both at intake and follow-up. In the Directorate wide training for CGAS scoring the Southwark CAMHS Carelink staff did well on rater adherence.

The above data also indicates the overall improvement rates in day to day functioning between measurement at intake and after treatment, with significant differences upwards in functioning, towards the “normalcy” cut-off (60).

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 scores 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.

References

Eisen SV, Ranganathan G, Seal P, Spiro A. Measuring clinically meaningful change following mental health treatment. Journal of Behavioural Health Services and Research 2007; 34 (3):272-290.

ADVERSE CHILDHOOD EXPERIENCES STUDY

The Adverse Childhood Experiences Study started as a major American research project, that has been taken up in many other countries, posing the question of whether, and how, childhood experiences affect adult health decades later. The study was a longitudinal one, with huge numbers in the samples. The ACE study reveals how there is a correlation between traumatic emotional experiences in childhood and organic disease and emotional disorders later in life and provides a remarkable insight into how we are affected into adulthood medically, socially and economically.

The ACE categories are:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- Substance misuse in household
- Incarcerated household member
- Mental illness of parent/carer
- Exposure to domestic violence
- One or no parents – separation/death/care
- Emotional or physical neglect

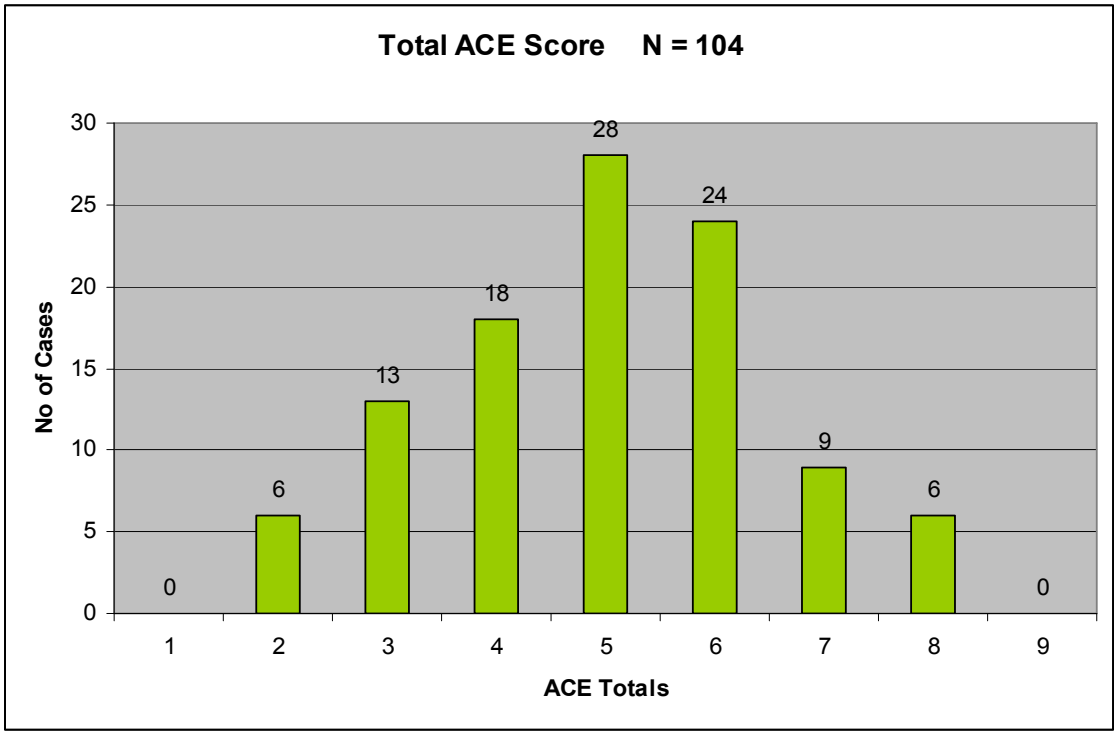
Exposure to one category (not incident) of ACE, qualifies as one point. When the points are added up the ACE score is achieved. A score of 4 or more indicates significant vulnerability.

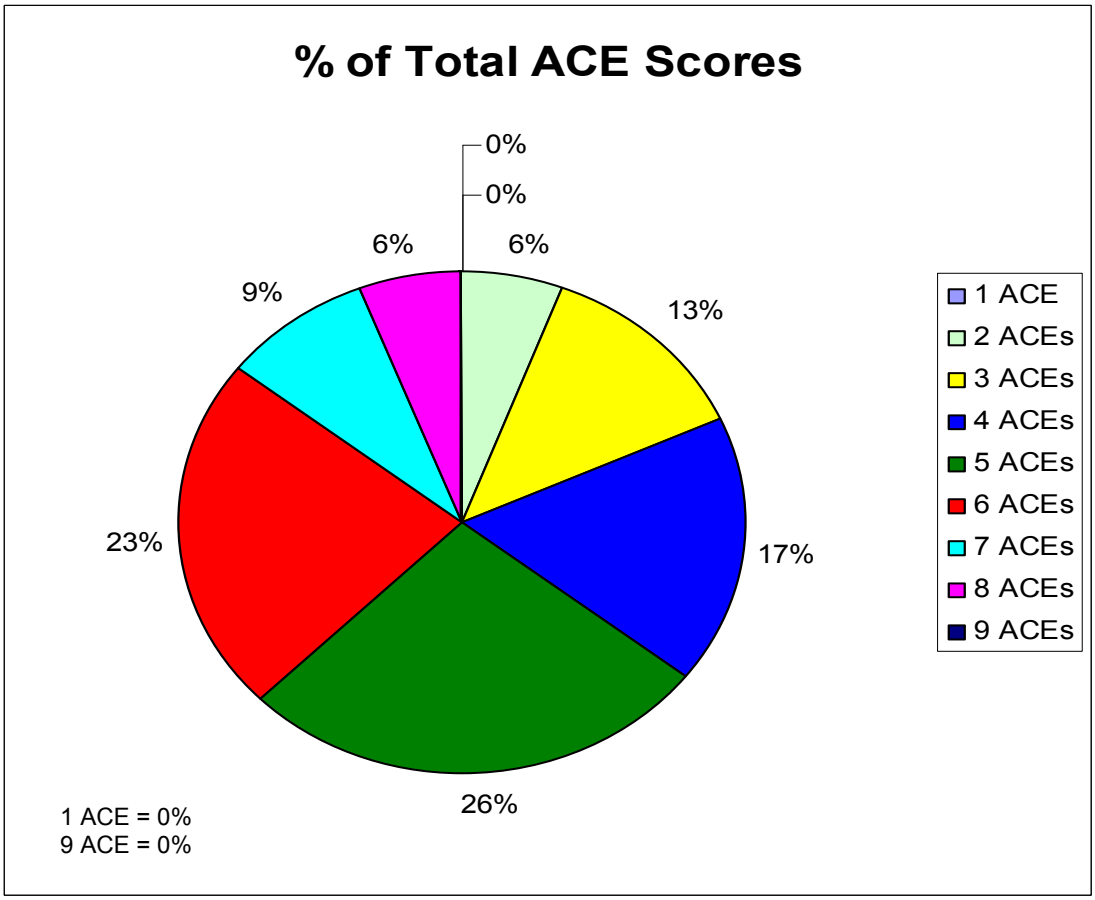
The ACE Score is used to assess the total amount of stress during childhood and it has been demonstrated that as the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion:

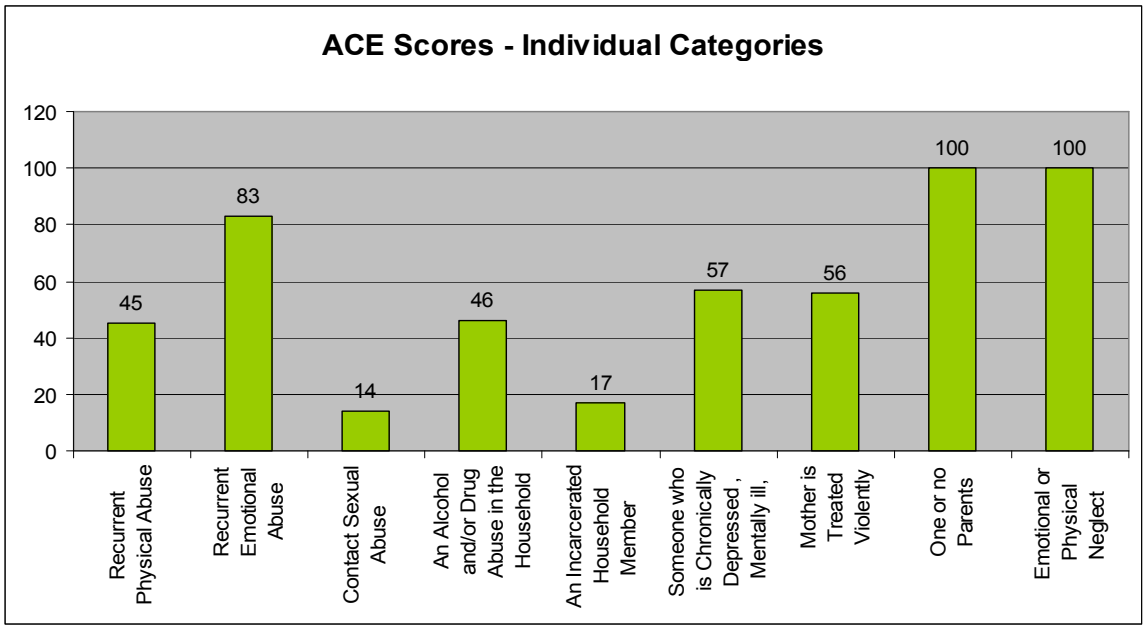
- alcoholism and alcohol abuse
- chronic obstructive pulmonary disease (COPD)
- depression
- fetal death
- health-related quality of life
- illicit drug use
- ischemic heart disease (IHD)
- liver disease
- risk for intimate partner violence
- multiple sexual partners
- sexually transmitted diseases (STDs)
- smoking
- suicide attempts
- unintended pregnancies

In addition, the ACE Study has demonstrated that the ACE Score has a strong and graded relationship to health-related behaviours and outcomes during childhood and adolescence, including early initiation of smoking, sexual activity, illicit drug use, adolescent pregnancies and suicide attempts. Finally, as the number of ACE increases the number of co-occurring or “co-morbid” conditions increases.

Carelink have begun collecting the ACE scores for the children on our caseloads, which is one of the indicators of their vulnerability, predisposing them to more difficult outcomes later in life. The higher the ACE score, the higher the risk. This then has implications for the importance of intervening with these children, as early as possible, to give them a better chance of escaping the impact of trauma being manifested in later life. We only score when we know that a child has definitely had adverse experiences therefore there may be underrepresentation of adversity.


Total ACE Score N = 104
No of Cases
30
25
20
15
10
5
0
0
6
13
18
28
24
9
6
0
1
2
3
4
5
6
7
8
9
ACE Totals


% of Total ACE Scores
0%
0%
6%
6%
9%
13%
23%
17%
26%
1 ACE
2 ACEs
3 ACEs
4 ACEs
5 ACEs
6 ACEs
7 ACEs
8 ACEs
9 ACEs
1 ACE = 0%
9 ACE = 0%



Number of ACE features	Prevalence in Southwark CAMHS LAC population (N = 104) %		ACE Study Results of General Population (N = 8,056) Felitti et al 1998
No ACEs	0		49.5%
1	0%		24.9%
2	6%		12.5%
3	13%		6.9%
4	17%	4 or more = 81%	4 or more = 6.2%
5	26%		
6	23%		
7	9%		
8	6%		
9	0%		

Comparison of ACE scores for our LAC population with those for general population

OUR USER FEEDBACK AND USER INVOLVEMENT EVENTS

Feedback from children and young people

Our feedback is obtained by sending out a questionnaire, at regular intervals, called CHASE (Child and Adolescent Service Experience questionnaire) which is used across CAMHS services in SLAM. There is also a separate feedback form given to carers, to comment on their opinion of the care that was given to the child/young person.

Children and young people consistently rate "the person they see" as kind and caring, trustworthy and understanding of them.

Some of the most helpful feedback is in the comments children and young people make, in the free text section, occasionally extra to the feedback forms but also in reply to the following questions:

What things would make the appointment better?

Children said:
"More drawing"
"More time"
"More play-dough and paintbrushes"
"food & drink"

Young people said:
"Go outside/walking"
"playing games/do enjoyable things"
"if they could travel to me"
"longer appointment"

What are the best things about your appointments?

Children said:

"talking to someone/about worries"
"play"
"the clinician"
"everything"
"doing arts and crafts"
"getting along"
"talking freely without being judged"
"problems getting sorted"

Specific attention had been paid to these comments over the year and the following actions have been taken:

- Clinicians are more flexible about where appointments take place
- the range of toys and resources has been reviewed and increased
- the Creative Groups (co-facilitated with the South London Gallery Community Education staff) have continued and widened to include all age groups

The feedback from carers (foster carers and adopters) was also highly positive.

Here are some samples of what carer's said:

"The worker has known my child since the day he came in to care so knew his history…provided continuity of care…"
"the best thing was learning new skills in how to manage a child in my care"
"they listened and understood; offered invaluable support."

Carer's also had improvements they wished to see:
"shorter assessment period before the child seen"
"more consistent service"

But, most people when asked about ideas for improvement said "nothing" or "no".

Specific attention had been paid to these comments over the year and the following actions have been taken:

- cases are reviewed on a case by case basis to ensure assessments are not overly lengthy or drifting
- following comments made in other parts of CAMHS and to Carelink in 2010, appointments are now more routinely offered outside standard 9-5 office hours. The family therapy clinic has extended its hours so appointments can be provided after the school day and into the evening.

Feedback from foster carers – training courses and individual support to foster carers:

Carers completed a satisfaction questionnaire at the end of Fostering Changes (training group – caring for teens).

The foster carers said:
Most useful strategies were: "I" messages, giving positive attention, problem-solving and selective ignoring
Least useful strategies were: selective ignoring,
Most carers reported feeling "very confident" about managing behaviour in the home after the course.

Some Quotes:

"My young people's behaviour can change from day to day - it depends on how they feel, but the ideas the course has given are still very fresh in my head. I found my own behaviour can be better - thinking before acting or talking."

"The course has helped me to stop and think before speaking/reacting"

Message from new adopter who was a participant in Fostering Changes course:
"C is an exceptional trainer. I have learnt a lot from her as a reflective practitioner. I have really appreciated her ability to meet the needs of everyone in the group both in terms of their learning and also emotional needs. Her high level of soft skills and intellect are a warming combination!"

USER INVOLVEMENT EVENTS FOR CARELINK CHILDREN

Young Vic Theatre Project

During 2011 LAC children and young people involved with Carelink were nominated to participate in the Young Vic Theatre Project, which is run for CAMHS children from Southwark and Lambeth boroughs in partnership with SLAM and the Young Vic. We have had two workshops this year – one in the Spring for children aged 7-12 and one in the autumn for over 13s.

It is run by a Trainee Director at the Young Vic (along with CAMHS staff present) and involves a combination of games and activities connected to movement, body work, acting and role playing and story interpretation geared to the age group. They put on a short performance for parents/carers at end of the workshop. It is hoped to build on children's confidence and self-esteem and help them develop a new interest in self-expression and theatre skills.

We are pleased to say The Theatre Project has become an annual event for us.

The Carelink/South London Gallery Holiday Group

Also known as the AIS Group – "Art is Something" This has met for one day each school holiday since August 2011.

It is co-facilitated with the Community Arts Education Staff from South London Gallery, a Social Worker from the Children Looked After team in Social Services and Carelink. The children are those on referral to Carelink Targeted CAMHS.

The aim is to maintain a small consistent grouping of children age range 8 to 12 to engage in a creative group activity each holiday period.

The venue is the South London Gallery. This has a purpose built education wing but often the children will be actively engaged with the exhibit of the season, in one of the gallery rooms. The garden is used at break time to relax and reflect on the art activity.

Mixed media is used, including photography, sculpture and video making. Games are used to develop a team ethos and to encourage sharing and teamwork.

To date nine children have taken part. An informal fun feedback activity takes place at most sessions and this has been consistently positive and with a strong message to keep the group small (usually maximum of four children for each one).

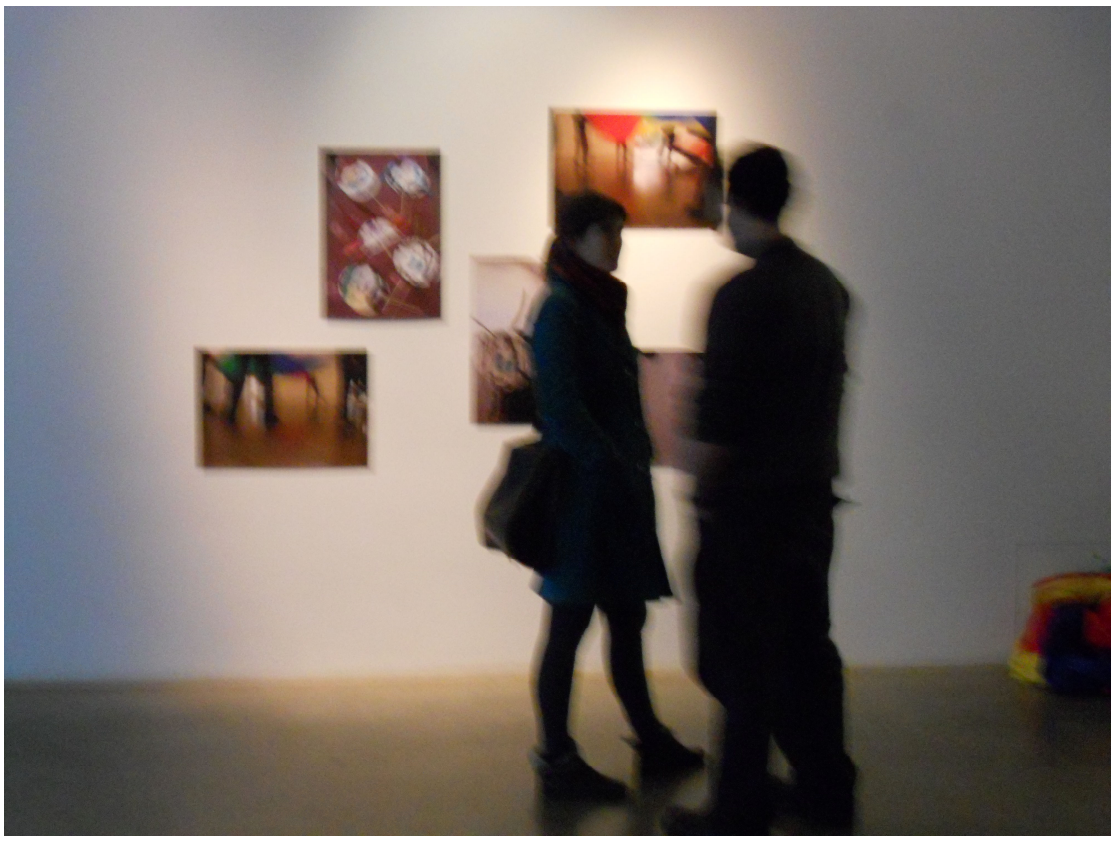
Given the individual children's adverse life histories and interruptions to familial relationships, it is not surprising that the children enjoy and thrive with the high adult to child ratio in the group.

The children chose the group's name from a list they originated, choosing 'Art is Something' in preparation for an exhibition and social event for professionals and carers in December 2011. Their work was also exhibited at a Social Services Achievement Event in November 2011 at Glaziers Hall in the City.

CARELINK CREATIVE PROJECT

The Carelink Creative Project has been running now since early 2011 in collaboration with the South London Gallery. It is a two year program ending at the end of 2012. This was based on us receiving a grant for £3,400 from the SLAM Charitable Fund for direct work with children.

The Carelink Creative Project (CCP) has a focus on working with looked after children who would benefit from being part of a socially inclusive group activity which encourages the development of self esteem and creativity and promotes community awareness. This is a wider group of children than the Holiday Group mentioned above, so children and young people can just join for one day or longer, and there are different groups for different ages.



Within the group there is an over arching focus on wellbeing. Last year's group focus was on 'identity' and this year's is 'relationships and relating'. The children and young people worked with photography and setting up their own three dimensional compositions, and have also worked with clay creating individual pieces to contribute to a unified piece. The group participants called themselves "The Supersmashers".

The December 2011 group saw the children and young people present a fabulous exhibition in the gallery space at The Clore Studio which included a parachute workshop and a large vat of hot chocolate! There was a large supportive crowd of carers and professionals who attended to view the work and celebrate the event with the children involved. We have held three groups during 2011 and plan to run three more before the end of 2012 resulting in a second exhibition towards the end of the year.

Final comment;

In our work we are heavily reliant on our close working relationships with our colleagues in Social Care, Child Health, Education, the voluntary sector and other agencies. These relationships help ensure that we deliver the best possible service to the children and young people in our care. We look forward to continuing this creative, collegiate and constructive work over the next year.