

## **Workshop: CORNER HOUSE INPATIENT SERVICE**

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### **Deaf Child and Family Service**

The outpatient service is based at High Trees and provides multi-disciplinary assessment and treatment for deaf children and their families/carers where difficulties can be managed without inpatient admission. Interventions available include individual and family therapy, cognitive assessment, medication, consultation to local schools etc.

The inpatient service is based at Corner House and provides multi-disciplinary assessment and treatment for young deaf people whose needs cannot be sufficiently met in an outpatient setting. Corner House is a unique service – it is the only unit of its kind in the UK, and one of three worldwide.

### **Corner House**

Corner House is a 6 bedded unit providing ...

- ... a signing environment,
- ... education and therapy on site,
- ... 24 hour care 5 days a week,
- ... a high staff to child ratio
- ... and a consistent MDT approach.

We aim to work creatively as a team to establish a safe environment where positive change can be made by the deaf young person, enabling him/her to interrelate and communicate more successfully in their world.

We are a team of deaf and hearing professionals who are specialists experienced in dealing with mental health disorders, significant behavioural problems (in combination with other difficulties) and emotional difficulties in the context of deafness. Our multi-disciplinary team includes psychiatrists, nurses, child mental health workers, teachers, educational assistants, a psychologist, an occupational therapist, a social worker and a speech and language therapist. We aim to work closely with family, carers and professionals, such as education, health and Social Services.

## **From Referral to Discharge**

### **Referral**

D/deaf children/adolescents aged 8-16 years (leeway: 6-18 years) with severe mental health difficulties, severe emotional and/or behavioural difficulties can be referred from England and Wales. Referrals from Scotland and other areas can be accepted subject to funding being agreed. Referrals can be made by any professional (local CAMHS, GPs, teachers, Social Workers etc.). The health costs are covered by the National Specialist Commission Group (NSCG). Education is provided and recouped by the Wandsworth Education Department.

After the referral has been accepted, a core team of professionals is assigned and will contact the referrer requesting further information, organise home/school/unit visits (day visits/overnight stays), undertake a risk assessment and set up a Goal Setting Meeting.

### **Goal Setting Meeting**

Prior to admission families and professionals are invited to the Goal Setting Meeting, at which targets for assessment will be discussed and set. An admission date is set.

### **Assessment Phase**

The child/adolescent is usually admitted for a 6 week assessment phase (incl. formal and informal assessments). They stay at Corner House during the week, and go home for weekends. Families/carers can contact their child via text messaging/phone calls (minicom/phone, facilitated by nurses). Corner House professionals update families/carers via weekly handovers/home-unit-diary, other professionals via phone calls.

During the assessment phase the child/adolescent will attend the therapeutic group programme as well as individual assessment sessions, participate in an individualized education programme and participate in free time activities (individualized Care Plan).

At the end of the assessment phase, families/carers, professionals and child/adolescent (if appropriate) are invited to a Case Conference. At the Case Conference professionals feed back about the assessments, including the clinical diagnosis (ICD 10). Families and professionals have

an opportunity to discuss their views and findings. A decision will be made as to whether or not the child/adolescent stays for a treatment phase or is discharged. In case of discharge recommendations are made, and a referral to local services or out-patients (High Trees) may be made. The outcome is discussed with the child/adolescent. Full detailed MDT reports are sent out.

## **Treatment Phase**

The duration of a treatment phase differs with every child/adolescent. Regular reviews (Case Conferences) are in place every 6-8 weeks, and families/carers and the local professional network are invited to these. During the treatment phase, professionals work with the child/adolescent towards new targets, by offering an individualized education, a therapeutic group programme, individual therapeutic sessions and free time activities. Progress and interventions are reviewed on a weekly basis in Core Teams and Clinical Meetings involving the multi-disciplinary team to ensure that any necessary changes are implemented consistently.

Structured and unstructured time in a safe and D/deaf aware environment are equally important:

- daily Community Meeting
- education
- therapeutic interventions
  - throughout the day
  - focussed in group and individual therapy, as well as through the educational programme
  - medication as necessary
- recreational activities / breaks
- meal times
- bed time
- family involvement – regular contact

## **Discharge**

At the end of the treatment phase, families/carers, professionals and child/adolescent (if appropriate) are invited to a Discharge Case Conference. The outcome of the treatment is discussed, specific recommendations are made and families and outside professionals can contribute their views. The child/adolescent is discharged, and may be referred to out-patient services (High Trees) or local services). The child's/adolescent's further care is co-ordinated. The outcome is

discussed with the child/adolescent and full detailed MDT reports are sent out. An individualized (re-)integration programme into the child's/adolescent's school commences.

### **Post - Discharge**

Concrete strategies are handed over to parents, the school placement and other professionals as necessary. Professionals/parents can contact the unit for an agreed limited period of time. Follow-up network meetings may be organized to discuss progress.