

**CHAMP Team Guidance Note: Remit and Referral Pathway**

1. **Introduction and Purpose**

The CHAMP (Children and Adult Mental Health Project) is a mental health team providing support to children living with a family or household member who has a mental illness.

The team comprises of two children’s specialist workers; a qualified social worker and a children’s specialist in adult mental health and a part time specialist teacher who provide early interventions for children living with parental or other family member’s mental illness in order to reduce risk and build resilience.

The team does not take on a case management role but works jointly with allocated social workers and the Community Mental Health Team (CMHT). Consultation is also available for cases where a parent might not meet the criteria for CMHT involvement.

1. **Interventions Provided**

The CHAMP team provides:

* consultation and support to professionals working with families where there is an adult with a mental health need at the point of referral and throughout intervention;
* a point of contact and coordination of service in cases where more than one agency is involved with a family;
* joint working with allocated care coordinators within the Community Mental Health Team (CMHT), with children’s allocated social workers and with CAMHS;
* direct family-centred work focusing on improving parenting skills, developing communication and working to strengthen relationships within families
* direct work with children and young people living with parental / familial mental illness; providing age appropriate information to help them understand mental illness and therapeutic intervention where required

The intervention provided by the CHAMP team is needs based and therefore varies from case to case. Intervention varies from consultation with professionals to joint assessments and direct work with children and families in the community, family home and / or school setting.

An intervention plan is developed at the point of referral and updated as required.

1. **Threshold for referrals**

The CHAMP team work with children / young people aged 0-18 years affected by the mental health needs of an adult family member or member of their household. The adult must be receiving their mental health care in the London Borough of Tower Hamlets, in order for the child / young person to be eligible for CHAMP support.

The specialist advisory teacher in the CHAMP team accepts referrals where a Tower Hamlets child / young person may be affected by the mental health needs of an adult in their family or household who is not currently in the care of the Community Mental Health Team.

1. **Referral Pathway**

All referrals must be made using the simple CHAMP referral form (appendix A). All referrals are made via the MASH

On receipt of a referral from the MASH, the CHAMP team will make contact with the referrer to discuss the case before accepting the referral and developing an intervention plan.

The majority of referrals to the team are identified by: the Community Mental Health Teams, allocated social workers and the Social Inclusion Panel.

1. **Recording of referrals and interventions**

All referrals and intervention plans are logged on Framework-I.

Quarterly reports are produced providing an overview of the number of referrals, referral source, intervention type and period of intervention.

1. **Supervision**

Supervision for the CHAMP team is provided by a MASH A&I Team Manager.

The specialist teacher within the team also receives clinical supervision from the Head of Service for Behaviour Support, Learning and Achievement.

Regular reflective peer group supervision sessions are required as well as opportunities for multi-disciplinary reflective sessions in respect of specific families.

**Appendix A - CHAMP Referral Form**

***This form should be used by all agencies referring a family to the CHAMP Service***

|  |  |  |  |
| --- | --- | --- | --- |
| CMHT Service User Name |  | D.O.B. |  |
| Address |  | Home No.Mobile No. |  |
| Ethnicity |  | Gender |  |
| First Language |  | Interpreter Required |  Yes No |
| Psychiatric Diagnosis |  | Lone Parent |  Yes No |

Details of significant family members (where known)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  Gender | D.O.B. | Relationship to Service User | Living with S.U? |
|  |  |  |  |  |
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|  |  |  |  |  |
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|  |
| --- |
| Allocated Care Co-ordinator: CMHT: |
|   |
| Consultant Psychiatrist: |
|  |

Please provide information about the current involvement of any other professionals:

Is Service User aware of this referral? YES  NO 

Please describe the key outcomes of the Service User and Referrer hope will be achieved as a result of this referral:

Issues of risk (to Service User, Professionals or Children)

|  |  |
| --- | --- |
| Referrer’s Name: | Team: |
| Email Address: | Telephone No: |

Referrer’s Signature: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_

FOR CHAMP USE ONLY

Assessment  Consultation Only  Onward Referral  Direct Work 

 Not Taken on  *New Referral  Re-referral *