

Item No. 6.	Classification: Open	Date: 25 February 2014	Meeting Name: Corporate Parenting Committee
Report title:		Child and Adolescent Mental Health (CAMHS) – Carelink	
Ward(s) or groups affected:		All	
From:		Director Children’s Social Care	

RECOMMENDATION

1. That the corporate parenting committee notes the report on Carelink and the valuable role it plays in early identification of mental health needs and providing responsive and accessible assessment and treatment for children and young people in care. This work with our social care colleagues helps maintain stable placements for this vulnerable group of children and young people in care.

INTRODUCTION

2. Carelink is the Southwark Child and Adolescent Mental Health team (CAMHS) who offer mental health 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 based at the Lister Health Centre in Peckham. Our colleagues in the Looked After Children’s section of Children Social Care are located very close by also in Peckham. Over the past year we have continued to offer a comprehensive CAMH service to Southwark looked after children.
3. ‘No other group of children and young people in the developed world are more socially or developmentally disadvantaged than children and young people who reside in court-ordered alternate care, and those who are subsequently adopted from care’. (Tarren-Sweeney, M, & Vetere, A 2013).
4. These children and young people experience high social and psychological adversity. There has been long standing concerns that their mental health and emotional needs are not best served by generic mental health services. In 2000 this resulted in the then government making available the Quality Protects Grant that was given to the Local Authority to facilitate NHS CAMHS to design and deliver specialist mental health services for Children in Care.
5. In Southwark this specific QP grant lead to the development of Carelink the jointly funded Southwark CAMHS and Southwark Council, CAMHS team for Southwark Looked after Children established in 2002. This is fundamentally a partnership approach where Carelink provides mental health assessment and treatment in a multi agency context and contributes to the expertise of others e.g. Social Care, Child Health, Education.
6. Children and young people who are looked after by local authorities (identified hereafter by the abbreviation CiC) 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.

7. 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).
8. Over a decade on, the Carelink team have developed greater clinical skill in responding to the needs of our looked after children, learnt more about the complexity of need and the impact of social adversity and psychosocial stressors on the children and young people's sense of self, identity, cognitive, emotional and mental health well being. However there is a steady increase in the numbers of children in care in the UK (Department for Education 2011). This increase is largely due to better detection of child maltreatment, with Southwark having more children in care than many other Local Authorities.
9. We know that the social adversity and trauma the children experience that result in them being received into care poses critical developmental risks for their mental health and well being. Mental health and resilience among children in care, and those who are subsequently adopted, arise from complex, time sensitive interactions between genotype, prenatal conditions, pre care and in care psychological conditions and events, and infant neurological development (Rutter, 2000). Risk studies of children in care have identified several predictors of mental health difficulties and other negative outcomes. These are sometimes described as 'cumulative adversity' and include older age at entry into care, placement stability, perceived placement insecurity, and intellectual disability (Delfabbro & Barber, 2003; Tarren-Sweeney, 2008).
10. 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 CiC had mental health problems, some of them complex and severe. This is evidenced in the research mentioned above.
11. Given the current economic crisis and the growing needs with this group of children and their families it is more important that we work together to have better identification of need and can also offer treatment and intervention to the child and indeed the whole system.

BACKGROUND INFORMATION

Current Staffing

12. 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, 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.

Therapeutic Services for Children in Care

Presenting problems

13. Children and young people are referred with a wide variety of problems – emotional disorders, low mood, depression, self harm, suicidal thoughts, post-traumatic stress, eating problems, anxiety, attachment disorder and difficulties, behavioural and conduct problems and neuro-developmental problem
14. In 76-80% of the children and young people in treatment to the Carelink team we have 4 or more confirmed Adverse Childhood Experiences (ACE), Felitti et 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.
15. 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 200 looked after children and their foster families. In most cases this means seeing the child and foster carers on a weekly basis.
16. 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.
17. 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.
18. 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.
19. 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.

20. Additional practice books now also published by BAAF includes 'Managing Difficult Behaviours' a handbook for foster carers and 'Supporting Children's Learning'
21. 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.
22. 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.
23. 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 our signpost to another service as necessary.

KEY ISSUES FOR CONSIDERATION

The ongoing need for specialist's teams

24. 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) recommend in relation to strategic planning that;
 - '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.
25. NICE and SCIE also recommend that there are specialist accessible and flexible services that include children & young people in unstable placements
 - '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.

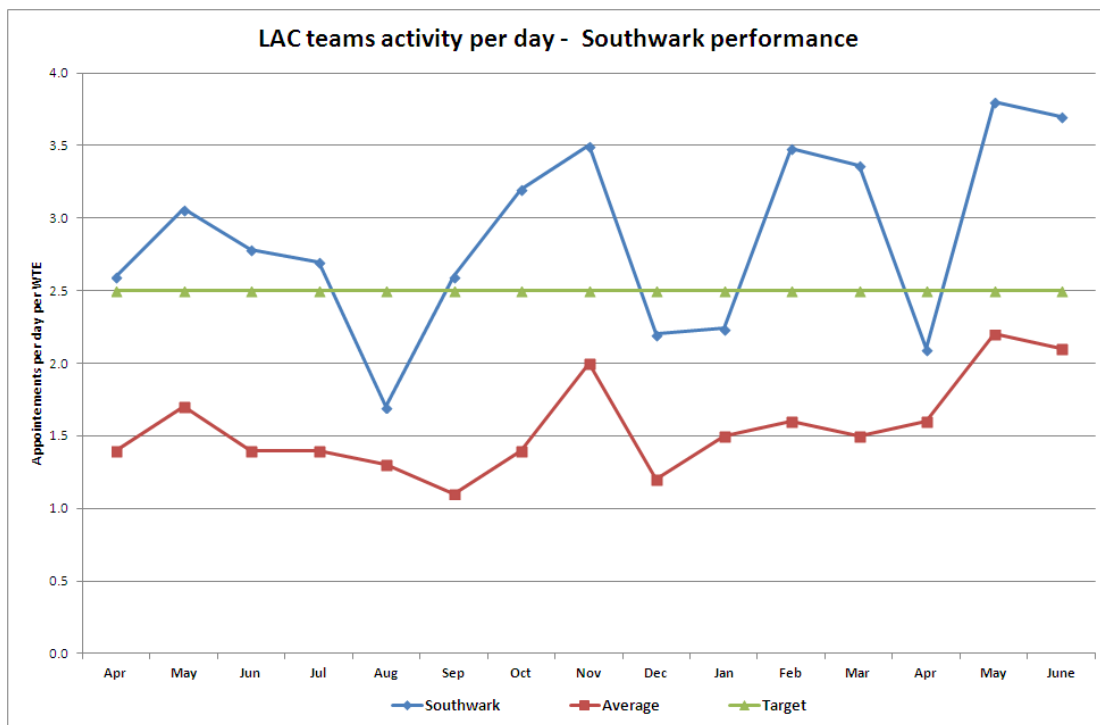
Accessibility and availability of assessment and treatment

26. SLaM CAMHS monitors team activity against agreed performance targets for face to face contacts with children, young people and their carers. The agreed target for face-to-face meetings for teams working with a LAC population is 2.5 contacts per day for each clinician in the team. These targets were agreed following caseload audits for different types of service with different populations

and took into account other aspects of the workload of different specialist CAMHS teams.

27. The target for all CAMHS LAC teams is for each clinician to offer 2.5 face to face appointments a day.
28. As shown below Southwark Carelink has been successful in consistently exceeding the target for face to face appointments offered to children, young people and carers.

Appointments attended Expectation 2.5 Attended appointments per day per clinician (April 2012 to June 2013)



Appointments Offered: - per day by each clinician

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Southwark	3.7	4.1	4.0	3.8	2.9	3.4	4	4.7	3	2.9	4.1	4.0	2.9	4.7	4.3
Average	1.8	2.1	1.9	2.0	1.7	1.6	1.7	2.4	1.5	1.8	2.1	1.8	2.1	2.7	2.8

29. Average refers to average appointments offered across SLaM Looked after Children CAMHS teams. These figures do not include consultation and advice regarding children who have not been formally referred to Carelink.

Close working relationship with social care and other agencies eg child health

30. Integrated multi agency teams need to provide services at sufficient intensity and early enough to prevent mental health problems persisting through childhood and into adulthood (McAuley, & Davis, 2009; Quinton, Rushton, Dance & Mayes, 1998). Such complexity and risk in children's lives requires a considered coordinated response from the professional agencies involved with these highly vulnerable children and their families.

31. Carelink has very close relationship with CSC and other agencies involved with CiC. This is a fundamental and integral part of the ethos of the Carelink service

Delivering evidence based treatment where possible and appropriate

32. We know in CAMHS that there is a need to develop better evidence in relation to treatment offered to Children and Young People especially in the CiC population where the presentation is complex with significant psycho social stressors and a high number of co morbid presentations. Our staff skills can offer a range of evidence based interventions and our active involvement in research demonstrates our commitment to gather further evidence in terms of what works and for which groups.
33. As with all Southwark CAMHS teams Carelink use Routine Outcome Monitoring and received feedback with regards to this monitoring data using CGAS through bi-monthly performance management meetings, regular reporting to local management teams and feedback sessions 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.
34. The Children and Young People's Improving Access to Psychological Therapies project (CYP IAPT) is a government programme working with existing CAMHS with the aim of:
 - Improving access to CAMHS and creation of stronger partnerships with children, young people families professionals and agencies
 - Building the capability to deliver positive and measurable outcomes for children young people and families

Increasing the choice of evidence based treatments available

35. Over the last year Carelink have included a new IAPT measure called RCADS (Revised Child Anxiety and Depression Scale) which was introduced as a standard screening tool with carers and young people, for all children aged 8 and above. This measure has been included as a standard anxiety and depression screen for all assessments and used along with the SDQ (Strengths and Difficulties Questionnaire) in all new assessments. The use of the SDQ at assessment and review is also part of IAPT requirements.
36. RCADS is a measure which screens for indicators of specific anxiety and depressive disorders. Our initial view has been that this measure is helpful in distinguishing between different types of anxiety and depression but that it is not sensitive to the kinds of presentations most common in the CiC population. We are therefore continuing to investigate measures which will be more helpful to the assessment of children and young people referred to Carelink. As part of Carelink's commitment to screening assessment and treatment review we continue to use of SDQ at assessment and review. We have identified the Brief Assessment Checklist for Children (BAC-C) and the Brief Assessment Checklist for Adolescents (BAC-A). These are 20 item caregiver-report psychiatric rating scales that are designed for children and adolescents in foster, kinship, residential and adoptive care. We are in discussion with the author of the rating scales and have agreement that we can use them in the team.

Working to develop evidence based treatments as there is poor research in this area

37. The drive for this guidance was the growing numbers of Children Looked After. In 2012, 65,520 children and young people were looked after by local authorities in England.
38. The majority of children and young people enter care after experiencing abuse, neglect or severe family problems.
39. 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 of foster care.
40. 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.

41. 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.
42. In the next section we will mention the research that is generated in this clinical team to further better evidence and practice for CiC.

Clinical 'real world' research rooted in a clinical team;

43. Involvement in research and developing better clinical practice is a key part of the Carelink clinical team. Please see further information in section entitled

'Research Projects in the Carelink Team'

44. 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.
45. Children in Care and Strengths and Difficulties Questionnaire (SDQs) screening
46. 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:

47. 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 programme analyses 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 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.
- 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.
- This research is written up in an article entitled '**Evaluation of a pilot project for mental health screening for children looked after in an inner London borough**', Newlove- Delgado, T., Murphy, E., & Ford, T. 2012 Journal of Children's Services, Vol 7 No 3 pp 213-225

48. 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+).
49. In the 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.
50. We think that this is because Southwark social workers and foster carers are correctly identifying mental health needs in children in their care and ensuring referral to the appropriate services.
51. 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.

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

52. Our thanks to Guys and St Thomas' Charity, who made a research grant to fund the project to run for 15 months.
53. 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.

54. 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.
55. 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.
56. 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

57. 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.
58. 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

59. 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.
60. Targeted interventions were taken up in majority of cases, in context of significant time pressures for carers managing intensive Contact schedules for infants/children.
61. On 5 point scale, foster carers and social workers positively rated the usefulness of intervention with 4.6 and 4.3 average scores respectively.
62. 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.

63. 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.
64. The research study and its outcomes were presented to various audiences throughout the year. This research is described a chapter "**Social-emotional screening and intervention for 0-4 year old children entering care**", Hardy, C., & Murphy, E. in a book entitled 'Mental health services for Vulnerable Children and Young people' edited by Tarren-Sweeney, M & Vetere, A. (2013) Routledge, Taylor & Francis Group.
65. There is also a recently published article '**Mental Health Screening and Early Intervention: clinical research study for under 5 year old Children in Care in an Inner London Borough**', Hardy, C., Hackett, E., Murphy, E., Cooper, B., Ford, T. & Conroy, S. published in Clinical Child Psychology and Psychiatry January 2014.

Social-emotional Under 4's Screening and Intervention; A study of Emotional Health and Development in Babies and Young Children (S.U.S.I.) - an interagency collaboration in Southwark.

66. The purpose of this clinical research study is to carry out a feasibility study to the impact of specific mental health interventions for the children, parents and carers in three high risk groups of children under the age of 4 years in Southwark.
67. The study replicates a screening method that was first developed and successfully implemented in a pilot project in Southwark in 2010-2011, combined with the delivery of new specific longer term interventions to investigate the impact of this approach on the social-emotional development of the child and the quality of the caregiver -child relationship in the 'looked after children' population. The screening method and an extended intervention will also be offered to two further groups in Southwark, with the aim of building more robust evidence on the outcomes for children and the effectiveness of early interventions that target their emotional/mental health and the methods by which we can successfully engage with children and their caregivers.
68. Guidance for 'Looked After Children'(Oct 2010), now referred to as Children In Care(CiC), states that all under five year olds should receive a screening and timely intervention by a specialist child mental health practitioner.
69. The pilot screening study revealed significant unmet emotional/mental health needs in the CiC group of children. The audit of social-emotional/mental health issues picked up by Paediatricians in the 12 months prior to the project, showed that only 10% of children were identified as having needs/difficulties in comparison with 67% in the pilot project. The project was able to influence carers and professionals to integrate information about these mental health and developmental needs into their care or practice for a cohort of Southwark children.
70. In the new study there will be three groups:
 - Group 1 Children in Care (CiC)
 - Group 2 Children whose parents are known to the Parental Mental Health Service (PMH)
 - Group 3 Children on initial Child Protection Plan (CP).

71. We will recruit children and caregivers from all three groups to the study in a 12 month recruitment period, and implement regular reviews of the child's social-emotional development and mental health at 6 months interval for the duration of the project.
72. The screening will help the parents and primary caregivers have a greater understanding of their child's needs and social-emotional development. The intervention will be tailored to the individual needs of the child but also give significant direct support and advice to the parent or carer in addressing the child's needs. As the focus will be on the parent/carer-child relationship we also anticipate that the adult caregivers will benefit by having a more positive and enjoyable relationship with their child.
73. We will implement a training workshop, developed in collaboration with colleagues at BAAF, (the British Association for Fostering and Adoption), that provides information on early social-emotional development and the rationale for the type and implementation of the therapeutic interventions that the study will offer. We will regularly run the workshops for groups of professionals in our partner agencies in health and social care.
74. We anticipate increased and improved relationships across Healthcare (G.P.'s, health visitors and Child Health) and Social Care professionals in planning for the child as there will be better information about the child's emotional needs and their attachment to their primary caregiver(s).
75. This new project is designed to build more robust evidence on a) the methods by we can successfully engage with vulnerable groups of children and their caregivers, b) the effectiveness of early interventions specifically targeting the emotional/mental health of babies and young children and c) the costs of early interventions and broader health and social care costs for this population. The project therefore addresses three key recommendations made by NICE.
76. This research will take place in Carelink, the CAMHS Looked after Children's team in Southwark. This is a jointly funded NHS and Local Authority multidisciplinary team and is co-located with Southwark Social Care. This research is funded by Guy's and St Thomas Charity.

Current context

Update April to November 2013

77. In the last seven months Carelink accepted an average of nine referrals a month which shows a steady increase in rate of referral to the team. This includes a substantial number of referrals where there has been court assessment and recommendations for long term intensive individual interventions from psychoanalytic child and adolescent psychotherapists. This may reflect the nature of children coming into care at the current time who have experienced long periods of neglect and abuse. Carelink team are currently managing this increase in referral rate by increases to staff caseload and workload. This is significant because the team has also absorbed significant cuts to its staffing. In addition the team has been required to increase its commitment to generic CAMHS work such as CAMHS in school because this work is currently shared between all the Southwark CAMHS teams.

78. The team caseload, for children involved in therapeutic work, is between 195 and 205 which is an increase from the previous years where the assessment/treatment caseload was between 130 and 140. There is an increase due to both the age range for referral changing to include young people up to 18 years and an increase in the number of Under 5's since Carelink undertook the 0-5's screening study. There has also been a marked increase in referrals linked to adoption assessment, planning and support.

Service User Involvement

Feedback from children and young people

79. 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 our NHS Trust. 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 and to themselves.
80. There is a display in our waiting room about user feedback – giving a summary of the most recent satisfaction surveys and examples of any comments and suggestions, with responses from the team and any actions we have been able to take.
81. There is also a photo boards in the CAMHS waiting areas displaying the photos and titles of clinicians working in the team.
82. Children and young people consistently rate “the person they see” as kind and caring, trustworthy and understanding of them.
83. 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 – here are some typical examples:

What things would make the appointment better?

Children said:

“make it a longer time”
“more time in my appointment”
“Less talking, more creative things”
“It is already fine”
“would like to take my art work home”
“the wall to be painted and the table to be changed to pink and a bigger mirror”
“play more games”
“play computer games”
“less writing”

Young people (teens) said:

“Put comfy chairs in all the rooms plz!”
“Don't know – I think its fine”
“Change the music to hip-hop” –
“Nothing really, nothing extra, you're already helping me”
“Paint the walls – there are marks on the walls”
“Not so much about my Mum”
“Sometimes I need to write things – lots of good ideas and I'm scared I won't remember them”
“If I could keep goal focussed and go away with a plan”

84. We also routinely collect feedback from Foster parents about their experience including feedback from training courses we run.

Young Vic Theatre Project

85. During 2012 and 2013 children and young people 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 half-term for children aged 7-12 and one in the autumn for adolescents. Some of our Looked After Children were keen to attend.
86. It is run by Trainee Directors 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. The younger group put on a short performance for parents/carers at end of the workshop. The aim is to build on children's confidence and self-esteem and help them develop a new interest in self-expression and theatre skills.
87. The younger group attended on five mornings during half term; the adolescents attended a weekly evening group over 8 weeks.
88. We are pleased to say The Theatre Project has become an annual event for us.

The Carelink/South London Gallery Holiday Groups

89. Also known as the AIS Group – “Art is Something” (named by the participating children) This has met for one day each school holiday during the year, consisting of the same small group of children.
90. 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/CAMHS staff. The children are those on referral to Carelink CAMHS.
91. 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.
92. 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.
93. Mixed media is used, including photography, sculpture and video making. Games are used to develop a team ethos and to encourage sharing and teamwork.
94. 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).
95. 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.
96. Their work was also exhibited at an end of year celebration at the gallery.

97. **World Mental Health Day**



Every year on 10th of October, the World Mental Health Foundation celebrates World Mental Health Day. The focus of this initiative is raising awareness of mental health issues. Throughout October 2013 the Carelink team ran an art and activity project linked to world Mental Health Day, with creative and play activities for children and young people and their carers in the waiting room and in extra family sessions. The theme of the art project was the natural world and we encouraged all family members, to

make a leaf or bird that we could add to a tree which was painted in the corridor with the help of one of the young people. We hope to continue this project further along the corridor over the coming months so that more children, young people and carers have the chance to take part and so that the environment at the Lister Centre is improved by this inspiring artwork. The cover photograph for this annual report and those above and below show the impact of this project. We would like to thank The South London and Maudsley Charity fund for its support of this project.

Policy implications

98. There are no policy implications relating to this report

Community impact statement

99. 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.

Resource implications

100. There are no resource implications arising from this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Rory Patterson, Director Children's Social Care	
Report Author	Elizabeth Murphy, Consultant Child and Adolescent Psychotherapist, Carelink, Southwark CAMHS	
Version	Final	
Dated	12 February 2014	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	N/a	N/a
Date final report sent to Constitutional Team	12 February 2014	