KENT COUNTY COUNCIL AND CLINICAL COMMISSIONING GROUPS

The Kent Children, Young People's and Young Adult's Emotional Wellbeing and Mental Health Model

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1. Introduction

As partners in Kent, we want to support children, young people, young adults and their families as they make their journey through life, and work together in helping them respond to and overcome specific challenges that they may face. Enjoying positive *emotional wellbeing* (which includes mental health) opens the door to improved physical and cognitive development, better relationships with family members and peers, and a smoother transition to adult independence. This document sets out the model which will deliver an improved response to children's and young people's emotional wellbeing and mental health needs.

A collaborative partnership needs to be developed between all providers if a single co-ordinated and integrated model is to be achieved. To achieve this we need different and flexible approaches to partnership working.

The achievement of integrated care relies on a different approach to procuring and contracting and the relationships between organisations will need to be dynamic and flexible to achieve the desired outcomes.

Key partners, stakeholders and service users have been involved in the consultation process to design this model. The new model will improve the whole-system understanding of the thresholds of care and support that a child and young person needs. It is the intention that this will stop inappropriate referrals and long waiting times.

This paper builds on the key principles as outlined in the Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults and the associated Delivery Plan. It pulls together through combined partnership working the key elements that are required to deliver an age specific service which will meet the needs of Children, Young People and Young Adults within Kent (0-25).

The underpinning principle of the need to ***'promote positive emotional wellbeing' at all stages and levels of need*** is prevalent throughout.

The model specifies elements that are whole system, age specific and service or setting specific whilst building on the learning from HeadStart Kent which identifies that building emotional health in the context of adversity requires models of practice that promote young people's resilience.

This document covers Universal, Targeted/Additional and Intensive/Specialist levels of service across agencies. As such, it attempts to align two separate discourses that refer to safeguarding children and health provision levels of intervention. **We have provided a description against each level to demonstrate how this model is aligned, diagram of which can be found on Page 9.**

The key outcomes of the strategy are:

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

Table1. Outcomes of 'The Way Ahead' strategic framework for Kent need to be built on a foundation of positive emotional health and resilience promotion delivered to all children and young people.

2. Context

In early 2014 concerns were raised by the Kent Health and Overview Scrutiny Committee about the ability of the CAMHS system and service to meet the demand and need across Kent. This prompted a review of the services, a refreshed needs assessment and an updated whole system strategic agreement to create a new approach to children and young people's mental health in Kent.

The needs assessments http://www.kpho.org.uk/__data/assets/pdf_file/0004/44662/CAMHSNAforKent_compressed.compressed.pdf (now published on the Kent and Medway Public Health Observatory) highlighted that despite significant improvement in certain areas (e.g. waiting times in West Kent), there was still inequity of access to some services, there was a treatment gap for children in care, rates of hospital admissions for self-harm were increasing and there was evidence that the services for preventing young people from reaching specialist CAMHS were not appropriately joined up or clear about what level of need they were delivering. This led to a highly demand driven CAMHS service with high case loads.

Nationally and locally, demand is rising for emotional wellbeing and mental health support. (Three children in every class have a diagnosable mental health condition - 10%)[1].

As well as this our current concerns include the rising demand of inappropriate referrals, children falling through gaps in between services, and an urgent need to improve on and to support Universal providers to identify and manage demand. In light of this there is recognition of the need for a whole-system approach to promote wellbeing, identify need appropriately, and intervene earlier and at the appropriate threshold.

These issues are not Kent's alone – it mirrors national concerns. A national task group set up by Norman Lamb, the then Minister for Care and Support reported similar concerns to those in Kent. The work progressing in Kent is aligned both to national strategies for CAMHS and with the NHS Five Year Forward View, the mental crisis care concordat and KCC transformation programme for 0-25 years old.

Emotional wellbeing underpins a range of positive outcomes for children and young people. It must be owned by many agencies across Kent who need to co-operate in order to both prevent young people needing treatment as well as providing safe and high quality treatment e.g. schools, primary care, KCC Early Help and the NHS.

As part of the assessment of need there was a process of engagement and consultation with over 650 young people, families and providers. Current service activity was mapped along with listening to the voices of young people around the current service care pathway.

[1] Joint Strategic Needs Assessment 2014

Young people tell us the following:[2]

- Current service care pathway feels impersonal and has long waiting times.
- Would like to be able to talk to someone straight away, with knowledge and who can arrange an appointment for young person.
- Make good use of technology, receive confirmation of your appointment by text message, have website to access for support, online forums.
- Have local ongoing support through use of youth centres and local drop-in sites.

Further information on the national context is included in the appendices.

[2] Consultation with service users 24/11/14

3. Key Principles

These key principles have arisen from consultation with children and young people, their families, practitioners and are informed by learning from the HeadStart Kent Programme and the CAMHS Health Needs Assessment.

The children and young people's system will:

1. Ensure children and young people and their parents and carers are actively engaged in the development, commissioning and review of services.

2. Promote how to enjoy good emotional wellbeing at every opportunity, and challenge the stigma associated with poor mental health.

3. Learn and embed education and interventions which improve children and young people's resilience.

4. Ensure more children, young people and their families/carers are appropriately supported within Universal settings, and through technology not just services.

5. Provide a simple and streamlined access for children and young people with emotional wellbeing and mental health needs and their family/carer by introducing a single point of access (SPA).

6. Ensure that all interventions are delivered in the right place, at the right time and by the right person using the least intrusive and most accessible method.

7. Use resources effectively and efficiently, delivering evidence based interventions to be able to respond to increasing demand including increases in the population of children and young people by integrating delivery across Health and the Local Authority.

8. Deliver a more holistic service for children, young people and families, reducing transfer between services and ensuring that young people have a named adult who is able to provide continuity of care.

9. Ensure information sharing protocols are in place and used to enable coherent care for young people.

10. Ensure that children and young people's recovery is everyone's business. Child centred recovery planning and step down will be shared across the emotional health system.

11. Ensure children and young people 14-25 needing long term mental health support receive appropriate support and have a smooth transition to adult mental health services.

12. Take a resilience based approach assessing children strengths in relation to the 6 key resilience domains and supporting the development of protective factors in individuals and families and communities.

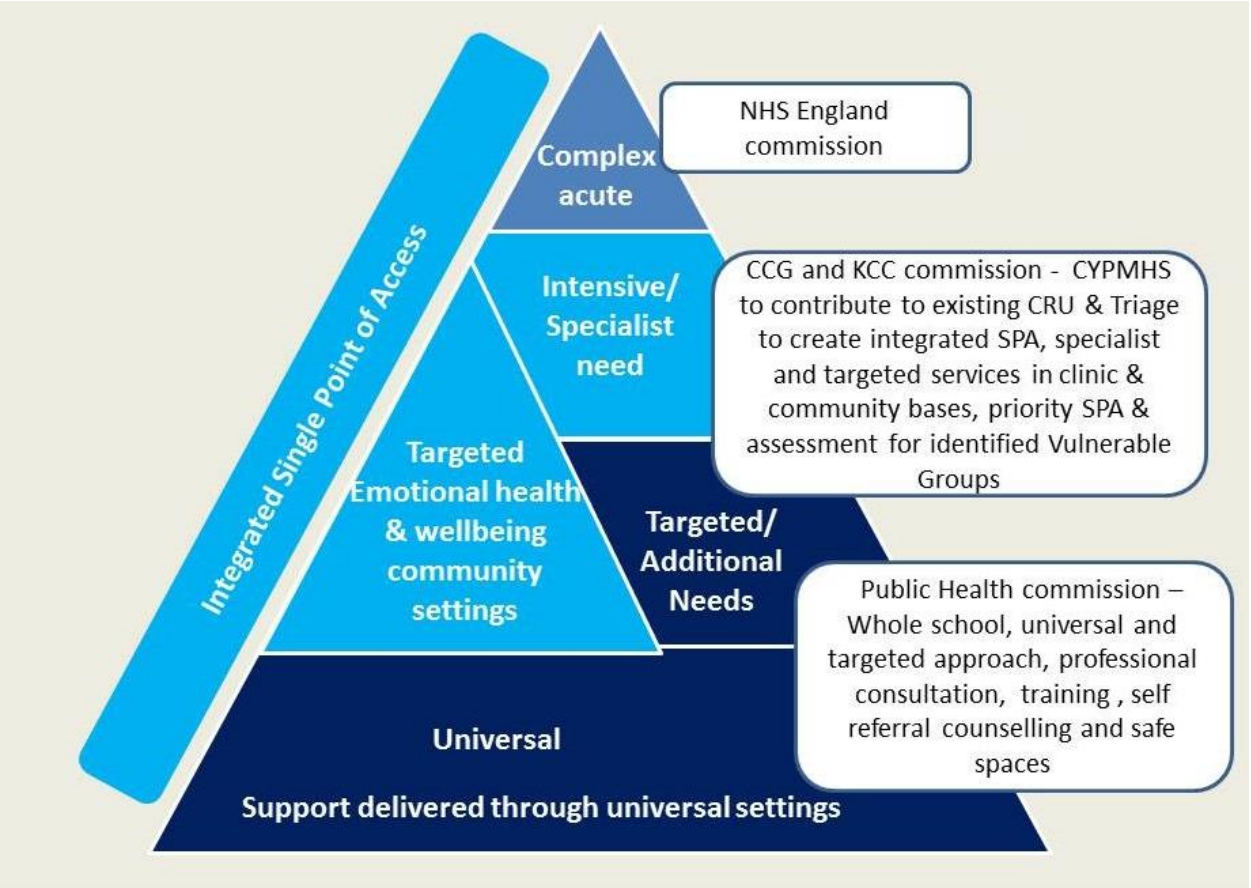
13. Ensure that the workforce is skilled to support resilience and identify emotional distress in children including in those children who have been exposed to trauma including domestic

violence, parental ill-health and substance misuse and understood that building resilience is everybody's business.

14. Ensure each setting and service will have a named contact point for mental and emotional health including schools.

15. Adhere to a Kent wide dataset and outcomes framework for emotional health and wellbeing which enables monitoring of supply across the system against population changes, in relation to age, housing status, ethnicity and sexuality as well as comparison between services.

4. Figure 1. The Service Model



4.1 Key elements- whole system

- The new service model and commissioning approach aim to redress the current situation with regard to the fragmented pathway that children, young people, young adults and their families tell us they experience when accessing mental health services in Kent.
- The Whole System Model illustrates how schools, local communities and specialist services will work in a more integrated way and how emotional wellbeing will be promoted and embedded in all aspects of the model which will include a multi-agency communications strategy.
- There will be a single point of access/triage across emotional wellbeing, early intervention and mental health services.
- Children and young people will receive timely access to support via the development of new ‘drop-ins’ and/or safe spaces in schools.
- There will be increased availability of consultation from trained mental health practitioners to schools, Universal settings and other partners.
- A ‘whole family’ protocol will be developed, defining how parents and carers will be involved and identifying and responding to the wider needs of the family within assessments of the child’s emotional wellbeing. The system will adopt a think family approach.

- Children will be kept safe via the effective implementation of multi-agency tools and protocols that identify children and young people who have been affected by Child Sexual Exploitation (CSE), and they will get rapid access to specialist post-abuse support.
- There is emphasis in the model for continued improvement of performance to agreed contract requirements across the system (good commissioning processes).
- There will be 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.
- There will be 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).
- There will be 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 will include a strategic multi-agency approach to providing intensive support for those children being discharged from inpatient services or leaving residential schools to transition safely back to the community. This is known as the Winterbourne View Concordat.
- There will be an improvement in the provision of 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.
- The Provider(s) will hold significant responsibility for making the system work effectively and ensuring no children fall through the gap. This will be a key performance target.
- There will be an increase in provision in Early Help and Preventative Service for children who have complex needs but may as yet not have a diagnosis.
- There will be a clear strategy for improving the management of lower level demand through Universal settings including support and challenge surrounding "perceived" v's "actual" need.

4.2. Workforce development

With regard to the wider workforce, the new model will ensure the following:

- All staff working within Universal services e.g. schools will have had training to help them recognise and manage early emotional distress.

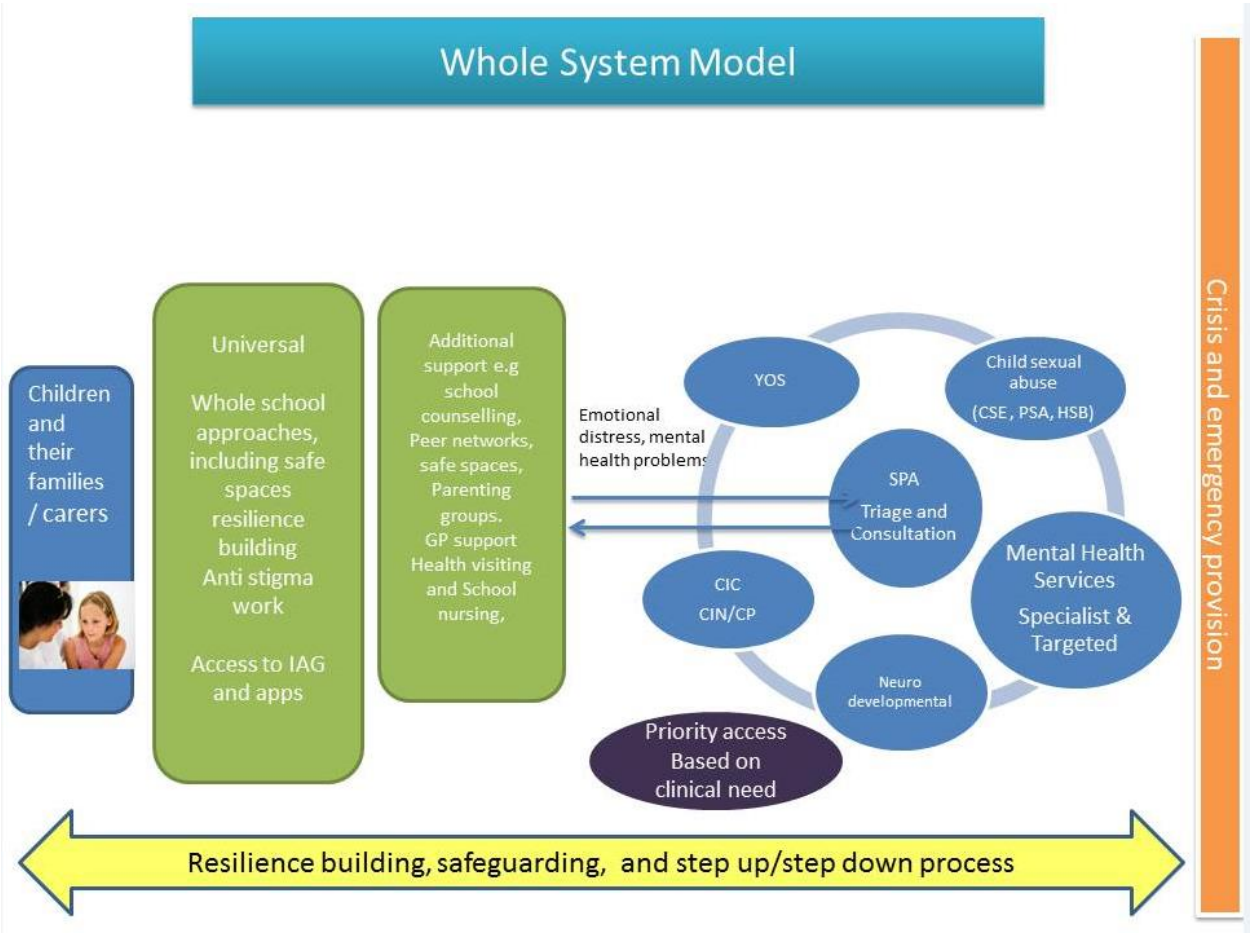
- Public Health will continue to support workforce development through the commissioning of the Youth Mental Health First Aid course which is accessible to all professionals and youth practitioners in Kent County Council.

- All the partners and agencies who work with children and young people know what services are available and how to access them.

- All partners know how and when to refer for specialist input.
- There is easy responsive access to primary mental health workers.
- There are clear escalation routes for partner agencies when worried about a child or young person.

4.3 Figure 2. The Whole System Model

The diagram below outlines the Whole System model proposed



4.4 Types of need across the system

The table below outlines the different types of needs that will be supported at each level of the system

Kent Children Safeguarding Board Level	Health Thresholds	Presenting Needs
Universal	**Universal**	All children and families have core needs such as parenting, health and education
Additional	**Targeted**	Children and young people will be making good progress in most areas of development. However some children will display emerging early signs of withdrawal, anxiety or distress indicating some difficulty.
Intensive	**Specialist**	Moderate emotional health issues, those who are facing or have faced adversity but are coping and able to be supported through school and family. These children and families will benefit from or require extra help to improve education, parenting and/or behaviour, or to meet specific health or emotional needs or to improve material situation.
Specialist services	**Inpatient services**	Persistent, complex or severe mental health problems which are diagnosable and require treatment from a specialist service in order for sustained, significant improvement.

4.4 Differentiating support in ages and stages

a) Support for children aged birth to 5 years:

In the early years, the emotional health of children is dependent on attachment of the primary care giver and the reduction of risk in particular maternal mental health, parental substance misuse and domestic violence. Risk factors include low economic status and poor living conditions (and malnutrition) (WHO 2012). Children's centres and early education settings and their staff along with health visitors are critical to promoting maternal health in pregnancy and emotional health and attachment in the perinatal period and early years. They are also able to identify, assess and refer those families where additional help is needed.

b) Support for children aged 5 to 11 years:

In the primary school years the school and family are critical. Risks to a child's mental health include bullying and difficulties in school and exposure to trauma and maltreatment in their families. Children are developing behaviours and skills that support their emotional development through whole school programmes like social and emotional aspects of learning (SEAL). Their resilience can be built through identification and development of talents. Play is a critical developmental need and an appropriate therapeutic intervention.

c) Support for children aged 12 to 19/25 years:

In adolescence, young people are exposed to additional risk factors, are monitored less by parents, have greater freedoms in relation to social media and the virtual world, have exams at school. The impact of early trauma or ongoing exposure may result in emotional distress displayed in their behaviour including difficulties in self-regulation impulsivity. Their resilience is tested. For a small percentage of young people health harming behaviours emerge including substance misuse and smoking. Self-harming may start and severe mental illness which requires specialist intervention may also start to show symptoms.

Given the co-existence of mental ill health and other health harming behaviours it is critical that a holistic assessment is undertaken including physical and mental health with young people and robust and integrated packages of care are developed and coordinated. Particular attention needs to be paid to how these behaviours and health conditions are affected by disability.

At the same time these young people have evolving capacities and need to be more proactively engaged in services, provided with choice and the opportunity to shape the help that is provided.

The table below describes the types of interventions which are delivered across the ages elements.

	Universal	**Targeted/Additional**	**Intensive/Specialist**
0-5 years	Health Visiting Service Drop in's and group work in Children's Centres, building resilience, active listening, parents website	Delivering whole family approaches, parenting programmes, debt counselling and reducing risk to children through referral to Early Help services.	Perinatal Mental Health, therapeutic interventions. Family Nurse Partnership
5-11 years	School Public Health Service Whole school interventions including SEAL, anti-bullying policies. Parent website.	Support in schools to respond to adversity as it arises to cope., build on strengths and resilience, identification of childre who are vulnerable to poor transition to secondary school.Parenting courses. Whole family approach, individual and group work in Youth hubs and reducing risk to children through referral to Early Help services using solution focused methods.	Assessment(including for children in care) and intervention and referral to Early Help, treatment and recovery. Referral to pychosocial support when children have been exposed to trauma including domestic violence.

12-19/25 years	School Public Health Service Whole school interventions, support in schools including drop ins, active listening, website for young people, youth hubs.	Support in schools through substance misuse and sexual health services to promote young people's resilience and respond to adversity when it arises. Support and assessment of self-harm. Early Help practitioner delivering whole family approaches and reducing risk to children through referral to Early Help services, DV services and mental health services.	Referral to pychosocial support to help children when exposed to trauma including domestic violence, support for young people who self-harm. Assessment(including children in care, young offenders) and intervention, treatment and recovery.

4.5 The new model and service redesign- Service delivery across the Tiers

a) Universal approaches to Emotional Health and Wellbeing

Universal settings in particular the health visiting service and schools will play an important role in supporting children and young people to be resilient and emotionally healthy, identifying children or young people who show early signs of difficulty, and knowing when and how to request additional support. Many schools in Kent place real emphasis on whole-school approaches to emotional wellbeing, and offer additional pastoral support, counselling, or therapeutic services. There is a need to support these efforts and continue building capacity and skill, as well as knowledge of what is available locally and how to access it, among the children's workforce.

Key features:

1. Social Marketing Campaign will deliver messages to 10-14 year olds with the aim of improving young people's self-awareness of their own resilience and wellbeing
2. Development of the KCC website for parents to ask questions on emotional health and wellbeing and links to relevant services.
3. Development of the KCC website for young people.
4. Expansion of Headstart whole school approaches to curriculum and development of extra-curricular activities.
5. Further development of the use of the Resilience Domains tool.

Delivered by: Universal providers /HeadStart programme

b) Targeted/Additional Emotional Health & Wellbeing support through Universal Settings

For some children, Targeted/Additional support is required to manage their feelings. It may be that they need extra time to talk to a trusted adult, a different type of support – either face to face, in a group of other children with similar issues or in some cases support and encouragement to feel safe to open up at school or to the family. This level is a critical part of the strategy to reduce demand coming into specialist mental health services and into the Early Help Units as it seeks to prevent issues escalating and becoming more entrenched in the child or young person's life.

Through the Emotional Wellbeing Strategy, young people were clear that they wanted to access services easily without having to go through complex referral processes. This element of the service will be delivered through Universal settings, in the places where children, young people and families already go and feel comfortable without the requirement of a referral process or Triage.

Key features

1. An offer of direct access individual and group sessions for children and young people with mild/moderate needs who have been identified by schools, GPs and other services as needing Targeted/Additional support.
2. An outreach/consultation, support and advice service to schools, youth clubs and children's centres which will provide support in understanding emotional wellbeing/mental health thresholds and tools to manage demand at that level
3. Targeted/Additional support for children young people and parents of children undiagnosed Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder (ADHD, ASC). This will also include behavior issues.
4. Support for parents to build their capacity to support children's emotional wellbeing and sustain resilience
5. Offering joint delivery of support with staff from Universal settings for children, young people and their families with particular emphasis on evidenced based interventions. This will contribute in upskilling the wider workforce

Delivered by: Practitioners who have skills, experience and qualifications in supporting children, young people and families with emotional health and wellbeing issues.

They do not need to be qualified mental health practitioners.

c) Mental health support for children with Targeted or specialist needs who do not meet threshold for Core CAMHS services or are better suited to a community based family approach.

For more complex cases, but where a child or young person does not meet the threshold for Intensive/Specialist mental health series, or who will not engage in clinic based services, or have previously received Intensive support and a step down process assists in reducing the need for future re- referral, we are proposing to introduce more experienced, qualified mental health practitioners into the Early Help Units to deliver a more targeted service to those children whose issues cannot be resolved through Open Access (Universal) and Additional/Targeted support. In addition, recognising that emotional wellbeing/mental health issues impact heavily on family dynamics and positive outcomes for children, this service will take a whole family approach using evidence based therapeutic interventions before any further escalation to Intensive/Specialist mental health services or social care is required.

Please note that interface with adult services through Transition will be discussed in section f).

Key features:

1. Delivery of a range of effective and adequately resourced evidence based approaches to support emotional wellbeing, recognising that children, young people and families will be involved in negotiating the required individual packages tailored to their circumstances and needs. This may include Cognitive Behavioural therapy, Systemic Family work and Counselling.

2. Delivery of appropriate evidence based parenting support in the community for children, young people and families where appropriate.
3. Has an assertive outreach approach where necessary that uses innovative engagement approaches and does not close cases for missed appointments or non-engagement, if risk and vulnerability still remain.
4. Has a clear pathway 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 through Kent Family Support Framework (KFSF).
5. Delivery of support for parents who are experiencing low level mental health problems where the family dynamics is negatively impacting and affecting the children. This may include supporting liaison with Adults mental health services to enable assessment.
6. Offer guidance and, where necessary, constructively challenge those working directly with children, young people and their families/carers to ensure they fulfil their role and provide sufficient information at referral to enable a swift and effective response.
7. Hold a case load as part of the wider family work within Early Help and Preventative Services (EHPS) units.
8. Work with children across the continuum that do not meet the threshold for Intensive/Specialist mental health service but still need high level support.
9. Promote family preservation and sustaining positive relationships, building resilience
10. Higher level interventions through community settings for children who have additional needs but would benefit from greater expertise.

Delivered by: Qualified mental health practitioners in Early Help units (0.5 FTE/unit) who have the abilities to explore and take account of broader family functioning to identify underlying needs. This is likely to work best by co-locating these roles within the EHPS units.

d) Triage/ Single Point of Access:

There will be a Single Point of Access acting as a single point of entry across the system services, except where it is clear that there is a safeguarding concern or an emergency, severe or complex mental health need.

Key features:

The Triage/ SPA service will

1. Receive telephone calls from and provide advice to all practitioners who work with children and young people and from parents/carers about children and young people with emotional wellbeing and mental health needs.
2. Receive referrals including self-referrals from children and young people over 14 years old (by post, fax or email with the agreed information provided by the referrer in an agreed secure format on the appropriate local form), review, obtain any additional background information needed to enable effective screening, check/link with other relevant databases and run appropriate checks to establish other services involved in working with the child/young person/ family/carer contacting them directly when necessary to discuss involvement and then screen the referral and direct it to the intensive and specialist service or other appropriate services. Triage will assess the cases in a timely manner and pass the referral on to the Early Help unit or direct to the commissioned service provider as appropriate.

3 Provide easier and swifter access for children and young people with emotional wellbeing and mental health needs and their family/carer to appropriate interventions by introducing a single point of access. This will be in parallel to Early Help and social care triage teams and will be co-located if possible.
4 Ensure 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.
5 Offer direct advice and consultation to schools and other Universal settings, to improve demand management.
6 Ensure that there are easier access routes and ensure referrals are directed to appropriate services and referrers receive feedback by having this as a function of the SPA.
7 Ensure more children/young people and their family/carer are appropriately supported within Universal and other Targeted/Additional services by making provision for the Early Help unit to provide advice and support that reduces the need for specialist intervention or provides this while waiting for more specialist input.
8 Ensure a systemic family based approach that works with the needs of the whole family rather than a focus solely on the individual child or young person with the presenting problem.
9 Deliver a more holistic service for professionals and users, improving transfer between services by integrating the emotional wellbeing and mental health service and ensuring that coordination with other services is part of the specification and monitored through contract management meetings.
10 Avoid and reduce the inappropriate use of A&E to access Intensive and Specialist service by quick screening and direction to appropriate service through the SPA, quick provision of help from services which operate for longer hours and ensuring crisis services are effective and adopt an assertive outreach approach.

Delivered by: Qualified mental health practitioners working alongside KCC practitioners.

e) Child and young people mental health services.

Approximately 2-3% of children will have more significant and sustained difficulties and will require support from specialist community mental health services. These difficulties may include severe anxiety or depression, significant neurodevelopmental difficulties, self-harm or sustained eating disorders and early onset psychosis.

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.

Interventions will often involve more than one mental health clinician and often in partnership with other professionals, such as social workers, substance misuse practitioners and youth justice workers, along with family members and foster carers to ensure a wrap-around support network. The model seeks to avoid unnecessary escalation and inpatient treatment and ensure children and young people and their families/carers are supported as near to home as possible.

Key features:

1. Provision of 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. Assertive outreach and home treatment for children and young people and their family/carer will also be a provision of the service.
2. Swift and effective response to any crisis and work closely with acute and community services to avoid inappropriate use of Accident & Emergency services and to ensure that an alternative to inpatient provision is available.
3. Provision of a Home Treatment Rapid Response service to respond to emergencies and support vulnerable young people in the community so that they do not need to go to acute/inpatient settings.
4. Work with GPs and other appropriate services when necessary to ensure appropriate care and support is provided to respond to any continuing emotional wellbeing and mental health needs of children and young people when they are discharged from hospital or residential settings into other accommodation in Kent.
5. All staff will use multi-agency toolkit to identify children and young people who have been affected by Child Sexual Exploitation (CSE), with rapid access to specialist post-abuse support.
6. Undertake assessments 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.
7. Ensure that there is appropriate intensive support for those being discharged from inpatient or residential schools when they move back to the local community. (Winterbourne Concordat).
8. Ensure that there is a clearly defined 'step down' pathway, with partnership agreement in place between services, following an intervention. Progress can continue to be sustained within Early Help or Universal services, supported by specialist consultation where needed.
9. Offer targeted outreach and assessment of mental health needs for the most vulnerable groups, including children in care and young offenders to ensure accurate diagnosis of needs followed by a 'bespoke' care pathway for the most vulnerable.
10. Ensure comprehensive assessment and treatment of eating-disorders to include physical, psychological, social needs and risk to self, and involving a whole-family approach.
11. Provision of swift support and timely access for children in care and care leavers informed by a specialist mental health assessment at the point of entry to care..
12. Where these children and young people have emotional wellbeing and mental health needs the specialist service will need to provide appropriate direct interventions and work closely with other professionals and services working with children and young people such as paediatricians, Child Development Centres, special schools, other health and Local Authority services.
13. The specialist service will also need to respond to children/young people who have long-term physical conditions and their family/carer and who develop emotional wellbeing and mental health needs and will need to work closely with other services involved.

A flexible approach is required as there will be times when a child/young person and their family/carer has needs that cross several pathways, including with pathways other than emotional wellbeing and mental health, e.g. substance misuse.

Delivered by:

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

Please note more detail for vulnerable groups will be discussed in Section 6.

f) Transition support for young people who are likely to require adult mental health support as they reach 18.

When children and young people aged 16 onwards are assessed as likely to have ongoing mental health needs that will require support from Adult Mental Health Services, the Specialist service will identify and initiate contact with Adult Mental Health and other appropriate Adult Services and jointly assess and plan appropriate services.

Key features

1. The service will adhere to and implement the mental health sections of the Transition Protocol.
2. The service offer to provide direct interventions up to the young person's 18th birthday or up to the age of 25 if the young person is a Care Leaver or has special educational needs or a disability will be developed over the 5 year contractual period and will be best met by the children and young person's service.
3. The service will identify and work together with the appropriate Adult Mental Health Service (including adult IAPT, the voluntary sector, Early Intervention Psychosis Team and community mental health or inpatient services) to share information and jointly plan and deliver interventions to ensure a seamless transition to adult life.
4. The service will continue to work with those vulnerable young people with complex needs where they do not meet Adult Mental Health criteria beyond their 18th birthday to complete interventions and link them to other community support.

Delivered by

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

g) Children in Care:

Children and young people who are getting a service from the local authority will, in the majority of cases, have experienced neglect and/or other forms of abuse, and will have experienced high levels of complex trauma. As a result they may well have significant difficulties that reach beyond childhood and into their adult lives. These young people are likely to have significant attachment-related difficulties which will impact upon their ability to develop and maintain stable relationships with others in their lives, leaving them vulnerable to placement breakdown, lower achievements in education and training, developing abusive relationships, developing poor mental health (45% have a diagnosable mental health condition) and the risk of entering the criminal justice system. These children and young people should be supported (by professionals including foster carers, social workers and their managers, and birth relatives) to develop and maintain good emotional wellbeing and mental health and develop resilience and be able to report an improvement in their mental wellbeing.

Key features

1. This service will work creatively and flexibly to engage each child or young person at their own time and pace.
2. Encourage and support effective working relationships between agencies to ensure a swift response to the child or young person, particularly in a time of crisis and when a child is on the edge of care.
3. Offer consultation, supervision, support and training on a regular and ad hoc basis to those working in multi-agency teams who support children in care, including foster carers.
4. Offer additional consultation, supervision, support and training on a regular and ad hoc basis to potential adoptive parents, foster carers and connected people (relatives and friends) to help them maintain therapeutic and stable environments for the children they look after and to avoid placement breakdown.
5. Enable referred children and young people to access services regardless of placement stability.
6. Support and sometimes take the lead in specialist or 'contract' fostering placement schemes to maintain and support the child or young person within a family placement and within area where possible, and to achieve better outcomes for those children and young people. Examples are Therapeutic Re-Parenting (TRP), Adolescent Wrap Around You (AWAY) and Remand Fostering.
7. Children and young people in care, leaving care, subject to special guardianship orders or child arrangement orders (previously called Residence Orders), unaccompanied asylum seeking children, children placed for adoption, and those on the edge of care are likely to have a range of behavioural needs, they should follow the relevant pathway and be prioritised based on their need and diagnosis.
8. Self-referrals from children aged 14 years and over who are in care should be accepted.
9. Interventions should recognise and address the inter-relationship between emotional/mental and behavioural needs including inappropriately sexualised behaviour.

Delivered by

1. Primary Care Mental Health workers.
2. Child and adolescent psychiatrists, clinical child psychologists and psychotherapists (based within Children and Young People's Mental Health Services).
3. Community Nurses.

4. Occupational Therapists.
5. Speech and Language Therapists, specialist teachers and Educational Psychologists.
6. Art, music and drama therapists.

Staff must particularly understand the impact of complex trauma on children and young people and who are trained in attachment-related interventions.

h) Other vulnerable children and young people

Vulnerable children and young people will be seen as a priority throughout the whole pathway. (Vulnerable children include children in care/ looked after children, disabled children, young offenders, children in need and children subject to a child protection plan).
Where vulnerable children and young people have emotional wellbeing and mental health needs the services will need to provide appropriate interventions and work closely with other professionals. The services will support children with disabilities, as defined under the equalities duty. This includes disabled children with a physical and/or learning disability that may also have an emotional or mental health need. Research has shown that children and young people with learning difficulties are four times more likely to experience difficulties and poor outcomes than those without a learning difficulty.

The term Neurodevelopmental disorders refer to a disorder of brain function that affects emotion, learning ability, self-control and memory. Of particular significance within this group are Autistic Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD). The term 'challenging behaviour' is also used for children who may have neurodevelopmental disorders. This covers a wide range of different behaviours, which include self-injury or physical aggression, severe agitation and extreme withdrawal, as well behaviours that can result in contact with the criminal justice system - in some cases leading to someone being arrested, charged and convicted of an offence. All of these described behaviours may vary in intensity and severity. The simplest definition of the term is: behaviour that has a significant adverse effect on the quality of life of the individual and / or the health and safety of the individual or others (taken from "Supporting people with a learning disability and/or autism who have mental health condition or display behaviour that challenges" – Draft service model July 2015).

This is often found in young people who may not readily engage with services and where there are significant co-morbidities (e.g. those with complex trauma histories, development and/or attachment support needs) and those whose emotional and mental health needs are expressed through behaviour (including CSE or self-harm, psychosis, suicidal ideation, more severe self-harm, eating disorders and reactive attachment disorder).

Key features

1. The Service will provide direct interventions to these children and young people and will work closely with other appropriate services to ensure an integrated response.

Delivered by

Staff must particularly understand the impact of complex trauma on children and young people and who are trained in attachment-related interventions.

5. What will be different about this new model?

How things are now	The new model
Decision about resource allocation made in silos	Understanding of the totalling of resource and how it aligns across the system.
Lack of CYP voice in current service design inconsistent approach within services.	Ensure CYP and their families are involved in the design and commissioning of services especially technology
Lack of family approach	Think Family
Tiered approach to commissioning is not supporting children adequately	Focus on children wherever they are in the system
Services do not consider sufficiently family dynamics.	Responding to family dynamics with support
Thresholds unclear and inappropriate referrals	Multi-agency decisions about resource allocation. Information sharing protocols in place.
Inappropriate referrals and long waiting lists.	Single point of access. Referrals directed to right provision sooner through integrated model.
Rising demand for self- harm not met	Focus on self- harm
Not enough capacity in system - EHWB belongs to one service	Delivery and support through Universal hubs with a focus on schools.
Insufficient strategic links between other critical pathways and transition protocols	Clear relationship for LD and neurodevelopmental pathway
CAMH service used as a “catch all”	Smooth transition to adult mental health for CYP 14-25 who require long term support.
Does not build capacity or support others to develop their understanding sufficiently. Lack of sufficient and flexible provision for emotional wellbeing.	Consistent approach to promote good emotional wellbeing and resilience including upskilling workforce.
Lack of clarity about eligibility	Deliver a consistent service reducing transfer between services ensuring CYP have named worker for continuity of care.
Lack of clarity in relation to LD and neurodevelopmental pathways	Clear pathways for assessment and treatment of CYP with neurodevelopment difficulties.
Insufficient evidence around outcomes being achieved. Inconsistent performance monitoring methods for different services.	Kent wide outcomes based framework and dataset to enable effective monitoring across the system. Systematic contract monitoring to ensure model remains aligned
No clear model for reporting performance data that is child related.	Child related performance data informing model of adult services

6 - Conclusion

The new approach will ensure that there is better partnership working across all agencies' and that all services are fully integrated across a multi-agency whole system. The implementation of the new service model will enhance early intervention, supporting more children and young people earlier, before their needs escalate and require intensive/specialist provision.

Appendix 1

National Context and Reference documents:

The development of a 0-25 year old Mental Health Service is fully in line with both national and local strategies and policies. Government recently outlined the new Mental Health Action Plan. This sets out the top 25 areas where Government want to see immediate action to ensure equality for mental health and increase access to the best-possible support and treatment.
The following summary of national strategies shows that a 0 – 25 year old service plays an important part in delivering this ambition

The NHS England report **"Future in mind; Promoting, protecting and improving our children and young people's mental health and wellbeing"** (Department of Health, March 2015) sets out a vision for a comprehensive approach to promoting, supporting and treating children and young people's mental health, and to supporting their families. It puts forward a set of proposals to enable this vision to be translated into national and local frameworks - aiming to have these in place by 2020 - and provides guidance which future governments should consider. The Children and Young People's Mental Health and Wellbeing Taskforce were used to gather insights and evidence to inform this report and it provides substantial context and case for change. Examples of methods to ensure this change is put in place include focussing on resilience and early intervention, developing whole school approaches to support young people's wellbeing and encouraging national conversations on mental health. The report makes it clear that young people's mental health and wellbeing is a national ambition and mental health needs to be everybody's business where collective resilience and mental strength is seen as an asset to the nation.

The Public Health paper **"Promoting Children and Young People's Health and Wellbeing; A Whole School and College Approach"** (P. Lavis, Public Health England, March 2015) provides key actions which schools and colleges can take to ensure a whole school/college approach is embedded when promoting and supporting children and young people's emotional health and wellbeing. This paper uses the Ofsted framework and The National Institute for Health and Care Excellence (NICE) guidelines to emphasise the importance of comprehensive health and wellbeing promotion and support. Examples of practice from different schools and colleges are also provided to highlight how different elements of health and wellbeing can be embedded within the education sector. The paper describes eight key principles which can be used to promote emotional health and wellbeing within schools and colleges: 1. Leadership and management support. 2. A school ethos and environment which promotes and supports mental health. 3. The embedding of emotional health and wellbeing within the school and college curriculum. 4. Students have a voice. 5. Staff are continually developed to support their own wellbeing as well as young people's mental health. 6. Young people's needs are identified and the impact of interventions is monitored. 7. Schools and colleges work with parents and carers. 8. Targeted support and specialist provisions are provided. The paper provides a comprehensive list of a wide range of resources available to promote and support children and young people's emotional health and wellbeing.

The **"Social and Emotional Learning: Skills for Life and Work"** (L. Feinstein, Early Intervention Foundation, 2015) review paper has been commissioned by the Early Intervention Foundation, the Cabinet Office and the Social Mobility and Child Poverty Commission. It considers the findings of three different reports from universities and an independent research consultancy to establish evidence for investing in young people's mental and emotional health and wellbeing. The report makes it clear that a local and national commitment is needed to support children and young people's social and emotional development, to avoid escalating mental health problems when

young people reach adulthood. It emphasises that social and emotional learning provision needs to be available to all, staff need continually training to ensure quality provision, and social and emotional learning needs robustly evaluating. The report highlights that a whole school approach to social and emotional learning is key, and this needs to be modelled and reinforced throughout the entire school. Furthermore, policy leadership is necessary to implement and prioritise social and emotional learning, and the voice of young people needs to be heard throughout this process. The report makes it clear that social and emotional skills play a fundamental role in shaping the life chances of children and young people and this will impact their adult lives. Schools have an influence on these life chances, but consistency is needed to ensure provisions in schools are effective and universal.

The "**Right Here: How to provide youth-friendly mental health and wellbeing services**" guide (Paul Hamlyn Foundation and Mental Health Foundation, January 2015) offers recommendations to support the mental wellbeing of young people aged 16-25. It focusses on youth-friendly mental health and wellbeing services across the UK, providing practical pointers and suggestions to support the development of innovative and effective responses to young people's mental wellbeing. This guide has been written to help services address the needs of young people aged 16-25, and tackle barriers which prevent young people from accessing mental health services. This guide provides the context that early adolescence is the peak of onset for mental ill-health, so young people need to be seen and treated early. Furthermore, current mental health services have long waiting lists so there is a need for a more creative response to young people's mental health issues, such as youth counselling, online intervention and youth agency and VCS programmes. The guide emphasises that 16-25 year olds have distinct mental health needs and can find it difficult to fit into adult mental health services. Suggestions for providing youth-friendly mental health and wellbeing services within this paper include effective promotion of services to young people, focussing on activities rather than services so young people feel engaged, simplifying the referral and assessment process, providing a creative healthcare setting, sustaining support and relationships with young people and involving young people in the service design and delivery.

The Department for Education paper "**Mental health and behaviour in schools: Departmental advice for school staff**" (Department for Education, March 2015), provides non-statutory advice clarifying the responsibility of schools to support a child or young person whose behaviour may be related to unmet mental health needs. The report states that one in ten children or young people aged between 5 and 16 will have a clinically diagnosed mental health disorder, so this paper aims to provide advice and practical tools to help schools promote positive mental health in pupils and identify and address less severe mental health issues and build pupil's resilience. This report also helps schools identify and support young people with more severe mental health needs so they can be referred appropriately to specialist services. The paper outlines risk and protective factors which influence children and young people's resilience to mental health problems, giving examples of events that may affect pupil's mental health. It outlines ways schools can promote pupil's mental health, leading to young people being more resilient to problems before they arise. The paper discusses the importance of monitoring and identifying young people with possible mental health problems, such as tracking their attendance and attainment, using Strengths and Difficulties Questionnaires and working with GPs. It provides strategies to promote positive mental health such as PSHE lessons, group work, one to one work, counselling, working with parents and peer mentoring. It clarifies how schools can get involved in defining local mental health services through Health and Wellbeing boards and working with other agencies. This report lists sources of support and information, and provides an annex of mental health needs and how to support these young people.

The Public Health England paper "**The link between pupil health and wellbeing and attainment: A briefing for head teachers, governors, and staff in education settings**" (F. Brooks, Public Health England, November 2014), provides a summary of key evidence which highlights the link between health and wellbeing and education attainment. This paper emphasises the value of promoting health and wellbeing as an integral part of the school's effectiveness strategy and highlights the important contribution of a whole-school approach. Key evidence discussed in this paper is: 1. Pupils with improved health and wellbeing are likely to achieve better academically. 2. Effective social and emotional competencies are associated with greater health and wellbeing and better achievement. 3. The culture, ethos and environment of schools influence the health and wellbeing of pupils and their readiness to learn. 4. There is a positive association between academic attainment and physical activity in young people. This paper links these key evidence findings to the Ofsted framework; for example the Ofsted strand Quality of Teaching is linked to evidence that the teaching of emotional life skills has the potential to increase emotional wellbeing and academic achievement. The Behaviour and Safety of Pupils at the School strand is linked to evidence that pupil's sense of belonging to a school is a key determinant of their wellbeing. The paper emphasises the value of promoting health and wellbeing as a whole-school strategy, describing the need for schools to go beyond just teaching and learning to support pupil's health and wellbeing as well.

The PSHE Association paper "**Teacher Guidance: Preparing to Teach About Mental Health and Emotional Wellbeing**" (PSHE Association, March 2015) provides suggestions for teaching staff to incorporate into their PSHE curriculum. It describes how teaching pupils about mental health and emotional wellbeing is important as it keeps pupils safe, pupils can develop healthy coping strategies, they learn about their own and other pupil's emotions and pupils can support themselves and each other. If pupils are learning about mental health in PSHE lessons, they will discover how to seek help for themselves and for other pupils and the stigma often associated with mental health will be broken down. This paper aims to make teaching mental health and emotional wellbeing less daunting for teachers in a safe and sensitive manner. The paper highlights that teaching mental health and emotional wellbeing is important for all key stages and this should be built upon from an early age to promote positive behaviour and coping strategies. Mental health needs to be embedded into, not separate from, PSHE lessons, and the paper sets out key learning objectives under Health and Wellbeing, Relationships and Living in the Wider World. The paper emphasises the importance of promoting wellbeing and resilience from an early age and describes factors which could impact a pupil's emotional and mental wellbeing, such as bullying, body image and the online environment.

The Public Health paper "**Improving young people's health and wellbeing: A framework for public health**" (Public Health England, January 2015) provides a framework highlighting the importance of ensuring every young person has the right support to maximise their potential. It is an asset-based approach focussing on young people's wellbeing and resilience. The paper emphasises that young people's services need to be integrated and holistic, and sets out core principles to achieve this, building on the concept of resilience: 1. Recognising and supporting relationships should be central to improving young people's physical and mental health. 2. What makes young people feel well and able to cope, focussing on the positive, resources available, strengthening life skills and encouraging creativity? 3. Reducing health inequalities. 4. Championing integrated services, with a seamless connection and navigation between these services. 5. Understanding changing health needs as young people develop. 6. Delivering accessible, youth friendly services. The paper outlines why young people's emotional and mental health should be invested in both for the short and long term. Furthermore, it sets out critical health outcomes such as the reduction of young people living in poverty, targeted support for vulnerable groups and improving young people's safety. The paper outlines a recommended

health and wellbeing offer to young people which would include a holistic approach, focus on prevention as well as intervention, building resilience and offering appropriate support.

Department for Education and Department of Health, **'Promoting the health and well-being of looked-after children',** Statutory guidance for local authorities, clinical commissioning groups and NHS England. March 2015. This is joint statutory guidance from the Department for Education and the Department of Health. It is for local authorities, clinical commissioning groups (CCGs) and NHS England and applies to England only. This guidance is issued to local authorities, CCGs and NHS England under sections 10 and 11 of the Children Act 2004 and they must have regard to it when exercising their functions. Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

Appendix 2 Glossary of abbreviations

ADHD – Attention Deficit Hyperactivity Disorder
ASC – Autistic Spectrum Condition
AWAY – Adolescent Wrap Around You
CAMHS - Child and adolescent mental health service
CIC – Children in Care
CIN – Child/ren in Need
CP – Child Protection
CYPS – Children and young people's service
CSE – Child Sexual Exploitation
CYP – Child/ren and young people
CYPMHS – Child/ren and young people's Mental Health Service
EHN – Early Help Notification
EHPS – Early Help and Preventative Service
EWB – Emotional wellbeing
FTE – Full time equivalent
HSB – Harmful Sexual Behaviour
KCSB – Kent Children's Safeguarding Board
KFSF – Kent Family Support Framework
MH – Mental Health
PSA – Post Sexual Abuse
SPA – Single Point of Access
TRP – Therapeutic Re-Parenting
YOS – Youth Offending Service