

BARNSLEY CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

CHILDREN IN CARE (CiC) PATHWAY

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In consultation with Children in Care Service,
Barnsley Metropolitan Borough Council

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Service Description:

The Barnsley CAMHS Children in Care (CiC) Pathway delivers specialist consultation, skills and training to children in care (0-18 years) and their carers' to promote emotional and psychological wellbeing and placement stability. The service offers support and training to carers and the wider professional network, assessment of children and young people's emotional health needs and where appropriate direct therapeutic with a young person and/or their carers for trauma and attachment issues. Liaison and progression to other CAMHS pathways can be made for specialist assessments or pieces of work and the service also signposts and facilitates referral to other services as appropriate to meet identified need.

Background:

The provision of mental health services for children in care have traditionally been viewed as highly complex and lacking structure, with children and young people in care frequently denied access as they often do not meet thresholds for diagnostic criteria, despite the high prevalence of mental health issues in this group (NICE 2015)¹. There has also been concern around timely access to appropriate therapeutic support for those young people who are in short-term and/or unstable placements.

NICE guidelines on attachment offer best practice advice on the care of children and young people with attachment difficulties including those adopted from care, in care or at high risk of going into care (on the 'edge' of care). One of the key recommendations relates to the need to ensure all children and young people and their parents or carers get equal access to interventions for attachment difficulties regardless of their context.

The evidence suggests this client group needs targeted and dedicated provision that prioritises their needs, allows flexible and timely access to services, alongside the development of clear referral pathways and effective partnership and multiagency working. Statutory guidance is clear that a specialist mental health Children in Care (previously described as 'looked after children') should be provided to support children according to need.² The guidance also gives consideration to those on the 'edge of care', adopted from care and special guardianship arrangements. There are many such kinship care arrangements in Barnsley and there is a clear need for work targeting this client group.

Guidance for children in care (NICE 2010)³ reports on the need for more flexible and accessible services from CAMHS to both help improve mental health and well-being, but also prevent the escalation of challenging

¹ Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care, (NICE, 2015 : [nice.org.uk/guidance/ng26](https://www.nice.org.uk/guidance/ng26))

² Promoting the Health of Looked After Children(DoH and DfE, (2015)

([https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting the health and well-being of looked after children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked_after_children.pdf))

³ Promoting the quality of life of looked after children and young people (2010 NICE: [https://www.nice.org.uk/guidance.ph28](https://www.nice.org.uk/guidance/ph28))

behaviours and placement breakdown. The guidance has recommendations specific to CAMHS which includes early identification and prevention of physical and emotional health problems and access to specialist CAMHS services for children and young people who are in care. Guidance also recommends that professional consultancy and regular training; support and education programmes are available for social workers and carers.

The Commons Select Committee report (2016)⁴ recognises the significant challenges children in care face accessing mental health service and recommends they be given priority access to mental health assessments by specialist practitioners, with subsequent treatment based on clinical need.

Current context:

NICE guidance reports that children and young people placed out of their local authority area are less likely to receive CAMHS in their new location and there is a clear need for services to prioritise this client group.

Information shared by Barnsley Local Authority in March 2017 indicates that there were 291 children and young people in the care of Barnsley local authority. Of these 93 children were placed outside of Barnsley

- 58 – 0 to 10 miles
- 11 – 10 to 20 miles
- 24 – 20 plus miles

For those Barnsley young people placed out of Borough the CAMHS service in the locality in which the child is residing will assess and offer any service requested to meet their needs.

Likewise Barnsley has significant numbers of out of area children and young people placed in the local area and the CAMHS service accepts referral of these children. There are a number of private beds located within Barnsley and the young people in these specialist placements have complex needs and often present for urgent assessment and crisis management due to presentations of high risk.

In line with statutory guidelines these young people are seen within the Generic Emergency Care Pathway in conjunction with the CiC Pathway. The proactive management of risk via the consultation and training offered to professionals and carers is a key objective of the CiC pathway.

Data:

From 1st April 2016 and 31st January 2017 52 of cases have been reviewed in the consultation clinic of which 32 were from Barnsley and 20 were placed in

⁴ Mental health and wellbeing of looked after children: Government response to the Committee's Fourth Report of Session 2015-16, DH & DfE published 2016

Barnsley from another authority and are described as 'out of area' for the purpose of this pathway. Of these 30 cases were then offered a service within specialist CAMHS. This is 19 Barnsley and 11 out of area cases.

As at December 2016 there were 310 children and young people in the care of Barnsley local authority of which 115 had been known to CAMHS at some time and of these 34 were out of area cases.

Currently, the service provides a small dedicated resource for all CiC referred to CAMHS

Referral Process:

The Social Worker completes a referral form to CAMHS ensuring to identify the child as a 'Child in Care'. The referral is then triaged for urgency by the Single Point of Access (SPA) team at CAMHS. If the outcome of triage is that an Emergency assessment is required the referral will be allocated to the Emergency Care Pathway who will see the child and ensure liaison with the CiC Pathway Lead.

The core offer is that the CiC Pathway initially offer an appointment for a consultation clinic meeting with the young person's social worker, foster carers and any other professionals working with the young person. This meeting is not typically attended by the child/ young person or the birth parents. At this meeting, the young person's psychological and emotional health needs are explored and a psychological formulation of the young person's presentation is produced. The purpose of this meeting is to enable a supportive environment for those staff and foster carers to inform a decision about the most appropriate support/intervention including who will be responsible. This plan of care may be for further consultation and support, work directly with carers (either individual or group work), or the young person can be offered further assessment and/or therapeutic work for attachment and trauma issues. Where necessary the child may require an intervention via another Specialist CAMHS pathway and the CiC will always signpost and /or facilitate referral to other services as appropriate.

To facilitate a decision about who should be invited to this meeting the child's Social Worker will be asked to identify and or provide (at the point of referral) the following information:

- The Legal status of the child i.e : which care order they are subject to and who holds Parental Responsibility and the overriding authority for decision making.
- A detailed Chronology
- Any Previous work undertaken both in and out of area and copies of any reports commissioned by social care.
- Details of any prior CAMHS involvement from another CAMHS service and details of the service with dates that is held on the child's social care record (Note: NHS organisations do not have access to a

centralised health record and may need to request details from the relevant CAMH Service)

- Details of agencies involved and current placement details.

Involvement of Children / young people and birth parents:

Where a child / young person or birth parent has requested to attend the CiC consultation meeting the CiC pathway staff will consult with the child's Social Worker to enable a decision to be made on a case by case basis as to how the young person's psychological and emotional health needs are best explored.

Consideration will be given as to the benefits of a CiC consultation and subsequent family meeting or an integrated CiC initial review. This will typically be based on the age and competence of the child, legal rights of the birth parents and the risks and benefits to the child of any decision to include / exclude.

The CiC pathway will seek guidance from the Local Authority with regard the child and family's requests and rights to participate in part or all of the CiC offer. This guidance will also include the legal right to information such as the outcome of any decisions and plans of care agreed.

On reaching a decision upon the participation of children and birth parents the CiC pathway will advise the allocated Social Worker of the dates of any planned meetings and request that they invite the agreed family members in a timely manner.

Access to Service:

An appointment for the initial consultation meeting should take place within 6 weeks. If there is clear evidence that a child or young person needs a face-to-face assessment this is prioritised and they will be seen within 2 weeks of the request. This is compared to a commissioned 5 week wait in the generic population.

See flowchart for CiC pathway (see Appendix 1).

Current service provision:

The service will offer an individualised package of care based on assessed need. This package will be agreed by the multiagency team under the guidance of the CiC CAMHS pathway. The CiC pathway will then arrange the delivery of the package from a variety of interventions on offer as below.

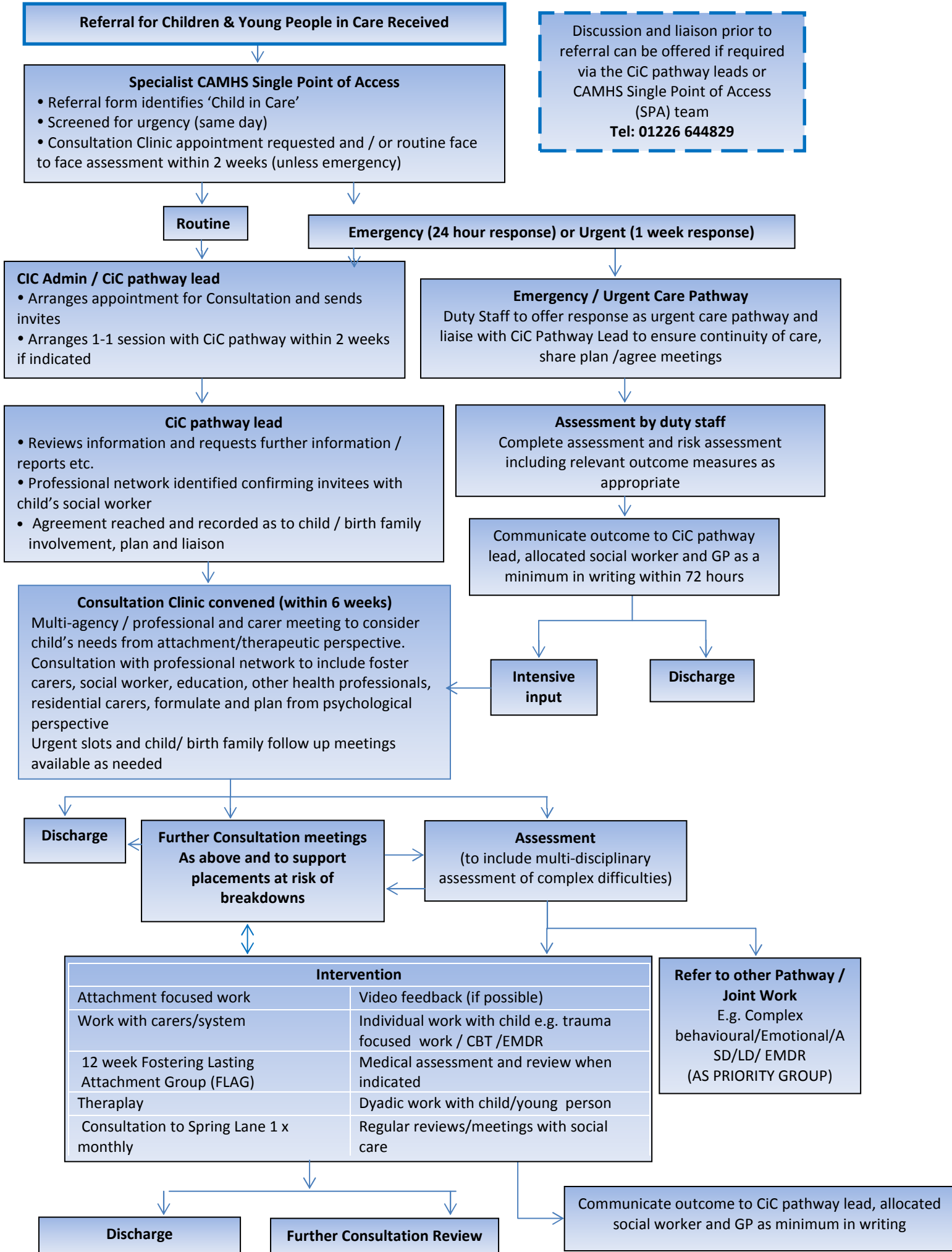
1. Advice, consultation and training to carers and the professional networks responsible for the care of children and young people to facilitate the provision of quality parenting and care in order to promote the emotional wellbeing of children and young people in care. This includes the offer of a

12 week Fostering Lasting Attachments group (FLAG) for foster carers, Kinship carers and adoptive parents. This aims to provide carers with support for their therapeutic parenting and increase understanding of their childrens' emotional and behavioural needs through an increasing understanding of attachment theory and its application to the parenting of these children.

2. On-going consultation, advice and training to social workers to assist care planning, the identification of any therapeutic needs, help with placements and transitions for children and young people in care. Consultation is also available to support placements at risk of breakdown and this may be by invitation to a 'core stability meeting' which is hosted by the Local Authority. Attendance will be by the appropriate member of CAMHS staff with the best knowledge of the family or of the presenting difficulty.
3. Direct assessment of children and young people's emotional health needs and appropriate therapeutic work for trauma and attachment issues from the CAMHS CiC pathway.
4. Access to specialist pathways in CAMHS where this is deemed more appropriate or as an additional requirement to the offer from the CiC pathway.
5. Liaison with wider services and signposting to other services as appropriate, for example early intervention services such as the schools based mental health provision for children in secondary education.
6. Teaching and training.
The Children in Care pathway contributes to training via the Local Children's Safeguarding Board. The pathway also offer bespoke training on request based on identified need. This can be delivered to professionals and carers.
7. CAMHS representation at the Multi Vulnerability and Complex Abuse (MVCA) case meeting. This forms part of the overall offer for children to ensure collaboration and agreement to the required package of care to meet the needs of this high risk group of children.
Note: attendance is typically from a member of staff from the CAMHS emergency/ urgent care pathway to ensure urgent response times for allocation are met where required. Liaison with the CiC pathway takes place for CiC cases discussed as required.
8. Provision of consultation to Barnsley's children and young peoples' residential provision.
9. Attendance at the Health & Wellbeing of Children in Care Steering Group.
10. Co-opted attendance for clinical consultation at the Children's Resource Allocation Group (CRAG).

BARNSELY CAMHS CHILDREN IN CARE PATHWAY

Contact details: Barnsley CAMHS, New Street Health Centre, Upper New Street, Barnsley, S70 1LP Tel: 01226 644829



Barnsley Child and Adolescent Mental Health Service (CAMHS) Information for Referrers

About CAMHS

The service is designed to meet a wide range of mental health needs in children and young people. These needs will include emotional well-being and mental health issues as well as more complex and/or enduring mental health symptoms that are causing significant impairments in their lives.

Barnsley CAMHS is made up of a multi-disciplinary team that provides a range of evidence based interventions for children, young people and families.

Who can be referred?

All children and young people up to their 18th birthday who are registered with a Barnsley General Practitioner (GP) can be referred to the service where:

- there are concerns about their mental health and/or psychological well-being
- and
- where it can be demonstrated that they have received support from professionals in universal services that has not helped to make sufficient improvement to their problems.
- or
- their problems are at a significant level that means the referrer feels they need immediate access to assessment and treatment from mental health professionals.

In addition to this, the service offers consultation, assessment and interventions for children and young people with moderate to severe learning disabilities who also have mental health, emotional and behavioural problems.

There is a dedicated pathway for Children in Care who have mental health, emotional and behavioural problems.

The service also provides a 24 hour emergency response for young people actively displaying suicidal ideation or following suicide attempts, with severe symptoms of depression (with suicidal ideation) , life threatening harm to self, harm to others as a result of a mental health concern, acute psychotic symptoms or presentation of anorexia with severe physical symptoms.

How to refer

There is a single point of access (SPA) to CAMHS. Professionals are encouraged to telephone the service to discuss referrals in the first instance on **01226 644829** Monday-Friday 9-5pm.

A referral form for our service needs to be completed and can be posted to:

Barnsley CAMHS
 Child & Adolescent Unit
 New Street Health Centre
 Upper New Street
 Barnsley, S70 1LP

Or by Fax : 01226 280897

Or via **secure email only** (i.e.nhs.net) to barnsleycamhs.referrals@nhs.net.

PLEASE NOTE: Emailed referral forms must come from a secure address such as nhs.net.

If the national nhs.net guidance is not adhered to it will result in a breach of Information Governance; after which the necessary governance procedures will be followed and appropriate authority informed.

Barnsley CAMHS accept emailed referrals on a completed electronic referral form (not via referral letter)

Emails to the secure email address containing subject matter other than a referral form will be returned to sender

Who can refer?

- GPs, paediatricians and other health workers e.g. public health nurse (school nursing), health visitor.
- Social workers
- Educational psychologists, Special Educational Need & Disability Team , Teachers / educational staff and SENCO's
- Youth Offending Team, Substance misuse workers and Multi Systemic Therapy Team

It is essential to meet with both the young person and parents/carers to gain consent for the referral, explain the referral process and complete initial screening. This will help to identify actual need and encourage attendance for appointments as young people and their families will fully understand the reason for referral.

Referral Guidance Barnsley CAMHS

What makes a good referral?

The more information you can provide, the better we are able to prioritise and respond. Using the CAMHS referral form details the essential information we require, however, please provide any additional information that might be useful along with the referral form.

Routine CAMHS are coloured Black and will be offered an Initial Assessment usually within 5 weeks

Urgent CAMHS are coloured RED and will be triaged within 24 hours Monday – Friday

Where other agencies are more appropriate these are coloured BLUE

The CAMHS Out of Hours service operates for Emergency referrals outside of 'office hours'.

Issue	Symptoms / presenting difficulties	Discuss with / refer to :
Anxiety, General and Social	Worrying about specific situations, Clingy, tearful, bodily symptoms.	Therapies for Anxiety, Depression & Stress (TADS) The Core County Way Barnsley S70 2JW 01226 320 122 / 07597114156 www.tadsbarnsley.co.uk and or discuss with School Nurse or CAMHS SPA
	Panic attacks Severe and disabling phobias (Social and specific phobias). That have not responded to support from universal services	CAMHS
Behavioural issues <i>Poor Behaviour in one setting should be dealt with in universal services in the first instance</i>	Poor Behaviour at home only	Community Evidence Based parenting programme
	Poor behaviour at School only	School (Learning mentor etc.) Educational Psychologist
	Severe and persistent behaviour at School and home	CAMHS
Bereavement (Complex and Unresolved Grief)	Before referring to CAMHS The young person should have been given time to experience a normal grief reaction and should then be offered counselling either through school or a recognised bereavement counselling service.	Explore local Bereavement counselling services, discuss with School Nurse, and family.
	A referral to CAMHS should be made Where there is a prolonged grief response or where the child/ young person are experiencing significant distress following a death that has occurred in traumatic circumstances.	CAMHS
Conduct Disorder	Very severe and persistent behavioural problems, at home, school and in the community, and unresponsive to parent training. If school related – preferable for school/	CAMHS

	Educational Psychologist to make referral with relevant background information.	
Deliberate Self Harm	Presenting with maladaptive coping strategies but less severe/frequent/recent.	Discuss with school nurse to support harm reduction, Access SPA for advice.
	Presenting with maladaptive coping strategies (e.g. self-cutting and where recent occurrence).	CAMHS Discuss case with duty team to help guide urgency
Depression and low mood <i>(Where symptoms present for at least 2 weeks)</i>	Low mood, not impacting on daily life and no risk evident (no suicidal thoughts or self-harm)	TADS as above in Anxiety
	Persistent low mood. Physical symptoms – poor sleep (or early wakening) or loss of appetite and weight Cognitive symptoms including pervasive negative thoughts Loss of interest/Social isolation/withdrawal at home and school. Suicidal thoughts without planned intent (discuss urgency of referral with team)	CAMHS
	Suicidal thoughts with planned intent REFER URGENTLY. Suicidal thoughts without planned intent (discuss urgency of referral with team) Previous attempts to end life	CAMHS : urgent priority in hours or discuss as possible CAMHS emergency Out of hours
Eating Issues	Eating Issues (Low Level) – Will only eat certain foods	Discuss with health visitor / school nurse or contact CAMHS SPA for advice
	Anorexia: evidence of self-induced weight loss and/or fear of fatness. Rapid and sustained weight loss Bulimia: Persistent binge & purge behaviour. BMI / height to weight ratio may be normal <i>*Tests to be taken prior to referral – Blood tests, full blood counts, urea & electrolytes, liver function, thyroid function & random glucose, Cholesterol, Mg, Ca, Phosphates, ECG.</i>	CAMHS will classify urgency on same day <i>*Where case is not high risk and has not been seen by GP in previous 2 weeks CAMHS will notify GP to request consultation with child in 2 days.</i>
	Weight to Height ratio will be one indication used by the service regarding the level of priority therefore referrers must include the height and weight information on referral forms.	CAMHS: urgent priority or CAMHS and paediatric emergency. <i>*CAMHS may request consultation with GP same day.</i>
Gender Identity Disorder	Initial discussion / exploration required	LGBT Barnsley
	Strong, persistent cross-gender identification. Persistent discomfort in gender role. Above causing impairment in social, family	CAMHS <i>*CAMHS can refer on to Tavistock if necessary after thorough assessment.</i>

	and school functioning	
Learning Disability	Mental Health, emotional and behavioural problems alongside moderate to severe Learning Disability.	CAMHS
Obsessive Compulsive Disorder (OCD)	Repetitive intrusive thoughts, images or behaviour affecting daily life and activity, and disrupting family life. Obsessions/compulsions causing functional impairment.	CAMHS
Psychosis or suspected psychosis <i>If child over 14 years and first episode refer to early intervention in psychosis team</i>	Active symptoms include: Paranoia, delusional beliefs & abnormal perceptions, (hearing voices & other hallucinations). Fixed, unusual ideas. Negative symptoms include deterioration in self-care & social & family functioning.	Requires consultation may be CAMHS or CAMHS (Urgent) or Early Intervention in Psychosis Team
Post-Traumatic Stress Disorder – Symptoms Following an event very traumatic to the individual	Avoidance of reminders of the traumatic event. Persistent anxiety. Repeated enactment of reminders of the traumatic event. Intrusive thoughts and memories – e.g. nightmares. Sleep disturbance. Hypervigilance. Symptoms continuing longer than three months following event.	CAMHS
Suspected Autism Spectrum Disorder / condition (ASD/ASC)	Persistent and severe problems with communication & social & emotional understanding in 2 or more settings – e.g. Home, School. Consider whether referral would be better made by school and/or Educational Psychologist.	ASDAT
Suspected Attention Deficit Hyperactivity Disorder (ADHD)	Refer if symptoms persist after parenting work. Poor concentration, Over-activity, Distractibility Impulsivity All the above of early onset before 6 years old and persistent and evident in at least 2 settings, e.g. home, school.	Initially refer to evidence based parenting programme. CAMHS

If in doubt please contact CAMHS on Barnsley 01226 644829 to discuss a referral

Barnsley Child and Adolescent Mental Health Service (CAMHS) Referral Form

Barnsley C.A.M.H.S see Children & Young People with severe, complex or persistent mental health difficulties

Please refer to Barnsley CAMHS Referral Guidance document for further information

Please post to: Child and Adolescent Unit, New Street Health Centre, Upper New Street, Barnsley, S70 1LP

Ring: 01226 644829 to discuss a referral with the Duty Worker

Fax to: 01226 280897 if urgent

Email to: barnsleycamhs.referrals@nhs.net (emailed referrals **must** be via secure email i.e. NHS.net, GCSX, pnn.police.uk)

About the Young Person	About the Referrer
Name:	Name:
Also known as:	Job Title:
Date of Birth:	Agency:
NHS Number:	Address:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Postcode:
Ethnicity:	Telephone:
First Language:	Email:
Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:
Asylum Seeker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of referral:
Home Address:	Has the young person consented to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Postcode:	Has the parent/carer consented to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Method of contact:	Other people / agencies involved:
Post <input type="checkbox"/> Telephone <input type="checkbox"/> Mobile <input type="checkbox"/>	
Postal Address (if different):	
Postcode:	Is an Early Help Assessment in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please attach latest copy and name of lead professional:
Telephone:	
Mobile:	Is a Child In Need plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please attach latest copy and name of lead worker:
Parent / Carers names Relationship	
	Is there a Child Protection Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please attach latest copy and name of lead worker:
School / College:	Past CAMHS involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date child/young person last seen:
Person to contact:	Is the young person in the care of the Local Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name of Local Authority responsible for providing care:
GP Name:	
GP Address:	Name of Social Worker:
GP Post Code:	

Please circle as appropriate

Is the client attending school?

Yes

No

Sometimes

Do they have positive friendships?

Yes

No

Sometimes

Do they settle and sleep in their own bed?

Yes

No

Sometimes

Do they keep themselves safe from harm?

Yes

No

Sometimes

Do they participate in social activities?

Yes

No

Sometimes

Do they eat regularly throughout the day?

Yes

No

Sometimes

Referrers concerns and aims :

Details of mental health difficulties and how these are affecting the child / young person, current situation, relevant background information, what has been tried etc. (Please attach any further information as necessary)

Young Person's concerns and aims (if different)

Can they talk about how they feel? If so who to?

Parent / Carer concerns and aims (if different)

Have other support/self-help methods been applied prior to this referral?

Special Needs and Risk Factors

Does the child/young person have:

Learning disability:

Mild Moderate Severe None

Poor mobility:

Mild Moderate Severe None

Literacy problems:

Mild Moderate Severe None

Sensory impairment:

Mild Moderate Severe None

Other disability / special need – Please specify

Child Health issues: Yes No

Educational Breakdown: Yes No

Family Health issues: Yes No

Housing issues: Yes No

Parental agoraphobia: Yes No

Parental Separation: Yes No

Parenting Issues : Yes No

Risk of violence / Domestic Abuse: Yes No

Substance Misuse Issues: Yes No
Alcohol Drugs

Youth Offending issues: Yes No
Please attach appropriate details (contact name, report, etc.)

Other risk factor – Please specify

NB: Below is for CAMHS Internal use only

Presenting Problem

Adjustment to health issues		Drug and alcohol difficulties		Obsessive compulsive disorder		Relationship difficulties	
Anxiety		Eating disorders		Organic brain disorder		Attachment difficulties	
Conduct disorders		In Crisis		Phobias		Self-harm behaviours	
Depression		Neurodevelopment conditions		Post-traumatic stress disorder		Unexplained physical symptoms	

Additional or Other - Please specify (Bi Polar / Other Psychosis / Emerging Personality Disorders / Gender Discomfort issues)

Office Use:

Date Received:

Date read at allocation:

People reading at allocation:

Outcome at allocation: Urgent : Passed to Duty Worker Choice Consultation Clinic
Discuss at Team Meeting Other Not accepted

With **all of us** in mind.