An exploration of Child Protection Social Workers' experience of Child and Adolescent Mental Health Services (CAMHS) in addressing the mental health needs of children in care

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Abstract

This study aims to explore Child Protection Social Worker's experiences of CAMHS services in addressing the mental health needs of children in care in a southern region of Ireland. The researcher wanted to gain a better understanding and insight into Child Protection Social Worker's views and perspectives of CAMHS services. A literature review was conducted and qualitative methods were used to collect data. Child Protection Social Workers who have experience of CAMHS services were interviewed in relation to their experience, views and perspectives of CAMHS services in addressing the mental health needs of children in care.

The findings of the study demonstrate that the Child Protection Social Worker's experiences of CAMHS services are predominantly negative. Dissatisfaction was expressed throughout the findings around the CAMHS referral system, the lack of adequate availability and access to services for children in care, which showed a direct influence on motivation for referrals. Using the literature review and these findings, a number of recommendations were made in relation to specialist services for children in care, improved inter-agency collaboration and communication, and further research to be carried out in the future.

Introduction

The researcher would like to gain a better understanding and insight into Child Protection Social Workers' views and perspectives of CAMHS services in addressing the mental health needs of children in care. Because children in care have been identified as a vulnerable group who have complex needs including mental health needs (Milburn et al, 2008; Golding, 2010), the researcher believes that this study may provide information that would prove helpful in improving and developing the services provided. The researcher endeavours to establish Child Protection Social Workers' motivation in referring a child to CAMHS and aims to explore the strengths and challenges that arise for Child Protection Social Workers' in working with CAMHS services. The changing demands on CAMHS teams due to the substantial numbers of children in care in Ireland and their use of CAMHS services make it timely to begin to explore the Child Protection Social Workers' experience of CAMHS services for children in care.

Children in Care in Ireland

Barnardos (2012) identifies children in care as those children who are not living with their families and are in the care of the state and includes children in residential care, foster care, hostel, high support and special care. It is pointed out in Amnesty International (2003) how even though Ireland has ratified the UN Convention on the Rights of the Child 1992 whereby it undertook to provide a specialised mental health regime to identify, treat and protect children under 18 years with or at risk of mental illness, the provision of children's mental health services still remains inadequate. Amnesty International (2012) highlight that in Ireland today, too many children are not getting the supports they need concerning their mental health needs and in particular, there are insufficient supports for the most vulnerable young people, those who are in care.

Children in care are a unique population within youth mental health. Their experiences of the care system puts them at a higher risk of developing mental health difficulties. Presently Hough (2012) states that there are now 6,160 children in care

and that there is a 13% increase in the numbers of children coming into care since 2006. O' Cionnaith (2011) published that there were a total of 1,600 children placed in the care of the HSE South region in 2010.

Milburn et al (2008) highlights how children in care may have suffered traumatic experiences and have had their primary relationships disrupted which has significant implications for their mental health. Often problems that were present in the child's life before entry into care become compounded by problems arising in response to the experience of being in care (ibid). It is evidenced in Tarren-Sweeney (2008) how the psychopathology of children in care is more complex than other children with mental health problems. Attachment, and relationship difficulties, inappropriate sexual, food related and self-injurious behaviours, trauma-related anxiety, and behavioural problems involving conduct, defiance, inattention and hyperactivity are many of the difficulties that characterise this group. As children in care have a complex array of issues it is essential that this particular population have access to sufficient and attainable mental health services that is pertaining to their specific needs if it is required.

Child and Adolescent Mental Health Services

The HSE 'Third Annual Child and Adolescent Mental Health Service Report 2010-2011' (2011) identifies community CAMHS teams as the first line of specialist mental health services provided for children and adolescents in Ireland, and this includes children in care. CAMHS offer an assessment, intervention and therapeutic service to families with children who display signs of emotional and behavioural difficulties which may interfere with their optimum development of positive mental health (Brothers of Charity, 2012). The Department of Health (2006) state that children in care who require specialist mental health care should be provided this service by CAMHS.

Literature Review

Concerns regarding CAMHS services not successfully targeting children in care who require mental health services are evident in Minnis et al (2006). This study suggests

that CAMHS services may need to develop new models of service delivery and despite the rising prevalence of emotional and behavioural problems in children in care, the response to these problems has been reported to be uncoordinated by CAMHS services. Difficulties accessing CAMHS services for children in care were identified in a number of studies (Kelly et al (2003), Bonfield et al (2010) and Philips (1997)). It is discussed in Simms et al (1999) how changes were being called for in the US for comprehensive and coordinated services for fostered children, in particular better coordination and management of social service cases which suggests that the inappropriate mental health services for children and adolescents in care have remained an issue for the last number of years.

Availability and Access to Services

Chambers et al (2010) recognises that service provision for children in care is becoming increasingly challenging due to the high levels of co morbidity (i.e., physical developmental and mental health presenting problems), as highlighted in Crawford (2006) and chronicity which adds complexity when planning for their mental health needs. The development of such complex cases arising within children in care has a direct effect upon the availability of services, time involved and the waiting lists as heavily evidenced in Chambers et al (2010), Blower et al (2004) and Teggart & Linden (2006). Sargent & O' Brien (2004) acknowledge CAMHS services struggle with large waiting lists, narrow referral criteria due to increasing complexity of cases and placement instability with children in care.

Assessment and Intervention

A vast amount of literature reviewed had concerns regarding effective assessment and intervention for children in care (Sargent & O' Brien, 2004; Tarren-Sweeney, 2010; Golding, 2010; Richardson, 2003). Some of the above literature including Ward et al (2002) expressed concerns over mental health difficulties not being identified or recognised appropriately and leading to non-referral for specialist help. Milburn et al (2008) and Chambers et al (2010) recommend a comprehensive assessment at the time a child comes into care and asserts that this can lead to appropriate intervention and treatment, while also contributing vital information to the planning process.

Inter-agency Collaboration and Communication

The researcher has noted that throughout literature there is a strong emphasis on interagency collaboration and communication between mental health services for children in care and other agencies involved (McCauley & Young, 2006; Rao et al, 2010; Blower et al, 2004; Golding, 2010; Milburn et al, 2008; Petrenko, 2011, Richardson, 2003). Golding (2010) states that there is a need for effective inter-agency working for this specialist population. The rationale around interagency collaboration and communication is that it is widely felt that no agency or profession can be expected to have the knowledge and skills to address all the apparent needs of a child in care and it facilitates an environment where information regarding a child in care is shared, this is emphasised in Salmon (2004). Training was also identified as a key factor in improving knowledge and skills, as in Thomas (2005), where it stresses the importance of joint training and how it can be vital in creating a shared understanding of the task and shared ideas on how to tackle fair and effective access to services.

Specialist Services

Golding (2010) states that it is now widely recognised that children in care are best served by dedicated services provided by professionals with expertise in meeting their mental health needs. A programme set up in Victoria, Australia called the Stargate Early Intervention Programme is discussed in Milburn et al (2008:35):

> The Stargate Programme was developed from the experience of Child and Adoescent Mental Health Services (CAMHS) clinicians when consulting to a severely overtaxed child protection and foster care system trying to manage extreme emotional and behavioural disturbances in the children.

This study examines how early intervention was the key element to this programme as it was found that symptoms in a child usually escalated to a detrimental stage before referrals to mental health services for children in care were being sought. *'This programme provided a comprehensive multidisciplinary therapeutic assessment for all child protection clients'* as soon as possible after entering care and was considered beneficial in assisting the planning process undertaken by the Child Protection Service (Milburn et al, 2008:36).

Milburn et al (2008) highlights that increasingly, arguments are made in the literature for dedicated mental health services for this population to accommodate their different circumstances and different treatment needs (Arcelus et al., 1999; Callaghan, Young, Pace, & Vostanis, 2004).

Irish Experience of CAMHS services for children in care

While embarking on a review of the literature, the researcher found a noticeable lack of Irish research undertaken on the mental health needs of children in care and CAMHS services. Only one piece of research could be found within Ireland on children in care and CAMHS services which is by McNicholas et al (2011).

The study by McNicholas et al (2011) provided questionnaires to Social Work Team Leaders from two Dublin CAMHS catchment areas relating to children within the care system. It concluded that further study is needed to understand the low attendance rate at mental health services for children in care in Ireland. McNicholas et al (2011) stated that in other studies it has been attributed to narrow CAMHS referral criteria, poor recognition by Social Worker's, referrer's reluctance to pathologize children's behaviour, mobility and engagement difficulties and general pessimism among Social Workers in accessing mental health service. McNicholas et al (2011) calls for a specialist mental health service to be implemented and evaluated in Ireland and highlights the over-arching positive benefits of early intervention for the mental health needs of children in care.

It is evident in the aforementioned literature that children in care are a population with an increased prevalence of mental health difficulties entrenched by both pre and post care experiences and there is an underlying acknowledgement throughout, that specialised intervention and treatment for children in care with mental difficulties is critical in addressing these difficulties. The above research supports why comprehensive mental health services for young people in care are a necessity and should be strived for in Ireland.

Methodology

While carrying out this research an interpretive approach was used. Mason (2002) explains how an interpretive approach sees people, and their interpretations,

perceptions, meanings and understandings, as the primary data sources. In this study, the researcher attempted to explore Child Protection Social Workers' individual and collective understandings and interpretations of their experience of CAMHS services in addressing the mental health needs of children in care.

Research Design and Data Selection

Qualitative methodologies were the primary data collection tool used within this study. Data regarding Child Protection Social Workers' experience of CAMHS services was gathered by means of semi-structured interviews. Purposive sampling was used in this research to seek valid representation. Richards & Morse (2007) identify this type of sampling as where the researcher selects participants because of their characteristics. Five Child Protection Social Worker's were interviewed from a Social Work team in a Southern region of Ireland as the research sample group. They were chosen as the participants for this study because they are Social Worker's working on a Child Protection team, have worked with children in care and have experience of working with CAMHS services.

Ethical Considerations & Limitations

Throughout the research, the researcher attempted to carry out the data generation and analysis morally and to plan the research and frame questions in an ethical manner (Mason (2002). This thesis offers few ethical issues as service users were not interviewed. Ethical consideration was mostly focused upon professional involvement and to information divulged. However, some ethical considerations still arose such as the very nature of interpretivism that relies on the onus upon the researcher's interpretation of data and the inherent bias associated with this.

All the data was made anonymous and all potentially identifying features of the data were removed and this was stated within the consent form provided. One limitation acknowledged throughout this research, was the lack of available literature on children in care in CAMHS services from an Irish context.

Findings and Discussion

Five Child Protection Social Workers were interviewed and they will be denoted within the findings and discussions by the abbreviation CPSW and their identifying number ranging from 1 to 5.

Availability and Access to Services

An underlying disappointment and frustration of the Child Protection Social Workers' lay in the availability and access to CAMHS services for children in care. CPSW 2 expresses this in declaring that 'gaining access to services can be frustrating' and CPSW 5 criticises the availability and access to CAMHS services stating,

> I'm not sure that the CAMHS model as it is really would serve the interests of many of the kids that I would be working with, or that I would refer in. And that's reflected in the number of cases that I have referred in that haven't been accepted.

The lack of adequate availability and access to CAMHS services for children in care is documented in a number of studies including Kelly et al (2003), Bonfield et al (2010) and Philips (1997). These studies refer to the inadequacy and dissatisfaction with mental health services for children in care. McNicholas et al (2011) recognised that children in care often have greater difficulty accessing mental health services.

Referral System

The referral system as a whole was shrouded with criticism and negativity.

> I think there is no such thing as a simple referral to CAMHS. I really believe that they will never take on board straight away a referral that you make (CPSW 3).

> The odds are stacked against me when I'm making a referral to CAMHS...it always feels like I'm on the outside trying to get in and am, generally you know I have prepared myself for the eventuality that I won't get a child in (CPSW 5).

Time Involved/Waiting List

The frustrations concerning long waiting lists and difficulty accessing timely services recognised in Teggart & Linden (2006) and Chambers et al (2010) correlate with the experiences of the Child Protection Social Workers' interviewed.

> [It's] difficult to get them to take a referral [and that] is my biggest problem, to accept it...then, difficult, ah, just the period of time, a really long period of time, like the waiting list, say, am, in my experience always averages 2 years, 2 and a half years' (CPSW 1).

Time is a huge issue highlighted when trying to avail of CAMHS services for children in care. It appears it is a '*battle*' (CPSW 1) to get a referral accepted, too much time has lapsed after the initial referral is made so children in care are not being seen on time, the waiting lists are '*horrendously long*' (CPSW 2), and where a referral is accepted, CAMHS services will not work with a child who is in crisis.

Criteria

Tarren-Sweeney (2010) accentuates how CAMHS services work with intake criteria that actively block children's access to mental health services. The NHS (2011) describes this as 'exclusion criteria' and this strongly correlates with the experiences of Child Protection Social Workers' in this study who describe how the CAMHS criteria does not match the needs of the children in care that they work with and results in a denial of adequate services.

> CAMHS service is too much tailored towards identifying am, key indicators of mental health problems...these kids mightn't have pervasive mental health disorders as such...but they've certainly experienced a lot of life trauma that would have caused them to have certain behaviours...a lot of havoc, but yet, they don't really fit the criteria for a CAMHS intervention (CPSW 5).

Motivation in Referring a Child in Care

The referral system, time involved, waiting lists and criteria have all been viewed as hindrances on the Child Protection Social Workers' motivation in referring a child in care to CAMHS services.

Experiences of Child Protection Social Workers' are predominantly negative and there is a disheartening air around the actual probability around gaining a service for a

child in care when it is required. This was seen as a source of frustration to Child Protection Social Workers' when considering a referral to CAMHS.

Assessment and Intervention

Findings regarding assessment and intervention were established to be relatively limited as the Child Protection Social Workers' focus remained heavily on the issues around availability and access to services reiterated by CPSW 5 who stated 'even to get on a waiting list is something', 'very few of my cases would have got through'. However, CPSW 5 did describe how 'I am not necessary to the assessment process' and felt that 'the Social Worker is excluded from the assessment process'.

Inter-agency Collaboration and Communication

The findings show that there is a substantial lack of communication between Child Protection services and CAMHS services and Salmon (2004) and Golding (2010) found that a lack of communication acts as a barrier to inter-agency collaboration.

> [S]ometimes I feel like CAMHS does work in isolation from the children in care team...in terms of the work they are doing, the appointments that they are doing, they're not really liaising with us as much (CPSW 4).

> I definitely think that there should be less of a divide, am, between CAMHS and the Social Work Department (CPSW 5).

CPSW 3 strongly calls for 'more communication, bigger links between services and better connections between the services'. All of the Child Protection Social Workers' believed these types of changes were necessary in order for the two services to work collaboratively and in partnership in addressing the mental health needs of children in care.

Specialist Services and Recommendations

Child Protection Social Workers' in this study found that CAMHS services as they remain are insufficient to meet the mental health needs of children in care and this coincides with Milburn et al (2008) who agrees that mental health services for

children in care should be adapted to address their specific circumstances and needs. Golding (2010) supports this by reiterating that it is widely acknowledged that children in care are best served by dedicated services.

In addition, it was observed by Child Protection Social Workers' that services pertaining to earlier intervention and prevention would be imperative for children in care. CPSW 2 stated that the role of preventative mental health is not part of CAMHS criteria and believes 'there should be a preventative model' (CPSW 2).

Guidance and Advice

CPSW 4 calls for a commitment to continuous *'professional meetings...once a month'* and describes how these are *'absolutely essential'* and *'very productive'* in providing support and guidance in dealing with difficult cases when they occur between Child Protection and CAMHS. Findings show that joint working, i.e. inter-departmental training or consultation meetings, and shared information i.e. presentations, call in days, were viewed as being imperative in addressing the mental health needs of children in care and this compares with the views of the NHS (2011) and Rao et al (2010).

Summary of Key Findings

This study demonstrates that the Child Protection Social Workers' experiences of CAMHS services are predominantly negative in relation to the lack of adequate availability and access to services for children in care. Dissatisfaction was expressed throughout the findings around the CAMHS referral system.

The findings showed a difficulty in accessing timely services for children in care with waiting lists being too long and identified struggles in getting referrals to be accepted. The Child Protection Social Workers' felt that children in care can have complex mental health problems and general CAMHS criteria is not encompassing of their multi-faceted needs. The issues with the referral system, time involved, waiting lists and criteria were all considered as influencing the motivation of a Child Protection Social Worker in referring a child in care to CAMHS services. The negative

probability around gaining a service when it is required was found to be a hindering factor for Child Protection Social Workers when considering a referral to CAMHS.

Levels of collaboration and communication between Child Protection and CAMHS services were deemed to be insufficient in this study. Findings showed that even though improved communication and joint working were viewed as being fundamental to working with children in care, it generally does not occur.

There is an emphasis throughout the findings that children in care require specialist mental health services to address their mental health needs and that current CAMHS service is not adequate for children in care. Earlier identification of mental health issues and preventative measures were believed to be necessary components for future CAMHS service development. Child Protection Social Workers strongly advocated for improved communication, partnership and guidance between the two services.

Implications for Social Work Practice

Some implications for social work practice from this study on CAMHS are as follows:

1. The Child Protection Social Workers' were active in voicing their concerns over current CAMHS services not being sufficient to address the complex mental health needs of children in care and their specific circumstances. They felt that there should be closer links made between the Child Protection Service and CAMHS. In light of this, the researcher recommends that there is a specialist CAMHS team for children in care.

2. Improved collaboration and communication were strongly advocated for within this study. The researcher proposes that weekly/monthly team meetings occur to discuss CAMHS cases of children in care with Child Protection services. This would provide a forum whereby information, support and advice can be shared between the services and would facilitate inter-agency collaboration.

3. The researcher suggests that educative and informative settings be put in place such as joint trainings, call-in-days and presentations to encourage further information sharing and support between the services.

4. The role of early intervention and prevention was identified as being imperative to addressing the mental health needs of children in care. The researcher proposes that all children who enter the care system in Ireland be prioritised for mental

health assessments. These assessments should develop a more holistic approach and focus on emotional and behavioural well being and take into consideration the circumstances of children who are in care.

5. This is a small scale research with a small sample population and cannot provide findings that can be generalised to other Child Protection Services, CAMHS services or other regions of Ireland. The researcher recommends further investigation in this area and agrees with McNicholas et al (2011) in that this area of research is noteworthy of a larger study being carried out. This is in a bid to explore if improvements are required for current CAMHS service provision for children in care.

By improving the mental health services provided for children in care, it inevitably influences Social Work practice in the field of Child Protection and CAMHS. The researcher believes that if communication and interaction are enhanced between these services, it will go a long way in facilitating inter-agency collaboration.

Correspondingly, this will lead to shared information, shared caseloads, and will facilitate working in partnership. It will have positive implications for working relationships with colleagues and alleviate the demands faced as part of working to address the mental health needs of this population.

Conclusion

To conclude this study, the researcher would like to reiterate that this research aims to place children in care on the agenda so services can be improved and enhanced so their specific mental health needs can be addressed in a more appropriate manner. The increased complexity of children in care and their intricate mental health needs are deserving of specialist services and future research. The researcher hopes that this exploration may provide the foundation on which changes may be considered.

Bibliography

Amnesty International (2003). *Ireland: Amnesty International Releases Report on Children's Mental Health Care in Ireland*. Available at: http://www.amnesty.ie/our-work/irelandamnesty-international-releases-report-childrens-mental-health-care-ireland. Accessed on 15/03/2012.

Amnesty International. (2012). *Children and Young People's Right to Mental Health*. Available at: http://www.amnesty.ie/content/children-and-young-peoples-right-mental-health. Accessed on 21/03/2012.

Arcelus, J. B., Bellerby, T. & Vostanis, P. (1999). A mental-health service for young people in the care of the local authority. *Clinical Child Psychology and Psychiatry.* Vol. 4. 2. pp. 233-245.

Barnardos. (2012). *Child Welfare and Protection*. Available at: http://www.barnardos.ie/what-we-do/campaign-and-lobby/child-welfare-and-protection.html. Accessed on 21/03/2012.

Blower, A., Addo, A., Hodgson, J., Lamington, L. & Towlson, K. (2004). Mental Health of 'Looked after' Children: A Needs Assessment. *Clinical Child Psychology and Psychiatry.* Vol. 9. 1. pp. 117-129.

Bonfield, S., Collins, S., Guishard-Pine, J. & Langdon, P.E. (2010). Help-Seeking by Foster-Carers for their 'Looked After' Children: The Role of Mental Health Literacy and Treatment Attitudes. British Journal of Social Work. Vol. 40. pp.1335-1352.

Brothers of Charity. (2012). *Southern Services-Child and Adolescent Mental Health Services.* Available at: http://www.brothersofcharity.ie/southern_services/camhs.php. Accessed on 20/03/2012.

Callaghan, J., Young, B., Pace, F. & Vostanis, P. (2004). Evaluation of a new mental health service for looked after children. *Clinical Child Psychology and Psychiatry.* Vol. 9. 1. pp. 130-148.

Chambers, M. F., Saunders, A. M., New, B. D., Williams, C. L. & Stachurska, A. (2010). Assessment of children coming into care: Processes, pitfalls and partnerships. *Clinical Child Psychology and Psychiatry.* Vol. 15. No. 4. pp. 511-527.

Crawford, M. (2006). Health of children in out-of-home care: Can we do better? Journal of Paediatrics & Child Health. Vol. 42. pp. 77-78.

Department of Health. (2006*). A Vision for Change: Report of the Expert Group on Mental Health Policy*. Stationery Office. Dublin.

Golding, K. (2010). Multi-agency and specialist working to meet the mental health needs of children in care and adopted. *Clinical Child Psychology and Psychiatry*. Vol. 15. No. 4. pp573-587.

Health Service Executive. (2011). *Third Annual Child and Adolescent Mental Health Service Report 2010-2011*. Health Service Executive. Kildare.

Hough, J. (2012). More children in care over parents' alcohol abuse. *Irish Examiner*. Available at: http://www.irishexaminer.com/ireland/more-children-in-care-over-parents-alcohol-abuse-187675.html. Accessed on 20/03/2012.

Kelly, C., Allan, S., Roscoe, P. & Herrick, E. (2003). The Mental Health Needs of Looked after Children: An Integrated Multi-Agency Model of Care. *Clinical Child Psychology and Psychiatry.* Vol. 8. No. 3. pp. 323-335.

Mason, J. (2002). *Qualitative Researching*. 2nd Edition. Sage Publications. London.

McNicholas, F., O' Connor, N., Bandyopadhyay, G., Doyle, P., O' Donovan, A. & Belton, M. (2011). Looked after children in Dublin and their mental health needs. Irish Medical Journal. Vol. 104. 4. pp.105-108.

Milburn, N. L., Lynch, M. & Jackson, J. (2008). Early Identification of Mental Health Needs for Children in Care: A Therapeutic Assessment Programme for Statutory Clients of Child Protection. *Clinical Child Psychology and Psychiatry*. Vol. 13. pp31-47.

Minnis, H., Everett, K., Pelosi, A. J., Dunn, J. & Knapp, M. (2006). Children in foster care: Mental health, service use and costs. *European Child & Adolescent Psychiatry*. Vol. 15. No. 2.pp63-70.

National Health Service. (2011). London CAMHS Programme: Audit of Services for Children in Care. NHS. London.

O' Cionnaith, F. (2011). 1,600 children put in care by HSE South. *Irish Examiner*. Available at:http://www.irishexaminer.com/ireland/1600-children-put-in-care-by-hse-south-168516.html. Accessed on 09/03/2011

Petrenko, C.L.M., Culhane, S. E., Garrido, E. F. & Taussig, H. N. (2011). Do youth in out-of-home care receive recommended mental health and educational services following screening evaluations*? Children and Youth Services Review.* Vol. 33. pp.1911-1918.

Philips, J. (1997). Meeting the psychiatric needs of children in foster care: Social workers' views. *Psychiatric Bulletin*. Vol. 21. pp. 609-611.

Rao, P., Ali, A. & Vostanis, P. (2010). Looked after and adopted children. How should specialist CAMHS be involved? *Adoption & Fostering*. Vol. 34. No. 2. pp. 58-72.

Richards, L. & Morse, J. M. (2007). *User's Guide to Qualitative Methods*. 2nd Edition. Sage Publications. California.

Salmon, G. (2004). Multi-Agency Collaboration: The Challenges for CAMHS. *Child and Adolescent Mental Health.* Vol. 9. No. 4. pp.156-161.

Sargent, K. & O' Brien, K. (2004). The emotional and behavioural difficulties of looked after children. *Adoption & Fostering*. Vol. 28. No. 2. pp.31-37.

Simms, M. D., Freundlich, M., Battistelli, E.S. & Kaufman, N. D. (1999). Delivering health and mental health care services to children in family foster care after welfare and health care reform. *Child Welfare*. Vol. 78. No. 1. pp.166-183.

Tarren-Sweeney, M. (2008). The mental health of children in out-of-home care. *Current Opinion in Psychiatry*. Vol. 21. pp.345-349.

Tarren-Sweeney, M. (2010). It's time to re-think mental health services for children in care, and those adopted from care. *Clinical Child Psychology and Psychiatry*. Vol. 15. 4. pp.613-626.

Teggart, T. & Linden, M. (2006). Investigating Service Users' and Carers' Views of Child and Adolescent Mental Health Services in Northern Ireland. *Child Care in Practice*. Vol. 12. No. 1. pp. 27-41.

Thomas, N. (2005). *Social Work with Young People in Care*. Looking After Children in Theory and Practice. Palgrave Macmillan. Hampshire.

Ward, H., Jones, H., Lynch, M., & Skuse, T. (2002). Issues concerning the health of looked after children. *Adoption & Fostering*. Vol. 26. 4. pp.8-18.