

## Carelink CAMHS

### Service Description February 2017

Children and young people who are looked after by local authorities are among the most vulnerable and disadvantaged members of society (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, Looked after Children have 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 looked after Children vary between 37%-89% which compares with the estimate of 3%-18% for children outside the Care system, but Looked after Children 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 Looked after Children often go unrecognised (McCann, James & Wilson, 1996; Richards, Wood & Ruiz-Calzada, 2006; Philips, 1997). Barriers identified include:

- The movement of Looked after Children 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).

Given the high level of emotional, mental health need, early adversity and psychosocial stressors these children experience it is important that these children experience high quality care and accessible, flexible and bespoke CAMHS assessment, treatment and intervention. This view has been endorsed by the 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).

**Carelink** is a specialist Child and Adolescent Mental Health Service (CAMHS) for Looked after and Adopted Children 0-18 years. The team is part of the South London and Maudsley NHS Trust and is one of five CAMHS teams in the Borough of Southwark. Carelink is jointly commissioned by Southwark Children's Social Care (CSC) and works in close partnership with the CSC, Child Health and Education.

The team is located at the Lister Primary Care Centre (a modern purpose built health centre) in the middle of Peckham. The majority of our sessions with children, young people and carers take place at the Lister Centre and depending on need and resources we see children in their placement (mainly foster homes) or in school.

**The overarching aim for Carelink** is to provide a flexible, accessible community based mental health service for Southwark Looked after Children 0-18 years (both in and out of Borough) and professionals involved in their care. We understand that Southwark has a richly diverse population. The team aim to provide care that is sensitive and appropriate to the client's circumstances, gender, ethnicity, language and culture. The team carries out comprehensive assessments and use available outcome measures which provide evidence of benefits to our client group, and evidence of high levels of service-user satisfaction. In addition to offering a high quality clinical service the team is

actively engaged in clinical research to add to the evidence base about best assessments and treatment interventions to offer to this population.

Our strong relationship with CSC is central to the team development, service planning & clinical provision and on-going research.

## **1. Overview of services**

### **LOOKED AFTER CHILDREN:**

Our remit is to offer a CAMHS assessment and therapeutic service to children and young people 0-18 years who are looked after by Southwark Social Services, where there is a plan for them to remain permanently in care. Given the changes in CSC and the high number of children on s20 we also offer a CAMHS assessment to children and young people, where the young person entered Care late and/or the permanency plan has not yet been fully agreed, when there are concerns about mental health and risk.

We work with Southwark Looked after Children both in and out of Borough. At any one time up to 50% of our open cases are Children who are looked after by Southwark but live outside of the Borough. Where possible we aim to work with Southwark children irrespective of address so we can offer continuity of service should there be a change of placement and to support 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 in their locality as requested.

### **ADOPTED CHILDREN:**

We have close links with the CSC Adoption Team. Carelink can assist with the transition from foster-care to adopted family especially when the child has already been known to the team. We offer assessment and therapeutic services to adopted children and the family if this seems more appropriate than having intervention from the local CAMHS community team and the geographical distance for the family is not too great.

We are also referred adopted children and young people who are living in Southwark and may not have previously been known to our team when they are experiencing emotional and mental health difficulties. 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 Care Support:**

Foster carers of all children and young people referred are offered therapeutic support. This includes joint working with foster parent and child if clinically indicated (often for younger children) and foster parent sessions in parallel to the child or young person's individual work.

### **Multi-agency review meetings:**

We meet key professional in the child's network to feedback outcome of assessment. Children and young people in on-going treatment with Carelink have termly multi-agency review meetings. These meetings include foster parents, Social Worker, Supervising Social worker (SSW), Independent

Reviewing officer (IRO) and the young person, Child Health and Education when appropriate. At these meetings the child or young person's CAMHS Care plan is agreed.

## **Staffing**

Carelink is a multi-disciplinary team consisting of staff from the following specialisms: child psychotherapy, art and drama therapy, family therapy, clinical psychology, occupational therapy, nursing, therapeutic social work. We have access to psychiatry for individual cases as required. From time to time Carelink has trainees from a range of disciplines attached to the team. The team has a stable workforce with many clinicians trained in more than one assessment and treatment modality.

Carelink is committed to offering a high quality clinical service to Looked after Children and is actively involved in clinical research.

## **2. Presenting problems.**

Children and young people are referred with a wide variety of problems and these include; emotional disorders, low mood, depression, self-harm, suicidal thoughts, PTSD, developmental trauma, eating difficulties, anxiety, attachment disorder and difficulties, behavioural and conduct problems, neurodevelopmental problems, early onset psychosis. Given the trauma and early adversity experienced by Looked after Children it is more usual to have high levels of comorbidity and complexity. The children and young people are assessed by the team and Specialist assessments and interventions are requested as needed e.g. specialists neurodevelopmental assessments.

## **3. Carelink Assessment and Intervention Provision.**

Carelink CAMHS assessment & interventions include the following:

- Individual psychoanalytic psychotherapy
- Family and Systemic psychotherapy
- Consultations to network and carers
- CAMHS generic and more specific treatment assessments
- Sibling work
- Support Social Workers with Together & Apart assessments
- Work with carers and adopters, with children or separately looking at attachment issues
- Drama therapy, art therapy and creative therapies
- Short-term solution focused work
- EMDR
- Mental state examinations and risk assessment.
- Group work
- Cognitive behaviour therapy
- Trauma focused interventions
- Parent/child work
- Specialist assessments e.g. cognitive assessment, Story Stem Assessments, specialists assessment for under 5's (ASQ-SE, KIPS and clinical formulation of child's needs).

On average the Carelink team has a case load between 190-220 open cases. Each staff member has an individual caseload in the region of 30-40. The length of treatment varies from assessment only which may be 3-4 appointments to several years of treatment. Given the high level of emotional and

mental health need, the challenges the children and young people face at different developmental stages long term treatment for Looked after Children and support for their parents/carers is essential.

#### **4. Interagency Work**

Integral to our work in Carelink is good multi-agency collaboration and support. All CAMHS team working with Looked after Children need to have a close relationship with CSC on both a strategic and operational level. Support from Social Workers strengthens treatment outcomes given the complex networks around our children. In addition, close working relationships with Child Health and Education is important to facilitate joint assessment and better plans for our Looked after children and young people. We are grateful to our Southwark colleagues for their ongoing support and are keen that where possible integrated multi-agency work and practice continues to support our vulnerable children.

#### **5. Issues for consideration**

- Waiting list
- Access to services for children placed out of Borough
- Transfer to AMH
- On-going risk management
- Support for care leavers
- Raising the awareness of the specific emotional, social, developmental and mental health needs of Looked after and Adopted children.
- Ensuring on-going stability in the service.

Elizabeth Murphy  
Consultant Child & Adolescent Psychotherapist  
Carelink CAMHS  
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