

# **The Way Ahead: Kent's Emotional Wellbeing Strategy for Children, Young People and Young Adults and Families**

## **Part 2 – Delivery Plan**

## Foreword

In September 2014, partners on Kent Children's Health and Wellbeing Board published the first part of a new Emotional Wellbeing Strategy for children, young people and young adults. This document set out a framework of four key outcomes, based on national and local research and early consultation activity with families and professionals, and made the commitment to translate these principles into a multi-agency delivery plan, ready for 2015.

The proposed delivery plan is set out within the following pages and forms Part 2 of our Strategy. The recommendations we are making lay the foundations for **a new system of support that extends beyond the traditional reach of commissioned services**, recognising that promoting and protecting the emotional wellbeing of our children and young people is far bigger than any individual organisation. Equally, this means that its success will depend upon the strength of commitment from a far wider range of partners in Kent than before: a commitment that recent months have indicated is in place, through the level of interest, support and consensus for this agenda across organisational and professional boundaries. Improving emotional wellbeing is not only 'everybody's business' – but, as our conversations have repeatedly shown, is the common ground at the heart of all we do.

**Words will only take us so far, and this Delivery Plan marks the beginning of the action** - distilling a range of short-term improvement actions, workforce development plans, and recommendations for longer-term future commissioning from the large amount of contributions we have received from families and professionals, and the detailed needs analysis which has now been completed.

It will be as much a journey for us as partners, as for those we seek to support – and we will need to return to this expression of commitment through the challenges and changes ahead. Just as **learning to communicate our ideas, thoughts and feelings, and developing strong and healthy relationships** are vital aspects of emotional wellbeing, so these same values will need to be the basis of our relationship as partners who seek to promote and deliver this agenda.

**Andrew Ireland**

Chair of Kent Children's Health and Wellbeing Board

April 2015

## Part 2: Overview

The first part of our Strategy set out key outcomes for children and young people aged 0-25, supported by an underpinning principle of the need to **'promote positive emotional wellbeing'** at all stages and levels of need.

<b>Early Help</b>	Children, young people and young adults have improved <b>emotional resilience</b> and where necessary receive <b>early support</b> to prevent problems getting worse.
<b>Access</b>	Children, young people and young adults who need additional help receive <b>timely, accessible and effective support</b> .
<b>Whole Family Approaches</b>	Children, young people and young adults receive support that <b>recognises and strengthens their wider family relationships</b> .
<b>Recovery and Transition</b>	Children, young people and young adults receive support that <b>promotes recovery, and they are prepared for and experience positive transitions</b> between services (including transition to adult services) and at the end of interventions.

**This document develops the principles set out in Part 1 of the Strategy and translates them into a series of short and medium term actions, to be taken forward by partner agencies in Kent.**

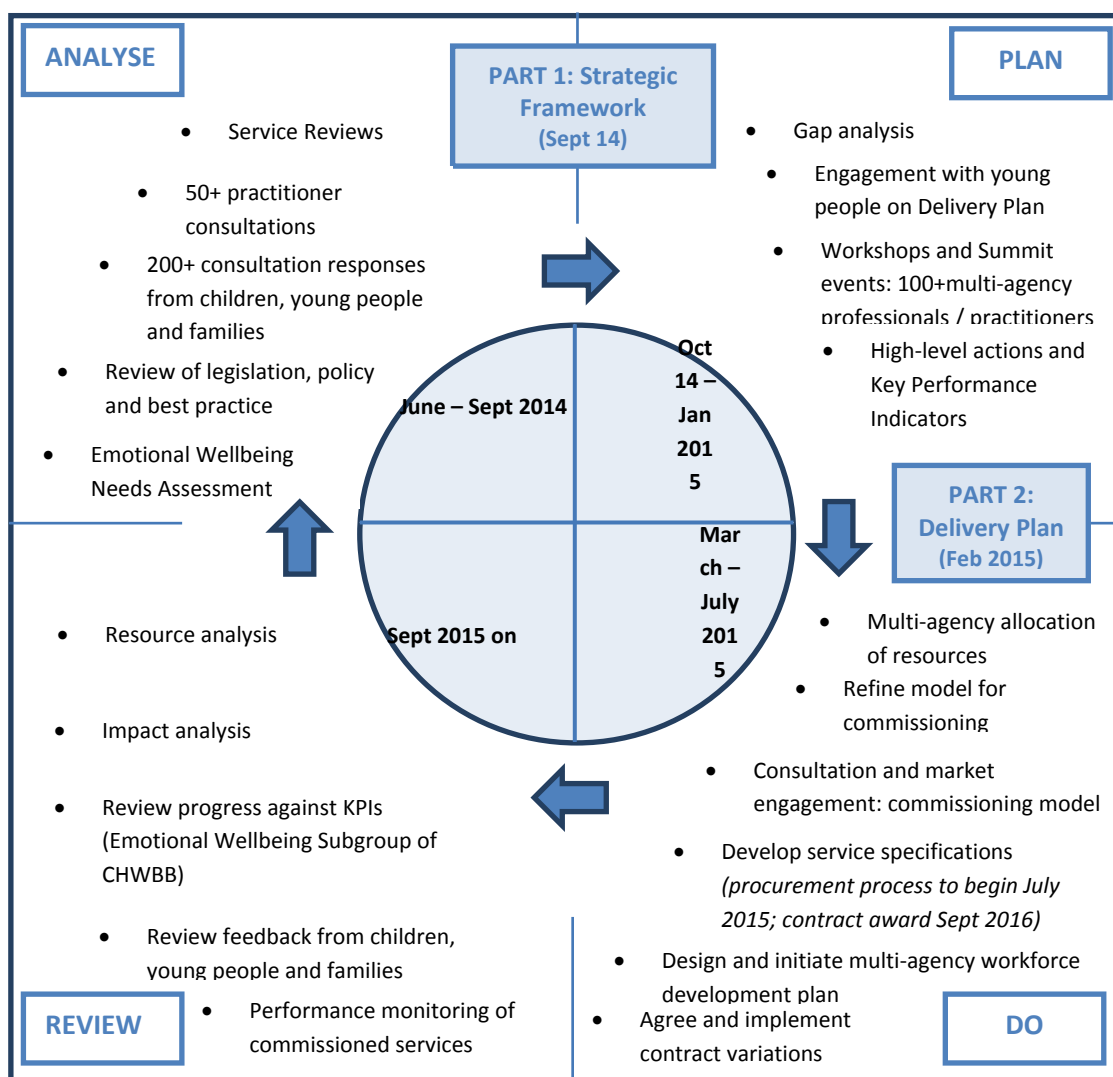
### How has this Delivery Plan been developed?

In developing both the Strategy and this Delivery Plan, partners in Kent have drawn information from a wide range of sources and led a number of activities involving children, young people and families, in order to gain a fuller understanding of the level of need in Kent and the actions needed to establish a more connected 'whole system' of support around emotional wellbeing.

The interpretation of these findings has also been shaped by awareness of, and sensitivity to, changes that are underway in related services and workstreams – for example, within Kent County Council's Early Help offer; with integration plans between Health and Social Care; with development of the HeadStart programme, and with the commissioning intentions of Kent's Clinical Commissioning Groups (CCGs).

A more detailed summary of the development undertaken is available at Appendix 2. The following diagram is based around the commissioning cycle and gives an overview of progress and projected activities:

## Developing a whole-system approach to Emotional Wellbeing:



The phases following this Delivery Plan will focus on implementing the recommended actions, through a combination of partnership working, workforce development, variations to existing services, and procurement processes leading to the next generation of commissioned services. Together, these actions will support emotional wellbeing in its widest sense, but will first require re-consideration of how existing resources are allocated, and how they might be better assigned in order to establish a 'whole system' approach.

Some of these actions will have the potential to be implemented swiftly, beginning from April 2015; others will need to be incorporated within a longer-term process of procurement (set out in the 'plan' and 'do' phases of the commissioning cycle diagram above).

## Executive Summary: Key findings from the ‘analyse’ and ‘plan’ phases

Through research, analysis of local and national evidence, and consultation with local children, young people and practitioners, the following key principles have emerged. This information is set out under each of the outcome areas described in Part 1 of the Emotional Wellbeing Strategy:

### 1. Promotion of Emotional Wellbeing

- Universal services, including children’s centres, health visitors, schools, colleges, and youth settings have a key role to play in promoting positive emotional wellbeing and attachments and reducing the perceived stigma around emotional wellbeing difficulties, demonstrating to children, young people and families how to understand and express feelings and manage relationships safely and appropriately. We need to strengthen **whole-setting or whole-school approaches**, as well as sharing best practice in relation to **classroom techniques, pastoral or parenting support**.
- We will learn from the national and local Big Lottery Funded HeadStart programme which aims to equip young people to cope better with difficult circumstances by building resilience. This will include building on learning from; school programmes, peer education, mentoring and coproduction, safe spaces, community activities, social marketing campaigns and use of the digital world.
- Promotion of positive emotional wellbeing is particularly vital in the **antenatal and postnatal period**, a time which can place additional strain on relationships and may exacerbate any underlying parental emotional wellbeing difficulties. We need to strengthen partnership working between universal and specialist services around identification and assessment of need, and make clearer the pathways for accessing support during pregnancy and early parenthood. As part of this, we need to review local practice against newly published NICE guidelines (2015)<sup>1</sup>.
- Promoting positive emotional wellbeing is similarly vital to groups who have been traditionally less likely to access support, including those from Black and Minority Ethnic (BME) groups, Gypsy Roma Traveller (GRT) communities, and young people and young adults who are lesbian, gay, bisexual or transgender (LGBT). This needs to be clearly linked to whole-school, and whole-setting, approaches around issues relating to **identity, diversity and inclusion**.
- Recent consultation activity with LGBT young people has particularly highlighted the importance of settings being inclusive and non-judgemental, and the value of a multi-agency ‘hub’ model to engage LGBT young people, build friendships and offer support from services.
- Promotion of emotional wellbeing must not just be focussed on universal settings, but should form a **part of interventions at all levels of need**. This means that emotional wellbeing promotion will need to form part of a partnership-led workforce development plan.

*“Everyone talks about sex education, but there is nothing about Mental Health Education”*

*“Mental Health needs to form part of everyday conversations in school – perhaps as part of a PSHE module to reduce the stigma and make mental health issues normal.”*

**2014 Emotional Health and Wellbeing Summit**

---

<sup>1</sup> *Antenatal and postnatal mental health* (National Institute for Clinical Excellence, 2015).

## 2. Early Help

- Universal services need a **clearly defined and communicated offer to support identification** of emotional wellbeing difficulties in children, young people and their families and with them develop an appropriate response. This needs to include workforce development, which enables a holistic picture of assets and capabilities as well as having access to professional consultation from qualified mental health practitioners prior to making referrals, and improved communication and ability of everyone to negotiate and navigate of what support is available locally and for whom.
- **Assessment of need should be overseen by a qualified mental health practitioner** at the ‘front door’, and should explore and take account of broader family functioning to identify underlying needs, prior to bringing in any additional support. This is likely to work best as part of a co-located multi-agency model, with mental health practitioners offering consultation advice and group supervision to staff in universal settings.
- A range of **effective and adequately resourced early help approaches** are needed to support emotional wellbeing, recognising that children, young people and families will be involved in the negotiating the required individual packages tailored to their circumstances and needs. The focus should be as much as possible on developing the resilience and skills needed of the child, young person and family to manage their own emotional wellbeing within their familial and community resources, and be equipped to navigate and negotiate their way to the resources which meet their needs. Clear communication through negotiation is needed with children, young people and families at the outset to build a shared understanding of aims of the mutually agreed approaches.
- **Early help approaches and parenting support** (with input from qualified mental health practitioners, paediatricians and other professionals) also needs to be made available in the community for children, young people and families affected by **neurodevelopmental disorders**, as well as for children in care (where this is felt to be appropriate by specialist services).
- The Marmot Review<sup>2</sup> recognises that **health and wellbeing are affected by a wide range of environmental, social and developmental factors** which ‘accumulate’ over a lifetime, beginning before birth. In order to address the underlying determinants of poor emotional wellbeing, a much broader multi-agency approach is needed which are culturally and contextually appropriate, with early help approaches being developed and delivered across the different life stages, supporting pre-natal wellbeing, early years, school-age and adolescence, right through to the transition to adulthood and family formation.
- Promotion of an integrated approach to **Emotional Wellbeing and Speech and Language**. It is widely acknowledged that speech; language and communication skills are essential in supporting the development of skills for life and is fundamental in both the development of learning and social and emotional well-being of a child or young person.

*“Being there from the start. Universal and targeted services in settings where both individuals and families feel comfortable accessing services, with staff that are trained to recognise when families or individuals need support accompanied by a no wrong door approach”*

**2014 Emotional Health and Wellbeing on-line engagement survey part 1.**

<sup>2</sup> Fair Society, Healthy Lives: The Marmot Review Strategic Review of Health Inequalities in England post 2010. London: Marmot Review; 2010 referenced in Chief Medical Officer's annual report 2012: *Our Children Deserve Better: Prevention Pays* (Department of Health, 2013).

### 3. Access

- **Services need to be more accessible and visible in the community, with capacity to accept self-referral.** As part of this, young people have overwhelmingly recommended drop-in facilities based within schools and other community settings.
- **A single pathway is needed into emotional wellbeing services, with assessment undertaken by a team including a qualified mental health practitioner** to identify underlying needs and risks and explore the broader family functioning, prior to recommending any service-led response. This should help ensure that when necessary, children and young people are directed to the right service first time.
- There must be **effective, and adequately resourced, triage and risk-assessment** at the 'front door' to ensure that those presenting with the highest level of risk access support within appropriate timescales. At all levels of need, but particularly for those requiring intensive interventions, parents and carers must receive **complementary information, advice and guidance, overseen by qualified mental health practitioners**, to ensure that they can appropriately understand and respond to the child or young person's needs and behaviours.
- Assessment of mental health needs and targeted interventions must be provided routinely to the **most vulnerable groups - particularly Children in Care and Young Offenders.**

*"A simple process that can be accessed by professionals, parents and young people with support services that are available promptly."*

*"Better advertising and awareness of available support as well as an on-line or telephone bridging support available whilst waiting for appointments"*

*"Dedicated 24hr phone line or internet support, plus community drop-ins."*

**2014 Emotional Health and Wellbeing on-line engagement survey part 1.**

### 4. Whole Family Approaches

- **Access to consultation and advice** for parents and carers should be made more widely available and publicised. Practitioners have also recommended that foster carers receive additional specialist training around supporting children in care with emotional wellbeing difficulties as part of their initial and continuing programmes of training.
- Assessment of a child or young person's emotional wellbeing needs should take into account **the wider family context** to ensure that the right support is offered first-time.
- **Protocols** need to be put in place within commissioned services to set out clearly how parents, carers and the wider family will be listened to and (where appropriate) involved as active partners in the design and delivery of support to the child or young person (an approach is known as **co-production** - see definition at Appendix 1).
- This should include sharing complementary information, advice and guidance about understanding and responding to the child's needs and presenting behaviours. This is particularly important to families at times of transition.

*"Support and guidance without judgement or prejudice is needed for the whole family."*

*"Parents are often left in the dark as to what is going on. To improve the wellbeing of the child/young person we must consider the whole family as when the external support is gone, the family is still there."*

**2014 Emotional Health and Wellbeing on-line engagement survey part 1.**

*“There is a need for a more joined up approach to working – a child needs a central ‘passport’ that all specialists can see who else is working with the child/young person/family and what they are offering.”*

**2014 Emotional Health and Wellbeing on-line engagement survey part 1.**

## 5. Recovery and Transition

- We need to promote a greater focus on **recovery** within emotional wellbeing services. This doesn't mean that everyone experiencing emotional wellbeing difficulties will be 'cured', but instead represents “a set of values about a person's right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms.”<sup>3</sup> This means adopting and embedding a set of values in the way we work with children, young people and families at all levels, focussed on building resilience; taking a holistic view of the child or young person that looks beyond presenting difficulties; working with children, young people and families as 'partners' rather than passive recipients of services, and empowering children and young people to use their own resilient moves to achieve and sustain positive long-term outcomes.
- Young people and families have told us how important it is to have **continuity of care** and to build relationships with practitioners in order to get the most from the support available. This has implications for transition points **between services, at the close of interventions**, and for the **transition process between children and adult services** (which has traditionally been at 18).
- When it is necessary to consider transition between services, children, young people and families should be **involved in decision-making** and be given information and advice to support them in the process.
- We need to see clear and consistent practice around preparing and supporting children, young people and families at the close of interventions, and a clear **'step down pathway'** involving multiple agencies so that positive outcomes can be sustained. This needs to plan with them at the beginning of support.
- The Government's Mental Health Action Plan, *Closing the Gap* (2014) reiterates a commitment to ending the 'cliff edge' of specialist mental health support available after a young person reaches 18. In addition, the Care Act 2014 clarifies duties for local authorities around assessing the needs of a young person (and their family) where it appears that they are likely to need care and support post-18, and where appropriate, planning for the transition to adult services. Within the provisions of the Act, a young person (or their carer) may request a transition assessment and this must be considered.
- In Kent, work is underway to implement a **multi-agency transition protocol** between children's and adult specialist mental health services to smooth the transition where a young person's needs are at a level where they should be transferred to Adult Mental Health; however, there remains a need to better understand the outcomes of those who are signposted at 18 to voluntary / community sector services to inform future commissioning.
- We need to adopt a **young-adult friendly approach for 16-25 year olds**. The proposed development of a new adult **Primary Care and Wellbeing Service**, with a focus on early intervention and prevention, and an integrated pathway between adult primary care mental health services, adult social care, Public Health and the voluntary sector, offers potential for improved transition from Children and Young People's Services to support for young adults. We need to explore options both within this model, and within the proposed 0-25 community hubs, to ensure we offer services in a way most likely to engage young adults.

---

<sup>3</sup> *Implementing Recovery: A new framework for organisational change* (Sainsbury Centre for Mental Health, 2009)

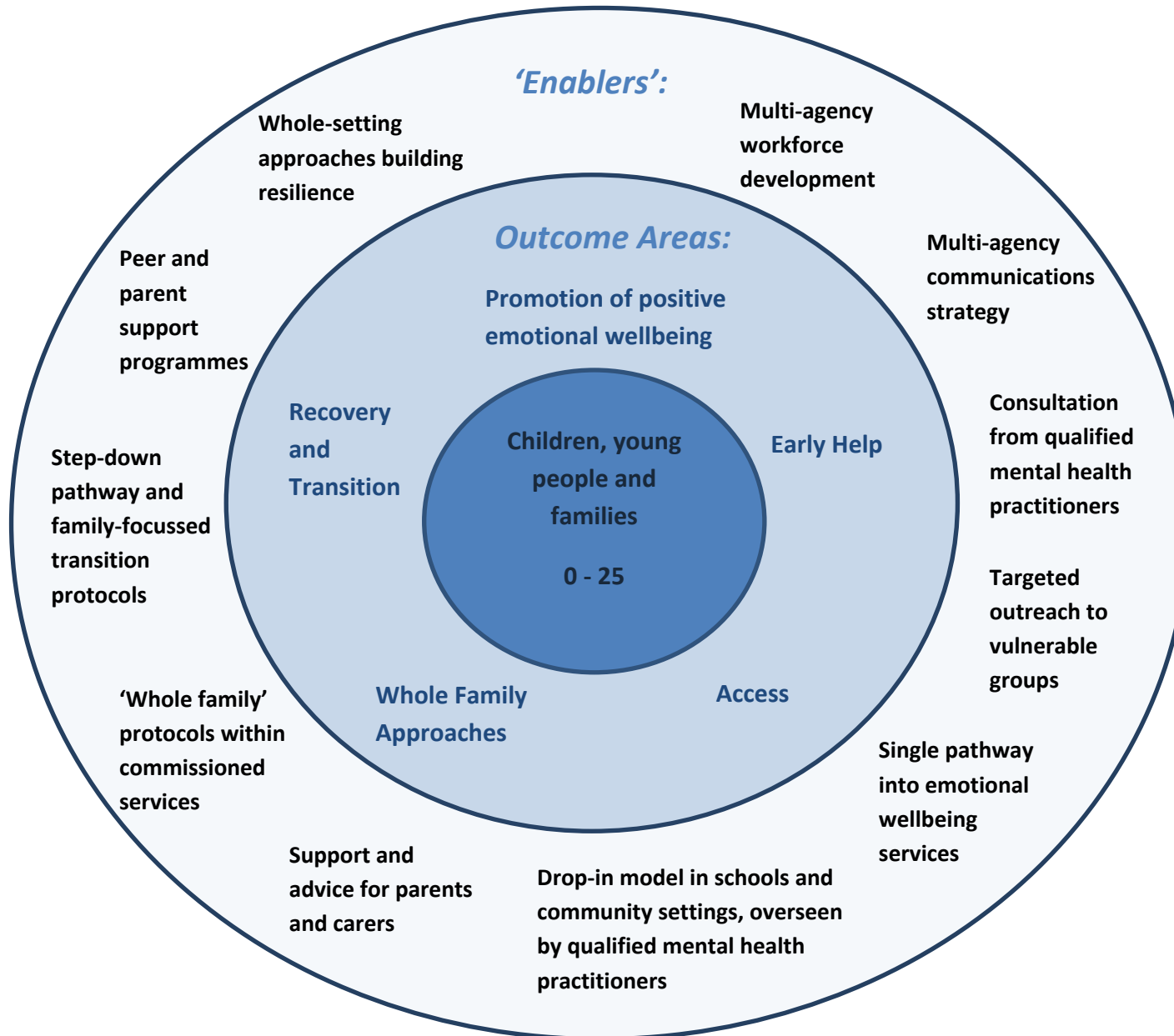


## Our pledge to children, young people and practitioners

The following six statements summarise our commitment to deliver the key recommendations made by the children, young people, professionals and practitioners who have shaped development of this Delivery Plan. This is not intended as a comprehensive list of all the actions required, but offers a summary of underpinning principles needed for a whole-system of emotional wellbeing support:

1. We will **challenge the stigma of poor emotional wellbeing** by providing information, tools and training to children and young people, families, and the children's workforce. This will include strengthening whole school approaches, peer mentoring, parenting support and community groups.
2. We will **support the whole family in relation to emotional wellbeing**, helping parents/carers to identify early signs, be able to access expert advice and support, and build resilience within the family. This needs to include a focus on perinatal and early childhood emotional wellbeing.
3. We need to **bring emotional wellbeing services into children's centres, primary and secondary schools and community settings** and offer a 'drop in' facility for those who need it that gives choice about how and where support is delivered.
4. We will ensure those working with children and young people have **skills and confidence to identify, seek advice, and respond** appropriately to emotional wellbeing issues, through a multi-agency workforce development programme. This needs to include a clear 'offer' of information, communications and consultation support to front-line staff.
5. We will **develop a clear, single emotional wellbeing pathway**, with qualified, supervised mental health practitioners on the 'front door' to assess underlying needs and potential risks at the earliest possible stage before recommending support options.
6. We will ensure **specialist assessment of our most vulnerable children and young people's emotional wellbeing needs**, including children in care, care leavers, young offenders, and children with learning disabilities and provide a targeted offer to support them.
7. We will **promote and demonstrate a set of values that empowers children, young people and families**, recognising strengths and building resilience; promoting choice and supporting transitions, and enabling them to achieve and sustain positive long-term outcomes.

How do these principles relate to our Emotional Wellbeing Outcomes?



## Structure of the Delivery Plan: Outcomes and Actions

The overarching outcomes described in Part 1 of our Strategy (*Promoting Emotional Wellbeing; Early Help; Access; Whole Family Approaches and Recovery and Transition*) offer a frame of reference, centred on the child and family's experience. This will help us consider how best we can design 'whole-system' around emotional wellbeing that promotes resilience and meets a range of needs, swiftly and effectively.

**These outcomes are relevant across a range of different levels of need** – from children and young people who are generally coping well with daily life and experiencing positive wellbeing, to those with more significant emotional difficulties and those with complex or acute needs. **The actions, by which these outcomes can be achieved, however, will need to differ in their design and application at different levels of need.**

**This document can therefore be read in two ways:**

- The following pages set out our **recommended actions by levels of need**. This includes description of the likely presenting difficulties at each level, estimated numbers (drawing on our Kent Emotional Wellbeing Needs Assessment) and a summary of 'what works', based on a review of the evidence base and contributions from families and professionals who have helped to shape this Delivery Plan. Together, these pages aim to set out a summary of what a 'good' system would offer to achieve our outcomes for children and young people across a continuum of need.
  - Alternatively, pages 36 - 42 set out an **index table of all of the actions by outcome area**.
-

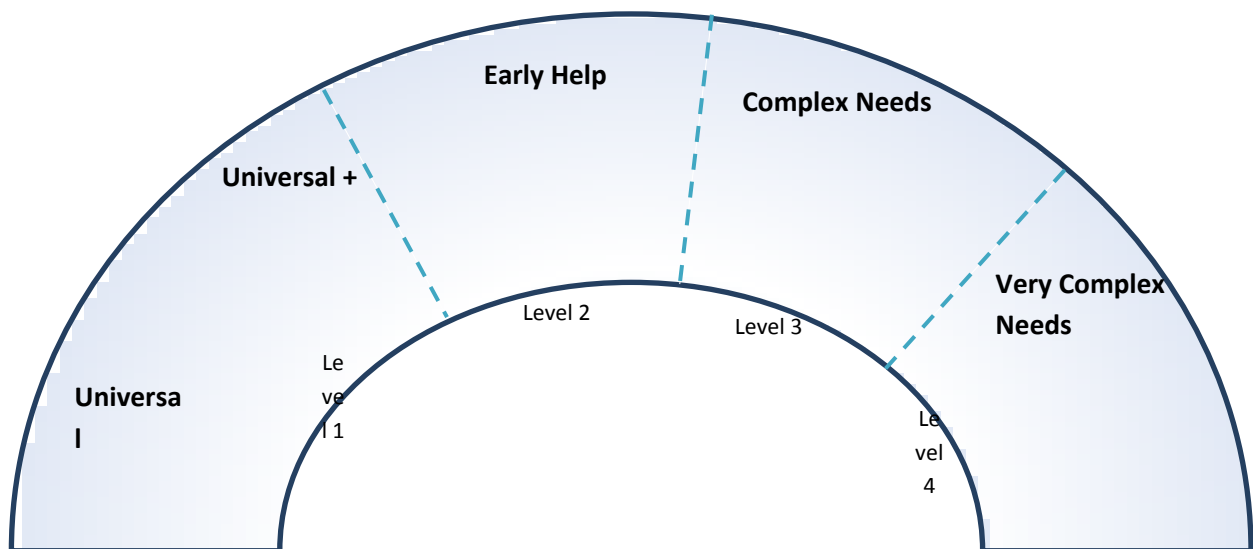
## Some definitions and cautions: describing levels of need

Emotional wellbeing is a broad term used to indicate ‘a positive state of mind and body: feeling safe and able to cope, with a connection with people, communities, and the wider environment’ (World Health Organisation, 2004).

**At an individual level, it is much harder to define.** Emotional wellbeing can change rapidly in relation to life events, physical and developmental changes, and the quality of our daily interactions with peers, family, and our wider communities. The ability to withstand challenging circumstances and maintain emotional wellbeing (often called ‘resilience’) is influenced by a number of factors too, including the quality of relationships within the key domains of home, school or education setting, community and peers (as well as our inherent values, behaviour, and interests – all of which are also shaped by exposure within these key settings).

This means that no two individuals will necessarily respond in the same way to similar life experiences or circumstances, and that individuals will experience different levels of need at different times– and so the support we offer needs to be individually-led throughout.

To ensure we can meet a range of needs within the system, we are following some broad definitions which describe some of the **likely levels within the broad continuum of emotional wellbeing**. These definitions are set out in the following diagram:



## Level 1: Universal and Universal +

The vast majority of children, young people and young adults will experience positive emotional wellbeing most of the time, and develop along normal emotional, social and behavioural pathways. They will almost certainly experience challenges, and periods of instability, as part of the process of growing up – but will receive sufficient support from the family, school and wider community to cope with times of stress without serious or long-term impact on their wellbeing.

**‘Universal +’** refers to the support that is often given within universal settings (particularly in early years settings and schools) to nurture those children and young people who are felt to be experiencing a level of temporary difficulty that can be met without further referral: for example, through 1:1 discussions with a pastoral tutor, through nurture groups, ‘safe spaces’, befriending or mentoring schemes. It is thought that **10 – 15% of children and young people** will need this kind of at some point in their childhood.

Providing support quickly at this stage can often give sufficient reassurance to address needs and prevent problems escalating.

### Who delivers at this level of need?

This will involve professionals with a remit wider than emotional wellbeing, and usually includes:

- GPs, Health Visitors (*Healthy Child Programme: Pregnancy and the first five years*) and Public Health School Service including School Nurses (*Healthy Child Programme 5 - 19*)
- Teachers and school staff
- Youth workers, community and voluntary sector group leaders

### Meeting need at this level relies upon:

- **Promotion of positive emotional wellbeing and reducing stigma:** demonstrating to children and young people how to manage and communicate feelings safely and appropriately, and where help is available should they need to talk further.
- **Promoting equality and respect for diversity within schools and other universal settings,** including the rights of protected characteristic groups (such as lesbian, gay and bisexual or transgender people).
- **Early help, in the form of general advice and supportive dialogue** from empathetic adults
- **Identification** of those who may need some additional help, by seeking consultation advice from more specialised services.

## Universal and Universal + : What actions are needed?

Outcome Area	#	Actions:	Best practice: Universal and Universal +	Evidence base / sources:	Lead Agency / Agencies
Emotional Wellbeing Promotion	1.1	<ul style="list-style-type: none"> <li>Schools to be empowered to deliver <b>whole school approaches in relation to resilience building and emotional wellbeing</b>, with involvement from trained clinicians.</li> <li>Whole-school approaches should include delivery of age-appropriate emotional wellbeing and e-safety components within Social and Emotional Aspects of Learning (SEAL) and through <b>Personal, Social and Health Education (PSHE)</b>, which is resilience building curriculum and activities.</li> <li>This also needs to include the sharing of best practice between schools around <b>e-safety measures and digital culture</b>, supported by inclusion of these topics within a multi-agency workforce development plan (1.1).</li> </ul>	<p><b>Strengthened whole school approaches</b> can challenge the ‘stigma’ that may be associated with emotional wellbeing and play a vital role in supporting children and young people to understand what constitutes ‘positive’ emotional wellbeing and to develop the language to express their feelings when they experience times of difficulty.</p> <p>This needs to be developed in the context of a wider ‘offer’ to schools around workforce development (1.1) and consultation advice (2.1) raising confidence and skill around identifying and appropriately responding to children and young people who have emotional wellbeing difficulties.</p>	<ul style="list-style-type: none"> <li><b>Mental Health and Behaviour in Schools: Departmental Advice (DfE, 2014):</b> “A healthy school approach to promoting the health and wellbeing of all pupils in the school... Schools with these characteristics mitigate the risk of mental health problems in their pupils by supporting them to become more resilient and preventing problems before they arise.”</li> <li><b>The link between Pupil Health and Wellbeing and Attainment (Public Health England, 2014):</b> “A systematic review of co-ordinated school health programmes (that promote health through explicit teaching in the curriculum and broader work to promote a healthier school environment) suggests positive effects on attainment”<sup>4</sup></li> <li><b>Free school resources: MindEd (<a href="http://www.minded.org.uk">www.minded.org.uk</a>); ChiMat (<a href="http://www.Chimat.org.uk">www.Chimat.org.uk</a>) ; Time to Change (<a href="http://www.time-to-change.org.uk/resources">www.time-to-change.org.uk/resources</a>); TES (<a href="http://www.tes.org.uk">www.tes.org.uk</a>) and the Safeguarding in Education self-assessment tool (<a href="http://www.nspcc.org.uk/esat">www.nspcc.org.uk/esat</a>) and Social and Emotional Aspects of Learning (SEAL).</b></li> <li><b>Promoting equality and diversity:</b> see <i>Equality Act 2010: Advice for Schools</i> (DfE, 2013)</li> </ul>	Individual schools to lead, supported by KCC Education and Young People’s Services and the Public Health School Service.

<sup>4</sup> Murray N, Low B, Hollis C, Cross A, Davis S (2007): *Coordinated school health programmes and academic achievement: a systematic review of the literature*. Reproduced in *The link between Pupil Health and Wellbeing and Attainment* (Public Health England, 2014), p.5.

<p><b>Emotional Wellbeing Promotion / Early Help</b></p>	<p><b>2.1</b></p> <ul style="list-style-type: none"> <li>• <b>A comprehensive multi-agency workforce development plan to be developed and offered on a rolling programme to staff in universal settings</b>, focusing on promotion, identification, resilience building and responding to emotional wellbeing needs among children and young people, using an accredited programme such as Mental Health First Aid training.</li> </ul> <p>This action links to:</p> <ul style="list-style-type: none"> <li>• <b>3.6</b> : <i>Raising awareness and confidence in identifying and responding to children and young people affected by neurodevelopmental disorders</i></li> <li>• <b>2.5</b>: <i>Raising awareness and confidence around perinatal mental health.</i></li> <li>• <b>4.1</b>: <i>Promoting ‘recovery’.</i></li> </ul> <p>This action is also linked to the forthcoming review of Health Visiting Services, and the implementation of the <b>Kent multi-agency Speech, Language and Communication Needs (SLCN) framework.</b></p>	<p><b>Broader workforce training in emotional wellbeing issues</b> (identification and response) to ensure that emerging emotional difficulties are recognised (and not just the presenting behaviours), that an appropriate supportive response can be given by universal settings, and that where necessary further advice is taken and appropriate referrals made.</p> <p>It is well-evidenced that there is a relationship between <b>emotional difficulties and speech, language and communication needs (SLCN)</b>, with SLCN needs greatly increasing the likelihood of emotional difficulty and underlying needs being easily mis-identified. For this reason it is vital that workforce training around emotional wellbeing is linked to implementation of the <b>Kent multi-agency Speech, Language and Communication Needs (SLCN) framework.</b></p> <p>Young people in Kent have told us that they need a <b>broader base of professionals within schools</b> who have understanding of these issues, and that this needs to include broader support staff as well as pastoral leads.</p> <p>Continuing professional development in this area applies equally to <b>GPs and Public Health School Nurses and Health Visitors</b>, who need access to training explaining procedures and options for accessing support.</p>	<ul style="list-style-type: none"> <li>• <b>Mental Health and Behaviour in Schools: Departmental Advice (DfE, 2014)</b>: <i>“Culture and structures within a school can promote their pupils’ mental health through... continuous professional development for staff that makes it clear that promoting good mental health is the responsibility of all members of school staff and community, informs them about the early signs of mental health problems, what is and isn’t a cause for concern, and what to do if they think they have spotted a developing problem...”</i></li> <li>• <b>Select Committee Report into Children and Adolescents’ Mental Health and CAMHS (House of Commons, 2014)</b>: <i>“Schools have a crucial role to play in relation to children’s and young people’s mental health. This involves promoting good mental health and emotional wellbeing: detecting emerging mental health problems and supporting children with them, for example through in-school counselling services; educating children and young people about mental health issues.”</i> (p.77)</li> <li>• <b>Better communication – shaping speech, language and communication services for children and young people</b> (Royal College of Speech and Language Therapists, 2012).</li> <li>• <b>Kent Multi-agency Commissioning Framework for children and young people with Speech, Language and Communication Needs</b> (SLCN), 2014.</li> </ul>	<p><b>KCC Public Health</b> to lead a multi-agency group to design and promote, with recommendation that individual agencies contribute towards upskilling staff and cascading training.</p> <p>KCC Public Health to ensure links made when undertaking system-wide review of Health Visiting service.</p>
--	---	---	--	--

<b>Emotional Wellbeing Promotion</b>	<b>1.2</b>	Review, identify and promote best practice in relation to <b>peer support schemes</b> among 14-19 year olds in Kent with a view to increasing the proportion of schools and youth settings offering peer support programmes.	<p><b>A review of evidence suggests that peer mentoring schemes can be valuable sources of support for older children and young people</b>, offering a potentially less stigmatising approach and an alternative route of building support networks within school.</p> <p><b>Peer mentors need appropriate training and on-going supervision</b> to ensure that they are able to offer encouragement safely, that they are not over-burdened (particularly where vulnerable young people are involved as mentors) and that they know when and how to seek adult support.</p>	<ul style="list-style-type: none"> <li>• <b>HeadStart Kent</b> – Knowledge Hub</li> <li>• <i><b>Supporting Young People’s Mental Health: Eight Point for Action: A Policy Briefing from the Mental Health Foundation:</b> “This will mean a much greater emphasis on the support that is provided in non-mental health settings, the places where children and young people work and play, in primary care, and on enhancing family and peer support.”</i></li> </ul>	<b>HeadStart Kent (KCC Education and Young People’s Services) to promote; individual schools and settings to lead on implementation.</b>
--------------------------------------	------------	--	--	---	--



## Level 2: Early Help

**Early help means doing all we can to prevent or minimise the risks of problems emerging, and responding early if difficulties emerge.**

Early help is a principle to be applied at every level of need (and is therefore one of our key outcomes within this Strategy) but in this context, we are using the term to describe those children and young people who are experiencing **more prolonged periods of emotional, social or behavioural difficulties** than can be managed within universal settings, and who would be likely to benefit from some additional support. This might include feelings of low-mood, bullying, anxiety, or experience of bereavement.

It is thought that approximately **7% of children and young people** would benefit from more targeted support within schools or involving external agencies, such as school counsellors. Early Help takes a wide variety of forms, from brief interventions (1:1 or group work) to creative therapeutic interventions (such as play therapy) and more traditional forms of counselling. At the higher end of this spectrum, support is likely to be delivered by paediatricians or by primary mental health workers, usually as a single intervention (as opposed to the multi-modal treatment usually offered at Level 3 and above).

**Early Help needs to recognise and respond to the wider family context** and draw in broader support where necessary to ensure that underlying factors are identified and addressed – without which, the impact of any therapeutic intervention is likely to be undermined. Parenting support is often a critical factor, both in relation to understanding the needs of the child or young person, and responding appropriately to their presenting behaviours and symptoms. This is particularly crucial in the **perinatal period**, when poor mental health is thought to affect at least 10% of mothers.

**Meeting need at this level relies upon:**

- **Effective assessment** of need on a multi-agency basis within a clearly defined pathway, which explores and takes account of the broader family functioning, and seeks to address the underlying needs (which may necessitate bringing in support from more than one source).
- Where appropriate, **swift access** to an appropriate Early Help service: with clear communication at the outset with children, young people and families and a shared understanding of what the aims are.
- A range of **effective and adequately resourced Early Help services** to respond to emerging difficulties and prevent further escalation.
- Building **understanding among the child or young person's 'network'** – their family, school, and community links, to reinforce the support being given and reduce the risk of it being inadvertently compromised.

*“The focus and investment in Child and Adolescent Mental Health Services (CAMHS) should be on early intervention: providing timely support to children and young people before mental health problems become entrenched and increase in severity...”*

**Children’s and Adolescents Mental Health and CAMHS: House of Commons, 2014).**

- Clear **step-down plans** to ensure that following an intervention, the child or young person can continue to be supported in universal services, and can access help if they need it again.
- A **clearly defined and communicated care pathway for perinatal mental health** between maternity and health visiting services and specialist mental health services, strengthened by multi-agency workforce development to raise awareness between primary and specialist care of appropriate means of identifying and responding to perinatal mental health needs.

### Who delivers Early Help?

- Targeted programmes within Children’s Centres, often delivered by Voluntary and Community Sector organisations, midwives and health visitors.
- School staff, particularly those with pastoral responsibilities
- Educational Psychologists, specialist teachers and Portage.
- Services commissioned through schools or local authorities (such as school counsellors, or countywide services such as ‘Young Healthy Minds’ commissioned by Kent County Council).
- Voluntary and community sector services for children, young people and families supporting family functioning and relationships.
- Primary Mental Health Workers
- Paediatricians (particularly community paediatricians) and other therapists (including Speech & Language Therapists).
- At the higher end of this level: child and adolescent psychologists (usually within Children and Young People’s Services).

### Early Help: What do practitioners tell us?

The following key messages were identified by practitioners attending an Early Help workshop in December 2014 as part of the development of this plan:

- “Assessment tools need to identify **underlying issues and root causes**: not be ‘symptom-led’.”
- The importance of having the **‘right person with the right skills’ at the front door**, doing the initial assessment to ensure needs and risks are appropriately identified, and so that the child or young person is set on the right path from the start”.
- “We need to invest in raising awareness and training around emotional wellbeing for professionals in universal services – not only teachers, but also GPs.”
- We need a **‘systematic offer to schools’** including training, information about where and how to get additional consultation and advice and help.”
- “We need a **‘blended’ model which brings qualified practitioners** into universal services to offer consultation, assessment and brief interventions – and to ensure that referrals being escalated are appropriate to that level of intervention.”
- “We need to be much more **child-centred**: asking the child / young person what they most want and need, and delivering it in an environment where they are comfortable.”
- “We need **more support for parents / carers**: a consultation facility, and support in responding to and managing child’s needs and behaviour.”

## Early Help: What actions are needed?

Outcome	#	Action	Best practice: Early Help	Evidence base / further details:	Lead Agency / Agencies
Early Help	2.2	<ul style="list-style-type: none"> <li>A well-resourced consultation offer from specialist mental health services to be implemented across Kent, available via email and telephone, for professionals from any agency who are concerned about the emotional wellbeing of a child or young person and need advice about the appropriate response.</li> </ul>	<p>Consultation with qualified mental health practitioners provides a vital function in supporting staff in universal settings to manage a child or young person's day to day needs, and know when it is appropriate to seek more specialised involvement. This can also have the effect of reducing inappropriate referrals through the system.</p>	<ul style="list-style-type: none"> <li><b>Mental Health and Behaviour in Schools: Departmental Advice (DfE, 2014):</b> "Schools have told us, however, that several things can be helpful to them in referring pupils effectively to specialist CAMHS... having a close working relationship with local specialist CAMHS, including knowing who to call to discuss a possible referral... and consulting CAMHS about the most effective things the school can do to support children whose needs aren't so severe that they require specialist CAMHS." (p.27)</li> <li>Feedback from Kent practitioner workshops, Dec 2014 (see p.16 and Appendix 2).</li> </ul>	Clinical Commissioning Groups
Access	3.1	<ul style="list-style-type: none"> <li>A single emotional wellbeing pathway into support at Level 2 and above. This should operate with assessment from qualified mental health practitioners to ensure identification of underlying needs and any risks and, and be followed by a multi-agency triage process to ensure access to the service best placed to meet need.</li> </ul>	<ul style="list-style-type: none"> <li>The establishment of a single emotional wellbeing pathway, with assessment overseen by qualified mental health practitioners, offers opportunity to ensure underlying needs and risks are accurately identified before recommending any service response. This pathway needs to be designed and delivered with multi-agency involvement to ensure the most appropriate configuration and the range of professionals who will need to be involved.</li> </ul> <p>This is recommended as a priority action for partners (with a view to piloting during 2015/16).</p>	<ul style="list-style-type: none"> <li><b>Service Review of Kent and Medway CAMHS, Oxford Health NHS Trust, 2014:</b> "We recommend work to develop a pathway with a single point of entry..."</li> <li><b>A Commissioners' Guide to Primary Mental Health Care, NHS England (2014):</b> "A constant plea is for a good single point of access that can help children, young people and families work out the most appropriate response... not a single point of rejection."</li> <li>Feedback from Kent practitioner workshops, Dec 2014 (see p.16 and Appendix 2).</li> </ul>	Clinical Commissioning Groups to lead a multi-agency design and implementation within the next generation of commissioned services.

Access	3.2	<p><b>Support at Level 2 needs to be structured around, and based within, schools and community hubs</b> – with the facility to screen <b>self-referrals and drop-in</b> contacts, and either respond directly or arrange onward referrals.</p> <p>Every practitioner will be able to respond to Emotional Health and Wellbeing issues as part of a whole school response</p>	<p><b>Both local and national reviews have indicated the need for improved visibility and accessibility of support</b>, with services based in community settings that children, young people and families access as part of their daily lives. Wider findings from our review indicate the need for these settings to be overseen by qualified mental health practitioners at the ‘front door’ to ensure appropriate assessment prior to any service being recommended.</p> <p>This approach may be strengthened through adopting a <b>supervision model</b>, whereby non-clinical staff working within community settings can receive informal group-based consultation and advice to help them continue to manage needs safely and appropriately, without unnecessary escalation to more specialised services.</p>	<ul style="list-style-type: none"> <li>• <b>Feedback from children and young people in Kent, December 2014.</b></li> <li>• <b>Select Committee Report into Children and Adolescents’ Mental Health and CAMHS (2014):</b> <i>“My recommendations would be thus: a trial of a hub / school based access to lower-tier CAMHS provision... An increase of resources available to CAMHS in order to increase capacity and provision for children at risk of disengagement or exclusion...”</i>  <i>“Schools are completely vital in identifying early signs of mental health or low-lying issues that might develop into something serious...” (p.79)</i></li> <li>• <b>Supporting Young People's Mental Health - Eight Points For Action: A Policy Briefing from the Mental Health Foundation (2007):</b> <i>“Some key needs identified by young people...included places to go for young people that are informal; are open in the evenings; work on a drop-in rather than appointment basis; and are staffed by skilled youth workers with knowledge of mental health issues.” (p.11)</i></li> </ul>	Clinical Commissioning Groups to lead within future commissioning model for Children and Young People’s Mental Health Services.
Early Help	2.3	<ul style="list-style-type: none"> <li>• <b>A multi-agency communications strategy</b> to be developed and implemented in order to improve awareness of the different kinds of support available to meet different emotional wellbeing needs, and how and</li> </ul>	<p>Calls for improvements in communication around emotional wellbeing services were a key point of feedback from Kent practitioners, appearing to undermine the effectiveness of the system at all levels.</p> <p>The communications plan will need to involve development of supporting protocols (such as guidance for schools and GPs) and it is recommended that the <b>Live it Well portal</b> is expanded to include information, advice and</p>	<ul style="list-style-type: none"> <li>• Feedback from Kent practitioner workshops, December 2014.</li> </ul>	Kent Public Health

		<p>where support can be accessed.</p> <ul style="list-style-type: none"> <li>• <b>A consultation line for parents, carers and professionals</b> will be a vital part of this offer to offer guidance on referral criteria and signposting.</li> </ul>	<p>guidance for multi-agency professionals.</p> <p>Accessible information about the service being offered also needs to be available for children, young people and families.</p>		
	2.4	<ul style="list-style-type: none"> <li>• <b>To review existing arrangements and communicate a clearly defined care pathway for perinatal mental health</b>, in line with best practice articulated in the refreshed 2015 NICE guidelines.</li> </ul>	<p><b>We need to establish a partnership approach to perinatal mental health</b> including maternity and health visiting services, specialist mental health services, children’s centres, beginning with a clearly defined and promoted care pathway that sets out the role and responsibility of each agency.</p> <p>This needs to be linked to multi-agency workforce development (2.1), raising awareness among adult mental health services of the needs of pregnant women and new mothers, and increasing skill and confidence among children’s centres, midwives and health visitors in identifying and appropriately referring women experiencing perinatal mental health difficulties.</p>	<ul style="list-style-type: none"> <li>• <b>Antenatal and postnatal mental health (NICE, January 2015).</b></li> <li>• <b>Select Committee Report into Children and Adolescents’ Mental Health and CAMHS (2014):</b> <i>“About 1 in 10 women suffer from post natal depression, which can impact on the mother’s ability to become securely attached to their child; but provision for these women is very poor. Like CAMHS, infant mental health provision requires different levels of service. It should include universal services that promote healthy parent-infant interactions; services for infants who are displaying early signs of mental health problems, and specialist perinatal mental health provision which supports both mothers with mental illnesses and their babies.”</i></li> </ul>	<p><b>Clinical Commissioning Groups and KCC Public Health to jointly lead.</b></p>

## Level 3: Complex Needs

A smaller proportion of children and young people (2-3%) will have more significant and sustained difficulties and will require support from specialist mental health services. These difficulties may include severe anxiety or depression, significant neurodevelopmental difficulties, self-harm or sustained eating disorders and early onset psychosis and will often need a multi-modal treatment (i.e. involving more than one mental health practitioner).

Children and young people accessing support at this level will often have a number of **other factors in their lives increasing their vulnerability**, such as being in care, experiencing domestic abuse or family breakdown, school exclusion, involvement with the youth justice system, or substance misuse – and specialist mental health services will therefore need to work in close partnership with a variety of other professionals, such as social workers and youth justice workers, as well as with the child or young person and their family to ensure the maximum benefit is reaped from any intervention.

In order to meet the needs of the most vulnerable children and young people at this level, services need to offer a **targeted approach and in some cases, specific ‘pathways’** – for example, for young offenders or children in care. This is considered in more detail further on within this section.

### Who delivers support for children and young people with Complex Needs?

- Primary Care Mental Health workers
- Child and adolescent psychiatrists, clinical child psychologists and psychotherapists (based within Children and Young People’s Mental Health Services).
- Community Nurses
- Occupational Therapists
- Speech and Language Therapists, specialist teachers and Educational Psychologists.
- Art, music and drama therapists

At this level of need, mental health professionals are often working in partnership with social workers, foster carers, Youth Offending Team (YOT) workers, substance misuse practitioners, and alternative education settings.

### Meeting need at this level relies upon:

- **Effective triage and risk-assessment to ensure that those presenting with the highest level of risk access support within appropriate timescales.** This process needs to be clinically-led, with greater dialogue between commissioners and those delivering specialist services.
- **Urgent assessment and access to support for children and young people in crisis, in line with the Crisis Care Concordat**, including a place of safety for those requiring assessment under s.136 and other sections of the Mental Health Act.
- **Effective implementation of multi-agency tools and protocols to identify children and young people who have been affected by Child Sexual Exploitation (CSE), and rapid access to specialist post-abuse support.**

- **Working with, and providing support to, the child or young person's broader 'network'** – their family, school, and community links, to identify and address underlying factors. At this level, it is also likely to require close partnership working with a range of additional professionals such as social workers or youth justice workers.
- **A clearly defined 'step down' pathway, with partnership agreement in place between services**, to ensure that following an intervention, progress can continue to be sustained within early help or universal services, supported by specialist consultation where needed.
- **Targeted outreach and assessment of mental health needs for the most vulnerable groups, including children in care and young offenders** for whom the greater majority (60 – 70%) will have a diagnosable mental health disorder and/or Speech, Language and Communication Needs (which can present as behavioural difficulties and be misdiagnosed).
- **Clear pathways for assessment and treatment of children and young people with neurodevelopmental difficulties** (including Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder) to ensure that they (and their families) can access support within the community. This needs to include a strategic multi-agency approach to deliver the Winterbourne View Concordat for disabled children and young people with an autistic spectrum disorder with a learning disability / mental health need and challenging behaviour.
- **Strategic and operational responses to improve the system of care and support for children and young people in a crisis** by working across the system to prevent crisis happening where possible, meeting the needs of young people in urgent situations and supporting them to move towards recovery.

### Vulnerable children and specialist services: what do practitioners tell us?

The following key messages were given by practitioners attending a workshop in December 2014 to develop this plan, focussed on the provision of specialist mental health services:

- “Escalation is happening to specialist mental health services where in many cases the **needs could have been met earlier** and the requirement for specialist intervention avoided.”
- “We need to move people with the right skills to the right place: **Early Help must be well-skilled enough to appropriately understand the needs**, or it just risks delaying the right response.”
- “We need a **self-referral option that puts patients in control** – not gate-keepers. This needs to include a contact line for young people which can initiate a referral if needed.”
- “We need a **locality Single Point of Access**, and co-located, collaborative partnerships with different agencies involved.”
- “In many cases, **parenting support needs to be given prior to referral to specialist services** – often wider family needs are seen post-assessment and could have been identified earlier.”
- “We need to see much better **continuity of care** for children, young people and families: the way services are commissioned can create a barrier to continuity of care.”
- “We need greater resource to **commission a Tier 3.5 intensive outreach service** as an alternative to admission.”

## Meeting the needs of vulnerable groups - Young Offenders

**Children and young people known to youth offending services are often some of the most vulnerable, with a range of complex and interconnected factors in their lives that increase the risk of poor outcomes.**

The emotional wellbeing needs of these young people are also complex: a study in 2009 found at least 43% of children and young people with community orders are likely to have emotional and mental health needs<sup>5</sup>, while separate studies indicate that between a third and half of children in custody have a diagnosable mental health disorder<sup>6</sup>.

### Emotional wellbeing and Speech, Language and Communication Needs (SLCN)

Evidence suggests that there may be significant association between poor mental health and SCLN – and significant risk of misdiagnosis. At least **60% of young people known to Youth Offending Teams are likely to have SLCN** (against up to 8% in the general population of young people)<sup>7</sup>. In secure settings this figure may rise as high as 90%.

Pathfinder studies in Kent during 2014 have found that approximately 70% of those in contact with the youth justice system, and 90% of those in custody, had speech, language and communication needs – reducing their ability to access a range of rehabilitation programmes and health interventions. This means that a joint approach is needed.

### Meeting need for these children and young people relies upon:

- A multi-agency response to emotional wellbeing, with **joint assessment taking place between mental health practitioners, speech and language therapists, and substance misuse practitioners** to ensure needs are accurately identified and a co-ordinated response given. The efficacy of this approach has been demonstrated through pathfinder in South / East Kent during 2014, and evaluation of the former *Dual Diagnosis* programme in Thanet. This joint assessment should be **available to all young people at the point of entry** to the youth justice system – with a clear partnership agreement between youth justice and health services.
- **A targeted offer and pathway within specialist mental health services for young offenders**, based upon intensive working – with greater representation of mental health practitioners within Youth Offending Teams.

*A 2009 study found that if untreated, 33% of children with communication needs are likely to develop mental illness – and over 50% will become involved in criminal activity.<sup>4</sup>*

*“Children and young people who experience emotional distress and mental health problems often exhibit challenging behaviour and the focus on this behaviour for interventions can mask other problems and issues.”*

*(‘I think I must have been born bad’- Office of the Children’s Commissioner, 2012, p.24)*

<sup>5</sup> Healthcare Commission and HMI Probation, (February 2009). ‘*Actions Speak Louder, A Second Review of Healthcare in the Community for Young People who Offend*’

<sup>6</sup> Chitsabesan P, Kroll L, Bailey S, Kenning CA, Sneider S, MacDonald W & Theodosiou L (2006). *Mental health needs of young offenders in custody and in the community*. British Journal of Psychiatry, 188:534-548 – referenced in ‘*Turning Young Lives Around: How health and justice services can respond to children with mental health problems and learning disabilities who offend*’ (Prison Reform Trust).

<sup>7</sup> *Speech, Language and Communication Needs in the Criminal Justice System and Best Practice responses: DOSSIER OF EVIDENCE* – (Royal College of Speech and Language Therapists, 2012)



- **Targeted workforce development** around the mental health and speech, language and communication needs for social workers, YOT practitioners and foster carers.

## Meeting the needs of vulnerable groups - Children in Care and Care Leavers

**It is well-evidenced that for children and young people in care to overcome early negative experiences and go on to achieve positive long-term outcomes, the primary need is for support in relation to developing and maintaining emotional wellbeing: a factor that is also crucial to their likelihood of achieving permanence.**

The *NICE Quality Standards for the Health and Wellbeing of Looked After Children Young People*, produced in 2013, set out clearly the importance of accurate assessment of emotional wellbeing needs: “Looked-after children and young people have particular physical, emotional and behavioural needs related to their earlier experiences before they were looked after. These earlier experiences have an influence on brain development and attachment behaviour.... Holistic and accurate assessment is needed to address the specific needs of each child, with multidisciplinary support provided where it is needed. It is important that services are provided in a timely manner to prevent the escalation of challenging behaviour and reduce the risk of placement breakdown; these should be based on the child or young person's needs and not on service availability.”<sup>8</sup>

64% of children in care are thought to experience a diagnosable mental health disorder (Biehal et al, 2012) but data suggests that children in care continue to be under-represented in specialist mental health services.

### Care leavers

Care leavers are an equally vulnerable group, and it is widely recognised that their risk of experiencing poor emotional wellbeing is far higher than their peers, and often compounded by transition into adult life.

The NICE Quality Standards Framework referenced above also recognises that young people leaving care are “particularly vulnerable and need continued support from specialist services”, and a number of national reports call for care leavers to be seen as a priority group alongside children in care.

*“Many aspects of young people’s health have been shown to worsen in the year after leaving care. Compared to measures taken within three months of leaving care, young people interviewed a year later were almost twice as likely to have problems with drugs or alcohol (increased from 18% to 32%) and to report mental health problems (12% to 24%).*

**Dixon (2008) referenced in *Promoting the Health and Wellbeing of Looked After Children* (DCSF, 2009).**

Young people leaving care may also experience difficulties in accessing services due to the transition from Children and Young People’s Mental Health Services, which has traditionally been available for young people up to the age of 18. The recent cross-sector report, *Access all Areas* (2012) recommends that health and social care partners look at either ‘developing specialist emotional health and wellbeing services for 17-25 year olds to address the gap between adult and children’s mental health services or extending CAMHS provision to 25 for care leavers’.

---

<sup>8</sup> Quality Statement 5: *Tailored resource for corporate parents and providers on health and wellbeing of looked-after children and young people* (NICE, 2013). Available at: <http://www.nice.org.uk/about/nice-communities/social-care/tailored-resources/lacyp>

**Meeting need for these children and young people relies upon:**

- Ensure young people get support so they can reflect on their strengths, building and developing their resilience; and actions of services look to strengthen this.
- Ensuring swift **access to specialist mental health assessment for all children and young people at the point of entry** to care.
- A clearly defined and communicated **pathway for children in care** to access specialist mental health services, including clinically-led **support for their professional network and foster carers**.
- **Children in care and care leavers being able to access early help approaches**, (where this is felt to be safe and appropriate by the specialist professionals working with them and consistent with the Care Plan).
- Clear **communication and partnership** working between clinicians and social workers around the offer available for children in care, expected outcomes, and the process for accessing support.
- Effective implementation of multi-agency tools and protocols to identify children and young people in care who have been affected by **Child Sexual Exploitation (CSE)** and rapid access to **specialist post-abuse support**. This needs to include a focus on those who have been known to be missing from care, as well as Unaccompanied Asylum-Seeking Children. (For further information see the *Kent and Medway Safeguarding Children Board's CSE Toolkit*: [http://www.kscb.org.uk/kscb\\_resources\\_and\\_library/child\\_sexual\\_exploitation.aspx](http://www.kscb.org.uk/kscb_resources_and_library/child_sexual_exploitation.aspx))
- Access to **consultation support** from mental health practitioners for foster carers and social workers.
- A clearly defined pathway for **care leavers to access specialist mental health support**, within a 0-25 model of service.
- **Workforce development** for social workers, Personal Advisors, and foster carers around identifying and responding to emotional wellbeing needs among children and young people in care and care leavers, incorporated in initial training and on-going development programmes.

## Meeting the needs of vulnerable groups: Neurodevelopmental disorders and Learning Disabilities

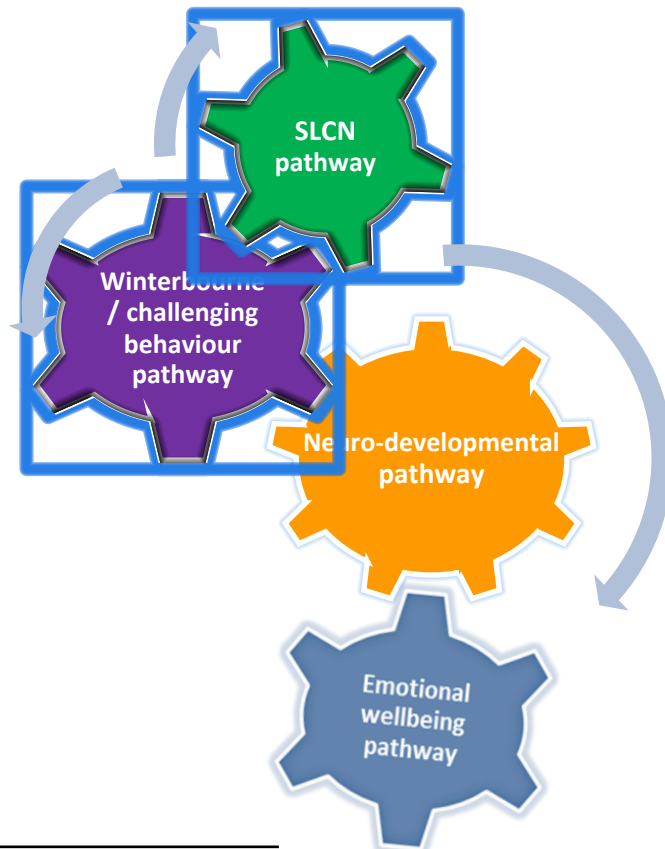
Neurodevelopmental disorders refer to a wide range of different conditions, and the ways in which they present and affect the lives of children and young people varies widely from individual to individual, and at different stages of the life course. Neurodevelopmental disorders include, but are not limited, to Autistic Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD).

These are not mental health disorders in themselves, but children and young people with neurodevelopmental disorders are at an increased risk of experiencing poor emotional wellbeing: researchers at King's College London suggest that they are **3- 6 times more likely to experience a diagnosable mental health condition**<sup>9</sup>. Another study found that 40% of children and young people referred to specialist mental health services had an undiagnosed language impairment<sup>10</sup>. It is also widely recognised that there is significant overlap between neurodevelopmental disorders and Speech, Language and Communication Needs (SLCN).

Neurodevelopmental disorders can affect children and young people **socially** (affecting relationships within the family and with peers); **educationally** (influencing their ability to engage and attain) and **psychologically**, and as such, a multi-agency approach is needed. However, consultation with Kent children, young people and families suggests that diagnosis takes time and often little support is available afterwards.

### Integration and Joint Commissioning

A number of individual pathways have existed locally to support children and young people affected by emotional wellbeing difficulties, neurodevelopmental disorders and SCLN needs, but recent legislation sets out clear duties for health, social care, and education to collaborate in improving outcomes for children and young people (up to 25) who have **Special Educational Needs (SEN) or are disabled**. S.25 of the *Children and Families Act (2014)* requires collaboration to 'promote wellbeing' of these children and young people: a duty which specifically includes their mental health and emotional wellbeing. This is reinforced by s.26 of the *Health and Social Care Act 2012* to promote integrated services.



<sup>9</sup> See <http://www.kcl.ac.uk/ioppn/depts/cap/research/MentalHealthProblemsinNeurodevelopmentalDisorders/index.aspx>

<sup>10</sup> Cohen et al, 1998, reproduced in Gascoigne MT, *Better communication – shaping speech, language and communication services for children and young people (2012)*

## Learning Disabilities

There are many conditions and syndromes that are encompassed and defined under the umbrella term 'learning disabilities'. A child or young person with a general learning disability finds it more difficult to learn, understand and do things compared with other children of the same age. According to Mencap, a learning disability is 'a reduced intellectual ability and difficulty with everyday activities which affects someone for their whole life'. The degree of disability can vary greatly, being classified as mild, moderate, severe or profound.

Children and young people with learning disabilities are over six times more likely to have a diagnosable mental health disorder than their peers. **In total, over one in three children and adolescents with a learning disability in Britain (36%) have a diagnosable mental health disorder.**

Children with learning disabilities can find it hard to build social relationships, and are more likely to say that they have difficulties getting on with their peers than children without learning disabilities.<sup>11</sup> Children and young people with learning disabilities are also much more likely to live in poverty, to have few friends and to have additional long term health problems and disabilities such as epilepsy and sensory impairments. A learning disability is also likely to reduce a child's capacity for finding creative and adaptive solutions to life's challenges. **All of these factors are known to have a negative impact on mental health, putting people with learning disabilities at greater risk of developing mental health problems.**

These problems may be worsened for those with greater support needs, particularly if they are unable to communicate about their feelings or communicate their distress.

It can be difficult to diagnose mental health problems in children and young people with learning disabilities. This can be because:

- Behaviour difficulties are attributed to the learning disability
- They have unusual/infrequent presentation of symptoms
- They might not express the symptoms clinicians would expect
- Medicines taken for physical health problems may mask mental health symptoms.

*Children and young people with learning disabilities are:*

- *4 times more likely to have an emotional disorder*
- *6 times more likely to have a conduct disorder*
- *3 times more likely to experience schizophrenia*
- *1.7 times more likely to have a depressive disorder*

**(Emerson and Hatton (2007))**

The **Winterbourne View Concordat** sets out a commitment to improve support for people who have mental health difficulties or challenging behaviour as well as learning difficulties and/or neurodevelopmental disorders. This involves a commitment to reducing reliance on in-patient care and supporting more people safely in the community, and a requirement on local authorities and Clinical Commissioning Groups to work together to "commission the range of support which will enable them to lead fulfilling and safe lives in their communities"<sup>12</sup> Work has begun in Kent to develop a new multi-agency integrated pathway and intensive support team (tier 3.5 service) modelled on Positive Behavioural Support (PBS), that will respond to the needs of these children and young people with a local intensive support offer to reduce the risk of family breakdown, improve the resilience of local schools and community services and support young people to return from out

<sup>11</sup> Emerson and Hatton (2007) referenced in *The Mental Health of Children and Adolescents with Learning Disabilities in Britain* (Institute for Health Research, Lancaster University, 2007)

<sup>12</sup> Winterbourne View Review Concordat: Programme of Action (DH, 2012)

of county placements to more local provision. A core element of this approach will include the assessment and support of children and young people's emotional wellbeing.

**Summary: Meeting need for these children and young people relies upon:**

- **Ensure young people get support so they can reflect on their strengths, building and developing their resilience; and actions of services look to strengthen this.**
- **Supporting children and young people to feel safe and included within their educational setting** (see [www.whataboutus.org.uk](http://www.whataboutus.org.uk)).
- **Ensuring that Education, Health and Care (EHC) Plans take account of emotional wellbeing and mental health needs.**
- **Broader understanding and confidence within in wider children's workforce** around identifying and responding appropriately to children and young people with learning disabilities, neurodevelopmental disorders (particularly Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder) and those with challenging behaviour. This will need to be part of a multi-agency workforce development programme, with defined standards and competencies.
- **Implementation of the children and young people's element of the Winterbourne View Concordat.**
- **Specialist parenting support groups**, overseen by trained and experienced mental health / LD practitioners – with the aim of empowering families to be able to support one another over the longer-term.
- **A careful approach to transition**, planning well in advance with children, young people, families.
- **An all-age neurodevelopmental pathway** involving a range of multi-agency professionals, including health, social care and education. Work towards developing a Kent pathway is currently underway, led by a multi-agency group. This needs to be followed by more **collaborative models of procurement** around community support for children, young people and their families affected by neurodevelopmental disorders. Commissioning approaches for these children and young people needs to be shaped by the principles set out in *Ensuring Quality Services* (Local Government Association and NHS England 2014).

## Meeting the needs of vulnerable groups: children who have been or who are at risk of child sexual exploitation

Sexual exploitation of children (CSE) is completely unacceptable; the only effective way to tackle sexual exploitation of children is via effective multi agency and partnership working. Kent and Medway Local Safeguarding Childrens Board (KSCB) works in partnership with local and national organisations and networks to speak up for young people who are sexually exploited and to share knowledge and good practice. We recognise that sexual exploitation can have serious long term impact on every aspect of a child or young person's life, health and education.

### The Principles which underpin multi-agency responses in Kent and Medway

- Sexual exploitation incorporates sexual, physical and emotional abuse, as well as, in some cases, neglect;
- Children do not make informed choices to enter or remain in sexual exploitation. Rather, they do so from coercion, enticement, manipulation or desperation;
- Children under 16 years old cannot consent to sexual activity; sexual activity with children under the age of 13 is statutory rape ;
- Sexually exploited children should be treated as victims of abuse, not as offenders. Children under 16 will always be dealt with as actual or potential victims.
- For young people from 16 to 18 years old, consideration may be given, in limited circumstances and where all other options have failed, to the use of criminal justice action;
- Many sexually exploited children have difficulty distinguishing between their own choices around sex and sexuality and the sexual activities into which they are coerced. This potential confusion needs to be handled with care and sensitivity by the adults working to protect them from harm.
- The primary law enforcement effort must be against the coercers and sex abusers who may be adult, but could also be the child's peers or young people who are older than the children some cases, neglect;

It is important that all young people develop the knowledge and skills they need to make safe and healthy choices about relationships and sexual health. This will help them to avoid situations that put them at risk of sexual exploitation and to know who to turn to if they need advice and support.

The need for information also goes wider ... to raise the awareness of communities, parents and all adults who work with or on behalf of children and young people. This includes ensuring that the needs of children and young people who have been, or may be, sexually exploited and their families are considered when planning and commissioning services; developing policies and procedures; ensuring that appropriate training is in place for parents, Foster Carers and other professionals.

## Summary of Complex Needs: What actions are needed?

Outcome:	#	Action:	Best practice: Complex Needs	Evidence base / further details:	Lead Agency / Agencies
Whole Family Approach	41	<ul style="list-style-type: none"> <li>A clearly defined 'whole family' protocol, defining how parents and carers will be involved and identifying and responding to the needs and/or behaviours of their child or young person, and how the wider needs of the family will be considered within assessments of the child's emotional wellbeing.</li> </ul>	<p>Supporting children with complex needs must take into account the wider family functioning and support needs, and be delivered with parallel advice and guidance to families on understanding and responding to their child's needs and behaviours. <b>Any actions needs to strengthen the resilience of the family and its members.</b></p> <p><b>Consideration must also be given to providing information and support to the broader 'network' around the child or young person</b> – including schools and any other services involved, to ensure understanding of needs and a co-ordinated response.</p>	<ul style="list-style-type: none"> <li>Feedback from children, young people, families and practitioners in Kent (June – December 2014). <i>See p.16 and Appendix 2.</i></li> </ul>	Clinical Commissioning Groups
Whole Family Approach / Recovery and Transition	3.1	<ul style="list-style-type: none"> <li>A multi-agency 'step down' pathway to be developed across all levels of need, with a focus on increasing step-down from specialist mental health services (linked to the Transition Protocol between ChYPS and Adult Mental Health Services). This should be developed in collaboration with children, young people and families and include a focus on developing appropriate communication materials to support families through transition and recovery.</li> </ul>	<p><b>Clear step-down offers are vital to ensuring improvements made by children and young people can be sustained</b> within less specialised, and ultimately universal services. This will involve building capacity and confidence within universal and early help services through the workforce development programme (2.1) as well as multi-agency protocols around supporting families through transition.</p>	<ul style="list-style-type: none"> <li><b>Child and Adolescent Mental Health and CAMHS (House of Commons Select Committee, 2014):</b> <i>"We can only increase throughput through CAMHS services where there are effective step-down services in place.</i></li> </ul>	Clinical Commissioning Groups to lead multi-agency partners, including commissioners of Early Help services
Access	3.3	<ul style="list-style-type: none"> <li><b>Specialist mental health assessment to be offered to children and young people at the point of entry to care, and a clearly defined pathway for children in care and care leavers to access specialist mental health support.</b></li> </ul>	<p>Ensuring access to specialist mental health assessment at the point of entry to care allows opportunity for underlying emotional needs to be identified and an appropriate service response given that can help to improve placement stability, as well as building understanding and confidence among social workers and foster carers.</p>	<ul style="list-style-type: none"> <li><b>SCIE / NICE guidance: Promoting the quality of life of looked-after children and young people:</b> <i>"Evidence suggests that early intervention to promote mental health and wellbeing can prevent the escalation of</i></li> </ul>	Joint lead between Clinical Commissioning Groups and KCC Social Care, Health and

		<b>This needs to include consultation and advice</b> available for foster carers and the professional network.	Children in care and care leavers should also be considered for access to early help approaches, where this is felt to be safe and appropriate by the specialist professionals working with them, and consistent with their Care Plan.	<i>challenging behaviours and reduce the risk of placement breakdown. Flexible and accessible mental health services are needed that offer skilled interventions to looked-after children and young people and their carers."</i>	<b>Wellbeing.</b>
Access	3.4	<ul style="list-style-type: none"> <li>• <b>A collaborative approach to be commissioned between specialist mental health services, speech and language services, substance misuse and youth offending practitioners to jointly screen and identify appropriate support to meet the needs of young offenders.</b></li> <li>• <b>This needs to include definition of a bespoke pathway for young offenders to access specialist mental health support.</b></li> </ul>	<p><b>Building upon the pathfinder work in South and East Kent during 2014, and the Dual Diagnosis project which ran from 2006-11 we need to extend multi-agency support for YOT teams through</b> involvement from mental health practitioners, speech and language therapists, and substance misuse practitioners – ideally on an expanded outreach model within Youth Offending Teams.</p> <p>This work also needs to be informed by the findings of the forthcoming report on the Health Needs of Young Offenders from Kent Public Health and Kent Youth Offending Service.</p>	<ul style="list-style-type: none"> <li>• <b><i>Young Lives Behind Bars</i></b> (British Medical Association, 2014) p.32-34</li> <li>• <b><i>'I think I must have been born bad': Emotional wellbeing and mental health of children and young people in the youth justice system</i></b> (Office of the Children's Commissioner, 2012)</li> </ul>	<b>Clinical Commissioning Groups, KCC Public Health, Education and Young People's Services and Kent Youth Offending Service.</b>
Access	3.5	<ul style="list-style-type: none"> <li>• <b>Multi-agency workforce development programme for social workers, Personal Advisors, youth offending teams, foster carers and Early Help practitioners</b> around the identification and response to children and young people affected by emotional wellbeing difficulties, included in both initial training and on-going development.</li> </ul>	<p>This needs to be linked to the core 'offer' of consultation and advice (2.1), drawing in capacity to support professionals working with the most vulnerable children and young people.</p> <p>This programme also needs to focus upon <b>Child Sexual Exploitation (CSE)</b> and the Kent &amp; Medway CSE Toolkit, and be linked to the Kent CSE Training Strategy: (<a href="http://www.kscb.org.uk/kscb_resources_and_library/child_sexual_exploitation.aspx">http://www.kscb.org.uk/kscb_resources_and_library/child_sexual_exploitation.aspx</a>)</p>	<ul style="list-style-type: none"> <li>• <b><i>'I think I must have been born bad': Emotional wellbeing and mental health of children and young people in the youth justice system</i></b> (Office of the Children's Commissioner, 2012)</li> <li>• Feedback from practitioners in Kent, Dec 2014. <i>See p.16 and Appendix 2.</i></li> </ul>	<b>Clinical Commissioning Groups in partnership with KCC Social Care, Health &amp; Wellbeing, Education and Young People's Services and Kent Youth Offending Service</b>
Access	3.6	<ul style="list-style-type: none"> <li>• <b>Improve identification and protection of all children and young people at risk of CSE, including children in care. Effective</b></li> </ul>	This needs to be linked to the core 'offer' of consultation and advice (2.1), drawing in capacity to support professionals working with the most	<ul style="list-style-type: none"> <li>• <b><i>'I think I must have been born bad': Emotional wellbeing and mental health of children and</i></b></li> </ul>	<b>KCSB, Strategic Commissioning</b>



		implementation of multi-agency tools and protocols to identify children and young people who have been affected by Child Sexual Exploitation (CSE), and rapid access to specialist post-abuse support.	vulnerable children and young people.  This programme also needs to focus upon <b>Child Sexual Exploitation (CSE)</b> and the Kent & Medway CSE Toolkit, and be linked to the Kent CSE Training Strategy: ( <a href="http://www.kscb.org.uk/kscb_resources_and_library/child_sexual_exploitation.aspx">http://www.kscb.org.uk/kscb_resources_and_library/child_sexual_exploitation.aspx</a> )	<b>young people in the youth justice system</b> (Office of the Children's Commissioner, 2012) <ul style="list-style-type: none"> <li>Feedback from practitioners in Kent, Dec 2014. See p.16 and Appendix 2.</li> </ul>	and Public Health
Access	3.7	<ul style="list-style-type: none"> <li>Design and commission community support model for children, young people and their families affected by learning disabilities and/or neurodevelopmental disorders, including specialist parenting support.</li> </ul>	<b>This needs to be achieved through a collaborative commissioning approach between health, social care and education. It also needs to be linked to the core multi-agency workforce development programme (2.1)</b> to raise awareness and confidence around identifying and responding appropriately to children and young people with Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder.	<ul style="list-style-type: none"> <li>Feedback from children, young people, families and practitioners in Kent, June - Dec 2014. See p.16 and Appendix 2.</li> </ul>	Neurodevelopmental Pathway Group to lead.
	3.8	<ul style="list-style-type: none"> <li>Design and commission an intensive support service within the community around a Positive Behavioural Support model for children and young people with learning disabilities.</li> </ul>	<b>This needs to be achieved through a collaborative commissioning approach between health, social care and education.</b>	<ul style="list-style-type: none"> <li><b>Winterbourne View Review: Concordat</b></li> <li><b>Ensuring Quality Services</b> (Local Government Association and NHS England, 2012)</li> </ul>	CCGs and KCC Social Care, Health & Wellbeing
Access	3.9	<ul style="list-style-type: none"> <li>Specialist therapeutic services for post sexual abuse, including CSE, harmful sexual behaviours and risk assessments to be commissioned, based on review of existing service and emerging needs (assessment currently underway within Kent Public Health).</li> </ul>	These services need to be commissioned with skill and capacity to respond to the needs of children and young people affected by abuse, including Child Sexual Exploitation, with a clearly defined and promoted pathway to access them and the capability to offer specialist consultation where required.	<ul style="list-style-type: none"> <li><b>Real Voices: Child Sexual Exploitation in Greater Manchester</b> (reference below)<sup>13</sup></li> <li><b>Free information and resources</b> at <a href="http://www.itnsnotokay.co.uk">www.itnsnotokay.co.uk</a></li> <li>Links to Action 4.4 in the <i>KCC Specialist Children's Services Improvement Action Plan 2014-16</i>.</li> </ul>	KCC Children's Commissioning Unit and CCGs in collaboration with Specialist Children's Services and multi-agency partners.

<sup>13</sup> Real Voices: Child Sexual Exploitation in Greater Manchester: An independent report by Ann Coffey, M.P. October 2014

	3.10	<ul style="list-style-type: none"> <li>• <b>A multi-agency response to commissioning models of access for crisis support for children and young people</b> including children in care, care leavers and those leaving custody in the youth justice system.</li> </ul>	This needs to be linked to the Kent-wide Mental Health Crisis care concordat action plan and requires robust partnership working between primary care and specialist secondary care provision.	<ul style="list-style-type: none"> <li>• <b><i>Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis.</i></b></li> </ul>	Kent Crisis Care Concordat strategy group
	3.11	<ul style="list-style-type: none"> <li>• <b>Review and commission a community support pathway for children, young people and their families affected by eating disorders.</b></li> </ul>	The National Institute for Clinical Excellence (NICE) makes recommendations for the identification, treatment and management of a range of eating disorders in primary, secondary and tertiary care for children and young people aged 8 and above. Assessments should be comprehensive and include physical, psychological and social needs and a comprehensive assessment of risk to self. Whole-family approaches may be particularly important in supporting the child or young person. (NICE guidance Jan 2004).	<ul style="list-style-type: none"> <li>• <b><i>Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders</i></b> (NICE, 2004).</li> </ul>	CCGs
	3.12	<ul style="list-style-type: none"> <li>• <b>Review practice against NICE guidelines for responding to the needs of children and young people affected by self-harm</b> and identify evidence-based interventions to meet need (which may include DBT).</li> </ul>	The National Institute for Clinical Excellence (NICE) recommends that people who have self-harmed have an initial assessment of physical health, mental state, safeguarding concerns, social circumstances and risks of repetition or suicide. Commissioners should consider commissioning a local service to provide 3-12 sessions of psychological intervention, specifically structured for people who self-harm. (NICE guidance June 2013).	<b><i>Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care</i></b> (NICE, 2014).	CCGs

## Level 4: Very Complex Needs

Children and young people at this level of need are experiencing episodes of being seriously mentally ill to the extent that they require in-patient support, or intensive intervention and monitoring within the community. These difficulties may include conditions such as significant eating disorders, emerging borderline personality disorder, schizophrenia or suicidality.

Revised estimates suggest that approximately **0.5% of children and young people** may need support at this level, equating to between 250 – 1500 children and young people in Kent.

### Who delivers at this level?

- **Specialists within acute child and adolescent in-patient settings.**
- **Specialist outreach, day and outpatient services**
- **Psychiatric Intensive Care Units**
- **Staff within secure and semi-secure accommodation and forensic provision.**

### Meeting need at this level relies upon:

- Appropriate places of safety for children and young people who need to be accommodated under the Mental Health Act.
- Effective out-of-hours crisis services and paediatric liaison teams within acute hospitals
- Tier 3.5 assertive outreach teams, to prevent admission and facilitate discharge among the highest risk children and young people.
- Effective partnership between commissioners of Level 4 services (NHS England) and local Clinical Commissioning Groups, responsible for commissioning specialist mental health services at Level 3.

Some of the challenges identified in a recent NHS England report (July 2014) about access to in-patient support include:

- Problems accessing beds when needed
- Children and young people having to travel long distances to access a bed
- Inequity in provision across the country.

Outcome	#	Action:	Best Practice:	Evidence Base / Further Details:	Lead Agency / Agencies:
Access	3.13	Young people and their families require <b>timely access to appropriately staffed mental health inpatient facilities</b> for those young people requiring admission that should be geographically close to their family and community.	National guidance on inpatient CAMHS states that admission must operate within a pathway of care, involving the local community teams. This is essential to avoid a protracted length of stay or care episode; the development of dependency on inpatient treatment; and loss of contact by the young person with their family, local community and professionals that may be supporting them.	Sergeant A. (2009). <i>Working within child and adolescent inpatient services: A practitioner's handbook</i> (HMSO)	NHS England & CCGs
Recovery and Transition	5.1	<b>Develop and enhance Tier 3.5 assertive outreach teams</b> to prevent admission and facilitate discharge where appropriate.	Services that are developed as alternatives to admission must be capable of providing safe care to young people who are assessed as being at risk of self-harm and/or suicide if they are to substantially reduce demand for inpatient care. <i>(The care paths of young people referred but not admitted to inpatient CAMHS (CCAR/RCP 2008)</i>	<i>Child and Adolescent Mental Health and CAMHS (House of Commons Select Committee, 2014):</i> "Perverse incentives in the funding and commissioning arrangements for CAMHS should be eliminated to ensure that commissioners invest in Tier 3.5 services, which may have significant value in minimising the need for inpatient admission and reducing length of stay."	NHS England & CCGs

## Appendix 1: Glossary

### **Emotional Wellbeing:**

Emotional well-being 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*).

### **Resilience:**

“Ability to be mentally strong enough to bounce back from the problems in life” (definition agreed by young people involved in HeadStart Kent).

### **Recovery:**

‘Recovery’ is a set of values about a person’s right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms. Recovery is based on ideas of self-determination and self-management. It emphasises the importance of ‘hope’ in sustaining motivation and supporting expectations of an individually fulfilled life” (*Centre for Mental Health*).

### **Co-production:**

*“Coproduction happens when all team members together agree outcomes, co-produce recommendations, plans, actions and materials as a collective. It is an approach which builds upon meaningful participation and assumes effective consultation and information sharing... Parent carers are not just there to illustrate the experience of service users, but rather to take responsibility to help shape future experiences and be an active part of delivering the solutions.”* Britton & Taylor (2013): *Co-*

### **Step-down:**

Reducing the level of support offered as outcomes are met and needs reduce. This is an important part of recovery and needs to be carefully managed to ensure positive outcomes are sustained.

### **Resilience:**

The Big lotteries definition define resilience as ‘The opportunity for and capacity of young people – in the context of adversity – to negotiate for and navigate their own way to resources that sustain their mental health’.

In Kent our approach is more ecological and is taken from Michael Ungar *‘In the context of, families and communities have the capacity to navigate and negotiate their way to the psychological, social, cultural and physical resources that sustain their well being’.*

## Appendix 2: Summary of engagement activity

**The following activities have been undertaken to engage children, young people, families, practitioners and professionals in developing the Emotional Wellbeing Strategy and Delivery Plan:**

### **Children, Young People and Families**

- Online survey (May – July 2014): 250 responses received
- Focus groups with young people (May – June 2014)
- Short film, 'Let it Out' produced with young people to inform Part 1 of the Strategy, sharing experiences of emotional difficulty and where system change is needed (presented at Emotional Wellbeing Summit, 9 July 2014)
- Further focus groups held as part of Delivery Plan development (November 2014)
- Second short-film produced with young people to inform Part 2 Delivery Plan, to share their views about which forms of support are most valuable and how they should be delivered (presented at second Emotional Wellbeing Summit, 18 December 2014).
- Formal online consultation around Part 1 of the Strategy (October – Jan 2015), hosted and promoted through multiple partnership routes.

### **Practitioners and Professionals**

- Multi-agency subgroup (meeting bi-monthly) overseeing agenda.
- Online survey for practitioners in existing service providers (May – June 2014): 50 responses received.
- Workshop sessions (November and December 2014) involving around 60 professionals from a wide range of partner agencies, exploring anonymised real-life case studies and focussing on improving the pathways between services (at the levels of universal services, early help and specialist services).
- Specialist themed meetings with multi-agency professionals around needs of vulnerable groups.
- Formal online consultation around Part 1 of the Strategy (October – January 2015), hosted across multi-agency platforms.

### **Senior leaders and elected councillors:**

- **Emotional Wellbeing Summit Part 1** (9 July 2014) involving over 60 senior leaders from multiple agencies in Kent to agree outline vision and outcomes.
- **Emotional Wellbeing Summit Part 2** (18 July 2014) involving 75 leaders and practitioners to review interim consultation findings and outline principles for Delivery Plan.

## Appendix 3: Sources

### National Reviews and Guidelines

***Antenatal and postnatal mental health*** (National Institute for Clinical Excellence, 2015).

***Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays*** (Department of Health, 2013).

***Implementing Recovery: A new framework for organisational change*** (Sainsbury Centre for Mental Health, 2009)

***Mental Health and Behaviour in Schools: Departmental Advice*** (Department for Education, 2014)

***The link between Pupil Health and Wellbeing and Attainment*** (Public Health England, 2014)

***Equality Act 2010: Advice for Schools*** (DfE, 2013)

***Closing the Gap: Priorities for Essential Change in Mental Health*** (Department of Health, 2014)

***Select Committee Report into Children and Adolescents' Mental Health and CAMHS*** (House of Commons, 2014)

***Supporting Young People's Mental Health: Eight Point for Action: A Policy Briefing from the Mental Health Foundation*** (Mental Health Foundation, 2007).

***A Commissioners' Guide to Primary Mental Health Care, NHS England (2014):***

***'I think I must have been born bad': Emotional wellbeing and mental health of children and young people in the youth justice system*** (Office of the Children's Commissioner, 2012)

***Actions Speak Louder, A Second Review of Healthcare in the Community for Young People who Offend*** (Healthcare Commission and HMI Probation, 2009).

***Turning Young Lives Around: How health and justice services can respond to children with mental health problems and learning disabilities who offend*** (Prison Reform Trust, 2012).

***Speech, Language and Communication Needs in the Criminal Justice System and Best Practice responses: Dossier of Evidence*** (Royal College of Speech and Language Therapists, 2012)

***Quality Statement 5: Tailored resource for corporate parents and providers on health and wellbeing of looked-after children and young people*** (NICE, 2013). Available at:  
<http://www.nice.org.uk/about/nice-communities/social-care/tailored-resources/lacyp>

***Promoting the Health and Wellbeing of Looked After Children*** (DCSF, 2009).

***Better communication – shaping speech, language and communication services for children and young people*** (Royal College of Speech and Language Therapists, 2012)

***The Mental Health of Children and Adolescents with Learning Disabilities in Britain*** (Institute for Health Research, Lancaster University, 2007)

***Winterbourne View Review Concordat: Programme of Action*** (DH, 2012)

***Ensuring Quality Services*** (Local Government Association and NHS England 2014).

***Young Lives Behind Bars*** (British Medical Association, 2014)

***Real Voices: Child Sexual Exploitation in Greater Manchester: An independent report by Ann Coffey, M.P.*** (October 2014)

***Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis*** (DH, 2014)

Sergeant A. (2009). ***Working within child and adolescent inpatient services: A practitioner's handbook*** (HMSO)

***Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders*** (NICE, 2004).

***Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care*** (NICE, 2014).

#### **Local Plans and Strategies:**

***Refreshed Emotional Wellbeing Needs Assessment for Children and Young People in Kent*** (Kent Public Health, 2015)

***Service Review of Kent and Medway CAMHS*** (Oxford Health NHS Trust, 2014)

***KCC Specialist Children's Services Improvement Action Plan 2014-16*** (Kent County Council, 2014).

***Kent Joint Health and Well-being Strategy*** (Kent Health and Well-being Board, 2014).

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

***Social Care, Health and Well-being 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)

***Kent Multi-agency Commissioning Framework for children and young people with Speech, Language and Communication Needs (2014).***