PAN DORSET CHILDREN & YOUNG PEOPLE’S EMOTIONAL WELL-BEING AND MENTAL HEALTH STRATEGY 2012-2015

NHS Dorset
NHS Bournemouth and Poole
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1. VISION AND AIM

Aim: To improve the emotional well-being and mental health of children and young people in Bournemouth, Dorset and Poole.

1.1 The three Children’s Trusts covering Bournemouth, Dorset and Poole and their constituent partner organisations want every child and young person to be happy, enjoy life and have every opportunity to reach their potential.

1.2 Parties to this Strategy will support children and young people to stay emotionally healthy and provide personalised and evidence based services at the earliest possible opportunity when problems arise.

1.3 The whole of the children’s workforce will recognise their responsibility in promoting the emotional health of children and young people and universal, targeted and specialist services will work effectively together to provide well integrated child and family-centred services that deliver improved outcomes for the child or young person.

2. INTRODUCTION

2.1 This joint strategy for Bournemouth, Dorset and Poole (2012-2015) co-ordinates the planning and commissioning of services to ensure that the resources of all partner agencies are used in the most effective way possible to improve the emotional well-being and mental health of children and young people.

2.2 The Strategy describes the context for promoting emotional well-being and mental health and the case for action in this area. It sets out objectives that we will focus on locally and principles that describe the way we will work.

2.3 An evidence based service model which will direct local approaches is presented in the Strategy. Through a gap analysis based on this service model (Appendix D), along with consultation with professionals, children, young people and their families, and the recognition of existing service priorities, key work streams are identified for action which form the basis of the Strategy’s Implementation Plan (Appendix E).

2.4 The Strategy includes the identification of a set of outcomes that will need to be achieved in order to improve the emotional wellbeing and mental health of children and young people and which we can measure our success against.

2.5 Finally the supporting governance framework is presented.

2.6 The Strategy is supported by appendices containing needs assessment information, a guide to the underlying evidence base, a description of related
policy documents, a full evidence based service model and gap analysis, and includes a local Implementation Plan.

2.7 It is essential to ensure that wherever children and young people in Dorset, Bournemouth and Poole grow up, they have equitable provision and access to excellent services. It is however recognised that due to the different needs in some areas across the three Children’s Trust’s, the models used to deliver this provision may vary. The Strategy’s Implementation Plan will be flexible enough to take into account these different local approaches.

2.8 This Strategy has been developed against a backdrop of a difficult economic climate and significant organisational change. The success of the Strategy will be dependant upon a continued cross organisational partnership approach that will include regional specialist commissioning partners following the transfer of commissioning responsibility for Tier 4 services. Frameworks for implementation are set out in the Strategy which will need to evolve as new structures are established so that the principles and evidence base of the Strategy are imbedded into practice throughout 2012-2015.

2.9 The Strategy will be part of the commissioning evidence review by the Mental Health and Learning Disability Clinical Commissioning Programme.

2.10 This Strategy is owned by the Children’s Trusts in Dorset, Bournemouth and Poole. Implementation of this Strategy will be monitored by the Pan Dorset Children and Young People’s Emotional Wellbeing and Mental Health Commissioning Group on behalf of the three Children’s Trusts.

3. SCOPE AND DEFINITIONS

3.1 Throughout this document a child refers to someone under the age of 12 years.

3.2 Child and Adolescent Mental Health Services (CAMHS) have the responsibility for a young persons care until their 18th birthday. Education services support young people until their 19th birthday. Children and young people’s social care has a responsibility to support young people to the age of 18.

3.3 This Strategy covers services for children and young people who are:

- Registered with a Bournemouth, Dorset or Poole GP and identified as the commissioning responsibility of NHS Bournemouth and Poole and NHS Dorset

- Looked after or in the care of Bournemouth, Dorset and Poole Local Authorities.

- In care with other Local Authorities and registered with a local GP.

3.4 There are many definitions of “Emotional Health”. The Mental Health Foundation states that being emotionally healthy is:
‘Being able to develop psychologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; play and learn; develop a sense of right and wrong; resolve (face) problems and setbacks and learn from them.’

3.5 Young people at the Poole Youth Forum thought that emotional health was:

![Figure 1: Poole Youth Forum's view of emotional health.](image)

4. CONTEXT

4.1 The emotional well-being and mental health of children and young people is increasingly recognised as being fundamental to the wellbeing and future prospects of individuals and communities. Emotional health is nurtured primarily in the home, but it is acknowledged that practitioners and services can and do make a difference.
4.2 Figure 2 shows the many areas where there are opportunities for promoting emotional well-being and mental health. There is now a wealth of national guidance (summarised at Appendix A) and a growing evidence base (Appendix B) in this area but achieving the biggest impact can only be achieved through a co-ordinated, strategic approach across the three local Children’s Trust’s.

**THE CASE FOR ACTION**

- The good emotional health of children and young people is vital to them as individuals.
- The good emotional health of children and young people is vital to society.
- There is an increasing evidence base of what works in improving the emotional health of children and young people.
Developing these approaches and interventions should save money later.

Developing these approaches to improving emotional health will help meet other priorities

**UNIVERSAL, TARGETED AND SPECIALIST SERVICES**

4.3 Traditionally the tiered model has been referred to when describing CAMH services. However, Children and Young People in Mind: The National CAMHS Review (DH, 2008) found that the perception of tiered CAMH services tended to only include those services with a specific remit to provide specialist mental health care for children and young people and their families without recognising the essential role of universal services.

4.4 The Review also found that the biggest difference could be made to the emotional health of children and young people if everybody recognises the part they can play and the whole of children’s services work effectively together to provide well integrated child and family-centred services that address mental health and emotional well-being. A model of universal, targeted and specialist services can be a helpful way to conceptualise this and is adopted throughout this Strategy:

**Universal services** work with all children and young people. They promote and support mental health and emotional well-being through the environment they create and the relationships they have with children and young people. They include early years providers and settings such as childminders and nurseries, children’s centres, schools, colleges, youth services and primary health care services such as GPs, midwives and health visitors.

**Targeted services** are engaged to work with children and young people who have specific needs – for example, learning difficulties or disabilities, school attendance problems, family difficulties, physical illness or behaviour difficulties. Within this group of services we also include CAMHS delivered to targeted groups of children, such as those in care.

**Specialist services** work with children and young people with complex, severe and/or persistent needs, reflecting the needs rather than necessarily the ‘specialist’ skills required to meet those needs. This includes CAMHS at Tiers 3 and 4 of the conceptual framework (though there is overlap here as some Tier 3 services could also be included in the ‘targeted’ category). It also includes services across education, social care and youth offending that work with children and young people with the highest levels of need – for example, in Pupil Referral Units (PRUs), special schools, children’s homes, intensive foster care and other residential or secure settings.

*Figure 3: A conceptual model of emotional health support (adapted from Keeping Children and Young People In Mind, 2010).*
5. AN EVIDENCE BASED SERVICE MODEL

5.1 In order to improve the emotional well-being and mental health of children and young people, this section describes ways in which services can reinforce the work of parents, carers and the community in nurturing, promoting and supporting children’s emotional health through an evidence based universal-progressive service model for emotional well-being and mental health services.

5.2 There is an increasing amount of information available regarding the effectiveness of interventions to improve the emotional well-being and mental health of children and young people. A full summary of evidence can be found at Appendix B.

5.3 The evidence based service model summarised in Figure 4 below is adapted from the DCSF guidance for Children’s Trusts on Promoting the Emotional Health and Wellbeing of Children and Young People. The model depends on professionals working together to support children, young people and their families throughout infancy, childhood, adolescence and as the young person becomes an adult.

5.4 By taking a life course approach, provision is focused on holistic support and joined up working based on the needs of children, young people and their families as they grow up.

5.5 Appendix D contains details of what this service model might look like in practice and a gap analysis of what elements of the model are or are not provided in Bournemouth, Dorset and Poole. Delivery vehicles for the support outlined are also found at Appendix D.
Figure 4: An evidence based service model of emotional health support (adapted from Promoting the emotional health of children and young people, DCSF 2010)
6. OBJECTIVES AND RELATED WORK STREAMS

6.1 In order to improve the emotional well-being and mental health of children and young people in Bournemouth, Dorset and Poole through the service model presented above we have identified eight key work streams and related priorities for action (Figure 5). These have been developed through extensive consultation with professionals and children, young people and their families and also bring together areas that remain ongoing priorities for local services.

6.2 These work streams are aligned with priorities in the three local Children and Young People’s Plans and draw on best practice and evidence based guidance documents as well as recommendations from Serious Case Reviews.

6.3 Further detail including specific actions can be found in the Implementation Plan (Appendix E)

<table>
<thead>
<tr>
<th>Work stream</th>
<th>Priority</th>
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<tbody>
<tr>
<td><strong>1. Prevention and Early Intervention</strong></td>
<td><strong>We Will:</strong></td>
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<tr>
<td>Children, young people and their families have huge potential to support their own emotional health. Parents will be supported to give their children the best possible start in life and help children and young people develop the skills they need to stay emotionally healthy.</td>
<td>Ensure that children, young people and their families have easy access to excellent information, in a number of formats, on how to promote their own emotional health and developing resilience to cope with life’s problems when they occur.</td>
</tr>
<tr>
<td>There are recognised risk factors within a family that make a child more likely to develop emotional health problems. These risks will be identified at an early stage and appropriate action will be undertaken to prevent problems occurring where possible.</td>
<td>Work proactively to identify children and young people at risk of developing emotional health problems.</td>
</tr>
<tr>
<td>When additional support is needed this will be provided at the earliest possible opportunity and at the lowest possible level of provision and strongly evidence based. Support provided in schools and other universal services is essential to this.</td>
<td>Further develop and mainstream evidence based approaches to the development of resilience, coping skills and emotional wellbeing support in schools and communities, including the embedding of successful approaches from the previous TaMHS project.</td>
</tr>
<tr>
<td><strong>2. Parenting Support</strong></td>
<td><strong>We will:</strong></td>
</tr>
<tr>
<td>The importance of positive parenting on the emotional health of children and young people is widely recognised.</td>
<td>Ensure early identification and support for vulnerable families and offer timely access to a range of parenting</td>
</tr>
</tbody>
</table>
### To support positive parenting there needs to be:
- Provision of excellent information to promote parental emotional health and that of their children,
- Easy access to universal parenting support,
- Provision of intensive support for vulnerable families when difficulties arise,
- Targeted parenting support for children with specific neurodevelopmental needs eg ASD, ADHD, LD.

### Interventions from trained professionals:
- Improve access to evidence based parenting programmes as appropriate to meet local needs. (e.g. Triple P, Incredible Years, Families and Schools Together, Strengthening Families 10-14, Strengthening Families Strengthening communities).
- Improve access to evidence based parenting programmes and support for parents of children with specific needs or issues e.g. conduct disorder, ASD, ADHD, LD.
- Increase availability of flexible targeted parenting work to engage with hard to reach families and families with more complex needs that do not meet thresholds for social care.

### 3. Services for children and young people at risk of poor outcomes

#### We will:
- Continue to strive to provide the highest standard of service to the most vulnerable children and young people such as Children in Care.
- Ensure that services proactively identify and target support for groups of children and young people known to be vulnerable to emotional difficulties.
- Improve the coordination and availability of support, including peer support opportunities and intensive outreach services for children, young people and their families with a range of neurodevelopmental/neuropsychiatric conditions e.g ADHD, ASD, LD Tourettes, Mental Health, Eating disorders, BESD.
- Ensure that children with long term health conditions receive support specifically aimed at promoting their emotional health and wellbeing.

#### Research shows that certain groups of children and young people are at higher risk of developing mental health problems, for example Children in Care, those with a learning disability or those with a long term health condition. There are also a number of vulnerable families with highly complex needs that may not be well met by mainstream services.

#### Access to excellent targeted and specialist services for children and young people with complex needs or who are at risk of experiencing poor outcomes compared to their peers enables their mental health needs to be met alongside their other needs. This includes specialist teams for Children in Care and for children and young people with a learning disability, whose care and outcomes continue to be a priority locally. (An example list of vulnerable groups is found at annex F)

#### Services will ensure high quality
**4. Integration**

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<tr>
<th>We will:</th>
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<tr>
<td>Ensure that all agencies (including schools) are aware of their role and are engaged in supporting children and young people with emotional health problems at all levels of need.</td>
</tr>
<tr>
<td>Improve transition to adult services especially for conduct disorder, borderline personality disorder, ADHD, ASD, care leavers and young people who do not meet the threshold for adult services.</td>
</tr>
<tr>
<td>Increase the level of support via consultation that CAMHS are able to offer to practitioners in other services so that universal services are able to confidently support the emotional health needs of children and young people as appropriate.</td>
</tr>
</tbody>
</table>

Organisations, individuals, their families and communities need to be well co-ordinated and work together to improve the emotional health and wellbeing of children and young people, across agency boundaries and at all levels of support, recognising the need to work flexibility to support those who are hard to engage.

There are often a number of agencies involved in supporting the emotional health of a child or young person, especially for families with complex needs. Outcomes of Serious Case Reviews highlight that a lack of communication between agencies can lead to problems with the quality of care the child or young person receives.

5. Accessibility and engagement

<table>
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<th>We will:</th>
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<tr>
<td>Improve the coordination of support for children and young people with emotional health needs to reduce the ‘reversing door’ that may be experienced by families with complex needs.</td>
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</table>

Increase the level of support via consultation that CAMHS are able to offer to practitioners in other services so that universal services are able to confidently support the emotional health needs of children and young people as appropriate.

Strengthen pathways between services at all levels of support and in all sectors, and clarify access requirements and referral routes recognising the link between risk factors and emotional health problems. (e.g. CAMHS, parenting support services, youth offending, substance misuse, children’s social care, education, adult services)
<table>
<thead>
<tr>
<th>Local commissioners and providers will strive to ensure the delivery of high quality, effective, personalised services who work with children, young people and their families to identify individual need and provide a tailored response.</th>
<th>Ensure services continually review and develop their practice in line with feedback sought from children, young people and their families.</th>
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<tr>
<td>Children and young people will be able to access information and support from services at an appropriate level to their need which may mean universal services which they are already in contact with.</td>
<td>Ensure swift and appropriate response times from all services including CAMHS so that problems are addressed as soon as possible and do not escalate further.</td>
</tr>
<tr>
<td>When specialist services are needed, children, young people and their families will have timely access to high quality mental health care, delivered in age appropriate environments and based upon the best available evidence. Services will work flexibly in a number of community locations.</td>
<td>Continually improve the accessibility of emotional health services.</td>
</tr>
<tr>
<td>Services will work together to respond to the specific needs of vulnerable groups, provide outreach and consider alternative approaches for those who are hard to engage.</td>
<td>Ensure equitable access to services for all children and young people and parents and carers particularly those from BME, LGBT or who are disabled, including targeted outreach for those who are hard to engage.</td>
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<th><strong>6. Impact</strong></th>
<th><strong>We will:</strong></th>
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<tbody>
<tr>
<td>Services will be provided in response to identified need. Service developments will be evidence lead. The impact that services have on the emotional wellbeing and mental health and wellbeing of children and young people will be effectively monitored to ensure that resources are used in the most beneficial way. All services will respond to the recommendations of SCRs and changes are implemented within given time scales.</td>
<td>Develop, implement and evaluate a shared outcomes framework for emotional health and wellbeing based on improvements in the health and wellbeing of the child or young person.</td>
</tr>
<tr>
<td></td>
<td>Improve and develop joint commissioning of services.</td>
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<tr>
<td></td>
<td>Develop approaches to embed evidence informed practice, particularly in universal services.</td>
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<tr>
<td></td>
<td>Commission and review services to ensure compliance with all relevant best practice/ evidence based practice.</td>
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</tbody>
</table>
## 7. Participation

Children and young people will be at the heart of service delivery and development.

Children, young people and their families and carers will be actively encouraged to participate in the planning, development and review of services. They will have an active role in decision making about services that affect them.

Children, young people and their families will have the information they need to make choices about their care.

**We will:**

- Ensure that children, young people and their families have ongoing involvement in priority setting and service design and review through a range of different mechanisms and feedback to children and young people and their families about the difference their views have made to priorities, reviews and service design.
- Increase access to advocacy for children and young people with emotional health and well-being problems.
- Ensure all children and young people have the information they need to be involved in making meaningful choices about their care.

## 8. Workforce Planning

The importance of a well trained and coordinated children’s services workforce in improving the emotional health of children and young people is widely recognised.

Staff in universal services working with children and young people will have the skills to promote good emotional health, identify and support children and young people with a low level of need, and know when to refer to other services when necessary and appropriate.

Staff in universal services will have consultative access to targeted services for advice and support on emotional health issues.

**We will:**

- Ensure that the children’s services workforce has the core skills to support the preventative agenda, to identify those in need of support and provide early help, particularly in the early years.
- Raise awareness of the responsibility and importance of all professionals and practitioners in supporting and developing the emotional health and wellbeing of children and young people.
- Develop a coordinated, multi-agency approach to workforce training and development programmes.

*Figure 5: Key work streams and identified priorities for action*
7. OUTCOMES

7.1 This Strategy aims to improve the emotional health and wellbeing of children and young people in Bournemouth, Dorset and Poole. The key national indicators of emotional well-being and mental health are NI50 Emotional health of children and young people, NI51 Effectiveness of child and adolescent mental health services and NI58 Emotional and behavioural health of looked after children. These indicators allow us to assess the impact of work at the level of the local population.

7.2 In addition to this, commissioned services with a specific remit to improve emotional health and wellbeing will be expected to demonstrate the following health and wellbeing and process outcomes as a minimum:

- An improvement in emotional health and wellbeing of children and young people as measured by an agreed outcome tool (for example Strength and Difficulties Questionnaire)
- Children, young people and their parents and carers report a positive experience of services. (for example through survey, focus groups, online feedback etc)
- Children and young people have timely access to services within agreed access times.

7.3 The implementation of the Strategy will have been successful when:

- There is an agreed vision for promoting emotional health, all stakeholders are engaged and integrated protocols are in place.
- A comprehensive range of services to promote and improve emotional well-being and mental health is in place and being delivered in universal and targeted services across the whole of the Children’s Trust partnership.
- The services offered draw on the best available evidence and are routinely evaluated to assess what is having the greatest impact and to inform the development of the local evidence base.
- The numbers of children requiring support from specialist CAMHS reduces due to excellent early intervention and prevention services. This will enable the allocation of resources to begin to be realigned to lower levels of provision.

8. IMPLEMENTATION AND GOVERNANCE

Implementation Plan

8.1 The Implementation Plan will be a live document updated by members of the Pan Dorset Children and Young People’s Emotional Health and Wellbeing Commissioning Group. The Plan can be found at Appendix E.
Delivery structure

8.2 The delivery of this Strategy will be led by the Pan Dorset Children and Young People’s Emotional Health and Wellbeing Commissioning Group, linking closely with the Emotional Health and Wellbeing groups in each of the three local authority areas. Recognising the multi agency nature of the Strategy there will also need to be links to the following groups:

- Clinical Commissioning Programmes for disease prevention and health improvement, maternity reproductive and family health, and mental health and disabilities.
- Clinical Commissioning Group
- Children’s Trust Boards/ programme groups
- Joint Commissioning Board
- Health and Wellbeing Boards
Figure 6: Bournemouth, Dorset and Poole Governance and Delivery structure for the Pan Dorset Children and Young People’s Emotional Well-being and Mental Health Strategy

Commissioning Structures (becoming Health and Wellbeing Boards)

Health Overview and Scrutiny Committees

Children’s Trust Board

Disease Prevention and Health Improvement CCP

Mental Health Clinical Commissioning Programme

Pan Dorset Children and Young People’s Mental Health & Emotional Wellbeing Commissioning Group

Pan Dorset Mental Health Strategic and Commissioning Partnership

Emotional Well-being and Mental Health Strategy Groups

Emotional Well-being & Mental Health Network Group (Dorset only)

KEY
Pan Dorset Group
Separate groups in Dorset, Bournemouth and Poole
One group for Dorset, one for Bournemouth and Poole
Dorset only group
Linked strategies and work streams

8.3 Due to the complex risk and protective factors around mental health there will need to be strong links with a number of related strategies and work streams.

8.4 It will be the responsibility of chair of the Pan Dorset Children and Young People’s Emotional Health and Wellbeing Commissioning Group to ensure the following links are effective.

- Risk taking behaviours work streams (inc sexual health, substance misuse etc)
- Early intervention/support strategies
- Parenting strategies
- Family support strategies
- Hidden Harm e.g. Domestic violence, parental mental health and substance misuse
- Healthy Child Programme
- Anti bullying strategies
- Adult mental health strategies
- Health and Wellbeing in schools networks
- Think Family strategy groups
- Early Years Outcomes Duty Groups
- Integrated Services Delivery group (Poole)
- Pan Dorset ADHD strategy group
- Autism Focus group
- Supporting people strategy groups
- Maternity and teenage pregnancy strategies
- Suicide prevention
- Perinatal mental health pathways
- LSCB’s
- Play Strategy
- Participation Strategies