

September 2014

The way ahead

Kent's Emotional Wellbeing Strategy

for children, young people and young adults

DRAFT

Part one: Strategic Framework



Published by Kent County Council on behalf of the
Kent Health and Wellbeing Board

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Foreword

Emotional wellbeing is a vital factor in each of our lives, shaping the way in which we understand ourselves and one another, and influencing a range of long-term outcomes.

In the journey from childhood to adolescence and early adulthood, it becomes even more vital. Enjoying positive **emotional wellbeing** (which includes mental health) opens the door to improved physical and cognitive development, better relationships with family members and peers, and a smoother transition to independence.

As partners in Kent, we want to support children, young people, young adults and their families as they make this journey, and work together in helping them respond to and overcome specific challenges that they may face.

This first part of our strategy describes the **principles** we will follow to do this, and lays the foundation for part two: a multi-agency delivery plan (expected in January 2015).

prospects and reduced physical health³. Until we have effective support embedded at an early stage, we will continue to see specialist mental health services across the country overwhelmed by demand, and children exposed to these poor outcomes.

In Kent, we are also responding to a real **call to action** at this time from children, young people, families, professionals and politicians to focus our attention on securing **a comprehensive Emotional Wellbeing offer** for children, young people (up to 25) and their families. We have made significant progress in recent years, but we know that more is needed if we are to fully respond to the needs of our families in Kent: and the solution is far bigger than any individual organisation.

Why now?

Emotional wellbeing is an area of both national and local concern, with studies suggesting a marked decline in children and young people's satisfaction with their lives within the last five years¹. The Good Childhood Report (2013) found that around 20% of children now experience below average levels of wellbeing, and 10% will have a diagnosable mental health condition: that translates to around three children in every class.

The case for change is both moral, and economic.

We know that the long-term consequences of inadequate support for children and young people with emotional difficulties can be enormous: one study suggests that half of all adults with mental health problems were diagnosed in childhood – but less than half were treated appropriately at the time², leaving them at an increased risk of disengagement from school, poor employment

¹ Rees, G., Goswami, H., Pople, L., Bradshaw, J., Keung, A. and Main, G. (2013) *The Good Childhood Report 2013*, The Children's Society, London.

² Kim-Cohen, J., Caspi, A., Moffitt, TE., et al (2003): *Prior juvenile diagnoses in adults with mental disorder. Archives of general psychiatry*, Vol 60, pp.709-717.

³ Richards (2009): Sainsbury Centre for Mental Health: *Childhood Mental Health and Life Chances in post-war Britain*.

What is our vision for Emotional Wellbeing in Kent?

This strategy focuses on the groundwork needed to envision and establish a **'whole-system'** of support for children, young people and young adults experiencing emotional and mental health difficulties - because we simply can't meet all of the needs from individual commissioned services.

In the first instance we depend hugely upon skilled and supportive professionals working with children, young people / adults and families in schools, community groups, health settings and beyond, to help identify children and young people experiencing emotional wellbeing difficulties (which can range from low-level, short-term needs to more complex difficulties and issues of serious harm, such as those affected by trafficking or child sexual exploitation). However, these people also have a wider day-job to perform, and there is a need to build capacity, knowledge and confidence among those who work with children and young people every day, promoting and protecting emotional well-being.

Confidence, in particular, will also rest upon knowing that there are **effective services** available to offer extra support to those children and young people who have a higher level of need. We need much greater collaboration in designing and resourcing Emotional Wellbeing services to ensure that what we put in place meets need **swiftly, flexibly and effectively** – and that it will be understood and valued by those professionals referring to it.

In partnership with children, young people, young adults and families, we need to define what a 'good' system of Emotional Wellbeing support would look like – and this strategy is the first step.

We've been listening to children, young people and families over the last few months and they have given us some clear messages about the way that they want to see – and experience – support being delivered. They aren't necessarily surprising, but we underestimate their importance at our peril.

This strategy is therefore:

- i. Purposefully focussed* on the messages we have been given by members of the public and professionals, responding to the issues raised and improving the overall experience for children, young people and families who are seeking support;
- ii. Mindful* of the journey that we have been on in recent years as professionals aiming to improve our local offer: the progress we have made, the areas where improvement is still needed, and the learning we have gained about the best ways to target our efforts;
- iii. Committed to a partnership-approach:* overcoming organisational boundaries and individual agendas to articulate and bring to life our vision of a 'good' system of emotional wellbeing support for 0 – 25 year olds in Kent.

As partners on the Children's Health and Wellbeing Board, we will work together in implementing this strategy, and the four key principles which follow, through service re-design and commissioning to take place from 2014/15 onwards. Success will depend upon leadership and commitment from a wide range of agencies, and on our continuing dialogue with the children, young people, young adults and families that we seek to support.

Andrew Ireland,
Corporate Director, Health and Social Care
Chair of Kent Children's Health and Wellbeing Board

September 2014

What is 'The way ahead'?

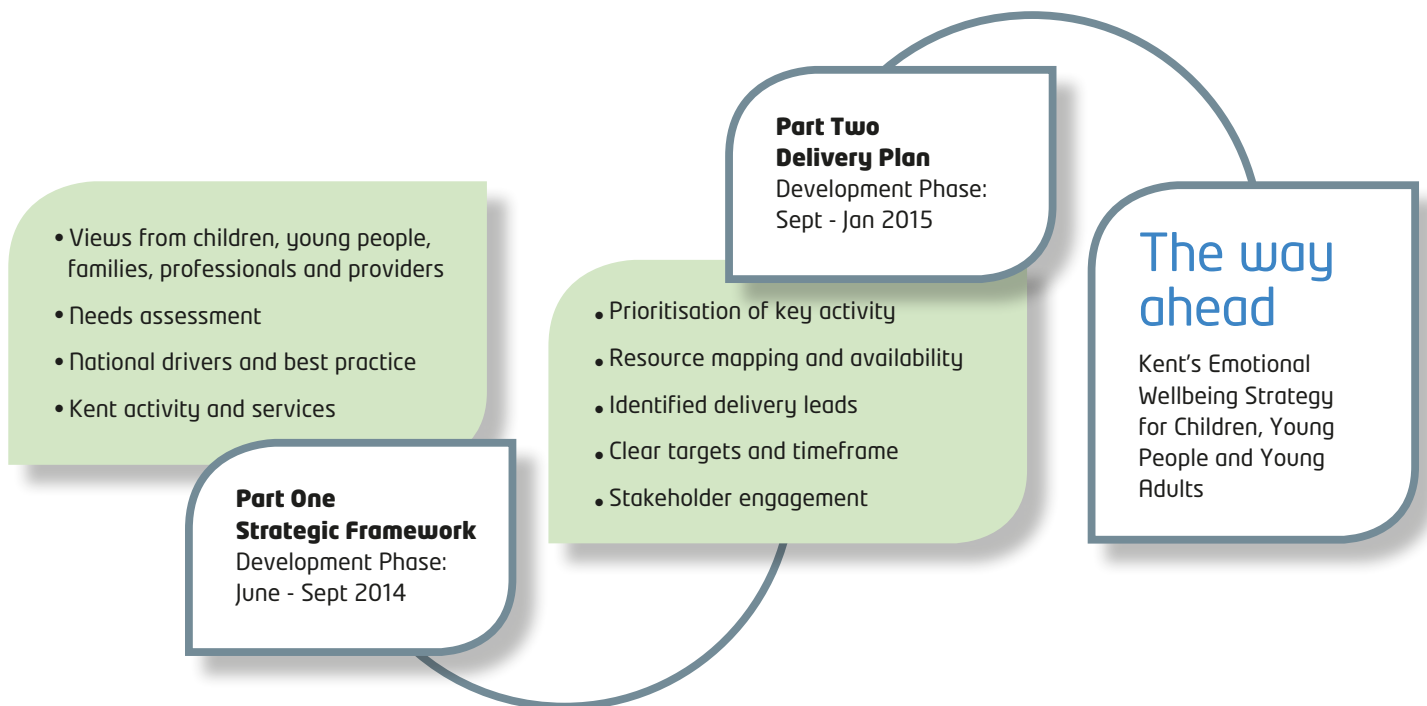
This is the first of two documents which together will form our vision as Kent partners for improving the emotional wellbeing of our children and young people.

Part One, outlined in this document, articulates the **outcomes that we are seeking and the principles we will follow** to achieve them. These outcomes respond directly to views expressed by children, young people, families, professionals, and providers, as well as the findings of local and national data and best practice.

Part Two will translate these outcomes and principles into **a practical, multi-agency delivery plan**. This will identify

key performance measures, delivery leads, resources and timeframes within which actions will be implemented.

The complete Strategy, comprising both elements, is expected to be presented to the Children's Health and Wellbeing Board in February 2015.



Where have we come from?

Although there is still work to do, we've made significant progress in the last few years.

Since the Child & Adolescent Mental Health Services (CAMHS) National Support Team visited Kent in 2010, we've put in place a number of key recommendations which have led to:

- The introduction of a county-wide Emotional Wellbeing Service for children and young people aged 4-18. This has enabled us to respond earlier to emerging emotional health needs and deliver complementary support to families and frontline professionals.
- The development of a broader, countywide Early Help offer to support children, young people and families who are at risk of experiencing poor outcomes;
- A single service and service provider in place to deliver Tier 2 and 3 mental health services, offering more unified and consistent approach across the county.
- A reduction in waiting times for assessment and treatment from mental health services – but we know there is still more to do.
- An improved partnership between Health and Kent County Council around emotional wellbeing, which has enabled greater sharing of skills and knowledge: to the extent that we are now ready to plan and commission the next generation of these services from a shared viewpoint, together with our wider partners.

We know there is still improvement needed to achieve the ambitions we set ourselves in 2010, and our strengthened partnership now puts us in the right place to do this. This strategy will identify some of the key priorities that we will address together over the coming years.

What do we know?

The following summary is based upon emerging priorities from the Joint Strategic Needs Assessment in Kent, led by KCC's Public Health Department. The full needs assessment will be available from November 2014.

"Emotional wellbeing is defined as a positive state of mind and body: feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."

World Health Organisation, 2004

Emotional wellbeing fluctuates, often rapidly for children and young people, in response to life events – and their ability to overcome these challenges without long-term harm is determined by the interplay of **risk and protective factors** available to them. As professionals working in children's services, we have a unique opportunity to influence this balance.

- **Universal settings, particularly schools, play a crucial role** in supporting children and young people to be resilient and emotionally healthy, identifying children or young people who show early signs of difficulty, and knowing when and how to request additional support - as recognised in the recent 'Mental Health and Behaviour in Schools' guidance (DfE, 2014). Many schools in Kent place real emphasis on whole-school approaches to emotional wellbeing, and offer additional pastoral support, counselling, or therapeutic services. **We need to support these efforts and continue building capacity and skill, as well as knowledge of what is available locally and how to access it, among the children's workforce.**
- **The vast majority of children, young people and young adults will not need any additional support** beyond the reach of universal services – however, it is estimated that approximately 15% (approximately

34,000) in Kent will display a higher level of need. Many of these can be supported with some additional **'early help'**: an evidence-based approach⁴ which seeks to minimise the risks of problems occurring (particularly among at-risk groups) and to act quickly to improve outcomes where there are signs of difficulty. The success of these approaches, particularly around emotional well-being, often depends upon **working in partnership with families** – recognised in KCC's recent Early Help Prospectus (2014).

- However, some young people will remain at particularly **high risk of emotional ill-health due to on-going circumstances** in their lives, including children in care, those with learning difficulties or disabilities, children of parents with mental health or substance misuse problems, and young carers. Of these groups, statistics indicate that in Kent, we particularly need **to secure more support for children in care/care leavers and young offenders**.

- **Specialist services** exist to meet the needs of children, young people and young adults experiencing acute or prolonged periods of complex emotional, behavioural or relationship difficulties. **Our local needs assessment in Kent suggests that we particularly need to place more focus on the following groups:**

- Presentation of self-harm at A&E among the 16-24 year old group
- The high predicted number of children with Autistic Spectrum Disorder (ASD).
- Children of parents, particularly mothers, who have mental health problems (among whom there is a 37% higher incidence of developing problems themselves)
- Young people and young adults who have a 'dual diagnosis' and need support with substance misuse and emotional wellbeing difficulties.

We also know that emotional wellbeing difficulties present as the most common health issue among young people from 16 to 25 – but traditionally services have been divided into a 'child' and 'adult' offer at age 18, with differing resources available. This can cause real difficulty and distress for young people and their families who need consistency at a key point of transition. Research suggests that we need instead **an integrated offer and pathway that extends from birth to age 25**⁵.

Levels of need ⁶

1%
Severe

of children and young people will experience episodes of being seriously mentally ill requiring intensive support from specialist services and potentially inpatient care.

9%
Complex

of children and young people will experience significant emotional and behavioural difficulties which are complex and / or enduring, and will require support from specialist services. Signs may include anxiety, conduct or behavioural problems, attachment issues and eating disorders.

15%
Early Help

of children, young people and young adults may need some additional help from services. Indicators may include responses to bullying, low mood, behavioural problems, relationship difficulties and school non-attendance.

75%
Prevention

of children, young people and young adults will not need any additional support from emotional wellbeing services. This doesn't mean that they won't experience periods of emotional instability – but that they will receive sufficient support from their families, peers, schools, and the wider children's workforce to overcome challenges that they face.

⁴ See *Our Children Deserve Better: Prevention Pays – Annual Report of the Chief Medical Officer* 2012.

⁵ Supporting Young People's Mental Health: *Eight Points for Action: A Policy Briefing from the Mental Health Foundation* (2007) and International Association for Youth Mental Health: *International Declaration on Youth Mental Health* (2013)

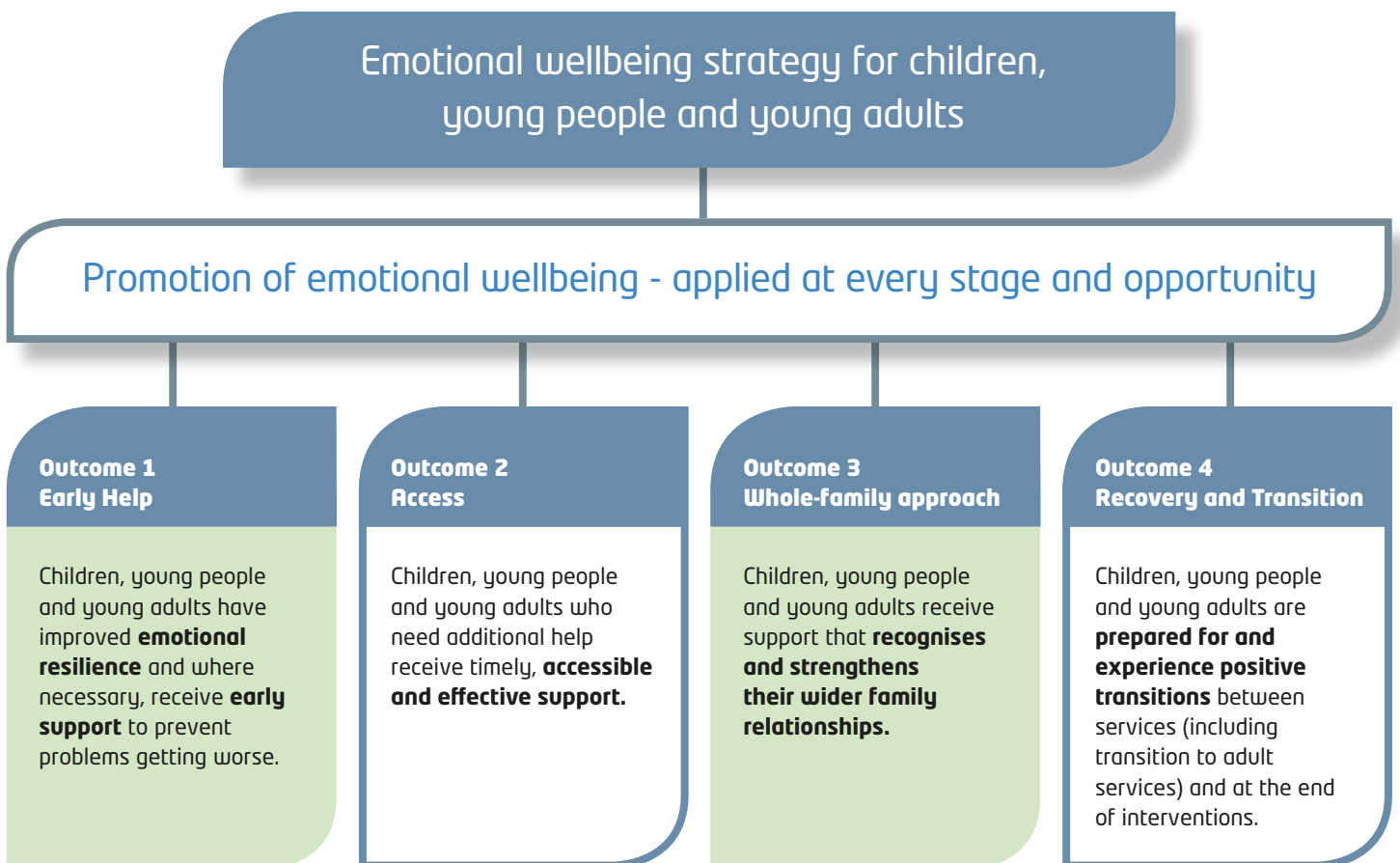
⁶ Diagram based on Health & Social Care Advisory Service (HASCAS) model; all percentages approximate.

What do children, young people and families think a 'good' system would look like?

This strategy has been designed in response to the messages we have heard from children, young people, young adults and their families about the principles that matter most to them about the ways in which they are supported, whether in universal settings or from targeted and specialist services.

Over 200 responses have been gathered between May – July 2014 through surveys, focus groups and interviews,

with a further 50 frontline professionals offering the benefit of their experience. The feedback has been analysed and grouped into priorities that fall within **four overarching outcomes**, which will form the basis of our strategy and the guiding principles for future service design. These outcomes are shown in the following diagram and discussed in more detail over the next few pages.



Outcome 1: Early help

Children, young people and young adults have improved **emotional resilience** and where necessary receive **early support** to prevent problems getting worse.

Early Help means doing all we can to prevent or minimise the risk of problems arising, and responding early if difficulties do emerge.

This is the definition at the heart of KCC's recent Early Help and Preventative Services Prospectus: a document which sets out the broader offer of preventative support available to children, young people and families where there are risks of poor outcomes.

Efforts to improve emotional wellbeing are a vital part of this offer, and so the two strategies are intrinsically linked, and we will specifically share the following aims:

- To **develop self-esteem and resilience among children and young people**, particularly those who are most at risk of poor outcomes due to circumstances in their lives.
- To **support schools and early years settings** in improving the emotional resilience of children and young people.
- To **support parents who are experiencing mental health issues**.

In addition, we want to respond to the following priorities identified by children, young people, young adults and families:

1 To support children, young people, young adults and families in **developing and securing their own emotional wellbeing**, and where necessary, in navigating and negotiating access to support that meets their needs.

2 To **improve skills and confidence among staff in the children's workforce at all levels**, through training in identifying and responding to the needs of children and young people who have emotional wellbeing difficulties. This includes consideration of external factors which may affect children and young people's emotional wellbeing, including domestic violence, child sexual exploitation and trafficking.

3 To build upon our work to date in **developing a high-quality, flexible and visible Emotional Wellbeing offer** within schools and community settings, linked to the broader suite of Early Help support.

"We need more 'drop-in' provision available locally, where we can access help quickly, preferably without an appointment."

"Parents/carers, teachers, and other front-line professionals need more support to identify and work with children and young people who have emotional wellbeing difficulties."

Outcome 2: Access

Children, young people and young adults who need additional help receive **timely, accessible and effective support**.

Effective support for emotional wellbeing isn't just about the quality of the service offered.

It is about how easy it is to ask for help; how it feels to have your needs assessed; and (where necessary) how simple and responsive the pathway to getting the right kind of treatment in place. These experiential factors play a determining role in how successful the eventual intervention can actually be - and so they are a priority for us as we think about designing a 'whole system' approach.

In aiming to improve this overall experience, there are a number of priorities which we will need to address and which have been highlighted by children, young people, young adults and their families:

1. A range of options about the ways in which support can be delivered, whether face-to-face, over the phone or virtually.
2. A more flexible approach to service delivery, with more visible local facilities and (where appropriate) the potential for a 'drop in' offer available within the community.
3. Better understanding by professionals (including teachers and GPs) of the kind of support available locally – and a simpler process to access it.

In addition, our needs assessment and feedback underlines the need to:

4. Improve our specialist pathways, particularly for children and young people with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Conditions (ASCO) and families.
5. Improve our targeted outreach to the most vulnerable groups, particularly young offenders, children in care, and care leavers.

"The adults working with us (teachers, GPs etc) need to understand the total offer of support available to meet our needs locally - and we need a simple process to access it."

"We need a range of different ways to access support: in person, peer-to-peer, in safe online spaces (including social media) and via text or telephone."

Outcome 3: Whole family approaches

There is a broad consensus of evidence to suggest that professionals and services make most impact on the lives of children, young people and young adults when they work in partnership with the wider family⁷.

Parents/carers have a unique and critical opportunity to influence the emotional wellbeing of their children, and often understand their needs best. With this in mind, our priorities will be to:

- 1.** Improve the ways in which services *work alongside and in partnership with parents/carers* and the wider family to manage their own risk and resilience (as far as this is safe to do and, particularly where young adults are involved, consent is given).
- 2.** *Promote the importance of maintaining positive family relationships*, where this is appropriate, and encourage good communication within families.
- 3.** Ensure that where interventions are offered to a child or young person, their parents and carers are engaged as much as possible in *understanding the work being done and what they can do to support it*. Within this, we will link to local parenting support opportunities where appropriate.
- 4.** Finally, to pay particular attention to whether there are on-going support needs among families at the point at which services begin to *step back* – recognising that this can be a time of real pressure.

“Our wider families need support too: to understand what is happening to us, what work is being done, and how they can best help.”

“Stick with our families after the point of ‘stepping down’ – this is often when we (and they) need most help.”

⁷ See *Think Family Toolkit: Improving Support for Families at Risk – strategic overview*. Department for Children, Schools and Families (2009).

Outcome 4: Recovery and transition

Children, young people and young adults are **prepared for and experience positive transitions** between services (including transition to adult services) and at the end of interventions.

The process of ending support from a service, whether goals have been achieved or needs have changed, is every bit as important as the beginning.

If successful progress is to be sustained, then the partnership with children, young people, parents/carers, families, and schools is vital – and these key 'partners' need to be supported too, and prepared for the next step. In some cases, this may mean a more gradual 'stepping down' process – and a clear plan needs to be agreed, with routes 'back in' if concerns re-emerge.

When it becomes necessary to change the kind of support that is offered, then this too needs to be a carefully managed process, with children, young people and young adults involved wherever possible in decisions about how best their needs can be met: an overwhelming call from the young correspondents to our surveys ⁸.

Through designing a 'whole system' offer that meets needs across a continuum from birth to 25, we will aim to ensure that support is no longer shaped by a watershed at age 18, but that it responds instead to the individual needs of a young person as they follow their own unique path into adulthood ⁹.

Our priorities are therefore:

1. To work *in close partnership with children, young people, parents/carers and families, as far as possible, in preparing for and implementing transitions* whether at the end of an intervention or when another service becomes involved.
2. To set out *clear lines of communication and 'routes back'* if concerns re-emerge.
3. To design an extended offer that is led by the needs of young people as they approach and enter adulthood, with *consistency and continuity of support available post-18*.

"Make sure that there is a clear plan and clear communication between the different people working with us, especially when we need to move between services."

"Young people who are approaching 18 must be able to access the same level of support from adult services if they need it, and experience a smoother transition."

⁸ See also *Report of the Children and Young People's Health Outcomes Forum 2013/14*

⁹ A priority within: *Closing the gap: priorities for essential change in mental health* (Department of Health, 2014).

Where next?

This document sets out a framework of four key outcomes which will form the cornerstones of our vision to improve emotional wellbeing for all children, young people and young adults in Kent.

The next stage of activity, to take place from September 2014 – January 2015, will involve wider engagement with the public, partners and professionals around the design of Part 2 – The Delivery Plan. This process will define the key actions needed to achieve our four outcomes, including service design, commissioning intentions, performance measures and resources.

The Children's Health and Wellbeing Board will continue to oversee this work and hold responsibility for ensuring that both elements of this strategy are widely understood and committed to by partners.

For further information and updates on this work, please visit xxxxxxxx (TBC).

Strategic links:

The Way Ahead: Kent's Emotional Wellbeing Strategy for Children, Young People and Young Adults has been written in reference to the following key local strategies:

Kent Joint Health and Wellbeing Strategy (Kent Health and Wellbeing Board, 2014).

Every Day Matters: Kent County Council's Children and Young People's Strategic Plan. (Kent County Council, 2013).

Social Care, Health and Wellbeing Directorate: 2014/2015 Strategic Priorities Statement (see p.23). Kent County Council (2014).

Education and Young People's Services Directorate: 2014/2015 Strategic Priorities Statement (p.14-16) (Kent County Council, 2014).

Early Help and Preventative Services Prospectus (Kent County Council, 2014)

Joint Strategic Needs Assessment for Children in Kent 2011 (Kent Public Health, 2011)

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Rees, G., Goswami, H., Pople, L., Bradshaw, J., Keung, A. and Main, G. (2013): *The Good Childhood Report 2013.*

Kim-Cohen, J., Caspi, A., Moffitt, TE., et al (2003): *Prior juvenile diagnoses in adults with mental disorder.*

Richards (2009): *Sainsbury Centre for Mental Health Childhood Mental Health and Life Chances in post-war Britain.*

Department of Health (2012) *Our Children Deserve Better: Prevention Pays – Annual Report of the Chief Medical Officer 2012*

Fraser, M., Blishen, S. (2007): *Supporting Young People's Mental Health: Eight Points for Action: A Policy Briefing from the Mental Health Foundation.*

International Association for Youth Mental Health (2013): *International Declaration on Youth Mental Health*

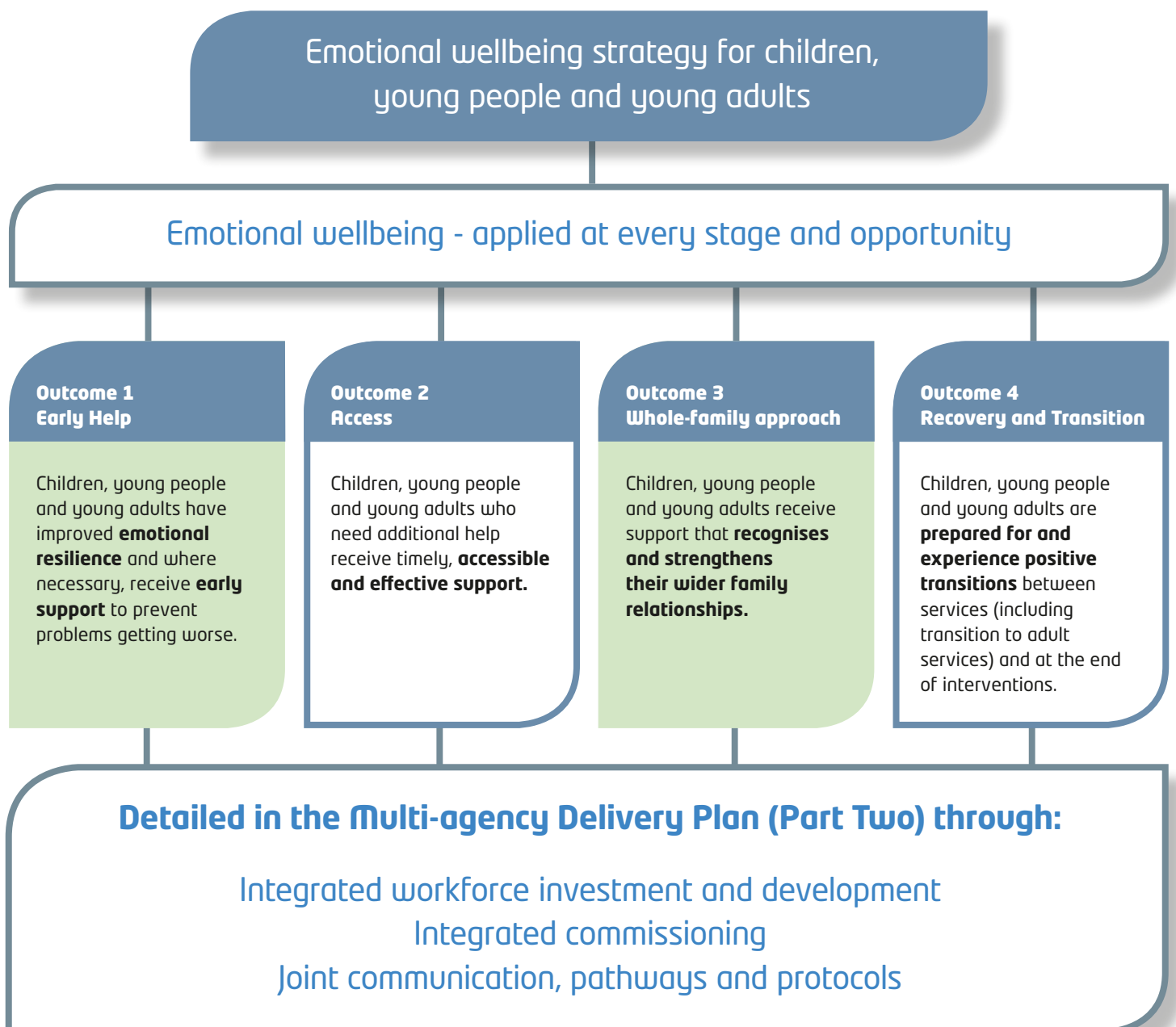
Department for Children, Schools and Families (2009): *Think Family Toolkit: Improving Support for Families at Risk – strategic overview.*

Department of Health (2013): *Report of the Children and Young People's Health Outcomes Forum 2013/14*

Department of Health (2014): *Closing the gap: priorities for essential change in mental health.*

Department for Education (2014): *Mental Health and behaviour in schools: Departmental Advice for School Staff.*

Quick reference: Outcomes Framework



Notes

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