



# CAMHS for Looked After Children



Manchester

# Service Information Booklet 2024/25





### **Service Overview**

The Child and Adolescent Mental Health Service for Looked After Children (CAMHS LAC) is an assessment, consultation and therapeutic service for children cared for by Manchester City Council (MCC), their carers and the system supporting them. It is provided by staff from Manchester University NHS Foundation Trust (MFT) and works in partnership with MCC.

### **Our Offer**

### **Getting advice and signposting**

- Attendance at case planning meetings and reviews
- Consultation clinics for professionals
- Topic-based training to a range of professionals/trainees

#### **Getting help**

- Formulation sharing
- Brief evidence-informed interventions
- Consultation for unaccompanied asylumseeking children
- Consultation with children's homes
- Group interventions for foster carers and residential staff

### **Risk support**

- Risk assessment and safety plans co-produced between agencies and young people
- Supporting agencies in risk management
- Risk review

### **Getting more help**

- Trauma-informed CAMHS assessments
- Psychopharmacology
- Individual/dyadic traumainformed therapy
- Specialist interventions

   (e.g., Psychoanalytic
   Psychotherapy and EMDR)





# Summary of Services Offered

To meet the aims of the service, we provide the following, broadly categorised into assessment, intervention, consultation, and training. Please note, we can only offer support to children on a Care Order or Section 20.

- 1. Psychological, psychiatric, and psychoanalytic assessment (e.g., Psychoanalytic State of Mind Assessment)
- 2. Direct casework with children and young people and/or foster carers/residential staff
- 3. Consultation to social workers, foster carers, and children's home staff to offer knowledge and advice with regards to mental health issues
  - 4. Training to foster carers and children's home staff to enhance their understanding of attachment and mental health difficulties (e.g., Managing Self-Harming Behaviour)





### Roles - Meet the team!

Clinical Psychologists

> Assistant Psychologist

Consultant Psychiatrist

Child and Adolescent

Psychotherapists

Advanced Practitioner Social Worker

Medical Secretary





# **Clinical Psychologists**

Clinical psychologists are applied psychologists with expertise in the domains of mental health and psychological development.



As clinical psychologists, we bring a psychological understanding of the impact of early adversity and trauma on a child's emotional well-being and developmental functioning.



We also use psychological theory related to attachment, child development, family systems, and mental health to make sense of the behaviour children present with and the difficulties foster families face. In particular, we utilise the principles and theoretical perspectives of the PACE (Playfulness, Acceptance, Curiosity and Empathy) Model.





# **Assistant Psychologist**

As an Assistant Psychologist, I support the team in various ways...

Firstly, I am responsible for various service reports, including the annual report, the Experience of Service report, and training evaluation reports. I also write literature reviews to support current projects.

Secondly, I conduct and summarise several assessments with young people and their parents/carers, including school observations, ASC and ADHD screens, and psychometric tests.

Thirdly, I deliver low-level interventions, including CBT-informed ones for anxiety and write therapeutic stories for young people.

Finally, I collate information from the team for the Multi-Agency Resource Panel and put together booklets like the one that you are currently reading.





### **Consultant Child and Adolescent Psychiatrist**

As a Consultant Child and Adolescent Psychiatrist, I offer psychiatric assessments focussing on neurodevelopmental disorders and developmental trauma.

I offer psychiatric assessments when there are concerns about a young person's mental health and risk. I initiate medication in cases of severe mental illness or in neurodevelopmental conditions where clinically indicated and as part of a comprehensive treatment package that takes into consideration psychological, social and educational intervention and support.

If a child or young person presents in an acute crisis requiring a Mental Health Act assessment, I am available to participate.

Following these various assessments, I offer joint work with other agencies, parents and social workers to ensure treatment plans are embedded in the community and are supporting the child and family.

## **Child and Adolescent Psychotherapists**

As Child and Adolescent Psychotherapists, we seek to look beneath the surface of difficult emotions, behaviours, and relationships to help children, adolescents, and their families understand themselves and their problems.

We are trained to carefully observe what a child or young person might be communicating non-verbally and unconsciously through their behaviour and play.

Our training enables us to work with these very disturbing thoughts and to develop and sustain relationships with children and young people to help them make sense of their experiences.

Confused, frightened, hurt, angry or painful feelings can gradually be put into words rather than actions. As a result, they are likely to feel less anxious, more able to learn and better equipped to sustain friendships.





### **Advanced Practitioner Social Worker**

I am employed by Manchester Children's Services and provide CAMHS advice to Social Workers for both children who are cared for by the Local Authority and those who live at home with their families and are receiving Social Work support. I act as a Liaison between the two services.

I spend time in the Wythenshawe District office offering consultations to Social Workers to consider if a referral to CAMHS LAC is appropriate to meet their mental health needs. I also signpost to other mental health services in the city.

As a part of the CAMHS LAC team, I offer consultation and support to foster carers and see young people individually to offer assessment or therapeutic support. I represent the service at the Weekly Multi-Agency Partnership Placement Stability panel to provide additional support to young people and their carers when their placement is becoming unstable.



### **Medical Secretary**

I send appointment letters once arranged with the clinicians and type correspondence to professionals and parents/carers.

I liaise via telephone, letter or email with all service users to clarify any queries or requests. This includes taking telephone and email messages and passing on the relevant information to the correct clinician.

Additionally, I take minutes at meetings when needed and am responsible for all other general office duties.



# **Clinical Services Overview**

Assessment

Therapy

Case Formulation

Psychotherapy

Consultation

Psychopharmacology

Risk Support

Group Work



### **Assessment**

Assessments of a cared for young person will have to consider their needs in the context of their current and past experiences and information will need to be gathered from multiple sources, which may include:

- Previous and current family functioning, trauma history, number of moves (from the social worker and their family)
- Any psychological assessments conducted for court
- Report from the caregiver/any previous caregivers
- Observations in the home setting and school
- School report/review of EHCP if relevant
- Information from medical reviews (e.g., initial/review health assessments)
- Contextual information from cared-for children reviews/medicals)
- Individual assessment of child/young person which may also include structured assessment tools (e.g., ADOS/Story Stem assessment)
- Rating scales/questionnaires which look at specific difficulties, such as depression or ADHD

# Therapy

Talking therapies are one way of helping when a young person has mental health difficulties, such as low mood, anxiety or trauma.

After an initial assessment with the service, if it is agreed that therapy is the right plan for that young person (sometimes it might not be!), the clinician will help figure out what type of therapy would be most helpful.

As a team, we can provide therapeutic interventions for young people using a variety of models, including DDP, EMDR, CBT, DBT and more.

Often, our therapy is dyadic, which means that the young person and their carer attend therapy sessions together.







### **Case Formulation**

Case formulation is a way of developing a shared understanding of the difficulties or problems that the individual is experiencing. It helps us make guesses and hypotheses about why a certain difficulty may have arisen, what triggers it in the present and what keeps it going. Case formulations can be created together with the young person or with their carers and adults supporting the young person. We consider 5 areas and think about how these are linked. These are:

- Past Issues What has happened to me?
- Triggers What sets my current issues/difficulties off?
- Current Issues/Difficulties What is going on for me?
- What keeps my current issues/difficulties stuck?
- Positives What supports/helps me?



Once we have our formulation, we can start to think about what therapies and strategies might be helpful to try and resolve some of the issues/difficulties.

# **Child and Adolescent Psychotherapy**

Child and Adolescent Psychotherapists may see young people individually, with their carers, or both in parallel. We offer a range of services from brief to longterm interventions lasting over a year. Treatment offers include:

- Psychoanalytic State of Mind Assessment (PSOMA): A 3-6 session assessment to gather a psychoanalytic formulation of the young person's internal world. A detailed report is provided with an overview and recommendations.
- Psychoanalytic Consultation: With the carers or network
- Short-Term Psychoanalytic Psychotherapy: 28 weekly sessions for young people with moderate to severe depression
- Assessment for Psychotherapy: A 3-6 session assessment to explore whether long-term psychotherapy could be a helpful intervention
- Long-Term Individual Psychoanalytic Psychotherapy: Weekly psychotherapy sessions for a young person lasting for a period of at least a year and psychoanalytic consultation with carers





### **Consultation**

CAMHS LAC offers consultation to the network around the cared for child/young person. It is an essential part of our service.

We support Social Workers with making a referral to our service and if it is accepted, clinicians consult with the professional network to explore whether direct or indirect work would be helpful for the child.

Often, direct therapeutic work with the child would not be helpful. Consultation can be an indirect way of providing therapeutic support. It is aimed to support the

systems around the child to make them feel safer, more secure and, therefore, more able to regulate their emotions.

Consultation can either be offered as a one-off session or as an ongoing piece of work, although all consultations will be goal-led.



As a Child Psychiatrist, my role is to consider the use of psychotropic medication for young people who present with severe mental illness or neurodevelopmental disorders that are significantly impacting on the young person's life and wellbeing.

I would consider medication as part of a wider treatment package and multidisciplinary working to ensure the young person can also access therapeutic interventions, social support and the right educational provision.







### **Risk Support**

Some young people present with a risk of harm to themselves and others. We develop risk management plans together with the young person and their parents/carers to ensure that the young person can keep themselves safe in the community. The young person decides who this plan is shared with (e.g., it can be helpful to share with someone at school or college.)

The plan helps the young person and others recognise triggers and warning signs that risk may increase and suggests coping strategies for the young person. It also provides phone numbers and details of crisis support, as well as pathway details about what to do in an emergency.

We also provide risk support to those involved in the child/young person's life if they are worried about a young person.

### **Group Work**

We offer a 6-week virtual *Foundations to Attachment* group for foster carers. This group aims to provide an introduction to therapeutic caregiving from a dyadic developmental framework (recommended for children who have experienced early relational trauma/abuse).

In addition, this year we are co-delivering a group with the connected carers supervising social work team to support them in developing this as a shared framework.





### Referrals

Referrals to CAMHS LAC can be made by:

- 1. Young people (aged 13 or above) and parents/carers by using the '<u>Self-Referral Form</u>'.
- 2. Professionals (e.g., Social Worker or GP) by using the 'Professional Referral Form' (if whoever holds parental responsibility agrees).

Referrals are screened daily and then discussed at the weekly team meeting. Subsequently, the referrer is informed of the outcome.

The referral form can be emailed or posted to the team at any of the three bases below:



#### North

The Bridge
Madison Place
Northampton Road
Manchester Central Park
M40 5BP

Tel: 0161 203 3264



#### **Central**

The Winnicott Centre 195-197 Hathersage Road Manchester M13 OJE

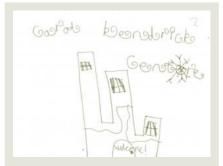
Tel: 0161 701 6880

### South

Carol Kendrick Centre Stratus House Southmoor Road Wythenshawe Manchester M23 9XD

Tel: 0161 902 3400









### **Contact Details**

<b>Clinical</b>	Psycho	logists
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#### **Occupational Therapist**

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#### **CAMHS Practitioner / Mental Health Practitioner**

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