



Referral Pathway for Children in Care and C-CAMHS

Authors: Jill Warn, Named Nurse & Service Manager LAC

Dr Rebecca Haworth, Psychology Service Manager Adoption & Fostering Services

Stuart Lynch, C-CAMHS Service Manager

March 2019 Updated 10/02/2023 – Dr Rebecca Haworth/Helen Duncan-Jordan

Every Child in Care has a Child in Care Nurse who can support this process.

To talk to the nurse or find out who the nurse is please contact the team at: dhc.CICHealthadmin@NHS.net

PLEASE DO NOT E-MAIL ANY PATIENT IDENTIFIABLE INFORMATION UNLESS FROM A SECURE E-MAIL ADDRESS

A child or young person should be referred urgently if there is a reported sudden onset of behaviours, causing substantial distress or there is a high risk of harm. Call the C-CAMHS Duty Worker on the same day of the consultation and seek advice about immediate risk management.

This could include:

- **Severe eating difficulties & extreme weight loss – persistent refusal of food/vomiting.**
- **Psychosis – hearing distressing voices.**
- **Significant, enduring & pervasive mood change.**
- **Suicidality – plan to harm/clear intention.**
- **Significant physical medical risk, please seek medical advice via GP or A&E e.g. Overdose.**

Please make your referral through the SPoA Gateway Service on the number below:

CAMHS Gateway (Single point of Access)

Telephone: 0300 0191 770

09:00am - 5.00pm, Monday to Friday

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CYP Emotional Health & Wellbeing

- The Pan-Dorset C-CAMH service has adopted the THRIVE model of care, and has moved away from the tiered model of care (tiers 2 to 4).
- The THRIVE model looks to provide a service based on need. The model was designed by the Tavistock and Portman clinic, and has been embraced as a transformed model of CAMH service delivery and treatment. The principles of the THRIVE model are shown below:

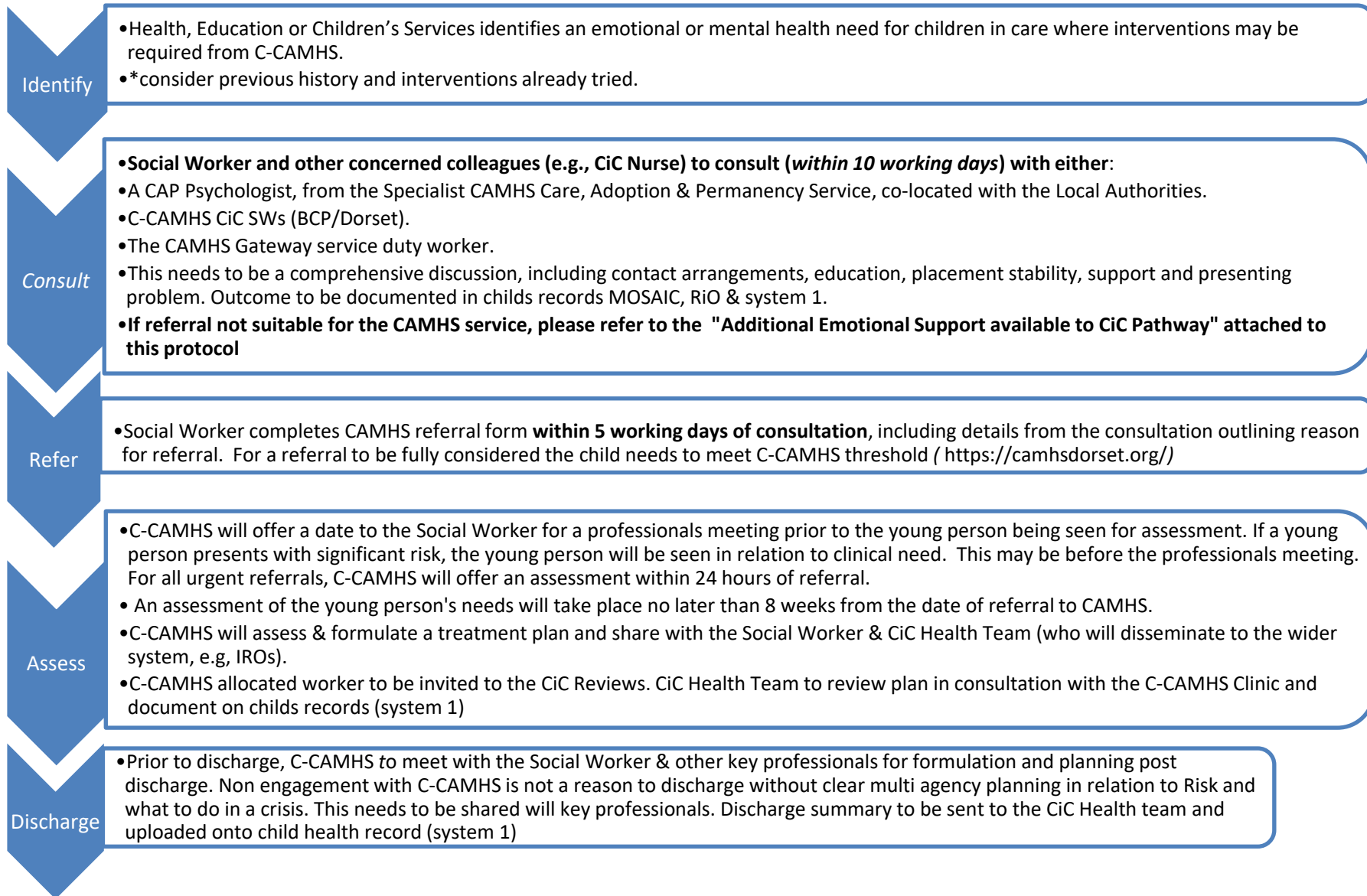


- Adopting the THRIVE model across Pan-Dorset C-CAMHs aims to steer services towards promoting resilience and early intervention. Moving away from a tiered model helps to remove the largely artificial divisions between providers (schools, health and community). Subsequently, a comprehensive network of community and 3rd sector providers become central elements of the model, and partnership working is reinforced.

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Additional Emotional Support Pathway if child does not meet the threshold for C-CAMHS service

Assess the situation

- If the CAMHS threshold is not met, the reason for this to be documented on child's health record. The following points must be considered in planning how the child's needs will be addressed
- Who the child or young person wants to support them
- The needs of the carer
- Child's readiness to engage – is the child in a new placement, respite care or at point of placement breakdown? (These factors would prohibit a referral).
- Risk: continue to monitor risk and outline key professionals roles involved with the child

Support available

- Consultations with a CAP Psychologist for the carer &/or arrange a Team around the Child Meeting.
- CiC Nursing Team can explore additional support
- Intervention via school - pastoral support, counselling, etc.
- Referral to the Emotional Health & Wellbeing Practitioner (CiC Health Team) for direct therapeutic work &/or preparation work for future referral to C-CAMHS.
- Group intervention for carer, support from Fostering Team
- review and re-refer to C-CAMHS if needed

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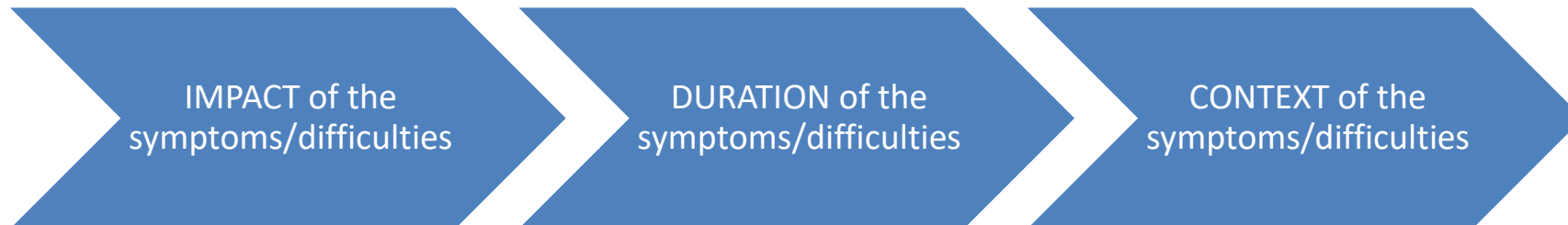
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Rationale for the Pathway

The aim of this pathway is to simplify the referral process by ensuring that only the child's Social Worker or Social Work Team Manager can refer into C-CAMHS for Children in Care. This ensures that all concerns about a child are shared and discussed with the Social Worker who has full oversight and likelihood of parental responsibility of the child. When considering whether to make a referral, the Social Worker should discuss this with the CAP Psychologists or CAMHS Social Worker to ensure that the referral is appropriate. By providing a robust referral within an established professional framework it is hoped that children will gain access to C-CAMHS in a timely manner and there will be less referrals that do not meet the threshold for a service. It must be noted however that a child's relationship with the service is paramount and by ensuring that referrals are appropriate and timely, children will hopefully have a more positive understanding and experience of C-CAMHS.

Please note: GPs & teaching staff please redirect foster carers to allocated Social Worker for referral into C-CAMHS as the clinic will not accept referrals from these agencies for Looked After Children

The C-CAMHS team will allocate an assessment appointment based on need judged by:

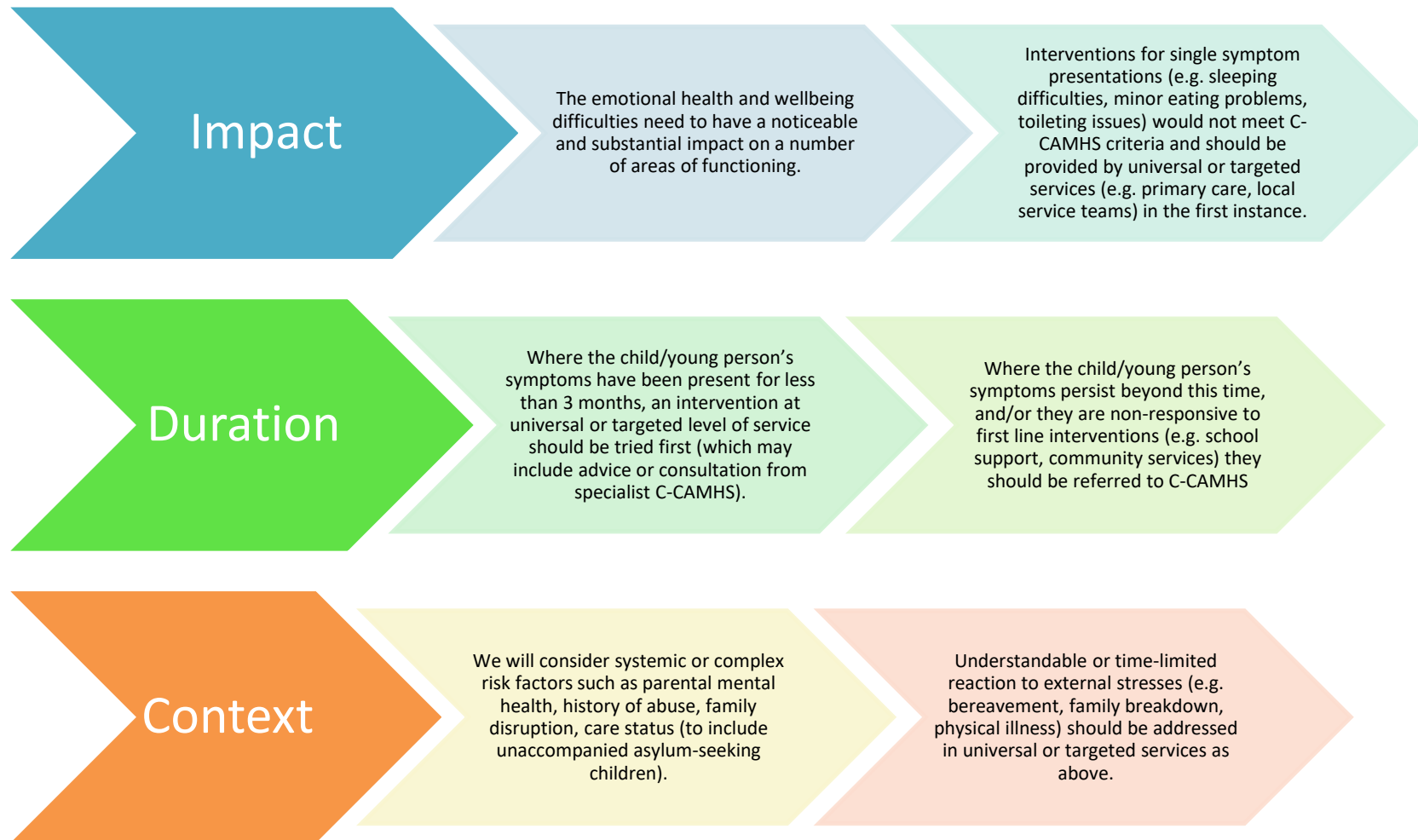


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The level of need is assessed against each of these areas as shown below.



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When making a referral, the Pan-Dorset C-CAMH Service expects that:

- The referrer has met the child.
- The referrer has made some assessment of the child/young person's motivation to engage in a therapeutic service.
- First-line interventions e.g. support from school, community-based parenting support (i.e. from School, Family Hubs, health visiting) have been tried and the difficulties remain unchanged and/or have worsened.

In the majority of cases the choice about whether to accept an appointment to be seen in C-CAMHS lies solely with the child/young person. In cases where there is considerable risk, or the CYP lacks capacity (e.g. experiencing psychosis) decision-making may need to be deferred to appropriate adults. Support and provision may be delivered indirectly in such cases if the CYP is unable, or unwilling to engage but stabilisation is crucial.

We will always make every effort to encourage children and young people to meet with a member of the C-CAMHS team, and we are mindful that they may feel anxious about this. If, despite our efforts, the child/young person says they do not want help from C-CAMHS, we will respect this.

Additional support can be offered to parents/carers, and to the wider system, e.g. schools, if that is felt useful as an indirect way of supporting the child/young person.

Additional Guidance for consultations with Psychologist/LAC SWs

Copies of key documents need to be shared during the consultation to facilitate the decision making process, such as: the annual health assessments, the Strengths and Difficulties Questionnaire (including any other psychometrics), any formal psychological assessment and, if appropriate the EHCP.

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Useful numbers

Bournemouth & Christchurch: 01202 646300

Shelley Clinic
22 Tower Road, Boscombe
Bournemouth BH1 4LB
08:30am – 5.00pm, Monday to Friday

Poole: 01202 584600

Poole Health Community Clinic
Shaftsbury Road
Poole BH15 2NT
08.30am - 5.00pm, Monday to Friday

West Dorset: 01305 255705

Dorchester Children's Centre
Damers Road
Dorchester DT1 2LB
08.30am - 5.00pm, Monday to Friday

Weymouth and Portland: 01305 762810

Chalbury (East Entrance),
Weymouth Community Hospital, 3 Melcombe Avenue,
Weymouth DT4 7TB
08.30am - 5.00pm, Monday to Friday

North Dorset: 01258 394149

Blandford Community Hospital
Betty Highwood Unit, Milldown Road
Blandford DT11 7DD
08.30am – 5.00pm, Monday to Friday

East Dorset and Purbeck : 01202 605882 / 605883

Delphwood
Ashdown Close
Poole BH17 8WG
08.30am – 5.00pm. Monday to Friday

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