

# Children and Young People Community Eating Disorder Service (CEDS): Intensive Outreach Pilot



Dr Beth Watkins; Dr Irene Yi; Kate Barker.



South West London and St George's Mental Health NHS Trust

## BACKGROUND

Nationally and locally, CAMHS Eating Disorders Community services, Inpatient ED and Paediatric Wards have been facing increased demand and acuity since the Covid-19 pandemic began.

To support more timely access to treatment, a business case Pilot was proposed in 2022 to establish a CAMHS ED Intensive Outreach service across the South London Partnership (SLP).

The proposed model was co-produced by the Eating Disorder workstream, comprising of memberships from SLAM, SWLSTG, and Oxleas, and is now operational across all three NHS Mental Health Trusts.

The Intensive Outreach Team (IOT) is embedded within the SWLSTG CYP CEDS and offers early, intensive outreach support to young people who may be at risk of inpatient admission.

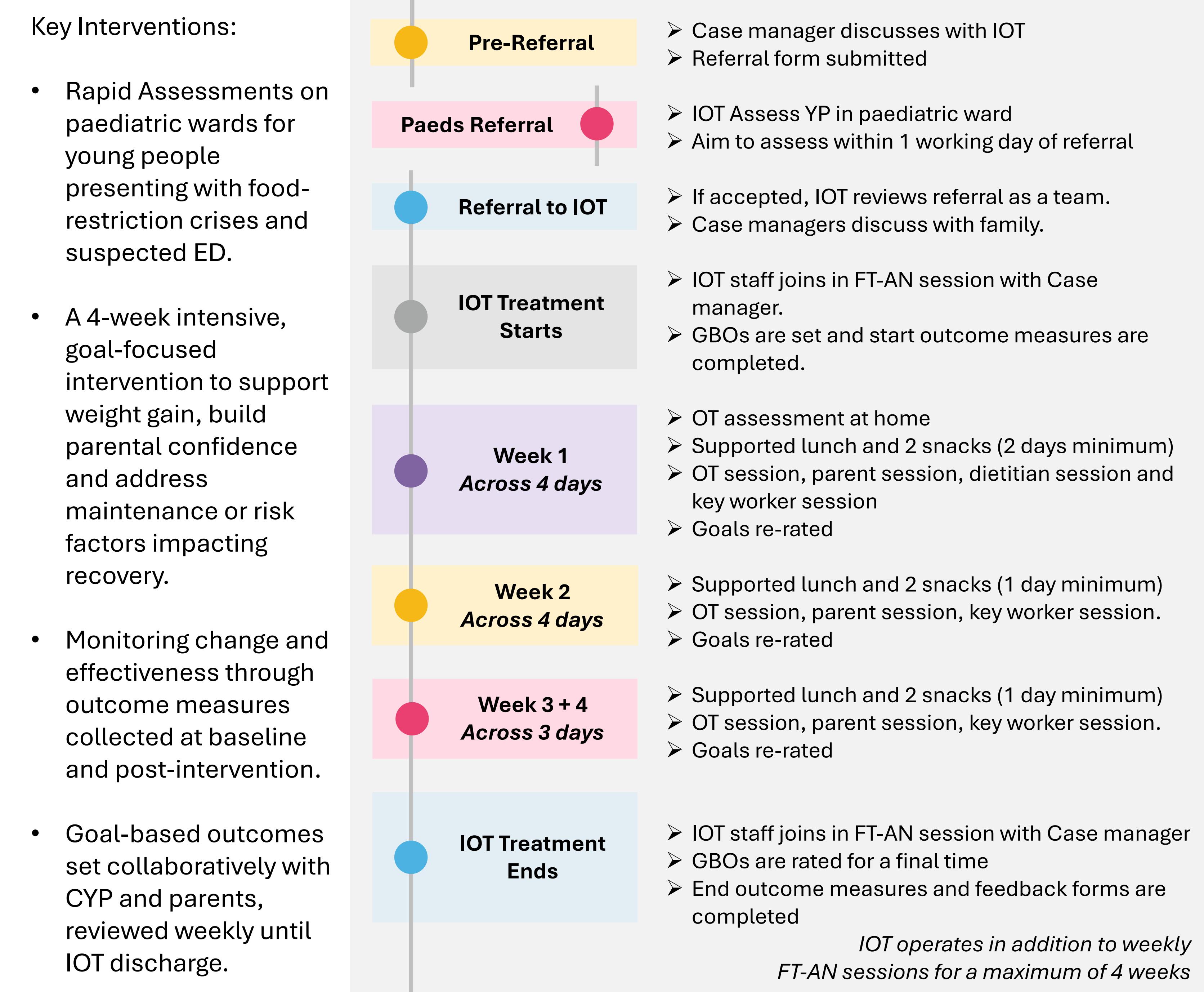


## AIMS & HYPOTHESIS

- To reduce paediatric and specialist eating disorder unit (SEDU) bed days, and out-of-area admissions through intensification of community intervention.
- To support discharge from paediatric wards for young people presenting with ED.
- To improve clinical outcomes (e.g. weight restoration / halting weight loss) for young people receiving Intensive Outreach input.
- To enhance service user experience through collaborative working, feedback and interviews.
- To strengthen relationships with key stakeholders and interagency communications between paediatric wards and CAMHS ED services.

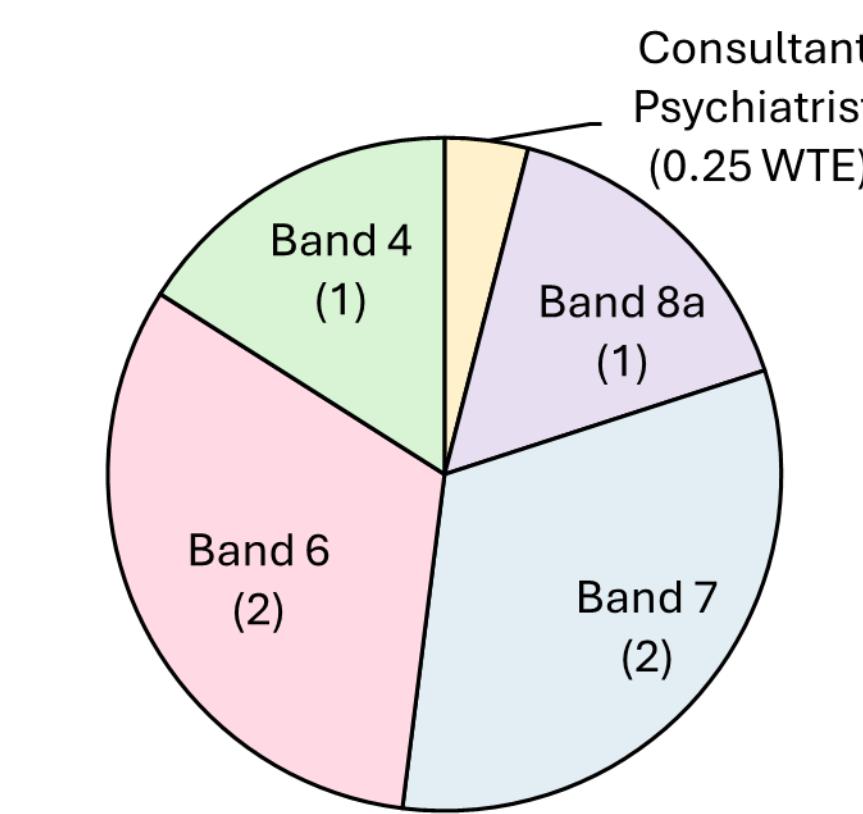
Key Interventions:

- Rapid Assessments on paediatric wards for young people presenting with food-restriction crises and suspected ED.
- A 4-week intensive, goal-focused intervention to support weight gain, build parental confidence and address maintenance or risk factors impacting recovery.
- Monitoring change and effectiveness through outcome measures collected at baseline and post-intervention.
- Goal-based outcomes set collaboratively with CYP and parents, reviewed weekly until IOT discharge.



## METHODS

### IOT Staffing

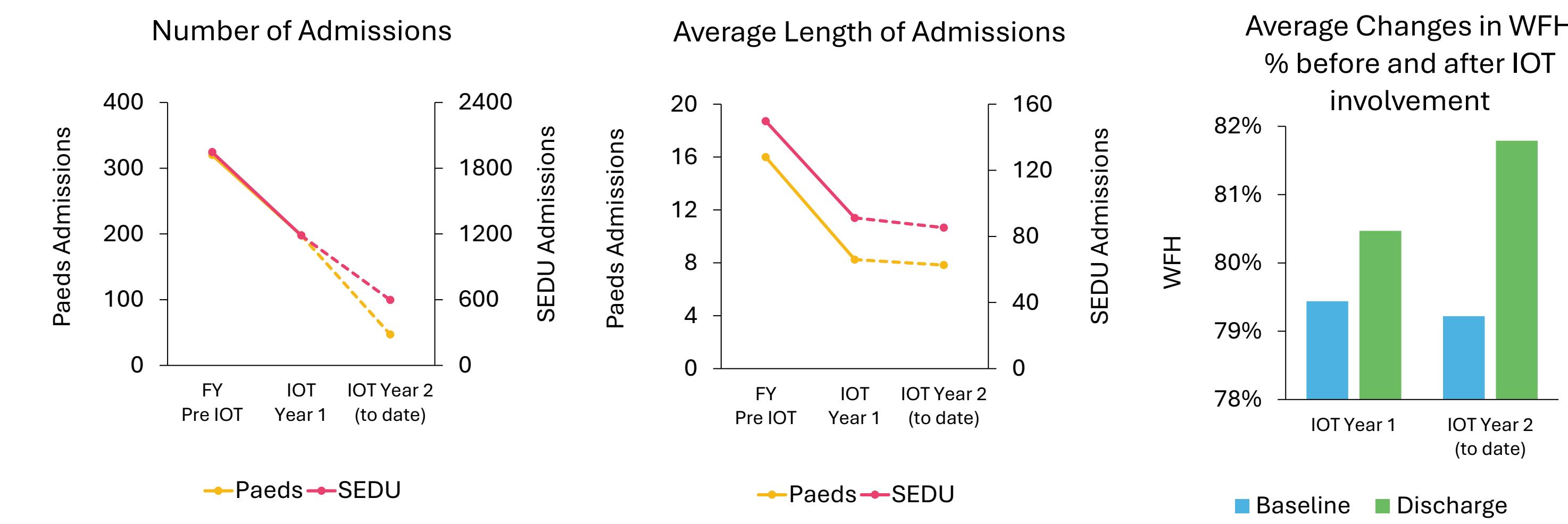


### IOT Referral Demographic Information

	Year 1 IOT Apr 24 – Mar 25	Year 2 IOT Apr 25 – Oct 25
Total Referral N	45	38
Received Treatment	71.11%	68.57%
Mean Age	14.91 years	14.83 years
Female	97.78%	92.31%
Male	0%	7.69%
Non-binary	2.22%	0%
Asian or Asian British	6.66%	7.89%
Black or Black British	8.88%	0%
White or White British	80.00%	89.48%
Mixed background	4.44%	2.63%
Diagnosis		
Typical/Atypical AN	93.33%	89.74%
OFSED	6.67%	10.26%
Comorbidities		
ASC	13.33%	12.82%
ADHD	4.44%	0%
OCD	2.22%	0%

## RESULTS

In the first year of the IOT, paediatric bed days decreased by 40%, average length of stay on paediatric wards by 50%, and SEDU bed days by 40% compared with the financial year preceding the pilot (FY 23/24 without IOT → FY 24/25 with IOT).



FY Pre IOT (April 2023 – March 2024); IOT Year 1 (April 2024 – March 2025); Current data shown up to October 2025.

### "What was the most helpful part of IOT?" Service users' quotes:

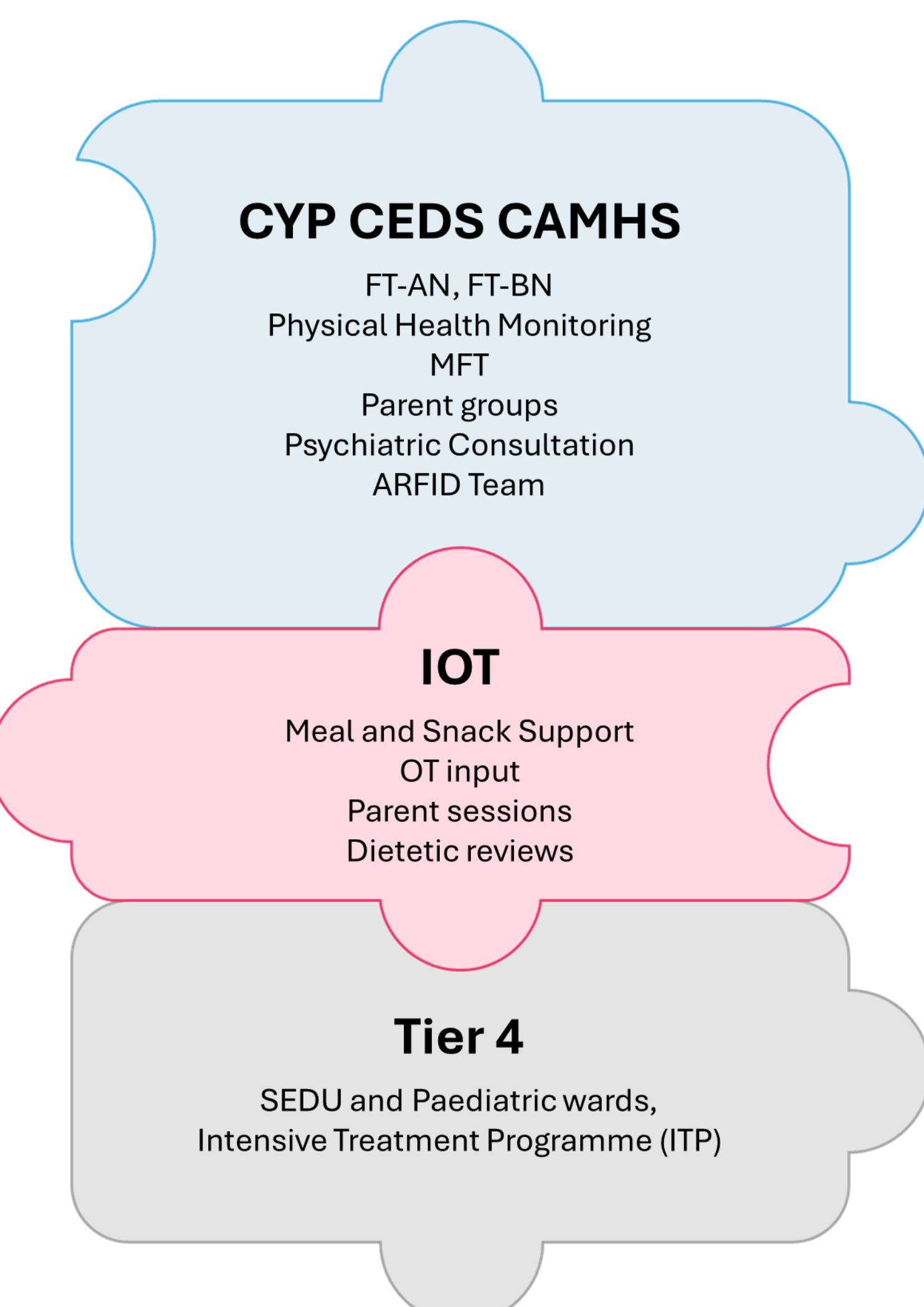
"I felt clinicians understood me and helped me find motivation to get better."  
"Engagement with my child and helping us as parents keep going."  
"To have explanations of my eating behaviours and the reasons behind them."  
"Structure, routine, support, containment and confidence boosting"  
"OT work and supported meals."  
"The regularity of visits, kindness, helpful feedback and suggestions."  
"Helped me stay consistent through hard times"  
"Dietician input and emotional support for parents."

CYP VIEWS  
PARENT VIEWS

## CONCLUSION

Following the introduction of the IOT, the service has demonstrated improvements in accessibility, service user experience, and health outcomes for children and young people, as well as reductions in inpatient SEDU and paediatric bed days.

The IOT provides a successful intensive intervention option within SWLSTG CYP CEDS treatment offer for CYP at risk of hospital admission or requiring step-down support.



## ACKNOWLEDGEMENTS

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Contact information:  
Beth.Watkins@swlstg.nhs.uk  
Kate.Barker@swlstg.nhs.uk  
Isabelle.Vincent@swlstg.nhs.uk

