



Central Bedfordshire
Safeguarding Children Board



Bedford Borough
Safeguarding Children Board



Joint Agency Protocol

Working with vulnerable families where one or both parents/carers have Mental Health problems\Learning Disability

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Joint Protocol Children's Social Care and Adult Mental Health

This protocol is for all staff who work in Bedford, Central Bedfordshire and Luton Children's Social Care (CSC) and all Adult Mental Health (AMH) services, including Services for People who have a Learning Disability (LD), within Bedfordshire and Luton Mental Health and Wellbeing Services run by East London NHS Foundation Trust (ELFT). This will also be relevant to CAMHS services and any staff member needing information relating to Young Carers. It is designed to support staff when assessing and supporting families where a parent or carer has a mental illness or a learning disability. It also sets out roles and responsibilities.

This guidance applies particularly to Children's Social Care services and Adult Mental Health services however all agencies have a responsibility to identify concerns about child welfare or parental mental health issues (this refers to any adult in a caring role or close relationship with a child) and make a referral to the relevant agency where necessary.

This protocol is also included in the Bedfordshire and Luton Child Protection Procedures (<http://bedfordscb.proceduresonline.com/index.htm>) which apply to families with children; including the unborn child, where a parent or carer has a mental illness or learning disability. It is important to consider the whole family including older siblings and other adults caring for children. Also, in addition to considering risks, it is important to keep a child or young person's needs in mind and to consider whether they may be a young carer and/or require additional support.

The following factors may impact on parenting capacity and increase concern that a child may have suffered, or is at risk of suffering, significant harm. It is, however, important to exercise professional judgement in each situation, and recognise that a referral may need to be made even when the factors below are absent.

When a child:

- features within delusional thinking of a parent/carer - in these cases a Section 47 Child Protection Inquiry must be conducted (Children Act 1989)
- features within a parent/carers suicide plan - in these cases a Section 47 Child Protection Investigation must be conducted (Children Act 1989)
- is involved in his/her parent's obsessive compulsive behaviours
- becomes a target for parental aggression or rejection
- witnesses disturbing behaviour arising from mental illness, e.g. self-harm or deliberate self-harm (DSH) suicide, uninhibited behaviour, violence or homicide
- is neglected physically and/or emotionally by an unwell parent
- does not live with the unwell parent but has contact with them, e.g. during formal supervised or unsupervised contact sessions, visits or overnight stays.
- Has caring responsibilities which may impact upon overall wellbeing.

Other complicating factors to consider include:

- Unmanaged health problems which impact on the parent's functioning
- Domestic abuse in the family

- Misuse of drugs, alcohol or medication
- Self-harming or suicidal behaviour
- Lack of insight into illness and impact on child, or insight not applied
- Non-concordance with treatment
- Poor engagement with services

Where the criteria for a referral to Children's Social Care are not met Mental Health\Learning Disability practitioners should always consider whether the family would benefit from early help or support services available within the area.

Making a Referral to Children's Social Care

The MASH (Multi Agency Safeguarding Hub) Team is the first point of contact for all new referrals to Children's Social Care. Anyone can refer a child to Children's Social Care whether the adult is an inpatient, living in the community, normally resident in the child's home or not and whether or not previously known to Children's Social Care.

The MASH Duty Manager will decide if a social care assessment is required and if so will arrange for the work to be allocated either to a 'Signs of Safety' worker or to a statutory social worker

If an Adult Mental Health\Learning Disability Professional is worried about a child's welfare (whether or not the child lives with their parent or carer), a prompt referral should be made initially by telephone to the MASH Team followed by a written referral within 24 hours using the Inter-Agency Referral Form (available on the East London NHS Foundation Trust intranet Safeguarding Children page).

Contact telephone numbers for the MASH Teams

Bedford: 01234 718700

Central Bedfordshire Hub: 0300 300 8585

Luton: 01582 547653

Secure email addresses for the MASH Teams

Bedford: mash@bedford.gcsx.gov.uk

Central Bedfordshire: cs.accessandreferral@centralbedfordshire.gcsx.gov.uk

Luton: MASH@luton.gcsx.gov.uk

Referrals from East London NHS Foundation Trust staff must only be sent TO AND FROM a secure nhs.net email address. Staff who do not have a secure email account must always password protect patient identifiable information that is being electronically sent.

In emergencies outside office hours the Emergency Duty Team (EDT) should be contacted for Children's Social Care. All referrals must be made by phone in the first instance.

The Emergency Duty Team (EDT) which covers Bedford, Central Bedfordshire and Luton telephone number is: 0300 300 8123

Children's Social Care Response to a Referral from Adult Mental Health Services

The referrer will receive an automatic email receipt from the MASH Team for referrals received by email. Referrals will be acknowledged within one working day of receipt either by the MASH Team or from a Social Work Team if the case is already open and allocated.

For new referrals, the MASH duty manager will decide if a social care assessment is required and if so will arrange for the work to be allocated for a statutory assessment. If the referral is not accepted for allocation they will advise on the reasons for this. If for any reason this does not happen within three working days, the referrer should contact Children's Social Care and ask to speak to the MASH Duty Manager in the first instance and then with the MASH Team Manager if agreement cannot be reached. If agreement is still not reached the escalation process set out on the LSCB website should be followed.

Referrals to Adult Mental Health Services

Children's Social Care staff with concerns about the mental health of a parent/carer should establish if they are receiving or have received any services from their GP or Adult Mental Health services. For all referrals or queries Children's Social Care staff can contact one of the Community Mental Health Teams (CMHTs) to establish which team should process the referral. See Directory of Adult Mental Health Services at the end of this document.

Initial referrals are accepted directly from a patient's GP. However in some cases referrals received from Children's Social Care may be considered and screening and discussion should take place first with a CMHT Duty Senior and should be followed up with written information. The Adult Mental Health Professional will advise you of what information is required.

Adult Mental Health Response to Referrals from Children's Social Care

When an adult who is a parent or carer is referred to mental health services an initial mental health assessment will be undertaken by members of the Assessment and Single Point of Access (ASPA) team who aim to assess new patients within 72 hours of receiving the referral. ASPA are able to provide support and treatment for service users for a period of up to 12 weeks. If it is felt that the service user will require on-going intervention referrals will be made to the Community Mental Health Team (CMHT), Assertive Outreach Team (AOT) or any of the other specialist teams within mental health services.

If it is considered that the person referred has needs that do not meet the threshold for longer term intervention and allocation to a secondary mental health service, the ASPA team should consider the safeguarding needs of any children in the service user's family and follow the information sharing procedures outlined above, in addition to advising on other possible sources of information or support, with normally the person's GP taking the lead on care delivery.

Where an assessment indicates that a service user is in crisis and requires immediate psychiatric assessment and treatment, a referral should be made to the Crisis Resolution Home Treatment (CRHT). Staff in the CRHTs will decide whether the service user could be assisted by a period of intensive home treatment; should be admitted to a bed on the Mental Health Assessment Unit (MHAU) or an acute inpatient bed. In some extreme cases of mental health crisis and high risk the Crisis Resolution and Home Treatment Team may make a referral to the duty Approved Mental Health Practitioner (AMHP) to consider undertaking an assessment under the Mental Health Act (1983).

When an adult is referred to, or accepted by ASPA the health professional making the referral or accepting the referral should enquire if the person has parental responsibilities, is pregnant or has regular contact with children and make routine enquiries. They should note any childcare issues on the appropriate documentation, including:

- Details of the person looking after/caring for the children
- Any concerns about the care of the children
- Any involvement of other agencies, particularly with Children's Social Care

Adult Mental Health staff will establish if the parent/carer is known to Adult Mental Health Services and if so pass the name and contact details of the named Mental Health Professional to Children's Social Care staff. The Children's Social Care worker should then liaise directly with the allocated Adult Mental Health Professional and team so that relevant information can be shared through joint working.

The locality Community Mental Health Team will inform CSC if the referral will not be taken and why. The services may need further discussion as to the risks within the family. The Named Professional for Safeguarding Children in ELFT can also be approached to help or to resolve any differences and views. Please see Directory.

Referrals to Adult Services for People who have a Learning Disability (SPLD)

SPLD comprises the Adult Autism Service (diagnostic service), The Intensive Support Service (crisis support for adults who have learning disabilities, and who are experiencing a crisis with their mental health, or an increase in their challenging behaviour) and the Specialist Healthcare Team (multidisciplinary support including Psychiatry, Psychology, Sensory Impairment, Health Facilitation, Physiotherapy, Arts Therapies, Occupational Therapy and Speech and Language Therapy).

The Adult Autism Service accepts referrals from GP's and other health professionals for diagnostic assessment of Autistic Spectrum Disorder. The Intensive Support and Specialist Healthcare Team operate an open referral system whereby anyone can refer in to the service, including self-referrals.

All referrals are screened for urgency at the point of receipt, with any urgent actions taken appropriately, and then considered at a weekly referral meeting.

The Intensive Support Team has a 7 bedded inpatient unit for crisis admission if a person cannot be supported in their own home.

SPLD Response to Referrals from Children's Social Care

Referrals are screened within 24 hours of receipt, and then discussed at the weekly referral meeting. Any Child Safeguarding issues that are evident in the referral will be followed up with telephone contact from a member of the Multidisciplinary Team to the relevant Children's Team (if there is already involvement) or via referral to the MASH.

All new referrals will be seen within 18 weeks of referral and will have an initial assessment carried out. Where Child Safeguarding issues are identified, the process outlined above will be followed – either contact with teams already involved, or via a referral to the MASH.

Where a person presents in crisis, if a Mental Health Act (MHA) assessment is indicated (used if legal powers for detention may be needed) an Approved Mental Health Professional (AMHP) will be involved, and advice can be sought from the Intensive Support Team or Service Manager SPLD

Admission to Inpatient Services

When an adult is admitted to an inpatient psychiatric\learning disability ward, the admitting clinician should enquire if the person has parental responsibilities, is pregnant or has regular contact with children and make routine enquiries, including:

- Details of who is looking after the children whilst the service user is an inpatient and do they have parental responsibility (is it private fostering?)
- Any concerns about the care of the children while the service user is on the ward
- Any issues about visiting, taking into account ward policy
- Issues about the parent's leave
- Any involvement of other agencies, particularly with CSC

If, due to the nature of the service user's ill health or for any other reason it is not possible to gather information about the children, this should be sought from other sources available such as the locality Multi Agency Safeguarding Hub (MASH).

Urgent Mental Health Assessments for New Referrals

If the referral is accepted the locality CMHT will determine the urgency of the referral and will allocate accordingly.

If a Mental Health Act (MHA) assessment is indicated (used if legal powers for detention may be needed) an Approved Mental Health Professional (AMHP) will be involved. Further advice can be sought from the locality CMHT Operational Lead. Please see directory.

Adult Service Users known to Children's Social Care

When a service user is known to CSC, then the allocated Social Worker should be informed about admission as soon as practicable. The Social Worker must be kept up to date with relevant information about the service user's mental health, kept involved in all leave and discharge planning meetings and arrangements. If the service user does not agree to the children's social worker being invited to their Care Programme Approach (CPA) or Care and Treatment Reviews (CTRs) meeting, the ward manager or senior nurse will discuss the patient's objections with them and explain the importance of professionals working together for the benefit of themselves and their children. It may be possible to arrange for the children's social worker or another children's worker to attend part of the meeting.

Multi Agency Safeguarding Hub pathway for service user checks

To identify if an adult is known to ELFT adult mental health\learning disability services please use the Directory provided in this protocol (page 14). It is advised that the Community Mental Health Team (CMHT) Manager the area in which the adult is known to reside in is contacted, or for adults who have learning disabilities, the Service Manager for SPLD

Young Carers

A young carer is someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem.

Most young carers look after one of their parents or care for a brother or sister. They do extra jobs in and around the home, such as cooking, cleaning, or helping someone to get dressed and move around.

Some children give a lot of physical and/or emotional help to a family member who is disabled or ill.

A young person with caring responsibilities and their rights to be assessed come mostly from the Children Act 1989 and the Children and Families Act 2014.

If there is an adult requiring care, then the local council has a duty to consider whether there are any children involved in providing that care, and if so, what the impact is on that child. From April 2015 a social worker from the local authority must visit to carry out a “young carer’s needs assessment” to decide what kind of help the child and family might need.

Young Carers Support Services

Carers in Bedfordshire is a charity which provides group meetings every month in Central Bedfordshire covering; Bedford, Biggleswade, Dunstable, and Leighton Buzzard.

The referral process including referral forms and details of support offered can be obtained from the ELFT Intranet or by visiting

contact@carersinbeds.org.uk telephone: 0300 111 1919

Chums

Young carers from the age of 5-18 years residing in Luton can access support provided by Chums.

Support includes group work in schools, a monthly drop in facility and a mentoring service to gain some individual support which will give the child a dedicated person to talk to.

The referral process including referral forms can be obtained from the ELFT intranet or by contacting Chums on www.chums.uk.com telephone: 01525 863924

Information Sharing

Staff can legally share confidential information with the parent’s consent. If there is a risk to children, there is a duty to share information, with or without the parent’s consent. If it is not clear whether there is a potential risk to a child, staff should consult with their supervisor and/or the ELFT Named Professional for Safeguarding Children. Failure to share relevant information could be viewed as a failure of the organisation to discharge its duty of care particularly if there is subsequent harm. Throughout the time of joint involvement, there must be clear and regular communication between Children’s Social Care staff and Adult Mental Health\Learning Disability staff and wherever appropriate, they should meet face-to-face.

All meetings should be minuted and all other forms of communication including telephone calls, emails, faxes and informal conversations must be documented on the appropriate file on RiO for mental health and client records within Children’s Social Care. It is important that all telephone calls between professionals, including those where a message is left with a member of staff or on a voicemail system, are recorded with the name of the person spoken to, date of call and all relevant details. Advice provided by managers or specialists such as an ELFT Named Professional for Safeguarding Children must also be recorded.

Collaborative Assessments/Plans

Collaborative working and parallel planning are best practice when both agencies are working with a family. Assessment should be approached as a shared activity but the level of involvement of each agency will be different in each case dependent on the features and issues that are present. There should be joint agreement as to how to proceed on each case which should be recorded on respective record systems.

Discussions must include both agencies' views of any risks to children in the household. Staff must be aware that siblings and other adults visiting the household may also present risks. This will include actual and potential impact of behaviour, attitude and actions associated with the parent's mental illness on their parenting, the child, the parent-child relationship, and the impact of parenting on the adult's mental health. Adult mental health staff may take into account activities of daily living (ADL) assessments if appropriate. Assessments should provide a comprehensive and reflective analysis of the actual or likely impact on the child of living with a parent or carer with mental health difficulties.

Discussion should be held during any assessment processes to share information, evaluate progress, analyse information and to ensure that they draw on the professional expertise of practitioners in both agencies. Joint visits must be considered and arranged where necessary or where these would be useful.

MEETINGS

There are a number of different meetings that may occur and that professionals from both agencies will be expected to attend if involved with the family. These include:

Professionals Meetings

Any agency or professional can call a multi-agency Professionals Meeting to share information or decide on further action. The meeting will not include any members of the family. Professionals should not decide what other agencies will do or lead on without their first having been agreement for such decisions.

Adult Mental Health Care Programme Approach Meetings

The Care Programme Approach (CPA) process will include regular case review meetings called CPA Reviews. Meetings will be arranged by the named Mental Health Professional in the role of Care Coordinator (CCO) and a Full Needs Assessment (FNA), resulting in a detailed care plan. The care plan must demonstrate that parenting support needs and the needs of, and risks to, the child or children, and any carers, including young carers, have been identified and reflected in the risk assessment, risk management, crisis and contingency plans.

In SPLD, Care Coordination responsibility rests with the Local Authority Adult Learning Disability Teams (ALDTs), so involvement must be sought when any risk is to a child is identified.

Children in Need Meetings

If the child is subject to a Child in Need (CiN) Plan, the relevant Adult Mental Health/Learning Disability Professional/s must be invited to meetings in respect of the Plan and subsequent reviews and should attend. If unable, they should either send a representative or ensure that up to date information is available to the meeting. Parents, and children, when appropriate, attend CiN planning meetings and reviews.

Child Protection Strategy Discussions

A multi-agency Child Protection (CP) Strategy discussion will take place and a meeting may be convened by Children's Social Care Services in response to all referrals where adult mental health may significantly affect a child's well-being.

Child Protection Conferences

Children's Social Care has the responsibility to invite all relevant professionals to Child Protection Conferences and Core Group Meetings. When Adult Mental Health has been invited, they are expected to attend the Initial Child Protection Conference (ICPC) with a written report using a child protection conference report pro forma if in use. This meeting decides whether a child should be the subject of a Child Protection Plan. Adult Mental Health\Learning Disability staff must attend all subsequent review child protection conferences (RCPC) whilst they continue to work with the parent and complete a report detailing the work completed with the service user.

Child Protection Core Group Meetings

If the child is made the subject of a Child Protection Plan, the Adult Mental Health\Learning Disability Professional must be invited to become a member of the core group and attend Core Group Meetings. These review the implementation of the Child Protection Plan. Parents and children where appropriate, are members of the Core Group and are invited to attend.

Statutory Looked After Children's Review Meeting

If the plan is for a Looked After Child (LAC) to have contact with or to return home to live with a parent who is known to Adult Mental Health\Learning Disability Services, the parent and a representative from the Mental Health\Learning Disability Team must be invited to participate in the review and their views should help inform the Looked After Children Care Plan and/or Pathway Plan. The child/ young person will take the lead in deciding whether they wish a parent and the adult mental health worker to attend.

Admission to Hospital, Visiting and Leave Arrangements

On admission of an adult who is a parent or carer, inpatient units must check whether Children's Social Care (CSC) are already involved with their children. If so, Children's Social Care must be informed that an adult who has regular contact with children has been admitted to hospital.

If the case is not open to Children's Social Care inpatient services must consider whether a referral to CSC is required. If the case is already known to a community mental health team or specialist service there should be discussion as to which service is best placed to make the referral and have ongoing contact with CSC.

For cases involving Children's Social Care, child visiting and parental leave arrangements must be jointly discussed and this must be recorded on RiO.

If a service user on a section becomes Absent without Leave (AWOL) from hospital Children's Social Care must be notified immediately.

Child Visiting

Each inpatient site should have suitable child visiting facilities away from the ward. Adult Mental Health\Learning Disability staff should refer to the Bedfordshire and Luton Family

Visiting Procedure which is available on the ELFT Intranet. Clinicians in the service user's multi-disciplinary team (MDT) will assess whether planned visits are in the child's best interests and also whether it is appropriate for the adult to have contact with the child depending on their recovery. Children's Social Workers who are involved with the family should discuss contact arrangements with the clinical team and attend ward rounds where appropriate.

Discharge from AMHLD Services or closure to CSC

When either agency is considering discharge/closure from any of its services, a meeting must be convened involving relevant staff from each service. It is imperative that neither agency should agree actions or decisions on behalf of each other without agreement and consultation from the relevant agency. If there is disagreement about the discharge/closure decision from either agency the escalation protocol must be followed.

Escalation and Resolution of Disputes

In the event of a dispute between professionals, the matter should be discussed by the respective line managers. If the dispute cannot be resolved it should be taken to the relevant Head of Service in Children's Social Care and the relevant senior manager in the Adult Mental Health\Learning Disability Service. Professionals within the East London NHS Foundation Trust (ELFT) should seek advice if and when required from the ELFT Safeguarding Children Team of Named Professionals. To review the Bedfordshire escalation policy please follow this link:
http://bedfordscb.proceduresonline.com/chapters/p_reolution_disagree.html

ELFT Safeguarding Children Team (Named Professionals) for Mental Health Services

The Trust is legally required to have named professionals for safeguarding children to provide clinical support and to promote good practice and effective communication on child protection and child welfare issues.

The team consists of a full time Associate Director, five full time Named Professionals (two based in Beds and Luton) and three Named Doctors (one based in Beds and Luton) with limited dedicated time.

The Team is a source of information, advice and support on all child welfare and child protection matters for all mental health staff. They may sometimes need to intervene in cases that come to their attention to ensure that a child's welfare is safeguarded. They will also be involved in reviewing and auditing incidents and cases involving children or pregnant women.

You can email or phone one of the team to help you with issues like:

- Risk assessments and information sharing;
- Decisions about referrals to Children's Social Care;
- Impact of domestic abuse on children;
- Disclosures of childhood abuse by adult service users.

ELFT Safeguarding Children Team (Named Professionals)

ELFT has two Named Professionals for Safeguarding Children based in Bedfordshire and Luton to provide advice, support and training for adult mental health staff as well as CAMHS, Psychological Wellbeing and Drug and Alcohol Service staff. They can assist with any information sharing, partnership working and escalation issues. They are part of a corporate team which leads on safeguarding children issues across the Trust. This includes training, audits, case reviews. Other members of the team are based in London.

Named Professionals for Safeguarding Children

- Mandy Park – main link for Luton and South Beds
Mob: 07940 001247 mandy.park@elft.nhs.uk
- Isobel Sanderson – main link for Bedford and Mid Beds
Mob: 07940 001239 isobel.sanderson@elft.nhs.uk
- Jan Pearson, Associate Director for Safeguarding Children
Tel: 020 7655 4136 jan.pearson@elft.nhs.uk
Mob: 07971 664232
- Jones Korankye, Executive Assistant for Safeguarding
Tel: 020 7655 4276 jones.korankye@elft.nhs.uk

Named Doctor for Safeguarding Children – Beds and Luton CAMHS

Dr Uttom Chowdhury Consultant Child and Adolescent Psychiatrist

Tel 01582 707635 Uttom.chowdhury@elft.nhs.uk

There is also a team mailbox:

TrustadviceMHsafeguardingchildren@elft.nhs.uk

Directory of ELFT Adult Mental Health Services

Bedford	Central Beds	Luton
<p>Bedford CMHT East</p> <p>Martin Orr - Clinical Lead</p> <p>Florence Ball House 3 Kimbolton Road Bedford MK40 2MT</p> <p>Tel: 01234 315785</p>	<p>Mid Beds CMHT (Adults)</p> <p>Shelly Morrison – Team Manager</p> <p>Meadow Lodge Steppingley Hospital Amphill Road Steppingley Beds MK45 1AB</p> <p>Tel: 01528 758400</p>	<p>Brantwood CMHT</p> <p>Magella Nwimo – Team Manager</p> <p>Charter House Alma St Luton LU1 2PJ</p> <p>Tel 01582 708917</p>
<p>Bedford CMHT West</p> <p>Sarah Binney - Clinical Lead</p> <p>Florence Ball House 3 Kimbolton Road Bedford MK40 2MT</p> <p>Tel: 01234 315785</p>	<p>Lystra Sheppard – Team Manager</p> <p>Spring House Biggleswade Hospital Potton Road Biggleswade Beds SG18 0EL</p> <p>Tel: 01767 224922</p>	<p>Dallow Downs CMHT</p> <p>Dermott Flynn – Team Manager</p> <p>Charter House Alma St Luton LU1 2PJ</p> <p>Tel 01582 708614</p>
<p>BEDFORD Assertive Outreach Team (AOT)</p> <p>Sandra Harley - Clinical Lead Florence Ball House 3 Kimbolton Road Bedford MK40 2MT</p> <p>Tel: 01234 315785</p>	<p>Mid Beds CMHT (Older People)</p> <p>Patrick Moore – Team Manager</p> <p>The Lawns Resource Centre The Baulk Biggleswade Beds SG18 0PT</p> <p>Tel: 01767 223304</p>	<p>Stockwood CMHT</p> <p>Beeman Latchmansingh – Team Manager</p> <p>Charter House Alma St Luton LU1 2PJ</p> <p>Tel 01582 708610</p>
<p>Bedford Older People’s Team</p> <p>Paul Wrake - Florence Ball House 3 Kimbolton Road Bedford MK40 2MT</p> <p>Tel: 01234 310539</p>	<p>South Beds (Adults)</p> <p>Natasha Newman – Team Manager</p> <p>Crombie House 36 Hockliffe Street Leighton Buzzard Beds LU7 1HJ</p> <p>Tel: 01525 751143</p>	<p>Wardown CMHT</p> <p>Beeman Latchmansingh – Team Manager</p> <p>Charter House Alma St Luton LU1 2PJ</p> <p>Tel 01582 708610</p>

Bedford	Central Beds	Luton
<p>Bedford and Mid Bedfordshire Crisis Resolution Home Treatment Team</p> <p>Floor 2, Weller Wing Amphill Road Bedford MK42 9DJ</p> <p>01234 315691</p>	<p>Scott Ayres -Team Manager</p> <p>Beacon House 5 Regent Street Dunstable Beds LU6 1LR</p> <p>Tel: 01582 709200</p>	<p>Luton and South Bedfordshire Crisis Resolution Home Treatment Team</p> <p>Calnwood Court Calnwood Road Luton LU4 0FB</p> <p>01582 556971</p>
<p>Bedford Resource Centre</p> <p>Paul Ackland - Manager Bedford Health Village 3 Kimbolton Road Bedford MK40 2NT</p> <p>01234 310044</p>	<p>South Beds (Older People)</p> <p>Trisha Nichols – Team Manager</p> <p>Townsend Court Mayer Way Houghton Regis Beds LU5 5BF</p> <p>Tel: 01582 657588</p>	
<p>Early Intervention and Psychosis Team</p> <p>Alison Morgan - Manager Twinwoods Health Resource Centre Twinwoods Clapham MK41 6AT</p> <p>01234 310589</p>		
<p>Diverse Cultures Team</p> <p>Simran Khinder - Manager Bedford Health Village Twinwoods HRC Whitebread Centre Bedford MK41 6AT</p> <p>01234 408700</p>		
<p>Bedford Inpatient Wards (based in Luton)</p>	<p>Inpatient Wards See Bedford or Luton</p>	<p>Luton Inpatient Wards Luton and Central Bedfordshire</p>

Bedford	Central Beds	Luton
<p>Townsend Court (Formerly Keats Ward)</p> <p>Mayer's Way Houghton Regis Bedfordshire LU4 0FB</p> <p>01582 707584</p> <p>Willow Ward Oakley Court Angel Close Luton LU4 9WT</p> <p>01582 498946</p> <p>Ash Ward Oakley Court Angel Close Luton LU4 9WT</p> <p>01582 498940</p>		<p>Mental Health Unit Off Calnwood Road Luton LU4 0FB</p> <p>Jade ward 01582 709180</p> <p>Coral Ward 01582 709180</p> <p>Onyx Ward 01582 657545</p> <p>Crystal Ward 01582 700343</p>

CAMHS

For **Child and Adolescent Mental Health Service (CAMHS)** service user checks please call the CAMHS Single Point of Entry for the area in which the child resides. Contact numbers are available in the section below.

Child and Adolescent Mental Health Service (CAMHS)

Bedfordshire CAMHS operate a Single Point of Entry system (SPOE) for all referrals into CAMHS. All referrals are screened on a daily basis for risk and responded to on the same day if deemed clinically appropriate, other referrals will be forwarded to the SPOE panel meeting. The SPOE meeting is held weekly (Thursdays) with a panel consisting of Senior CAMHS Clinicians to agree outcomes, same day allocation and /or signposting to other agencies as required. Agencies are encouraged to send referrals electronically through to SPOEBedfordshire@elft.nhs.uk

If the referrer would like to discuss the case in further detail before deciding to action a referral this can be undertaken with a member of the CAMHS staff directly via the CAMHS Duty Clinician on:

Bedford	01234 310670
Central Bedfordshire (Mid Beds)	01234 310800
Central Bedfordshire (Dunstable)	01582 707635
Luton	01582 708140

Luton CAMHS operate a Single Point of Entry system (SPOE) for all referrals into the CAMHS service. All referrals are screened on a daily basis for risk and responded to on the same day if deemed clinically appropriate, other referrals will be forwarded to the SPOE panel meeting. The SPOE meeting is held weekly (Tuesdays) with a panel consisting of Senior CAMHS Clinicians to agree outcomes, same day allocation and /or signposting to other agencies as required.

Referrers can also discuss cases / referrals with any member of the CAMHS staff co-located in each of the below local authority teams:

Bedford Borough Council - either the CAMHS Looked After Children Team and / or the CAMHS Early Help via email on: CAMHSLAC@elft.nhs.uk or CAMHSEarlyHelp@elft.nhs.uk

Central Bedfordshire Council - either the CAMHS Looked After Children Team and / or the CAMHS Early Help via email on: CAMHSLAC@elft.nhs.uk or CAMHSEarlyHelp@elft.nhs.uk

References:

Children Act 1989, London: The Stationery Office.

Children and Family Act 2014, London: The Stationery Office.

Mental Health Act 1983, Department of Health publications.