



JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)
TO INFORM THE DEVELOPMENT OF A
PSYCHOLOGICAL WELL-BEING AND MENTAL HEALTH
STRATEGY AND COMMISSIONING PLAN FOR
CHILDREN AND ADOLESCENTS IN CUMBRIA
FEBRUARY 2010

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1. Foreword

Assessing the needs of children and adolescents in Cumbria with respect to any condition is difficult because of the geography, socio-demographic characteristics, differing local authority and health locality boundaries and widely varied provision of current services. To compile a needs assessment of such a broad subject as Psychological Well-being and Mental Health, within a tight timescale, has been very challenging indeed. We hope that the group has succeeded in gathering the information and evidence necessary to inform planners and commissioners of future children's services in Cumbria.

Needs have been identified. However, many existing services have been developed over time in an 'ad hoc' fashion by provider organisations (as noted by Dr A T Mitchell in his Review of Children's Services earlier this year) resulting in large variations in provision between North and South (and East and West); information about services and interventions is patchy; numerous organisations provide care but often do so in isolation; assessments of quality and effectiveness of services appear to be less common than would be ideal; accurate financial information and the cost of services have been difficult to record with any confidence. Recommendations on how some of these issues might be addressed in order to better meet the needs of children, young people and families are included in the document.

The production of this needs assessment is timely as it coincides with a major reorganisation of children's health services in Cumbria. The challenge to strategic planners and commissioners now is to take advantage of this opportunity to jointly redesign children's services in a coherent, integrated, equitable and cost-effective manner that will optimise the health, educational and social outcomes for the children of Cumbria.

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2. Executive Summary

Background:

In June 2009, NHS Cumbria's Children and Families Care Stream Board approved a proposal to carry out a needs assessment of the psychological well-being and mental health (PWB & MH) of children and young people in Cumbria. This work has taken place in the context of the Cumbria-wide review of children's health services and within the overarching framework of Cumbria's Children's Trust arrangements and Children and Young People's Plan.

The previous strategy, "For Strengthening Emotional Well-being and Mental Health Support" came to an end in 2008. However, it was viewed as continuing to provide a relevant and sound basis from which to develop the new overarching strategic framework that is the integrated approach of the **Social Inclusion Strategy**.

Key features of this needs assessment are:

- It is a joint strategic needs assessment, located within Cumbria's JSNA process and one of its four demonstration projects
- It is professionally led, steered by a multi-agency reference group chaired by Dr Niall McGreevy
- It has been delivered by a working group drawn from NHS Cumbria, Cumbria County Council's Children's Services Directorate, and Cumbria Partnership Foundation Trust.

Key findings:

Current and projected patterns of PWB & MH among Cumbria's children and young people

- There are 112,000 children under 20 years old in Cumbria
- The number of 0-19 year olds is predicted to decrease by 3,700 between 2006 and 2031
- Approximately 18,000-30,000 of these children will be at risk of poor mental health due to preventable social, economic and family conditions
- An estimated 10,700 will have a diagnosable mental disorder
- At least 3,600 of these children will be living in the most deprived areas in Cumbria
- Alcohol use amongst children in Cumbria is a particular problem
- There are high levels of children being admitted to hospital for deliberate self harm, particularly in Barrow-in-Furness.

What would a high quality service look like?

There is no single model of what the 'ideal' service should look like. The needs assessment takes into consideration the most recent evidence and policy guidance concerning services and interventions for the PWB and MH of children, young people and their families, in particular:

- The National CAMHS Review (2008)
- New Horizons (2009)
- Draft guidance for Children's Trusts on meeting the aims of NI 50 (2009)
- The work of the Core Outcomes Research Consortium, CORC

- Royal College of Psychiatrists standards: QINMAC
- NICE guidance

Mapping of existing service provision in relation to need has taken place and evidence of what high quality services should look like has informed the recommendations.

The whole system delivering services and interventions for psychological well-being and mental health of children & young people in Cumbria is highly complex. Historically services tend to have been developed by local provider organisations in response to a variety of drivers in different areas

The Countywide Multi-agency CAMHS Strategy Steering Group was disbanded in 2008 as part of the restructuring which has taken place and had an impact upon all of the key stakeholders.

Now that these restructuring processes are largely complete, a new strategic coherence is emerging between different agencies operational plans, national policy and Cumbria's Children and Young People's Plan.

The overarching framework approved by Cumbria Children's Trust (2008) against which to evaluate the quality of services and ensure the achievement of better outcomes for all children and young people is provided in the integrated approach of the Social Inclusion Strategy.

At the time of writing services provided by the NHS, Children's Services, and Schools are organised on four different geographical foot prints

This needs analysis found that previously, processes for child, young people and family engagement for psychological well-being and mental health were varied and not always strategically co-ordinated. This was in any case rendered difficult because of the different footprints that different agencies covered, some extending beyond Cumbria.

Due to former patterns of service development and historical commissioning anomalies it was not possible to apply universally agreed pathways across the system. Work to address this is now making progress (see 11.3 on page 71).

The implementation of integrated working practices across agencies is improving. Some challenges remain particularly in relation to the systematic use of the Common Assessment Framework. However, the needs analysis steering group found evidence that across different professional groups and different agencies, people are working in integrated ways to provide services which effectively support the psychological well-being and mental health of children, young people and their families. These ways of working are particularly prevalent in relation to targeted support.

The group also found that co-ordinated information about services and interventions requires further development in some areas. When compared to the estimated prevalence of mental health disorders our analysis was limited by a lack of information about patterns of referral to and use of existing services and universally applied methods of outcome evaluation. Financial information is also extremely limited.

Taking these caveats into consideration, we need to do more to ensure that services are delivering optimal psychological well-being and mental health outcomes:

It is likely that some of the variations in existing services are inequitable and are resulting in some children and young people currently not receiving beneficial services (unmet need) and some children and young people receiving services whose quality is suboptimal. The Needs Assessment Steering Group identified some potential for inefficiency and duplication.

Although some specific services have been developed in Cumbria's more deprived areas, risk and protective factors for children & young people's psychological well-being and mental health, in particular poverty and employment status could still be more systematically taken into account in service design and delivery

More specifically:

- There are about 60 admissions per year in Cumbria in children for mental and behavioural conditions due to alcohol
- Only a minority of children with a mental disorder (< 10%) appear to be using CAMHS specialist services
- There appear to be lower numbers of children with mental disorders accessing specialist CAMHS in South Cumbria compared to East and West
- Referral rates from Education, Child Health and Social Services into specialist CAMHS in East and West Cumbria are comparatively low
- Children and young people who are particularly vulnerable and have serious and complex needs appear to have the least successful outcomes.
- Children with severe conduct and emotional disorders are under-represented in the current CAMHS case mix, suggesting unmet need
- Service use by children with Autistic Spectrum Disorders is proportionately much higher than those with conduct and emotional disorders particularly in South Cumbria
- There is no existing strategic overview or established clinical networks for perinatal/ infant and parental psychological well-being and mental health
- Boys and younger age groups (<10 year olds) are under-represented in the current CAMHS case mix
- Current arrangements for the transition from adolescence to adulthood and for tracking this transition are inadequate.
- There is minimal highly specialist CAMHS provision in Cumbria although an estimated 470 children may have intensive/acute mental health needs and about 24 children are admitted to hospitals outside Cumbria each year for a mental health problem
- The overall level of staffing in specialist CAMHS is about half recommended levels. However, the specialist CAMHS workforce in Cumbria has a lower proportion of doctors and a higher proportion of clinical psychologists, nurses and family therapists as compared to the national picture. This may have an impact on paediatric liaison, prescribing and mental state assessment.

Key recommendations

1. Partnership arrangements should enable integrated multi-agency strategic leadership of commissioning and provision of services and interventions to improve psychological well-being and mental health of CYP from birth to adulthood. (Implementation of Recommendation 9 of the National CAMHS Review 2008/New Horizons 2009)
2. Strategic linkages should be made with cross cutting agendas that are key to the improvement of the psychological well-being and mental health of CYP, in particular, the reduction of child poverty and unemployment
3. Integrated working practices should be set out to optimise the pathways for vulnerable children and young people across the spectrum of services and interventions to improve their psychological well-being and mental health¹
4. Highly specialised CAMHS services should be redesigned as a priority
5. Steps need to be taken to better engage Adult Mental Health service providers in the development of clinically managed networks in relation to maternal and peri-natal mental health.
6. The provision of high quality age appropriate services, especially for young people at the transition to adulthood, should be ensured as a priority
7. Information and intelligence about services, interventions and their outcomes should be made available at all levels of the system and for all categories of users (from strategic leaders to the general public)
8. The identified Inequities and duplication of services should be addressed
9. Potential unmet need in CYP with severe conduct and emotional disorders and in vulnerable CYP with severe and complex needs should be addressed
10. The needs of children and young people who misuse alcohol and have a mental health problem should be more fully understood and addressed
11. Deliberate self harm should be considered alongside other risk taking behaviours and should be specifically included as part of NI 70 - to reduce hospital admissions caused by unintentional and deliberate injuries to CYP
12. Integrated workforce planning and redesign should take place across all areas of the system
13. Children, young people and their families should be involved in all aspects of work to improve their own psychological well-being and mental health.

¹ Integrated care pathways should specify: the model of care/types of services to be delivered; team work around the child, the young person and their family through lead professional roles, common assessment framework and other tools such as contact point; and protocols defining how the constituent parts of the service operate, including referral arrangements, guidelines, information management, governance etc.

3. Aims and scope of the needs assessment

This needs assessment aims to inform strategy development and commissioning to improve psychological well-being and mental health (PWB & MH) of children and young people (CYP) in Cumbria.

The National CAMHS Review (2008:76) recommends that 'all stakeholders should contribute to a comprehensive, multi-agency assessment of local need that is used, shared and updated on an annual basis, with a major review every three years'.

In June 2009, Cumbria's Children and Young People's Care Stream Board approved a proposal to carry out a needs assessment of children and young people's psychological well-being and mental health. This work has been undertaken in the context of the Cumbria-wide review of children's health services and within the overarching framework of Children's Trust arrangements in Cumbria and the Children and Young People's Plan.

The needs assessment is professionally led, steered by a multi-agency reference group chaired by Dr Niall McGreevy, a GP with a special interest in Child Health and a member of Cumbria's Children and Young People Care Stream Board. The group's membership is drawn from NHS Cumbria, Cumbria County Council's Children's Services Directorate, and Cumbria Partnership NHS Foundation Trust (CPFT).

NHS Cumbria and Cumbria's Children's Services commission the bulk of services for children and young people in Cumbria and also themselves provide many of the services contributing to the psychological well-being and mental health of children and young people. NHS Cumbria is in the process of identifying a single provider for all children's health services in Cumbria from April 2010. CPFT is currently the main provider of specialist Child and Adolescent Mental Health Services (CAMHS).

The needs assessment group is accountable to NHS Cumbria's Children and Families Care Stream Board and the Children's Health Commissioning Board, and ultimately to Cumbria's Children's Trust.

This needs assessment adopts a conceptual framework widely used in Children's Services of meeting needs and achieving optimal outcomes through the provision of a comprehensive 'whole system' made up of universal, targeted, and specialist services and interventions commissioned and provided by multiple agencies and organisations. This is a functional framework which aims to help people understand and move through the many services that are available to them according to the level, type and complexity of their need. It is in line with a vision of provision which is seamless, unbounded by organisational barriers, co-ordinated by a lead professional and delivered by teams working around children and their families.

However, much of the CAMHS policy and research literature since 1995 refers to 'tiers' of service delivery. Tiers 1 to 4 are approximate synonyms for universal, targeted, specialist and highly specialist levels of service provision, and this conceptual model is used at times in the needs assessment (see **appendix 1** and section 10). The Government has accepted the National CAMHS Review's recommendation that development of consistency of language used to describe services is needed.

The needs assessment set out specifically to:

- Assess the current baseline of psychological well-being and mental health in Cumbria's children and young people
- Describe the numbers of children and young people at increased risk of developing mental problems with reference to the distribution of risk and protective factors for psychological well-being and mental health
- Estimate levels of mental health problems in Cumbrian children and young people
- Assess current strengths and gaps in the provision of services and interventions
- Assess the evidence for the delivery of high quality services and interventions
- Gather children's, young peoples' and their families' views of services and interventions
- Make recommendations to Cumbria's Children's Trust Board and to NHS Cumbria's Children's Health Commissioning Board and Care Stream Board.

Guiding principles regarding future services and interventions set out in the needs assessment proposal were that they should be: locally defined, stepped, constructed around integrated, holistic care pathways, evidence based, accessible, safe, effective, cost effective, equitable and focused on prevention.

These build on Cumbria's most recent multi-agency Strategy for strengthening emotional wellbeing and mental health for children and young people in Cumbria (2006-2008), which aimed to:

- Promote the mental health of all children and young people
- Provide early intervention
- Meet the needs of children and young people with established or complex problems
- Provide services safely, based upon the best available evidence, by staff with an appropriate range of skills and competencies
- Commission services from both statutory and voluntary agencies in more robust ways.

The scope of the needs assessment is as follows:

- It includes all children and young people in Cumbria up to and including the age of 19 as well those who need more specialised support and vulnerable children and young people (see **appendix 2**)
- In line with the Children's Plan (DCSF, 2007), the National CAMHS Review (DSCF & DH, 2008), and the Draft NI 50 Guidance (DCSF, 2009), it recognises the profound influence of the immediate and wider family and community on children and young people's psychological well-being and mental health
- It includes the range of services and interventions in early years, schools, colleges, and health care settings that play a role in promoting children's psychological well-being and mental health, preventing mental disorders and intervening early to avert psychological and mental health problems
- It includes services for children and young people to help address specific needs and problems (in this report, 'CAMHS' refers to all services which have a specific remit to provide specialist and highly specialist/acute mental health care for children, young people and their families)

- Where children and young people's needs are complex and when they experience co-morbidity (e.g. learning disability, physical illness, drug and alcohol problems, sexual health problems), it includes services to improve both mental health and other outcomes.

This report is structured as follows:

Section 4 describes the definition of psychological well-being and mental health used in this needs assessment.

Section 5 gives an overview of the approach to joint strategic needs assessment adopted.

Section 6 summarises the national and Cumbrian policy and operational context within which the JSNA is located.

Section 7 contains a summary of current and projected patterns of psychological well-being and mental health in Cumbria's children and young people. The full demographic and epidemiological report is available in **appendix 3**.

Section 8 gives an overview of current service provision and interventions. It consists both a 'bird eye view' of the complex systems underpinning the psychological well-being and mental health of Cumbria's children and young people, and more detailed information about individual services.

Section 9 describes the knowledge, experiences and aspirations of children, young people and their families with regards to their mental health and psychological well-being.

In **Section 10**, research evidence on 'what works' is presented, building a picture of what a high quality service should look like.

Section 11 summarises the key strengths and challenges emerging from the JSNA. It brings together the findings of the previous sections, in order to match:

- Information on current services against patterns of psychological well-being and mental health
- Information on current services against quality standards
- Information on current services against what local people say about these services.

These findings taken together inform key commissioning priorities. Section 11 concludes with a summary of options available to service commissioners.

Finally, **Section 12** outlines the key recommendations of the JSNA to inform the development of a mental health and psychological well-being strategy and commissioning plans for children and young people in Cumbria.

4. Defining psychological well-being and mental health

There are four main statutory systems across education, health, social care and youth justice that are designed both to help the child or young person, and to protect others. The different theoretical perspectives, training routes and legal frameworks that shape each of these systems lead to different ways of describing and framing issues related to mental health. In this report, we adopt the National CAMHS Review's (2008) and New Horizon's (2009) terminology of psychological well-being and mental health, where:

'Psychological well-being' is understood to include emotional, behavioural, social and cognitive attributes of well-being

'Mental health' is used as a positive concept in line with current understanding, both nationally and internationally, and does not simply imply the absence of mental illness.

However, as the National CAMHS Review notes (p.14), there are many different ways of describing and understanding psychological well-being and mental health. Alternative terminology is used elsewhere for similar concepts in policy documents, in particular 'emotional health and well-being' is used in the government's Public Service Agreement 12 and National Indicator 50.

The CAMHS Review recommends the WHO's (2004) definition of mental health as:

"A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

The Mental Health Foundation's (1999) definition could be considered more child and young person appropriate:

"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".

In addition to their own sense of well-being, there is evidence that children and young people who are emotionally or mentally healthy achieve more, participate more fully with their peers and their community, engage in fewer risk-taking behaviors and cope better with the adversities they may face from time to time. Research also shows that emotional health in childhood has important implications for health, social and material outcomes in adult life. Equally, children and young people with emotional health problems have a diminished capacity to learn and benefit from opportunities. Such problems can also adversely affect social and learning environments for others.

It is in the interests of services to work together to promote psychological well-being and mental health not just because of the long term benefits for children and young people but also because of the correlation between mental health and other priorities for public and voluntary sector services, for example around social inclusion, school attainment, bullying, teenage pregnancy, substance misuse and participation in education, employment and training.

5. Approach to the needs assessment

Joint Strategic Needs Assessment (JSNA) is a way of describing the health and well-being of our local communities. The 2007 Local Government and Public Involvement Act placed a duty on local authorities and Primary Care Trusts (PCTs) to set out the health needs of the local population in a Joint Strategic Needs Assessment. JSNA involves bringing together relevant data and evidence and working with communities, clinicians, local authorities and other stakeholders to capture their views and experiences. An effective JSNA should inform future service needs, and predict and anticipate potential new or unmet need.

This Joint Strategic Needs Assessment of the psychological well-being and mental health of children and young people in Cumbria is part of a wider JSNA programme owned jointly by NHS Cumbria and Cumbria County Council and is one of its four demonstration projects (Barr, 2009).

The definition of health and social care need used in this needs assessment is 'the capacity to benefit' from a health or social care service or intervention. This implies both that the right services are in place and that they are accessible to all potential users.

The purpose of needs assessment is to gather, analyse and present data and evidence required to bring about change that will improve the health of the population. Given that resources are finite "health gain" can be achieved both by:

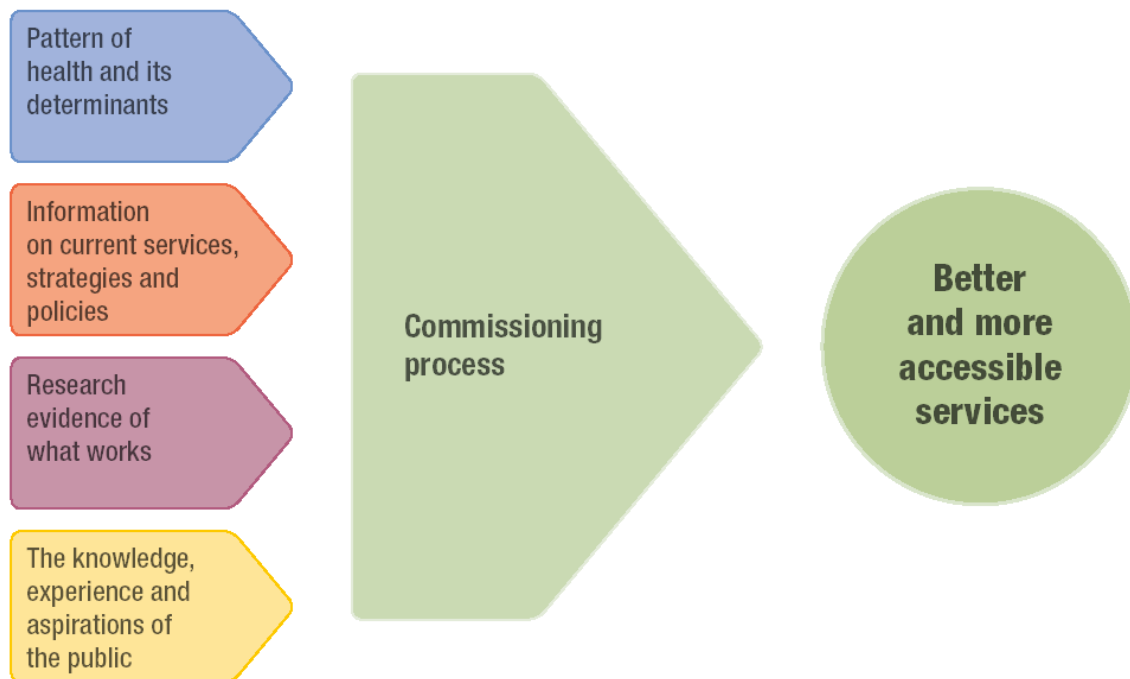
Identifying people currently not receiving beneficial interventions and services (unmet need)

Identifying people currently receiving poor quality interventions and services

Resources can then be re-allocated from poor quality services, to extend services to those with unmet needs and to provide evidence based services to improve the outcomes of those currently receiving inappropriate services. JSNA can thus serve to reduce unfair differences in access to services that can themselves contribute to inequalities in health outcomes between different groups of children and young people.

There are various types of evidence that can be used to identify and prioritise the level of health need. The Cumbria JSNA used four main kinds of information to determine need and decide on commissioning priorities. These are shown in figure 1 on the following page:

Figure 1: Types of information uses in joint strategic needs assessment
Source: Cumbria Joint Strategic Needs Assessment, 2009



6. Background and policy context

6.1 National policy context

Policies to improve outcomes for children and young people have been a government priority over the past 10 years. Action to strengthen and support children and young people's psychological well-being and mental health is recognised as a fundamental element of a good childhood.

Every Child Matters is England's overarching cross government policy for children and young people since 2003. The government's commitment to eradicate child poverty by 2020 also shapes the context within which local efforts to improve psychological well-being and mental health of children and young people are located. Not only does the 2004 *Child Poverty Strategy* make a commitment to investment in children, young people and their families, but also, as this needs assessment highlights, poverty and unemployment are major risk factors for poor mental health in children and young people.

Two government departments share lead responsibility for the psychological well-being and mental health of children and young people: the Department for Children, Schools and Families (DCSF) and the Department of Health (DH). But many other strands of public policy also need to be taken into account. The main national policies, strategies and legislation that underpin local action are summarised in **appendix 4**.

6.2 Local policy context

Policy and legislative changes at national level are mirrored by developments in governance, leadership, organisation and delivery of services in Cumbria. Details of key local policies and strategies are outlined in **appendix 5**.

Cumbria's Children's Trust, its Children and Young People's Plan (CYPP) and Local Area Agreement (LAA) together provide the overarching framework for services and interventions to improve psychological well-being and mental health of children and young people in Cumbria. One of the Children's Trust roles is 'to agree a local commissioning strategy that determines the full range of commissioning activities across partners, including joint commissioning, and ensures commissioning capacity and capability'².

More specifically, Cumbria's *Strategy to strengthen support for emotional well-being and mental health (2006-2008)* set out in 2006 the context for work to improve outcomes. The multi-agency working that underpinned this strategy and its delivery has since lost impetus and formal meetings of the partnership for emotional well-being and mental health of children and young people have not taken place since January 2008.

This has happened in the context of rapid organisational change, notably the alignment of education and children's services and the creation of a single Primary Care Trust (PCT) for Cumbria. NHS Cumbria is now engaged in further change as it ceases to provide services, continues to develop its 'Closer to Home' strategy, and further develops its commissioning capacity both county wide and in locality based, GP led, commissioning groups.

² DCSF & DH (2009) Securing better health for children and young people through world class commissioning, page 5).

Some strategic partnership work has nonetheless continued. In 2008, NHS Cumbria and Cumbria's Children's Services jointly produced *A commissioning model for emotional wellbeing and mental health support* to inform the high-level commissioning intentions of the Commissioning Children's Trust (see appendix 6).

Child and Adolescent Mental Health Services (CAMHS) are regularly discussed at Cumbria's Children and Families Care Stream Board. Although this body is accountable to NHS Cumbria and focuses primarily on healthcare services, it has representation from Cumbria's Children's Services and Children's Trust.

The overarching framework approved by Cumbria Children's Trust (2008) against which to evaluate the quality of services and ensure the achievement of better outcomes for all children and young people is provided in the integrated approach of the **Social Inclusion Strategy**. It provides an integrating framework through which members of the Children's Trust can plan and deliver strategies to promote the social inclusion of children and young people in all aspects of their life. Its scope is far reaching and touches most aspects of the work of the Children's Trust influencing universal provision such as play schemes, youth services, schools and other educational settings as well as supporting targeted and acute approaches. Its aim is to set out a comprehensive approach designed to support schools, settings and families to:

- Help children and young people to develop social and emotional skills
- Nurture emotional health and wellbeing;
- Create community and whole school environments where social and emotional skills can be developed and practiced and emotional health and wellbeing is nurtured.
- Ensure that all developments and interventions reflect the principles, beliefs and contribute to the vision of the Children's Plan and Social Inclusion Strategy

Its eleven objectives can be summarised as follows:

1. To develop positive ethos, cultures and environments, which promote effective learning, positive behaviour, school attendance, conflict resolution and emotional health and well-being.
2. To offer planned programmes to support all children and young people to develop social and emotional skills and attributes across all aspects of their lives.
3. To support parents to nurture the emotional health and well-being of their children, take a full role in helping their children develop social and emotional skills, including conflict resolution and developing links between parents and schools/settings.
4. To provide quality professional development through a range of approaches to ensure a workforce that is skilled to promote all aspects of social inclusion.
5. To offer holistic assessment of children's needs with regard to social and emotional development, behaviour and school attendance, in a timely manner with full involvement of children and their parents/carers
6. To provide a range of high quality support to children and young people with specific social and emotional needs and their parents
7. To develop clear criteria and expectations to ensure equitable support to schools, individuals and families from members of Children's Services and partners and access to alternative provision
8. To establish clear and effective pathways to and from services and alternative provision, managed within each area and reflect the needs of the locality while offering transparent and equitable provision.

9. To identify and develop the full range of provision, including personalised extended provision, available to schools, children and families
10. To develop school cluster groups so they take a lead role in the implementation of the social inclusion strategy and further develop secondary consortia in their role of 'Improving Behaviour' Partnerships as defined by the DCSF
11. To involve children and young people in the development and implementation of the Social Inclusion Strategy

NHS Cumbria's strategic focus on specialist Child and Adolescent Health Services is reflected in its *Strategic Plan 2008-13* and in its *Operating Plan 2009-10*. CAMHS service development was also identified as a priority in Dr Andy Mitchell's *Review of Children's Services Cumbria Primary Care Trust* (2009).

As a result of the Review, a pan-Cumbrian Children's Health Commissioning Board accountable to the Children's Trust and to NHS Cumbria's Boards has been set up. A single provider is to be identified in November 2009 against a high level specification for children's health services.

At the same time, Cumbria's Children's Services and Children's Trust have further developed their strategic direction of travel in relation to the development of social and emotional skills and resilience. A draft *Commissioning Intentions 2009-2010 Emotional Wellbeing* has been produced by Children's Services and not jointly with NHS Cumbria or other partners, illustrating the lack of an integrated and coordinated approach to commissioning for this area across Children's Trust key partners.

Work to develop integrated commissioning practice and join together the Social Inclusion Strategy and NHS Cumbria's strategic focus on specialist CAMHS has progressed during the production period of this report.

Other relevant Cumbria's Children's Services and Children's Trust documents include: Parenting Strategy (2007)

Commissioning Intentions 2009-10: Emotional Wellbeing Draft 1 Version 3 (2009)

Think Family Strategy (2009)

All are outlined in **appendix 5**

7. Patterns of psychological well-being and mental health in Cumbria's children and young people and their determinants

7.1 Key findings

- There are 111,200 children under 20 years old in Cumbria
- Approximately between 18,000-30,000 of these children will be at risk of poor mental health due to adverse social, economic and family conditions
- An estimated 10,700 will have a diagnosable mental disorder
- At least 3,000 of these children will be living in the most deprived 20% of areas in Cumbria
- Alcohol use amongst children in Cumbria is a particular problem, with rates of admission to hospital twice the national average rising to nearly 4 times the national average in Copeland.
- There are particularly high levels of children being admitted to hospital for deliberate self harm in Barrow-in-Furness

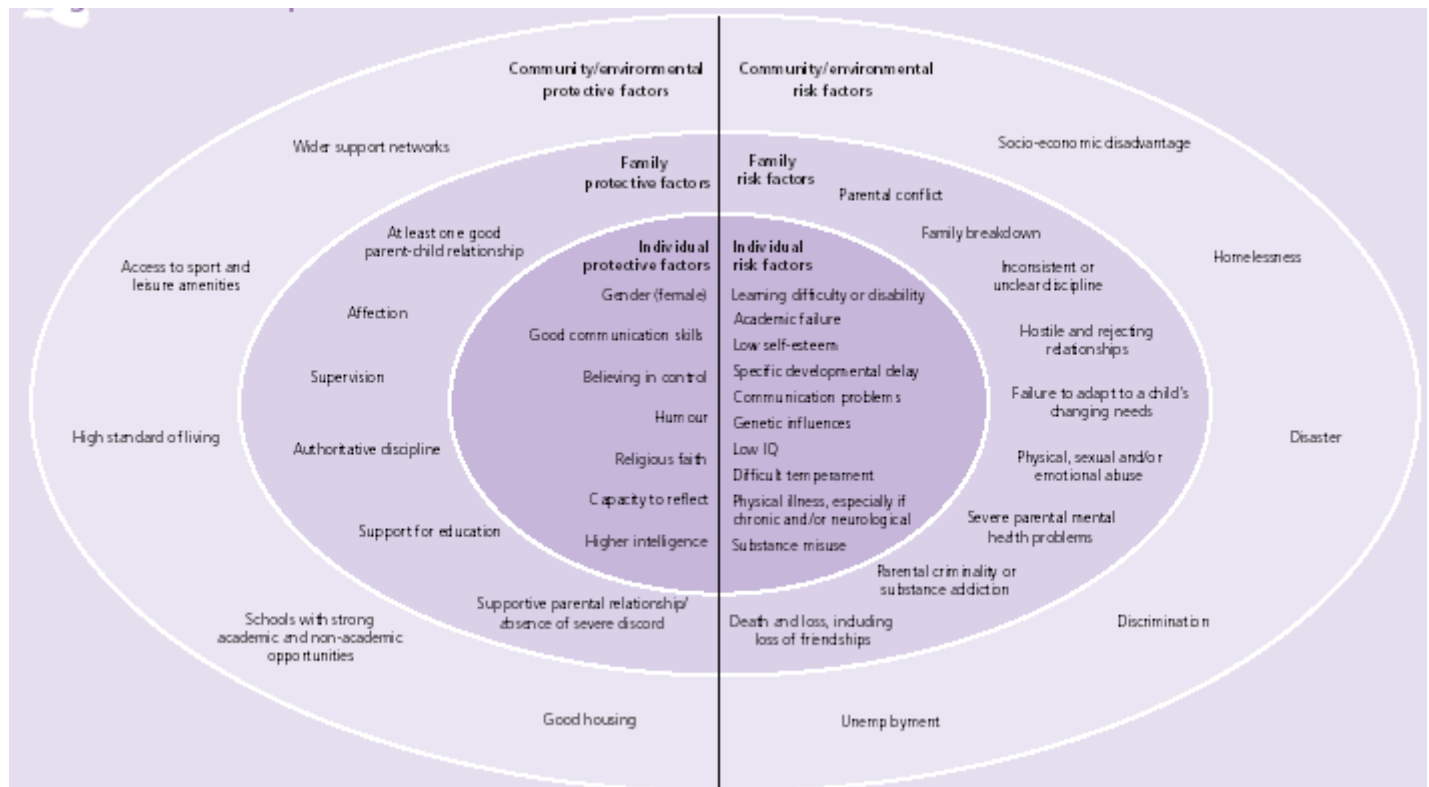
7.2 What affects a child's mental health and psychological well-being?

The mental health of a child will depend on the environment into which they are born and grow up in. Several social factors have been found to be closely associated with increased risk of developing a mental disorder. These include the makeup of the family, the employment situation and education of parents, their income and the characteristics of the neighbourhood in which they live. Emotional and conduct disorders are more closely associated with socioeconomic conditions such as parental employment, household income, education and neighbourhood characteristics, than other disorders. Some less common disorders such as autism are more common in more affluent groups. Mental disorders also tend to become more common as children get older and boys are more likely to suffer from problems than girls.

In general, as the number of these risk factors increases so does the likelihood of a child experiencing mental health problems. However, not all children facing the same risk factors will develop problems; some will be more resilient than others because of other protective factors in their life. The figure below outlines the wide range of factors that may put a child at risk of developing mental health problems and conversely those that may protect them from this.

Figure 2: Risk and protective factors associated with mental health

Source: National CAMHS Review, 2008



7.3 Expected prevalence of mental disorders in Cumbria's children and young people

About half of all mental disorders begin by age 14 and three quarters before the age of 25 (McGorry, 2009). Prevalence in Cumbria can be estimated from a National Statistics survey carried out in 2004, *'Mental health of children and young people in Great Britain'*. According to this survey, an estimated 10% of children have a diagnosable mental disorder. These are more common in older than younger children and in boys than girls. An estimated 10% of boys and 5% of girls aged 5-10 and 13% of boys and 10% of girls aged 11-16 have a mental health disorder.

Based on these estimates, about 10,700 Cumbria children have a mental health disorder, of whom³:

- 6,500 children with Conduct disorders (6%)
- 4,000 children with Emotional disorders (4%)
- 1,700 children with Hyperactive Disorders (2%)
- 934 children with Autistic Spectrum Disorder (0.9%).

Prevalence varies according to exposure to risk and protective factors. Table 1 below shows the number of children aged 0-19 years old affected by some of these risk factors in Cumbria.

³ Estimated from ONS 2004 survey

Table 1: Key Facts - the determinants of children and young people's psychological well-being and mental health in Cumbria

	Trend	Compared to national average
Number of children and births		
111,200 children under 20 years old in Cumbria (22%)	↓	Lower
5,000 births each year	→	Lower
Children at risk		
18,000 living in low income households ⁴	?	Lower
15,000 living in workless households ⁵	↑	Lower
8,500 children eligible for free school meals (9%) ⁶	?	Similar
15,500 children in lone parent families (14%) ²	?	Lower
5,000 children who feel there are no adults they can trust (~4-5%) ⁷	?	Similar
5,000 children with low self esteem (~4-5%) ⁴	?	Similar
740 16-18 year olds not in education employment or Training. ⁸	↑	Lower
2,500 young offenders in Cumbria ⁹	?	?
365 teenage girls becoming pregnant each year ¹⁰	↓	Lower
4,700 primary school children drinking alcohol each week (12%). ⁴	?	Higher
125 children admitted to hospital each year because of excessive alcohol misuse ⁷ .	↑	Higher
189 children undergoing treatment for alcohol dependency ¹¹	?	?
70 children undergoing treatment for drug dependency ⁸	?	?
Between 2000-4800 children with disabilities (2.5-4.5%) ¹²	↑	?
182 homeless households	↑	Lower
480 looked after children ¹³	?	Similar
225 children subject to a child protection plan ¹⁰	↑	Lower
160 children with life threatening conditions (145/100,000) ¹⁴	?	?
? - Data not available		

The most important determinants of mental disorders in children are closely related with socioeconomic disadvantage. We would therefore expect the prevalence of these disorders to reflect the pattern of social deprivation found in Cumbria. Figure 4 below maps income deprivation in Cumbria's lower super output areas, and Figure 5 maps the estimated prevalence of mental disorders in these areas, using the 2004 survey applied to the ACORN classification of socio-economic status.

⁴ IMD 2007

⁵ 2001 Census ONS

⁶ School Census 2007

⁷ 2008 HRBQ SHEU

⁸ Connexions July 2008

⁹ NW CAMHS needs assessment 2008

¹⁰ NHS Cumbria 2006-09

¹¹ DAAT 08-09

¹² Based on SEN statements and claims for Disability Living Allowance in children under 18

¹³ DCSF 2008

¹⁴ Estimated from national prevalence rates

Based on these estimates, about 30% of the 10,700 children with a mental disorder in Cumbria live in the 20% most deprived areas. Figure 5 indicates that the prevalence of mental disorders is likely to vary from 6% to 16% depending on the characteristics of the neighbourhood, community and family in which children are growing up, and are going to be particularly high in areas of West Cumbria and Barrow.

Figure 3: Income deprivation affecting children by Lower Super Output Area

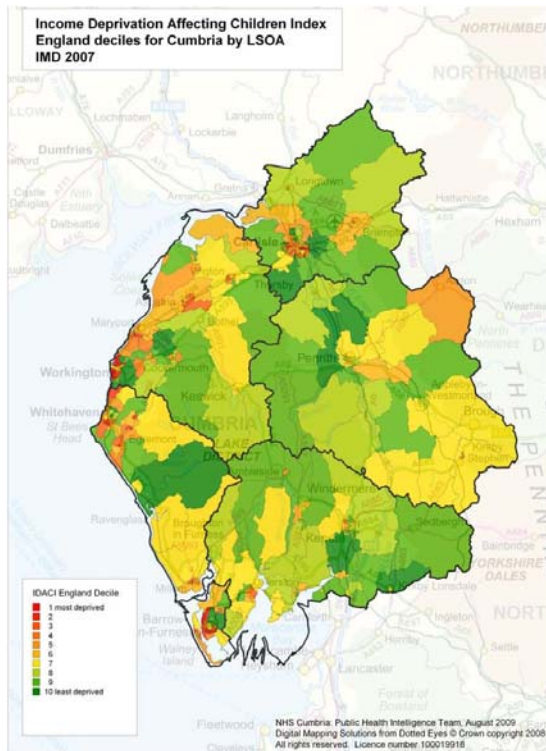
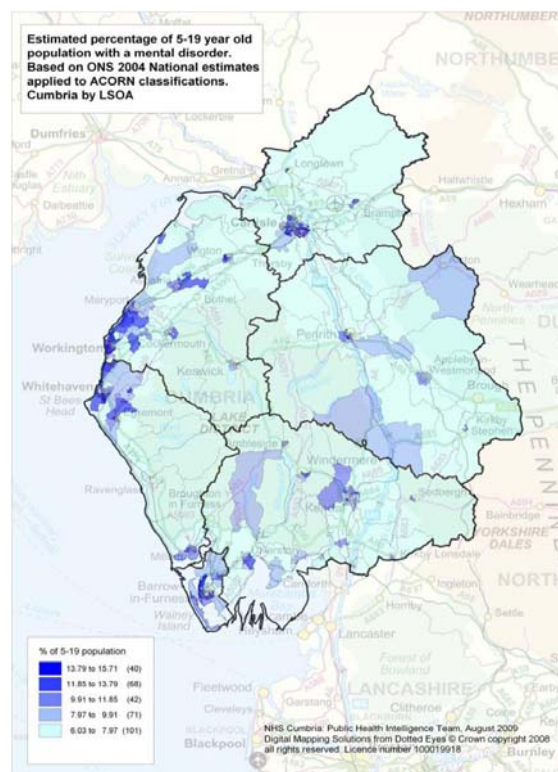


Figure 4: Estimated prevalence of Mental Disorders in Children by Lower Super Output Area



At local authority district level, this equates to the estimated numbers of 5-19 year olds with mental disorders shown in table 2 below.

Table 2 - Estimated number and prevalence (%) of 5-19 year olds with a mental disorder by district. Based on 2004 ONS National prevalence estimates by ACORN classification

District	Estimated Number of children 0-19 years old with a mental disorder	Prevalence (%)
Barrow-in-Furness	1,852	10.8
Copeland	1,675	10.6
Allerdale	2,152	10.0
Carlisle	2,377	9.9
South Lakeland	1,800	8.5
Eden	868	7.8

7.4 National Indicators, NIs

Table 3 below shows that for NI 50 (Emotional health of children and young people), in 2007/2008 Cumbria had a 2% greater percentage of children with a good relationship (with one or more significant other) than England.

For the other NIs listed in Table 3 Cumbria scores worse than the national average.

Table 3 - Cumbria's performance for National Indicators related to child mental health

National Indicators	Definition	NI number	Cumbria	Regional average	National Average	2009-2010	2010-2011
Emotional Health of Children	% of pupils reporting good relationships in the Tellus Survey	NI50	65%	65%	63%	66.7%	67%
Effectiveness of CAMHS	Qualitative assessment of CAMHS based on a 16 point score	NI51	12	13	14	NA	NA
Children who have experienced Bullying	% of pupils reporting bullying in the Tellus Survey	NI69	49%	44%	47%	NA	NA
Emotional and Behavioural health of looked after children	Mean score on the Strengths and Difficulties Questionnaire (SDQ)	NI58	15.6	NA	NA	NA	NA
Substance misuse by Young people	% pupils reporting either frequent misuse of drugs/ volatile substances or Alcohol or both in the Tellus Survey	NI 115	13.4%	12.9%	10.6%	NA	NA
Emergency hospital admissions caused by unintentional or deliberate injuries to children and young people (07-08)	rate of hospital admissions per 100,000	NI70	137	150	124	127	124
Inequality Gap in the achievement of a level 3 qualification by the age of 19 (07-08)	Level 3 Achievement in those claiming free school meals as compared to those that are not	NI81	35%	25%	25%	NA	NA

7.5 Alcohol and children and young people

Alcohol consumption by children and young people appears to be a particular problem in Cumbria. A national survey conducted by Ofsted in Schools (the Tellus3 Survey) found that children in Cumbria were more likely to report alcohol use as compared to the national average, with 41% of secondary school children in Cumbria had been drunk on more than one occasion compared to 33% nationally. A child being admitted to hospital with alcohol misuse is a serious issue and 125 children are being admitted each year in Cumbria. This is twice the national average and is particularly concentrated in Copeland where about 40 children are being admitted each year, nearly 4 times the national average.

Table 4 - Hospital admissions for alcohol specific conditions for children 0 -17. Crude rate per 100,000: 2006/07 – 2007/08

	Hospital admissions due to alcohol-specific conditions for persons under 18 years 2006-2008. Crude rate per 100,000 under 18 population			
	Rate	Lower 95% CI	Upper 95% CI	Number
Allerdale	164	132	200	95
Barrow-in-Furness	101	74	133	48
Carlisle	106	82	135	67
Copeland	262	216	314	116
Eden	95	63	136	29
South Lakeland	36	22	54	22
Cumbria	123	111	137	377
England	73	72	74	23,991

Source: NWPFO Alcohol profiles

Areas highlighted in red are statistically significantly worse than the national average whilst those highlighted in green are statistically significantly better than the national average. Areas in orange are not significantly different from the national average.

Findings from the 2004 ONS survey show that nationally, among young people aged 11-16, those with an emotional disorder are more likely to drink than other children. The literature confirms that the rate of psychiatric disorders, and particularly of disruptive behaviour disorders, are much higher among adolescents with current substance use disorders

Alcohol related problems are the cause of nearly half of all admissions in children and young people for a mental health cause in Cumbria. Of the 396 admissions for a mental health problem in Cumbria between 1 April 2006 and 31 March 2009, 189 were for alcohol related problems. Of these, 78 were in children under the age of 15.

7.6 Children and young people and deliberate self harm

In Cumbria there are:

- 450 attendances at A&E in children and young people for deliberate self harm each year (April 2006- March 2009)
- 161 admissions for deliberate self harm in 2008
- On average, one death per year from suicide in young people under 20.

There were 1363 attendances at Accident and Emergency departments in Cumbria for deliberate self harm in persons aged 19 and under over the three year period from April 2006 to March 2009. Two thirds of these were females.

Table 5 - Self-harm attendances to AEDs in Cumbria by age group and sex; residents of Cumbria PCT only, April 2006 to March 2009

Age Group	Male	Female	Total	% of all age admissions
0-9	<5	<5	12	<1%
10-14	48	151	199	3%
15-19	409	743	1152	17%
Total	460	895	1363	20%

Source: Trauma and Injury Intelligence Group (Aug 09). All numbers less than 5 have been suppressed in line with patient confidentiality.

17% of all self harm attendances are for people aged 15-19. This is the age group with the highest number (1,152) of AED attendances.

Analysis by the North West Public Health observatory has shown that the rate of all admissions for deliberate self harm in Cumbria (including adults) are about 60% higher than the national average. Unfortunately it is not possible to make this comparison just for children and young people. However with nearly 200 children and young people being admitted for deliberate self harm a year in Cumbria this is not an inconsequential figure. This issue is particularly concentrated in Barrow which has a rate of admissions significantly higher than the Cumbria average (see table 6).

Table 6: Admissions for deliberate self harm ages 0-19, 2005-2008

District	Number	Rate/1000	95% Confidence intervals	
			Upper	Lower
Allerdale	123	1.5	1.2	1.7
Barrow-in-Furness	177	2.6	2.2	2.9
Carlisle	125	1.4	1.1	1.6
Copeland	125	2.0	1.6	2.3
Eden	29	0.6	0.4	0.9
South Lakeland	111	1.3	1.0	1.5
Cumbria	770	1.6	1.4	1.7

8. Existing service provision and interventions

8.1 Whole systems overview: current commissioning arrangements

The whole system underpinning provision of services and interventions to support child and adolescent psychological well-being and mental health is highly complex. This is hardly surprising, given the complexities of modern society and the predicaments in which children and their families find themselves.

As the previous section on patterns of mental health and its determinants makes clear, it extends far beyond specialist Child and Adolescent Mental Health Services to encompass wider support for children, young people and their families. Children's Services' multi-disciplinary teams, generic Child Health services (in particular Midwifery, Health Visiting, School Nursing, Drug and Alcohol, Sexual Health, and Long term and Palliative Care Services), Education, the Youth and Adult Criminal Justice systems, Adult Mental Health and Drug and Alcohol Services, Housing, Employment, voluntary and business sector organisations all have a role to play. Most fundamentally, assets within communities and families are key to optimising psychological well-being and mental health of children and young people.

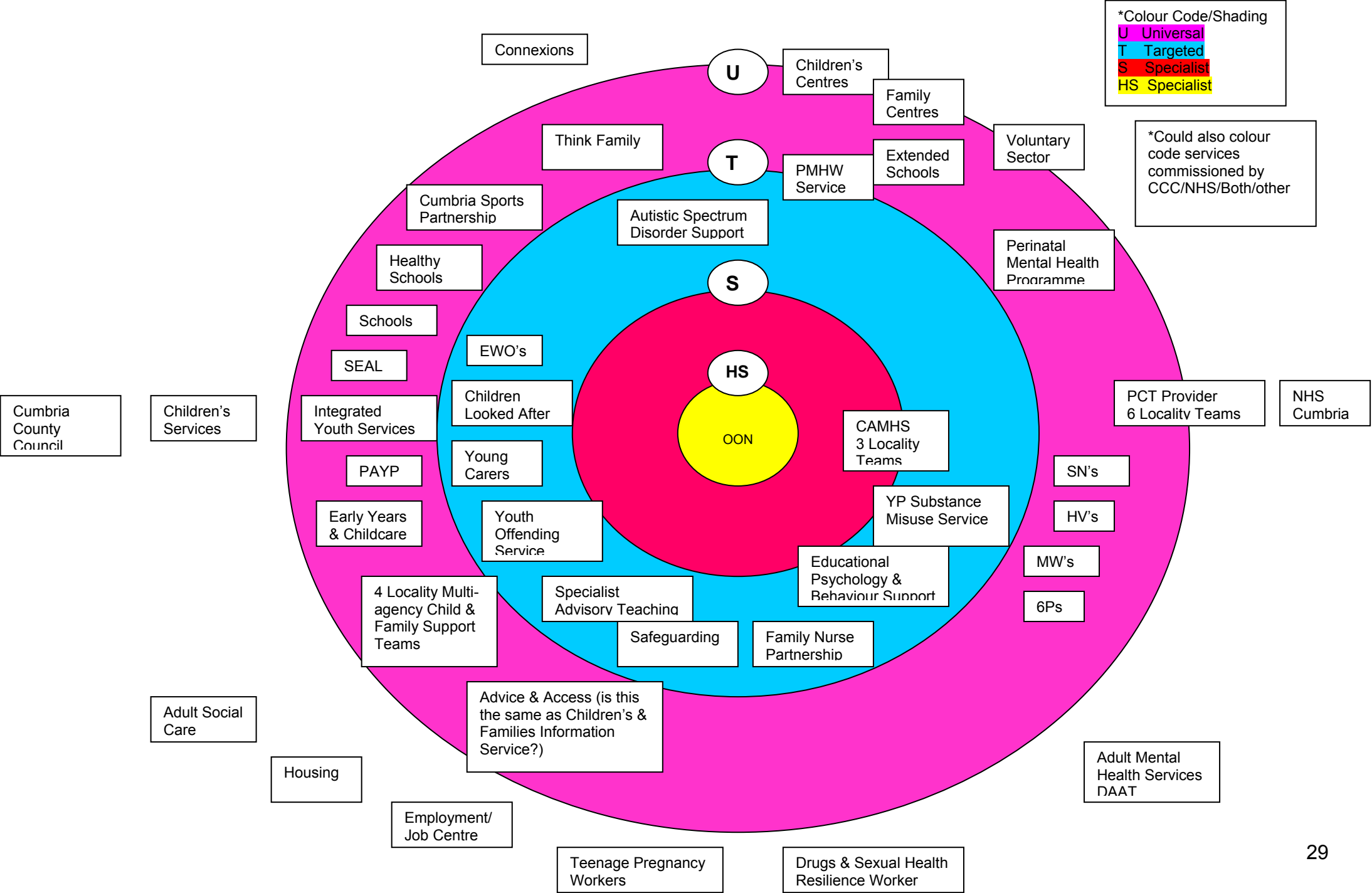
It is ultimately the role of Cumbria's Children's Trust Board and Cumbria Strategic Partnership and its LAA to make sure that action is strategically focused in order to achieve the best possible outcomes for Cumbria's children and young people.

Figure 5 (overpage) provides an overview of services for children and young people's psychological well-being and mental health in Cumbria. This system is highly complex. More specifically, Cumbria's Primary Care Trust, NHS Cumbria, and Cumbria County Council's Children's Services Directorate commission the bulk of services and interventions for the psychological well-being and mental health of children and young people. Although these organisations are bound by a statutory duty to co-operate and since November 2006 are co-terminous, the extent to which they have adopted an integrated and coordinated approach to commissioning is limited.

The Local Authority Children's Services' Department commissions services relevant to psychological well-being and mental health both internally from Children's Services and in school and early years settings and externally from the third sector (Children's Centres and Integrated Youth Support Services, IYSS) and from Cumbria Partnership NHS Foundation Trust (CPFT), which provides specialist Child and Adolescent Mental Health Services, substance misuse services and Youth Offending health professionals.

External commissioning arrangements e.g. with third sector providers who provide the Children's Centres (Action For Children, Barnardos, Howgill and Milnthorpe Children's Centres) and IYSS are all subject to service specifications, contracts and performance monitoring arrangements. Connexions hold the overall contract for the delivery of IYSS in Cumbria and they sub-contract to a range of the third sector providers (e.g. Young Farmers, Local Youth Groups) who all come together under the umbrella of the Cumbria Youth Alliance.

Figure 5 - Overview of services for children and young people’s psychological well-being and mental health in Cumbria



The responsibility for commissioning healthcare lies with NHS Cumbria. It discharges this responsibility in partnership with Cumbria County Council and other NHS Trusts. NHS Cumbria's approach to commissioning has three integrated components:

- The **Professional Executive Committee (PEC)**, which is the strategic committee of the PCT Trust Board, empowered to formulate clinical strategy and lead change. It is the decision making body where locality commissioning plans and the advice of care streams come together to deliver the PCT's objectives.
- Care Streams, of which the **Children and Families Care Stream Board** is one, have an advisory role and a responsibility for producing a clinically led vision and strategic model which will set the standards of care that Cumbrians can expect. They lead on all major change areas and link closely with localities and ensure engagement with partners.
- **Locality commissioning groups** are responsible for the commissioning of local services. They re-design care pathways, commission new primary and community services and ensure care stream models are implemented in their local area to best meet the needs of their communities.

NHS Cumbria currently commissions a wide range of services to meet the needs of children, young people and families including maternity, community and primary care services at universal and targeted level. In particular, NHS Cumbria is currently one of the pilot areas for the Family Nurse Partnership (including as part of a randomised controlled trial). NHS Cumbria also commissions targeted and specialist mental health services from CPFT and out of county 'tier 4' services.

8.2 Provision and uptake of services for child and adolescent psychological well-being and mental health compared to estimated prevalence of mental health disorders

The main services that are provided for the psychological well-being and mental health of children and young people by the NHS, Children's Services and in school settings are organised on four different geographical foot prints. These approximately map onto each other in the way shown in the table below.

Table 7: Geographical footprints of service provision

School Local Partnership Groups and Secondary School Consortia*	CAMHS	Children’s Services	District/ Practice Based Commissioning locality
Carlisle	East CAMHS	Carlisle	Carlisle
Eden		East Locality	Eden
South lakes	South CAMHS		Furness
Furness		West Locality	Barrow-in-Furness
West Cumbria	West CAMHS		Allerdale
			Copeland

Analysis of provision of services compared to the estimated prevalence of mental disorders across Cumbria highlights a number of issues (for a detailed analysis, see appendix 3). The first significant finding is the lack of coordinated information to inform the assessment of whether service provision is meeting need. This limits the scope and validity of all other findings outlined below.

More specifically, there was limited information about the number of children who are being referred to and using services, where they live, and the problems they are presenting with. There is also little information on the outcomes achieved by these services in terms of improved mental health and psychological wellbeing. In addition, where evidence exists, it tends to be service/intervention specific, e.g. Rock Challenge, Hidden Harm services provided by Barnardos, evaluations of the Triple P Parenting Programme, Incredible Years group work in Primary Schools. Concerns have been raised as to the accuracy of some available data.

Notwithstanding, the following key points are noted:

Only a minority of children with a mental disorder (estimated at less than 10%) were using CAMHS specialist services at the time of a mapping exercise carried out in November 2008. This level of contact is similar to average levels of contact across England. Services therefore need to be planned and monitored to ensure that the remaining estimated 9,000 Cumbrian children with mental disorders are receiving appropriate and effective support.

Boys and younger age groups (<10 year olds) are under-represented in the current CAMHS case mix.

Children with severe conduct and emotional disorders are under-represented in the current specialist CAMHS case mix. In Cumbria, 16% of the CAMHS case mix is made up of emotional disorders (compared to 35% nationally) and 19% conduct disorders (similar to the national average). This suggests a level of unmet need, especially for emotional disorders.

Service use by children with less common disorders, which include Autistic Spectrum Disorders, is proportionately much higher than use by children with conduct and emotional disorders particularly in South Cumbria.

There appear to be marked differences in the number of children with mental disorders accessing specialist CAMHS in the South of the county as compared to the two other CAMHS localities. This may in part be due to differences in the way data is reported, different ways of working/skill mix in teams and/or a tendency for the CAMHS team in the South to focus on and prioritise more complex cases.

There is a much lower referral rate from Education, Child Health and Social Services into specialist CAMHS teams in East and West Cumbria as compared to South Cumbria and the rest of England. This may reflect services that are less integrated with educational and social care services in these areas.

The consequences for children with mental disorders of these apparent differences in caseload and working practices across CAMHS teams are

unclear. It is important to ascertain that all Cumbrian children with mental disorders are receiving appropriate and effective support and to ensure that any differences in current provision that could lead to inequitable health outcomes are addressed.

The overall level of staffing in specialist CAMHS in Cumbria is about half that recommended in the National Service Framework for Children, Young People and Maternity Services (DH, 2004) and is lower than levels found in the rest of the country.

The specialist CAMHS workforce in Cumbria has a lower proportion of doctors and a higher proportion of clinical psychologists, nurses and family therapists as compared to the national picture. This may have an impact on paediatric liaison, in particular for children with physical health problems and mental disorders. It also may have an impact on prescribing and mental state assessment especially for adolescents.

Numbers of primary mental health workers are lower than recommended.

The pattern of referrals to specialist CAMHS and admissions for mental health problems broadly reflects the expected distribution of mental health disorders in the population.

Given that there are about 60 admissions per year in children for mental and behavioural conditions due to alcohol, the need for coordinated alcohol and mental health services is essential.

There is very limited CAMHS tier 4 service provided in Cumbria although it is estimated that 470 children would need this level of service and there are about 25 children admitted to hospitals outside Cumbria each year for a mental health problem.

The level of spending on children with Special Educational Need Statements and Resourced Individual Education Plans for BESD (Behavioural, Emotional and Social Difficulties) plus other spending on BESD (e.g. via PRUs, out of County placements) varies significantly across the areas represented by School Consortia. However, further interrogation of the data would be required in order to clarify reasons for this, some of which might be historical or structural.

8.3. Resources for services to support psychological well-being and mental health of children and young people in Cumbria

It is not easy to get a clear understanding of current expenditure. During June and July 2009, Cumbria took part in a DCSF project to help scope the national service specification for National Indicator 50 (Emotional Health of Children and Young People). The project report identified the following barriers to estimation of expenditure:

There is no formula to enable disaggregation of spend on NI 50.

It could be argued that all children's social, educational and health services make a contribution towards supporting the emotional/psychological well-being and mental health of children and young people. In terms of the Every Child Matters (ECM) agenda and the 'Be Healthy' outcome, it is virtually impossible to attribute an

accurate spend on psychological well-being and mental health. However, it could be said that expenditure on emotional health constitutes around 20% of total Children's Service expenditure, given that there are five ECM outcomes.

Measuring the impact of services on emotional/psychological well-being and mental health outcomes of children and young people is very much a developing science. To meet this challenge, several successful projects in Cumbria are already benchmarked and evaluated in relation to NI 50.

Difficulties in agreeing a comprehensive definition of psychological well-being and emotional and mental health makes the estimation process even harder to undertake in a meaningful way.

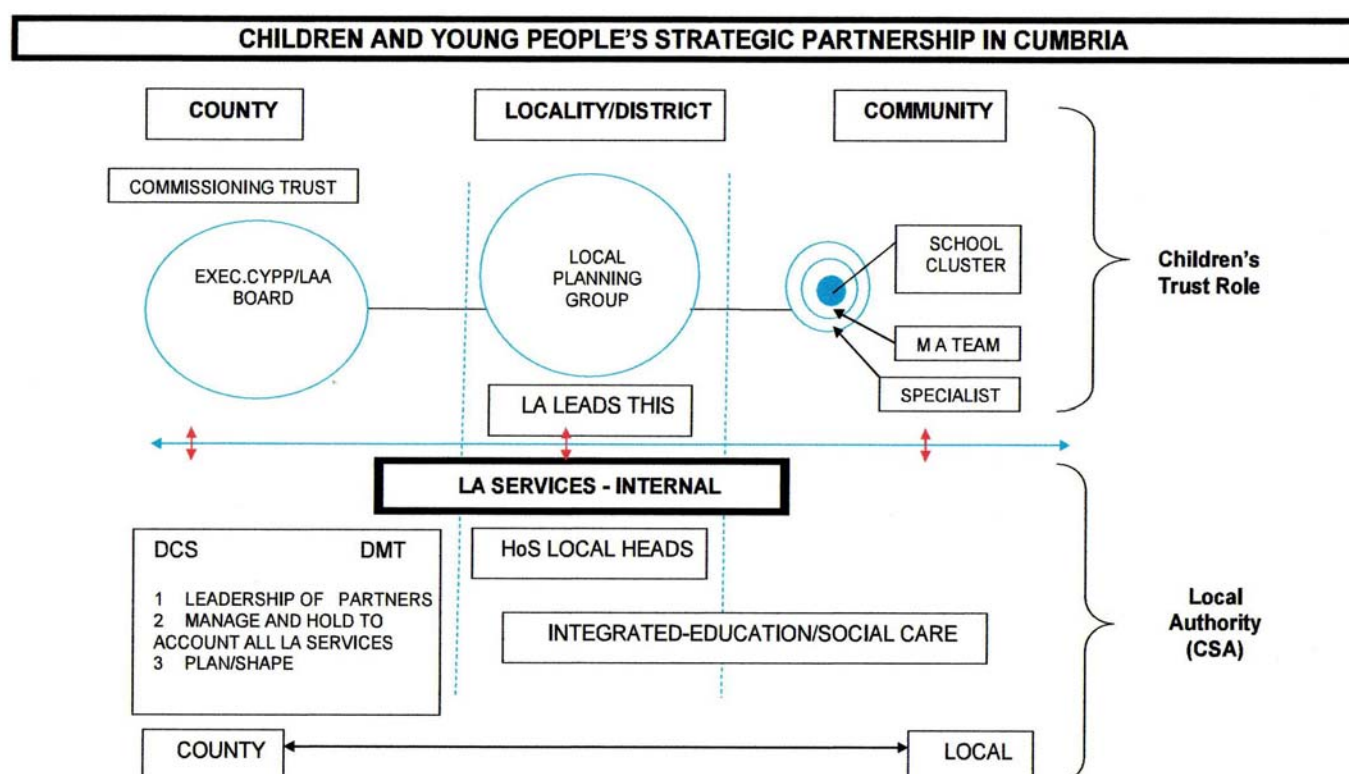
Table 8: Expenditure per child in England, the North West and Cumbria 2006/7

	England	North West	Cumbria
Child health	£236	£292	£202
CAMHS	£47.32	£31.98	£40
Maternity (per birth)	£2,672	£3,117	UHMB £2,307 NCUHT £4,105

8.4 Current Models of Service Delivery

The restructuring of Children's Services has been done with the aim of delivering as many services as possible in universal and targeted settings and as locally as possible. The five Local Planning Groups (supporting the four Children's Services areas) have been established to ensure linkages with pan-Cumbrian and District Council strategic partnerships.

Figure 6 - Model of service delivery for Children's Services in Cumbria

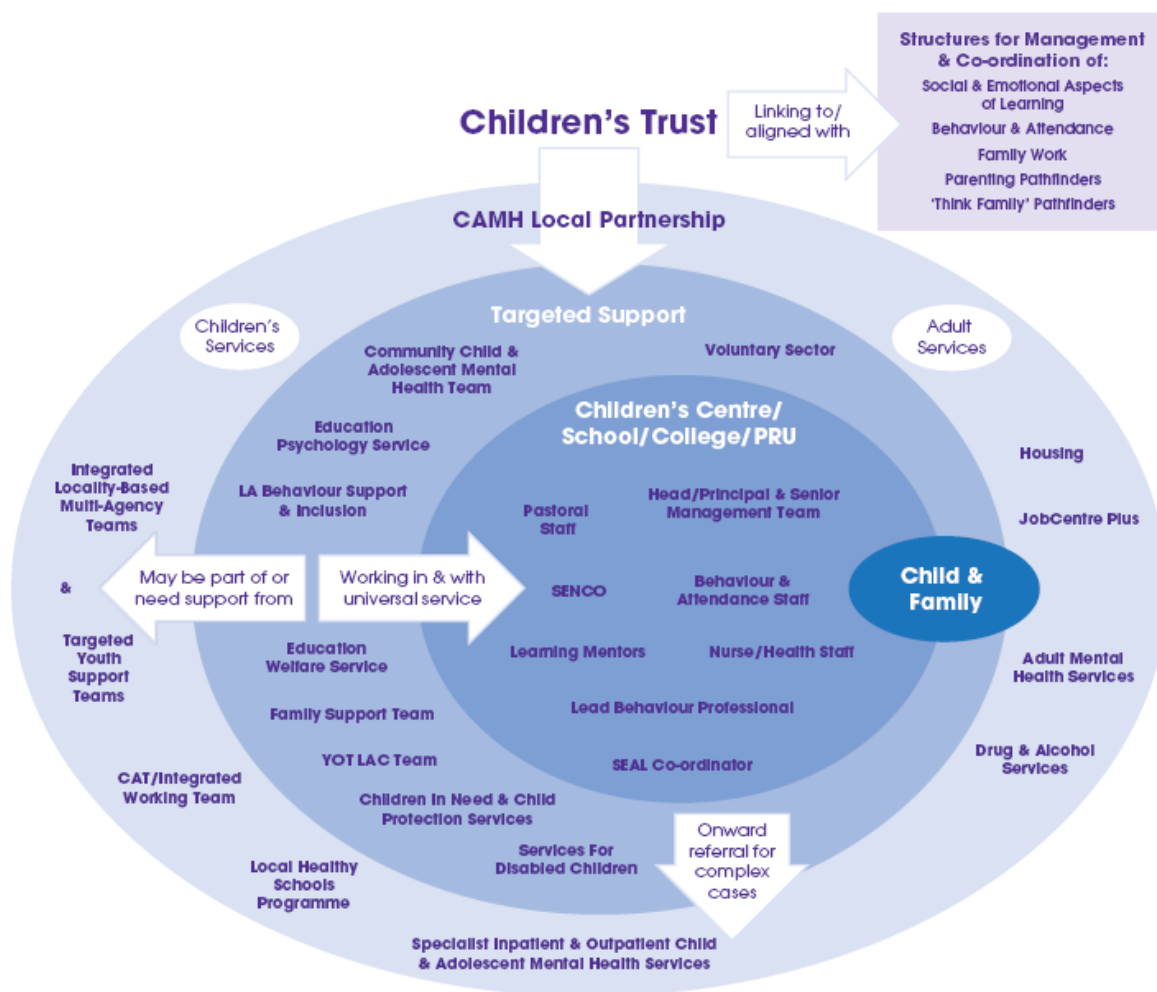


The rationale for the programmes and provision being delivered across the four localities of Cumbria Children's Services is based on establishing pathways to and from services that reflect the needs of the locality, while offering transparent and equitable provision. The Hear by Right audit is undertaken annually in the four A holistic, integrated approach to children and young people is adopted, i.e. one

A holistic approach is followed that takes into account social, family and education factors. A key objective in planning and delivering provision to address the emotional health of children and young people in Cumbria is to adopt a collaborative approach to partnership working, between Health and Children's Services colleagues, service providers, and service users.

It is worth noting, however, that figure 6 above, which is widely used in Local Authority Children's Services, does not encompass health or the third sector. An alternative, more holistic, model of service provision is proposed in figure 7 below:

Figure 7: Stakeholders in delivering services to support the psychological well-being and mental health of children and young people



(Source: Improving the psychological wellbeing and mental health of children and young people: commissioning early intervention support services, DCSF & DH, 2009)

8.5 Universal, targeted, specialist and highly specialist services

As outlined in section 3, this needs assessment uses the conceptual framework of meeting needs and achieving optimal outcomes through the provision of universal, targeted, specialist and highly specialised services. It considers the psychological well-being and mental health of ALL children and young people in Cumbria while paying particular attention to 'vulnerable children and young people'. The National CAMHS Review deliberately avoided listing specific groups of vulnerable children so as to avoid inadvertent exclusion. We have been guided by Annex E of the CAMHS Review (see appendix 2), which lists examples of children and young people who must be considered and planned for.

Since 2006 there has been significant growth and development in the range and number of services in Cumbria to support the mental health and psychological well-being of children and young people. Detailed description of all these services is beyond the scope of this needs assessment.

Rather, this section draws upon several strands of recent and current needs analysis work taking place in the Cumbria. The methodology of each of these pieces of work varied. In some cases they were externally led. All attempt, to some extent, to map out the resources currently available and taken together, they provide a wide range of information and illustrate the pattern and current development of services.

For the purpose of this report we have selected the following recent projects to illustrate the current range of provision and attempts to map need:

- i) DCSF National Indicator 50 Scoping Project,
- ii) Service mapping as part of CAMHS Improvement Plan and CAMHS Tier 4 feasibility study
- iii) Needs led, Outcomes-focused Children's Services Audit
- iv) Think Family Service and Strategic Development
- v) Mapping of services for vulnerable young people

And in order to highlight examples relevant to vulnerable children and young people:

- vi) Review of emotional wellbeing and mental health support services for Children Looked After and Adopted
- vii) Children who are victims of domestic violence
- viii) Case examples highlighting serious gaps.

It is important to note however, that this level of service mapping is 'broad-brush' and does not (with the possible exception of specialist CAMHS services, for which more in depth description is available) go into the detail of service provision that would be needed in order to make judgements about re-commissioning of services to address gaps, duplication and service quality issues (see section 5).

Examples of impact case studies where outcomes have been improved are included in **appendix 15**.

In particular limited information is available about:

- geographic distribution and population coverage of services across Cumbria
- service structures (physical and human resources), processes (ways of working, management and leadership) and their outcomes, which would enable judgements as to the quality of services
- contribution to psychological well-being and mental health of universal services commissioned and provided by NHS Cumbria (e.g. 'generic' child health and primary care teams)
- provision for children looked after (see vi below), children in the youth justice system and forensic services
- provision for children with a mental health problem and another diagnosis, especially children with learning disabilities, and children who misuse alcohol and other substances
- age appropriate services to meet the mental health needs of infants and young people in transition to adulthood
- highly specialist 'tier 4' services, especially out of area provision.

i) DCSF National Indicator 50 Scoping Project,

As mentioned above, Cumbria recently took part in a DCSF project to help scope the national service specification for NI 50. This included a service mapping exercise. In line with *Healthy Lives, Brighter Futures*, the national strategy for children and young people's health (DCSF and DH, 2009), service provision was mapped across three life stages (Early Years and Pregnancy, School Age and Young People aged 16+) and in the following domains:

- Universal (Parent-Focused)
- Universal (Child-Focused)
- Targeted (Family-Focused)

The information collected in the mapping project is contained in **Appendix 7**.

The DCSF project did not cover specialist services, however additional data was collected by Hilary Fenton, who as well as being part of our needs assessment team is leading the CAMHS Improvement Plan project, commissioned by the CPFT to implement urgently needed changes to specialist CAMHS provision (see Appendix 8). This pre-empts work going on at government level on service specification guidance for NI 51 (Effectiveness of CAMHS) which is still in the early stages of development.

Some limited information about highly specialist (or 'tiers 4') services is also available through an externally commissioned feasibility study.

These mapping exercises were all carried out in the second part of 2009. Taken together, they provide an overview of current service provision. Generating a comprehensive map is particularly important because services and interventions are increasingly delivered to meet children and young people's needs by multi-

agency teams. These teams come together to deliver tailored packages of support comprising several elements across universal, targeted and specialist domains. These include the Teenage Pregnancy Service involving Connexions, Midwifery and Housing Providers and the Risk Taking Behaviour service which brings together the delivery of services for young people with drugs and alcohol and sexual health issues.

A considerable amount of work has been done at a County and local partnership level to implement integrated working using common assessment, team around the child/family and the lead professional role, including the development of multi agency support teams, (MAST) providing a mechanism to support integrated working and easier access to local services. Common assessment framework supporting documents and tools have been developed by the four (one for each Children's Services Locality) Integrated Working Co-ordinators who are now leading the implementation of CAF for each area. The make-up of MASTs in each area varies according to the needs identified by Local Planning Group's and patterns of staff deployment. For example, the West has 7 multi agency support teams operating across the 9 LDP footprints within the area. The MASTs, meet on a 2-3 weekly basis and are all chaired by partner agencies. They support frontline practitioners from across the Children's Trust workforce in the use of integrated working tools and processes, designed around the needs of the child, young person and family.

The report prepared for the DCSF in August 2009 described how universal and targeted services have been developing in Cumbria:

"Internal evaluations of local targeted services provides evidence that services which are accessible and acceptable produce effective results and impact upon outcomes. For example, Barnardo's 'Hidden Harm' family support work, integrated, multi-agency teen parent services, Children Looked After Support Service (CLASS) advice and support for Foster Carers, joint family therapy teams from Adoption Support and CAMHS, Incredible Years group work delivered in Primary Schools to target groups of children; Art Therapy provided by the independent agency PAC to young people leaving care and who are learning to live independently.

Many of the programmes and initiatives that are delivered by Children's Services, Health, and Third Sector providers in response to National Indicator 50 for children, young people, parents, carers and families in Cumbria are also evidence based externally, e.g. Triple P Positive Parenting Programme, The Incredible Years, Supporting Emotional Resilience in Schools (SERIS), and Support to Understand and Recognise Feelings (SURF)

Work continues to develop the full range of early intervention support services in universal settings, delivered via targeted services, e.g. the implementation of SEAL in Secondary as well as Primary Schools, The Parenting Support Adviser Service and the delivery of parenting programmes, plus the Anti-bullying strategy and the Healthy Schools initiative. Family SEAL is beginning to be developed with the intention of getting this out into the community, in partnership with alternative third sector providers."

Information gathered during the DCSF consultant interviews with a representative sample of front-line workers, identified the methods being utilised to measure progress against NI 50. These are illustrated in the table below. The table is organised in the order that front-line workers were interviewed over three days.

Table 10: Measuring progress against NI 50 in Cumbria: views of front-line workers

Front-line workers	How measuring progress & impact	Qualitative	Quantitative
Primary Mental Health Workers	SURF – pupil surveys, pupil voice; service user questionnaires; annual written reporting; log no. of phone calls and requests for service to indicate trends.	√	√
Health Visitors	Observations; Parents comments; No. of 'red' folders – vulnerable cases.	√	√
Head of Nursery School/EP (BECF)	Observations of children; using the Learning Journey child-centred book in Cumbria; No. of parents attending parenting programme session.	√	√
Barnardo's Plus	Testimonials; feedback from parents & external professionals, e.g. University of Cumbria; Nos. attending parenting groups; 360 degree evaluations; Quarterly monitoring reports to County Council – RAG rating on progress.	√	√
Family Workers	Questionnaire/Survey for service users.	√	
Family Support	Statistical data collected and reported on various groups in Children's Services – e.g. domestic abuse figures	√	√
Family Nurse Partnership	'Real' stories/case studies. Part of national Randomised Control Trial	√	√
Specialist HLTAs/TA	Feedback to manager – Goodman's strengths and weaknesses questionnaire; Feedback from staff and children - survey	√	√
Healthy Schools – Rock Challenge	By outcome – Final performances, pupil surveys.	√	√
Specialist Nurses (CLASS) - LAC	Direct feedback from young people and carers on 'Go Girls' and 'Let's Make it Happen'; anecdotal evidence.	√	
Teenage Pregnancy Project Worker	Cumbria CC data on no. of teenage pregnancies; Survey young mums.	√	√

Parent Support Advisers	Scaling questions; observations; number of cases closed.	√	√
Connexions PAs	Performance measures for Try Time Targets project; verbal feedback from parents, young people, school staff; DASH; Tracking young people's destinations.	√	√
Living Well Trust – Family Support Work	Questionnaire; verbal feedback; log no. of clients work with.	√	√
ASD Family Support Worker	Questionnaire; interviews; Quarterly figures to Children's Services on referrals.	√	√
PAC Ltd	Real stories; Report to Cabinet & Director of Management Team, e.g. No. of NEETs	√	√
School Nurses	Questionnaire; verbal feedback; data from 'drop-ins' to identify trends.	√	√

The DCSF Report highlighted the views of strategic leaders and frontline practitioner views of some of the good practice that helps a range of services to work well and some of the barriers and challenges that exist. The full report can be found at: <http://inetweb1/SocsArchive/Content/Intranet/57/75/4012385819.pdf>

ii) Service Mapping as part of CAMHS Improvement Plan and CAMHS Tier 4 feasibility study

Cumbria Partnership NHS Foundation Trust (CPFT) is the main provider of specialist CAMHS services for children with significant, severe, complex mental health disorders. Specialist CAMHS services in Cumbria comprise of three generic multi-disciplinary Tier 3 teams located respectively in east, west and south Cumbria. Specialist CAMHS input is also provided to Cumbria's 3 Youth Offending Teams, 3 young people with substance misuse teams, and to the county-wide team supporting Looked After Children.

As noted in section 7 and the Epidemiological Analysis, appendix 3, Cumbria's CAMHS workforce of 35 WTE is well below Royal College of Psychiatrists' benchmark of 20WTE per 100,000 population (York and Lamb, 2005). In addition, the proportion of doctors is lower and the proportion of clinical psychologists is higher than the national average.

Effectiveness of CAMHS is a high policy priority both nationally and in Cumbria. Performance against NI 51, effectiveness of CAMHS, is currently below the national average. Work to improve CAMHS was given additional impetus by the Annual Performance Assessment (APA) of Children's Services in Cumbria published by OFSTED in December 2008. This noted inequities of access to CAMHS services and the need to address these through the development of

pathways and integration with other areas of service (e.g. Behaviour Support Services).

A CAMHS Improvement Plan has been put in place with the following objectives:

- Improve organisational capacity across CAMHS
- Improve accessibility to CAMHS
- Develop clinically effective mental health services for children, young people and their families
- Ensure the delivery of safe services
- Develop cost effective services
- Develop the CAMHS workforce
- Develop substance misuse services for children and young people
- Develop the CAMHS service for young offenders.

Some work has already been carried out to address these priorities, in particular systems have been put in place to achieve a reduction in waiting times, and management and clinical leadership processes have been reviewed. Action has also been taken to:

- increase involvement of the Primary Mental Health Team in the integration of services at a local level
- increase focus on working from a broader range of settings, e.g. from children's centres
- develop 'indirect' CAMHS support to targeted services, e.g. via health visitors, post-adoption support services
- further develop family and parenting support.

Another priority for improvement is to address variations in CAMHS delivery between the three multi-disciplinary teams. These differences are highlighted in section 8.2 above and in the epidemiological analysis report appendix 3. They were further evidenced during mapping involving site visits and one to one and group interviews with staff carried out as part of the CAMHS Improvement Plan. Differences are particularly marked between North (West and East teams) and South Cumbria. The South team historically belonged to a different provider organisation and worked to a different clinical model. It was merged into a Cumbria-wide provider, CPFT, in November 2006. There are a number of similarities across the East and West teams who share some services for example the Primary Mental Health Worker service and the family therapy service. Current core specialist CAMHS functions and some of the differences between teams are summarised in appendices 7-9.

Work is ongoing as part of the CAMHS Improvement Plan to develop a consistent service across the county whilst recognising that there will be local differences in service delivery to account for local geography and need. Work undertaken from April 2009 has established standardised criteria for specialist CAMHS services across all three services to support equitable access. Work is also taking place to develop a standard referral pathway into the specialist service. The pathway will be supported through the introduction of the Choice and Partnership model in all three teams, a specialist CAMHS model to manage referrals without waiting lists. Efforts

are also being made to improve access and to better integrate services through a single point of access pilot which is currently being developed in Barrow. This follows on from a Primary Mental Health Worker referral pilot in South Cumbria. (See **appendix 13.**)

CAMHS services in Cumbria are also currently piloting the use of CAMHS Outcome Research Consortium (CORC) outcome measures.

Cumbria Partnership Foundation NHS Trust has outlined the significant progress made against the recent Care Quality Commission national CAMHS targets in its Annual Health Check report. (December 2009)

Tier 4 CAMHS feasibility study

At present there is very limited highly specialist CAMHS provision in Cumbria. This level of care can be provided either through inpatient admission or alternative community based services (see section 10). As with other aspects of healthcare where volume is relatively low and severity, complexity and costs are high, Tier 4/highly specialist CAMHS requires a regional approach to service commissioning.

The North West Specialist Commissioning Team has recently published a *Commissioning Strategy for Highly Specialised/Tier 4 CAMHS* (Nixon, 2009). This highlights in particular lack of investment and poorly co-ordinated service and commissioning arrangements. Bed capacity is low (83 adolescent beds and 20 children's beds) and alternatives to inpatient care insufficiently developed across the North West. These result in unmet needs and suboptimal care, with children and young people often experiencing long waits for beds and more likely to receive medication than psychological therapies. Coordination of aftercare planning was also found to be often poor.

In the 3 year period to end March 2009, 396 children and young people were admitted for mental health problems, the majority (82%) of whom to North Cumbria University Hospitals NHS Trust. However, about 25 children in need of inpatient care for very severe disorders are referred out of Cumbria each year. Reasons for admission may include deterioration in psychological functioning despite treatment at tier 3, high risk to self or others, family difficulties, and the need for 24 hour care and supervision.

As with other aspects of care, specialist mental health provision should be provided as close to home as is feasible and safe and, by statute, services must be age appropriate. The nearest inpatient facility for most young Cumbrians is The Junction Adolescent Unit, a 9 bed short term acute patient facility in Lancaster provided by Lancashire Care NHS Foundation Trust. Cumbria also purchases beds elsewhere, often on an emergency 'spot purchasing' basis, which as well as having detrimental effects on users and their families is an inefficient use of resources.

The evidence base for Tier 4 services increasingly emphasises alternatives to inpatient care (see section 10 and Kurtz, 2009). A feasibility study for developing Tier 4 in Cumbria is currently being undertaken by Andy Whiting, Finnermore Consultants. The study has identified some limited alternatives to inpatient care currently provided including:

- Multi-systemic therapy/family preservation

- Eating Disorder day unit (Carlisle); service for children aged up to 16, but inadequate support to 16-18 year olds, and no support for 18-21 year olds
- Intensive home treatment, which provides a step down service from the crisis phase and aims to provide support in the most appropriate setting, is only provided in severe cases and relatively infrequently
- Early Intervention in Psychosis services (Amaze)

In addition, Children's Services is currently piloting a therapeutic foster-care project, called Bright Future. Options to develop this level of care are currently under consideration.

iii) Needs led, Outcomes-focused Children's Services Audit

This audit gives us information on a sample of 172 children in touch with Children's Social Care, the Education Welfare Service and the Parent Support Advisor Service Project in early 2008 in the four Children's Services areas. It was carried out by Cumbria Children's Services, with the help of external consultant Liz Brown.

Fourteen need groups were identified by professionals taking part in the audit. Three main clusters of need emerged, each comprising about a third of the sample: parenting, emotional needs of children and parents, and family relationships.

Almost half (44%) of cases were scored at a level of serious/complex need, indicating that these were children whose development was being affected adversely to a significant extent. A third of all cases were not having their needs met as a result of the services provided. Those children with the most serious levels of need (relating to trauma, need to improve care at home and parental mental health) had the least successful outcomes and it was agreed that this group would need to be the focus for future service development.

The most frequently expressed reason for not addressing children's needs was lack of multi-agency planning and difficulties in sustaining services over the longer term to address serious and complex needs. There was little evidence of co-ordinated, needs-led, outcome-focused, multi-agency planning or of the involvement of adult services. Although some health professionals were involved in some of the need groups, there was little evidence in the report of 'links across' from Education and Children's services to Health. This was particularly the case for CAMHS. A word search for CAMHS in the audit report found only two mentions, despite the high proportion of cases with emotional needs and complex needs.

This work is currently being taken forward to support the multi-agency move towards services that are 'needs-led' and 'outcome-focused' rather than 'service-led' and 'process-focused'.

iv) Think Family Service and Strategic Development

Following the Cabinet Office Social Exclusion Task Force '*Families at Risk Review*' in 2008 the Think Family approach has been developed to improve the support offered to vulnerable children and adults within the same family. (See Appendix 4)

The approach involves reforming the systems and services provided for vulnerable children, young people and adults to ensure services work together to:

- Identify families at risk at the earliest opportunity
- Meet the full range of needs within each family
- Develop services which can respond effectively to the most challenging families
- Strengthen the ability of family members to provide care and support to each other.

The intention is for Think Family reforms to become an integral part of local strategies to improve children's well-being and improve integration with Adult Services.

Agencies across Cumbria, brought together in the Family Support Board, have agreed a parenting strategy (see **appendix 5**). Cumbria has been a Parenting Early Intervention Pathfinder since 2006 and evidence based Triple P Parenting Programmes are offered across the whole County. Cumbria Children's Services appointed two 'Parenting Experts' in 2009 to support the development of integrated family support across service boundaries.

A Youth Crime Family Intervention Project Pilot (FIP) is currently being implemented in two wards of Carlisle in Partnership with Barnados and Riverside Housing. A further pilot FIP is being implemented in Barrow. These programmes will provide intensive dedicated support to families living in those wards in the greatest difficulty.

In 2008 a Cumbria-wide multi-agency 'Think Family Think Tank' strategic group was convened to share knowledge and scope the needs and circumstances of parents with poor mental health, including where parents misuse alcohol/substances, are very young, have a learning disability or are parents of young carers.

The brief needs analysis work undertaken highlighted several gaps in our knowledge, e.g. the actual numbers of Young Carers and the need for a robust system for the systemic identification of 'hidden children' and the varying capacity of different services to 'Think Family'

The Think Tank Group also found some examples of effective joined-up practice and integrated working in Cumbria including:

- The Parent/Child Mental Health liaison forum.
- Joint training around Perinatal Mental health via multi-professional training teams of Health Visitors, Midwives and Community Psychiatric Nurses, delivered in partnership with Children's Centres (which was commended in the North West Region Infant and Maternal Mental Health Report, October 2008).
- The DAAT Commissioned Hidden Harm family support services based on the resilience model, provided by Barnardo's and Action for Children which has demonstrated improved outcomes for children and parents.

- The Early Intervention (in Psychosis) Service improves outcomes in young people aged from 14 up to adulthood, who are either already experiencing a psychotic illness or are at risk of doing so, by delivering psychological interventions and family interventions as well as providing a care coordinator for the first three years of an illness. The team works alongside adult teams, CAMHS teams, Connexions, probation services, substance misuse services and LD services.

v) Mapping of services for vulnerable children and young people

There is a plethora of services for the vulnerable groups. Figure 12 lists these vulnerable groups as identified in the National CAMHS Review (see **appendix 2**) alongside services available to them. The Review is careful to point out that belonging to one of those groups does not necessarily mean that there is a greater likelihood of developing mental health problems; however there are key risk factors which do lead to increased risk for poor mental health (see also Epidemiological Analysis, **appendix 3**).

Table 11: Services provided to ‘vulnerable groups’ in Cumbria

Vulnerable Group	Services Provided
Children & young people with behavioural, emotional and social difficulties	School, PRU Based, Behaviour Support, Learning Support
Children and young people with learning difficulties and disabilities	School based, Educational Psychology, Specialist LD Services,
Children and young people with special educational needs (SEN)	Learning Support, Educational Psychology
Children and young people with life-threatening conditions (such as cancer)	Paediatric In-patient, Community Nursing, Palliative Care, CAMHS
Children and young people with chronic illness (such as diabetes)	Paediatric In-patient, Community Nursing, School Nursing
Children and young people with physical disabilities	Children’s Services, Third Sector
Children and young people with specific genetic conditions (such as neurofibromatosis)	Paediatric in-patient and out-patient care, community nursing, clinical psychology
Children and young people with sensory disorders (such as those who are deaf)	Cumbria Deaf Association, Children’s Services, Schools
Children and young people with autistic spectrum disorder	Children’s Services, Tier 3 CAMHS, Learning Disabilities Services, ASD Family Support
Children with other communication difficulties	Speech Therapy, Educational Psychology
Children and young people with Down’s syndrome	Learning Disabilities Services

Children and young people in care	Children's Services, CLASS, CAMHS, Educational Psychology, CLA Health Nurses
Children and young people at risk of suicide	CAMHS, Children's Services, Out of Area Treatment
Children and young people who are being/have been abused	Children's Services, NSPCC and other Third Sector
Children and young people who misuse substances or whose parents/carers misuse substances	Connexions, DASH
Children and young people who have been bereaved	School based support, Tier 3 CAMHS where bereavement is traumatic/complex, Community Nurses, Third Sector
Children and young people in contact with the youth justice system	Youth Offending Services
Children and young people who are lesbian, gay, bisexual or transgender	PINc
Children and young people from black and minority ethnic groups	Children's Services, Third Sector
Children and young people experiencing housing difficulties	Housing Providers – Impact, Riverside, Children's Services, District Councils
Children and young people seeking asylum	Third Sector
Young people not in education, training or employment	Connexions, Third Sector Providers, Alternative curriculum co-ordinator
Young carers	Young Carers Associations, Children's Services
Young runaways	New Cumbria practice guidelines and procedures can be found on Cumbria's Safeguarding Children's Board website

It would be possible to write detailed reports for each of the 24 groups listed above of the types of services that provide support in Cumbria. Such extensive work is not within the scope of this current needs assessment.

Given the findings of our epidemiological review (section 7 and appendix 3), to this list we should add children and young people whose mental health is at risk due to adverse social and economic conditions, in particular, poverty and unemployment. We must also give consideration to the specific needs of Adopted Children. Although not identified as a vulnerable group in the CAMHS Review, we have a statutory responsibility to provide a range of support to adopted children including meeting their psychological well-being and mental health needs.

vi) Review of emotional wellbeing and mental health support services for Children Looked After (CLA) and Adopted

As at 28th August 2009 there were approximately 500 children in the looked after population – this is the highest week - end number of CLA for some years. For the first half of 2009 the CLA population remained relatively stable, fluctuating between 460 and 475 however there has been a steady rise since July the reasons for which are currently being analysed. In addition, a significant number of children (approximately 200) are placed in Cumbria by other Authorities. Around 80% of CLA in Cumbria are cared for by foster carers, a higher figure than in comparator authorities. Based on the incidence and prevalence of psychological and mental health difficulties in CLA, it is reasonable to assume that about 180 children in Cumbria's CLA population will have a clinically significant mental health, behavioural or emotional difficulty. About 70 will present with a clinically significant conduct disorder. It is also reasonable to predict that between 69 and 90 of those children placed into Cumbria from elsewhere might present to services with mental health problems.

In May 2009 a strategic group was established to assess whether the right range of services (in the right places) are being provided to meet the psychological well-being and mental health needs of Looked After and Adopted CYP and their carers and parents in Cumbria. The overall aim of the group is to improve outcomes, build emotional resilience and ensure the availability of appropriate interventions to prevent and ameliorate mental health difficulties. The strategic group is currently analysing need to support a plan for robust commissioning and sustainable provision, based upon the model in **appendix 14**.

Children 'Looked After' cope with a number of additional challenges in childhood and adolescence. Abuse, neglect, family breakdown, domestic violence, changes of school, home and changes of carer. The longer term outcomes of Children Looked After remain worse than their peers, despite the improvements and developments in targeted services. Early parenthood, drug, alcohol, mental and physical health problems are more prevalent. The average number of foster placement moves per Looked After Child in Cumbria, is three to four and some children experience many more.

The recent increase in the numbers of CLA in Cumbria may reflect more intense family pressure and greater unemployment caused by the recession and may also be influenced by the reaction to the 'baby Peter' case

In the past decade there has been a significant increase in knowledge pertaining to the difficulties faced by families with adopted children and kinds of interventions that help to meet these needs and enable permanence to be successful. Families that take two or more children, struggle significantly and may require different types of services. The 'disruption' rate (when an adoptive placement breaks down) in Cumbria, is 6% which is significantly lower than the national average of 25%

Over five years ago, an audit of the number of adopted families being referred to specialist CAMHS in North Cumbria led to the development of an integrated service which provides Systemic Family Therapy to families where it is indicated this type of intervention is required. This service has won awards both locally and

nationally and may be partly responsible for the lower than average disruption rate. The service is currently being rolled out to cover the whole of the County, although it has taken five years to implement complete coverage, due to the variation in commissioning priorities and a lack of integrated commissioning processes.

vii) Children who are victims of Domestic Violence

Cumbria has full coverage of Multi Agency Risk Assessment Conferences, (MARAC), Specialist Domestic Violence Courts and Independent Domestic Violence Advisors, which together deliver a coordinated community response. Almost 5,000 incidents of domestic violence were reported to the police in 2008 and over 1,600 children were present at domestic violence incidents and 462 children were identified by MARAC as being in need of support.

A recent report produced by the Cumbria Domestic Violence Partnership highlighted the following (ref?)

- In Cumbria domestic violence costs £229 million per year, equivalent to £469 per head per annum
- Domestic violence (although chronically under reported) represents 14% of all reported violent crime in Cumbria
- In 90% of domestic violence cases, children are in the same or next room
- 30% of all domestic violence begins in pregnancy
- In Cumbria in 2008, over 1,600 children were present at domestic violence incidents reported to the police and 462 children were identified by MARAC as being in need of support.

viii) Examples of complex cases

The following examples describe real situations all of which have occurred in the 12 months to September 2009. Details have been altered to protect the identity of the individuals and families involved. They highlight serious gaps in provision in cases where complex needs have endured over time and services have either not been in place when required or previous service provision has not been able to improve outcomes and change the trajectory of travel. The examples have been selected from a significant number and the intention is to highlight systemic failures and gaps rather than pinpoint the failings of any particular service. We should consider the experience of and its potential meaning to the individual children, young people and families involved.

- Child with life limiting, physical degenerative illness in a wheelchair long outgrown. Has waited years. What message does that give in terms of value placed upon a shortened life and psychological well-being?
- Siblings moving into Cumbria from a different area where they received weekly input from Specialist CAMHS. Despite various attempts to engage local service, family waited 5 months before engagement occurred.
- Young person under 16yrs spent an unacceptable length of time in a police station awaiting assessment. Family history of mental health issues, suicide, substance misuse, violence and aggression.
- Child not attending school who refuses to engage with services receives no support other than a Home Tutor.

- Adolescent admitted to a Paediatric Hospital Ward with a dangerously low Body Mass Index, appears not to be known by any services
- A Teen parent, herself sexually abused and neglected as a child, fails to provide good enough parenting for her baby who is taken into public care

Summary

This needs analysis has found many examples of excellent practice and integrated working. This finding is supported by the DCSF NI50 Project and brief examples of case studies from a variety of services, a selection of which are included in **Appendix 15**

We have also found many instances of apparent unmet need that have meant that children and young people have been left without vital support or have presented in a situation of crisis and acute need.

Existing service provision has experienced a rapid pace of both change and growth over the last three years and this has resulted in the development of many new initiatives and greater levels of integrated working.

9. Knowledge experiences and aspirations of children, young people and their families regarding psychological well-being and mental health

9.1 Background

Engaging with community members in order to get their perspectives on what is important for their health is one of the four pillars of the Joint Strategic Needs Assessment process. Viewing services through the lens of users provides insights into their quality and can help identify what is working well and where changes need to be made. There is also some evidence that the more control people have over important aspects of their lives, including services which support them in leading the lives they choose to lead, the better is their health (NICE, 2008).

The process of involving the public in service design and delivery has become an important commitment across government. *Every Child Matters* places children and young people at the heart of the services that serve them. The right to participate is enshrined in the Children Act 2004.

Cumbria Children's Services has a strategy for *Participation of Children and Young People, 2008-2009* (see appendix 5). Empowering children and young people to be involved in their communities is at the heart of the *Cumbria Community Strategy 2008 – 2028*. The Council Plan (2008 – 2011) has as an outcome the need to improve the percentage of people who are empowered to influence decisions that affect them. This is in line with National Indicator 4 included in Cumbria's Local Area Agreement. The Cumbria LAA has also adopted NI 110, which measures the participation of young people in positive activities.

Cumbria Children's Trust also has a strategic priority for the next three years to engage children and young people and their families in the development, design and review of services. Part of the Children's Trust's Mission is to 'create opportunities for all children, young people, their families and those working with and for them, to be actively involved in developing and participating in children's services'. Children's Services' Service Delivery and Improvement Plan 2008 commits to 'seeking the views of children, young people and families and value these in planning responses and services'. These strategic level commitments provide Children's Services with the direction and opportunity to ensure that participation means all children and young people are able to influence the services that we provide. These commitments are detailed in *Participation of Children and Young People: a strategy for Children's Services 2008-2009*.

Unfortunately, this needs assessment report had to be delivered within a tight timetable to meet the needs of the children's health service re-commissioning process. In addition, there is at present no local partnership in place to support psychological well-being and mental health of children and young people in Cumbria, which could otherwise have been the starting point to gather the views of children, young people and their families.

We were therefore unable to undertake meaningful engagement processes within the JSNA timeframe. However, in this section we present: i) key findings of the extensive engagement process that underpinned Cumbria's previous *Strategy for strengthening emotional well-being and mental health support for children and*

young people in Cumbria 2006-08; ii) an outline of other relevant consultations in Cumbria; iii) findings of national consultations with children, young people, parents, and carers (National CAHMS Review, 2008, *Pushed into the Shadows*, 2007, and *Out of the Shadows* 2008). We conclude this section with suggestions as to how engagement can be built systematically into future service commissioning and delivery.

9.2 Key issues for services users, parents and carers in Cumbria's Strategy for strengthening emotional wellbeing and mental health support for children and young people in Cumbria 2006-08

Seventy-one service users, parents, carers and support workers were invited to feed into the development of Cumbria's most recent *Strategy for strengthening emotional well-being and mental health support for children and young people in Cumbria 2006-08*. Main themes are summarised below:

- Be creative, innovative and use many ways to promote mental health
- Don't wait for young people to become unwell
- Exclusion starts in the early years
- Mental health depends on environment and social factors just as much as policy contexts
- Much more needs to be done in schools to promote emotional well-being and sign post to other services and types of support
- Schools could provide the focal point for services such as counselling
- Schools and colleges often block web access to some sites young people find useful, e.g. a discussion forum about self-harm
- If we don't create the right environment, young people will not use services
- Improve communication between services
- Young people need someone they can trust to talk to
- Never underestimate the importance of building trusting relationships with young people who need to use services
- The lack of services and long waiting times can result in young people not accessing what they need
- We must have better information about what is available, including 'young people friendly' information
- Workers need better skills and more training to pick up problems early
- Parents need more courses to help them cope with children's emotions and feelings
- Labels can be terrifying
- Children who look OK on the surface are often ignored
- Many services in the community are not supported long-term and cannot be sustained
- More should be done to support carers of young people with mental health problems including respite
- Make sure that service-users are included in monitoring the progress and success of the strategy.

9.3 Other relevant consultations with children and young people in Cumbria

Consultations carried out over the past year are summarised in table 12

Children's Trust Board

Cumbria's Children's Trust has a participation work stream which provides strategic leadership to participation and engagement of children and young people. Activities over the past year include:

- Consultation of children and young people in the development of a workforce strategy for emotional and mental health
- Consultation of children and young people in the development of Cumbria's Social Inclusion Strategy
- Participation of children, young people and parents in the 2009/10 'refresh' of Cumbria's Children and Young People's Plan
- Consultation with children and young people at secondary and junior Rock Challenge events

Children's Services

Cumbria Children's Services convened a consultation with parents with disabled children: Learning to Change Conference in July 2009.

In addition, the Cumbria DCSF NI 50 report indicates that user and parent feedback appears to be a widely used mechanism for measuring outcomes across services to promote the psychological well-being and mental health of children and young people.

For example, educational psychologists have developed an evaluation policy that has incorporated the piloting of feedback forms for service users, including children and young people and their parents plus other professionals. These forms have set store on the importance of young people being helped but also understanding and enjoying what is happening and being shown respect. Overall the feedback from service users has been very positive. Prompt, clear, practical approaches delivered by friendly and approachable staff seem to be particularly valued as effective. This work is still in development. The next phase will involve the use of Goal Attainment Scaling to secure feedback against agreed outcomes.

NHS Cumbria

As part of its Children's service review, NHS Cumbria is consulting with children, young people and their parents. Results of this consultation are not available at the time of writing.

NHS Cumbria's complaints regarding children's services were also interrogated as part of this needs assessment but few of these specifically referred to mental health issues.

Table 12: Recent consultations in Cumbria relevant to psychological well-being and mental health

Lead agency	Consultation (date)	Method	Findings
Children's Trust Board	Consultation of children and young people in the development of a workforce strategy for emotional and mental health (2008)	Group discussions with children looked after, young carers and secondary school council members and questionnaires	Younger children tended to focus on the need for their life circumstances to be understood by staff, while older children emphasised the interpersonal, communications and listening skills, combined with a respectful attitude, needed for successful relationships with staff.
	Consultation of children and young people in the development of Cumbria's social inclusion strategy (2009)	Focus groups with primary and secondary school pupils in Carlisle and Barrow, a mixed group of Polish pupils and YP at an attendance centre	Respondents emphasised the importance of family (including grandparents), friends, and teachers; organised activities (scouts, karate, sports) and public leisure spaces (swimming pool, park). Also highlighted were bullying, feeling excluded by other children, feeling threatened by teenagers and feeling bored, ignored, disrespected or disliked by teachers. Several children also disliked going shopping with their parents
	Participation of children, young people and parents in the 2009/10 'refresh' of Cumbria's Children and Young People's Plan (2009)	Over 400 partners, practitioners, children, young people and parents participated in refresh activities hosted by a range of organisations in a variety of locations around the county.	Findings from the 'refresh' activity workshops were summarised into a Consultation report and this information was used by the Children's Trust Board to agree the key priorities for 2009/10.
	Consultation with children and young people at secondary and	Workshops attended by over 800 children between 7 and	Of 428 respondents to questionnaires at the Junior event, 95% reported improved relationships with their

	junior Rock Challenge events (2009)	11 years, Questionnaires	teachers, 95% said they enjoyed school more since becoming involved in the event, 90% said they had made new friends at their own school and 65% at other schools.
Children's Services	Consultation with parents with disabled children: Learning to change conference (July 2009)	County wide seminar	<p>Priorities identified by parents and carers were:</p> <p>Keyworker: one person to co-ordinate family's needs and services (CAF system is not working)</p> <p>Information: one place where families can get all the information needed</p> <p>One single budget across disabled children's services</p> <p>Two way communication – openness in reaching decisions together</p> <p>Comprehensive individualised family support plans for the whole family</p> <p>Listening and learning: training for parents and professionals</p> <p>One stop shop in each locality.</p>

Cumbria Partnership NHS Foundation Trust

The Trust's Patient Advice and Liaison Service (PALS) is carrying out a consultation with young carers. Feedback on the NHS was that school nurses are great but that they are not often enough in school.

The Trust is actively working with Young Cumbria to increase its membership of young people aged 14-21 (less than 100 in 2009). It is planning a meeting for its young membership in 2010.

9.4 National CAMHS review

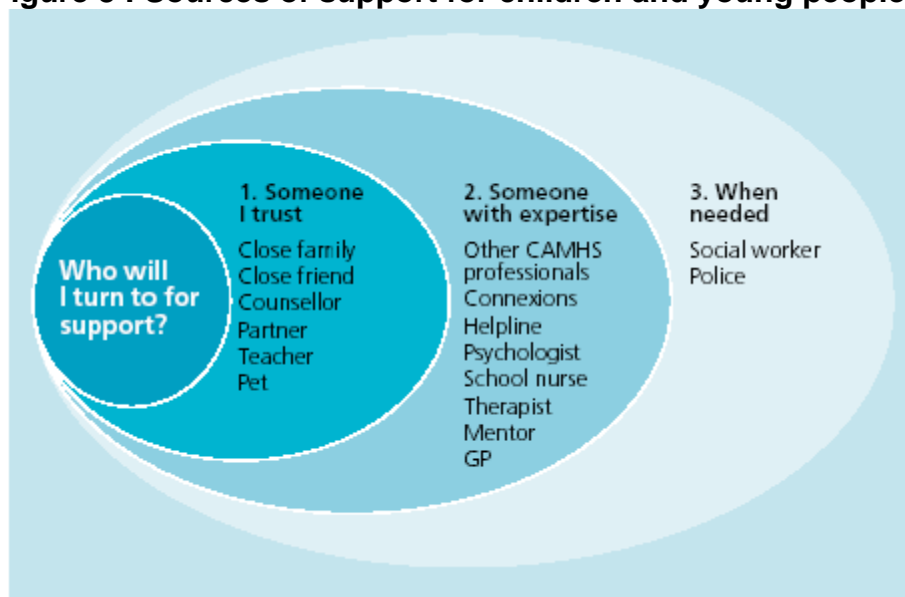
The National CAMHS review (2008) concludes:

'What children, young people and their families and carers want is often quite simple. They told us they want consistent relationships with people who can help and to be treated with dignity and respect'.

As part of the National CAMHS review, focus groups were carried out with parents and carers and a children and young people's reference group and web forum were set up to gather their views.

Children and young people were asked where they turn to when they need help. Their responses are represented in the figure below. This support network does not fit readily with 'service models', highlighting the need for service commissioners and providers to seek out and understand children and young people's views. Moreover, as the CAMHS review (p36) points out, 'The fact that teachers are included in the 'inner circle' suggests that they are valued and trusted by many children and young people and therefore play a significant role in supporting mental health and psychological well-being. So they need support and knowledge to do this effectively'.

Figure 8 : Sources of support for children and young people



Source: CAMHS review, p. 36

The CAMHS review also sought children, young people and their parents and carers' views about the qualities and features they would like to see in services to promote mental health and psychological well-being. These are:

Awareness - more awareness in children's centres, schools, colleges and GP practices about mental health; how to promote it and how to deal sensitively with issues that arise

Trust - opportunity to build a trusting relationship with a known member of staff in schools, so that problems can be shared and discussed regularly, regular contact with the same staff in targeted and specialist services and clarity over confidentiality arrangements

Accessibility - services in convenient places, information and advice available in a range of relevant formats and media and a single point of entry to specialist mental health services. Age-appropriate services.

Communication - being listened to and given individual attention, whichever service you are dealing with and being spoken to in a straightforward way, with no technical jargon.

Involvement - being valued for the insight and experience you bring and being given the opportunity to discuss what services and interventions are available.

Support when it's needed - services that are available when the need first arises, not when things reach crisis point. Services that stay in touch after support or treatment has finished and follow up any problems.

Holistic approach - services that think about you as an individual; for example, providing help with practical issues and addressing your physical health as well as your mental health.

These features effectively represent a framework for evaluating service standards and quality. They accord with what children, young people and other service users from Cumbria have told us they want in local consultations. They are also entirely consistent with the values that underpin Cumbria's Children and Young People's Plan:

Respect
Trust
Inclusion
Reliability
Fairness

9.5 Pushed into the Shadows (2007) and Out of the Shadows (2008)

The Children's Commissioner for England's report *Pushed into the Shadows* collates the experiences and perspectives of young people who have been admitted to adult mental health wards. They highlight:

Inadequate responses to crises
Lack of information and involvement in care planning
Nothing to do and no-one to talk to
Lack of safety, security or therapeutic care
Disorganised discharge arrangements

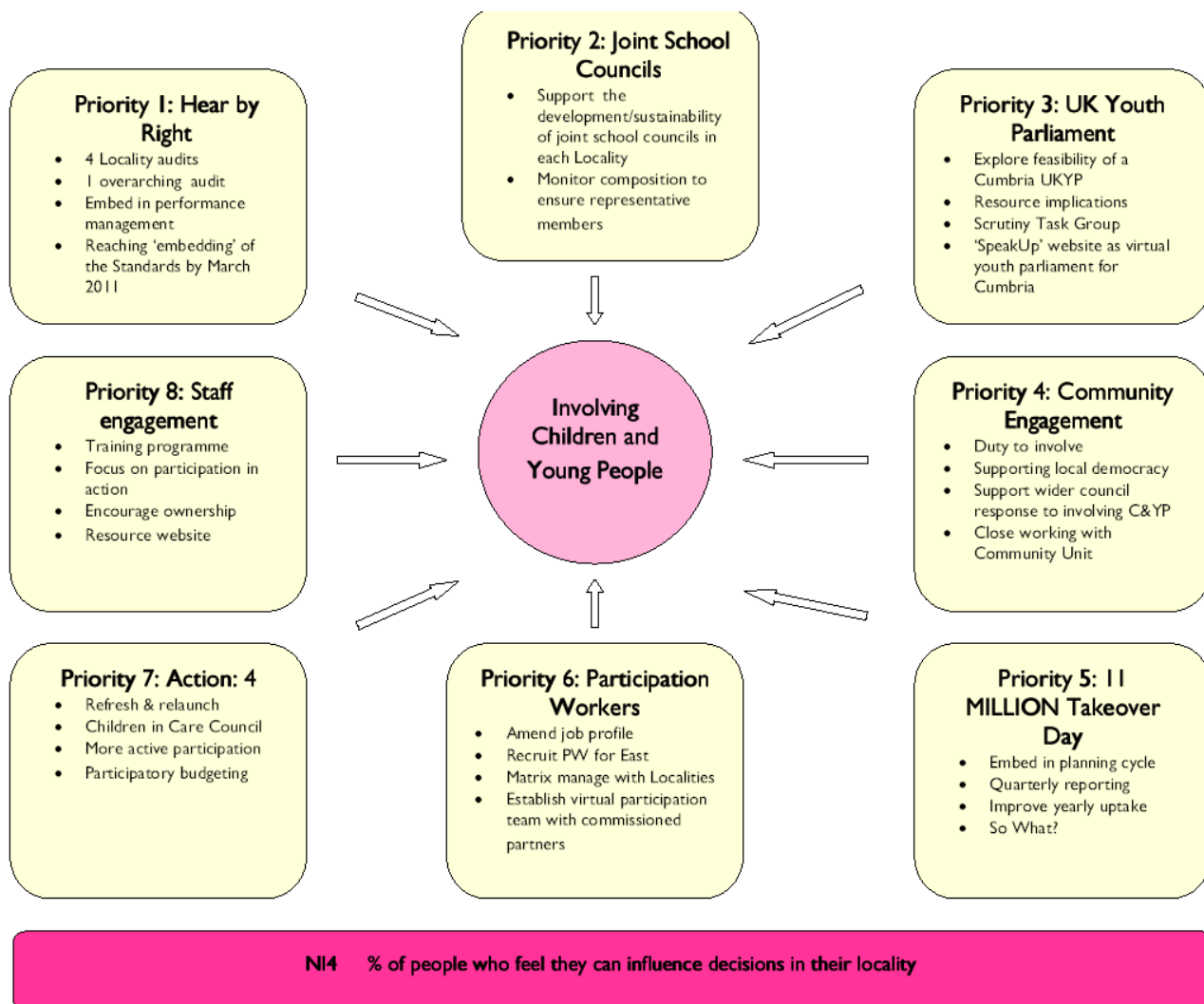
The follow up report, *Out of the Shadows*, outlines responses made to the recommendations of *Pushed into the Shadows*. In particular, the government has since made a commitment to end admission of children and young people to adult wards in the Mental Health Act 2007 (see appendix 4).

<http://www.youngminds.org.uk/ym-newsroom/press-releases/document-library/pdf/YoungMinds%20out%20of%20the%20shadows%20report.pdf>

9.6 Suggestions for further engagement for child and adolescent mental health and psychological well-being

Children and young people should be active participants in the ongoing joint strategic needs assessment and strategy development process. They should be actively involved in future governance and delivery mechanisms to improve the mental health and psychological well-being. This should take place in line with Cumbria's strategy for participation of children and young people 2008-2009 (see figure below).

Figure 9: Priorities in Cumbria Children's Trust strategy for participation 2008-2009



10. What would high quality services and interventions look like?

The National CAMHS Review recognises (p. 90) that 'Over the last decade there has been a step-change in our knowledge of 'what works' in supporting mental health and psychological well-being'. There are a number of sources of evidence to support the development of high quality services to improve the psychological well-being and mental health of children and young people. The needs assessment takes into consideration the most recent reviews of evidence and policy guidance, in particular:

Relevant DH and DCSF documents including:

- * The National CAMHS Review (DH and DCSF, 2008)
- * New Horizons (DH, 2009)
- * Draft guidance for Children's Trusts on meeting the aims of NI 50 (DCSF, 2009)
- * The evidence base to guide development of Tier 4 CAMHS (DH, 2009)

Work of the National CAMHS Support Service, NCSS

<http://www.cypf.org.uk/camhs/national-camhs-support-service-ncss.html>

Work of the CAMHS Evidence-Based Practice Unit

<http://www.annafreudcentre.org/ebpu/index.htm>

Work of the CAMHS Outcomes Research Consortium, CORC

<http://www.corc.uk.net/index.php>

Royal College of Psychiatrists' Quality Improvement Network for Multi-agency CAMHS (QINMAC) Service Standards (2008)

<http://www.rcpsych.ac.uk/pdf/QINMAC%20Standards%202nd%20Edition%202008%20.pdf>

Relevant NICE guidance

However, the CAMHS Review also recognises that 'there is... a lack of consensus across agencies about what constitutes 'good evidence', a lack of research in certain key areas (notably the evaluation of complex multi-faceted interventions to address the needs of vulnerable groups), and insufficient evidence of how best to translate findings from carefully conducted research trials into day-to-day practice'.

There is no single model of what 'ideal' services should look like and what care they should deliver. Evidence reviews and guidance variously focus on:

- Attributes of effective services
- Types/models of care that best meet children's, young people's, and families' needs:
- According to level and complexity of need
- According to age
- According to legal status
- Services and treatments for specific conditions

In this section, we first consider what criteria may be used to assess quality in services and interventions to improve psychological well-being and mental health of children and young people, then give an overview of the evidence in these areas.

10.1 What constitutes quality?

The National CAMHS Review recognised that some progress has been made in moving from a performance regime which rewards the achievement of outputs and structures towards a focus on outcomes. However, information about the quality and impact of services is still inadequate and the Review's recommendation that ongoing work to develop outcome measures should be supported has been accepted by the government.

In 1984, Maxwell proposed seven dimensions against which to measure quality in healthcare provision. These are:

- Equity
- Accessibility
- Acceptability
- Appropriateness to need
- Effectiveness
- Efficiency (or cost effectiveness)
- Ethics.

These have been influential in the setting of government benchmarks and standards for performance, for example the Standards for Better Health framework. Two further important criteria are Sustainability and Safety.

With regards to outcomes for mental health care for children and adolescents, Hoagwood et al. (1996) proposed the following conceptual model:

Table 13: Comprehensive conceptual model of outcomes of mental health care for children and adolescents

Domains	Examples
Symptoms and diagnoses	Distractability, impulsivity, depression, anxiety
Functioning	Capacity to adapt to the demands of home, school, and community
Consumer perspectives	Quality of life, satisfaction with care, family strain or burden
Environments	Counterpoint to functioning domain: stability of child's primary environments (marital relationships at home, classroom stability, availability of social supports)
Systems	Type, duration or change in use of services, change in restrictiveness of services, organisational relationships and co-ordination, costs and mechanisms of financing

More recently, the CAMHS Outcomes Research Consortium, CORC, a UK-wide collaboration between child and adolescent mental health services which started in 2002, has instituted a common model of routine outcome evaluation. Over half of all services in England, including Cumbria Partnership NHS Foundation Trust, are now CORC members.

The current core measures adopted by CORC are the Strengths and Difficulties Questionnaire (SDQ) for the parent and child perspective, Commission for Health Improvement (CHI) Experience of Service Questionnaire (ESQ) for the parent and child feedback on the service, the Children's Global Assessment Scale (CGAS) and the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) for the practitioner's perspective.

The Every Child Matters framework has provided impetus to move towards multi-agency delivery of shared outcomes and for services that are 'needs-led' and 'outcome-focused' rather than 'service-led' and 'process-focused'. As indicated in section 8, the DCSF is in the process of developing measures of impact of services on mental health outcomes of children and young people.

The mental health problems of children and young people are often compounded by other health and social problems and/or are associated with exposure to a range of risk factors. Improvements in children's resilience, psychological well-being and mental health can therefore have an impact across ECM outcomes, and which can be measured for example by:

Be healthy: CORC measures indicate that interventions are having an impact on an individual's mental health

Stay safe: Young people that self-harm report a reduction in the number of times they harm themselves following CAMHS support

Enjoy and achieve: The number of children refusing to attend school falls through CAMHS support in Schools and Pupil Referral Units

Make a positive contribution: The contribution of CAMHS staff to YOS results in Young People at risk of offending because of behavioural problems is reduced

Achieve economic well-being: The service can show that there young people within their care are able to meet their aspirations such as achieving the grades they need for the course they wish to attend.

Clearly, decisions in Cumbria about performance measures to be used should be informed by national work on outcomes. Services need to monitor their impact across all domains and not solely within their professional and/or agency performance management agendas.

10.2 Attributes of effective services

The National CAMHS Review (2008, p.17) came to the conclusion that there is no single way of describing the needs of children and young people with reference to the spectrum of services available, calling for efforts to be made to reach a consensus at Government level across all children's services about the single best framework to use.

As explained in Section 3, two conceptual frameworks are used interchangeably in describing services for the psychological well-being and mental health of children and young people. These are the functional framework of universal, targeted and specialist services and the 4 tier model (see appendix 1).

It is difficult to carry out research into the outcomes of whole service interventions using 'classic' randomised control trials. However, a number of sources of evidence point to key attributes of effective services. These include:

- Views of children young people and their families sought as part of the CAMHS Review (see section 9.4)
- Fort Bragg Study in the US (Attride-Sterling, 2001)
- Summary of what works in the promotion of children's mental health (Kurtz, 2004)
- The Welsh Social Services Improvement Agency's What works in promoting good outcomes for children in need in the community programme (SSIA, 2007)

[http://www.ssiacymru.org.uk/media/pdf/c/k/3What_works_in_Promoting_Good_Outcomes_-_community_\(formatted\)FINAL.pdf](http://www.ssiacymru.org.uk/media/pdf/c/k/3What_works_in_Promoting_Good_Outcomes_-_community_(formatted)FINAL.pdf)

- Two major Government sponsored CAMHS programmes designed to address the needs of children and young people with severe and complex problems (Kurtz & James, 2003 & 2005; Massie, 2008).

The Fort Bragg study provided strong evidence for integrated multiagency provision. It also demonstrated the importance of relationship building in prevention and when interventions need to continue over the long term.

It is now widely recognised that the most successful interventions will be the result of multi-agency working (New Horizons, 2009, p.29). The adoption of **cross agency approaches to the strategic planning, commissioning and delivery of services** is now firmly embedded in wide-ranging policy and guidance if not yet systematically in practice.

The SSIA's *Promoting good outcomes for children in need* (2007) summarised from research literature and national guidance the key characteristics of effectively configured services for vulnerable children, young people and families including children in need.

These are as follows:

- Services are **accessible** to children, young people and families in their localities, and within a range of settings.

- Services are **acceptable**, for example, parenting advice linked with other advisory services (such as employment and child care); one stop shops that are both welcoming and helpful for older children and young people.
- Services are as **non-stigmatising** as they can be. Generally, targeted services should be embedded in more open-access services, so that a more graduated response can be provided
- Services include a particular **focus on key transition points** in a child's life, such as the change from primary to secondary education, transition from child to adult services for young people with disabilities.
- There is a whole-child/young person and whole-family approach that is as **enabling and empowering** as possible.
- There are **good links with relevant adult's services** (in particular mental health or drug and alcohol services) so that these services take account of the developmental needs of the child or young person.
- Services are **evidence-based**, grounded in robust evaluation of what works.
- Where possible, **new services are built on existing local networks** and services that are already working well.
- Services are **sustainable**, with support continuing for as long as is needed.

These findings were endorsed by other studies which identified similar characteristics (Massie 2008; Kurtz and James 2003; Kurtz, 2004) (see **appendix 11**).

10.3 What should the 'whole service' to meet the full spectrum of children's mental health and psychological well-being needs consist of?

Services and interventions that best meet children young people and families needs are generally described:

- According to level and complexity of need (either using 'universal', 'targeted' and 'specialist' provision or Tiers of care)
- According to setting (family, community, universal services, clinical/therapeutic setting)
- According to age (pregnancy and early years, school age, young people)
- According to legal status (e.g. young offenders and those sectioned under the Mental Health Act 2007).

We will consider here services which span the full spectrum of children's mental health and psychological well-being needs: from promotion of mental health and psychological well-being, prevention of mental disorders, and provision of early intervention support, to high quality, timely, responsive and appropriate specialist services.

The evidence base for universal and targeted services and interventions to improve mental health and prevent or treat mental disorders

The national direction of travel supported by the Government has been an emphasis on prevention and early intervention. Primary prevention in mental health has expanded from a focus on preventing specific problems to including the prevention of emotional and behavioural dysfunction. Treatment in the early

stages is the most effective and cost-effective strategy to avert long term disease burden (McGorry, 2009). As stated in New Horizons (DH, 2009, p.29): 'Early intervention to build mental well-being and resilience in infancy and childhood can prevent mental health problems in adult life and lead to better outcomes in health, education, employment and relationships'.

Prevention strategies can be:

- Based on a population-wide approach
- Targeted on at-risk / vulnerable children
- Be transition programmes targeting children about to experience potentially stressful life events e.g. change of schools, separation of parents etc
- Early intervention where children and young people are identified as having complex needs and mental health problems.

Safe, prosperous, cohesive and resilient communities provide a positive environment for children to grow up in. Access to green spaces and taking part in outdoor activities may reduce stress and promote well-being (New Horizons, 2009, p.37).

Knowledge of risk and protective factors for mental health (see figure 2) and about how to build resilience is important for parents, families, and professionals. Midwives, health visitors, school nurses, GPs, teachers, children's centre and children's service staff, youth workers, voluntary sector staff, the police and criminal justice all have a role to play in meeting the needs of children, young people and families. Promotion and prevention needs to take place in children's and young people's natural 'settings' - home, children's centre's, schools, colleges, leisure environments, workplaces, virtual spaces.

New tools have been introduced to help professionals work in an integrated way to meet children and young people's needs. These include Contact Point, an online directory for professionals with information about which other practitioners are working with the child, and the Common Assessment Framework, CAF. However, there have been problems with the implementation of these tools. The National CAMHS Review highlights the need to clarify the relationship between the CAF and other statutory assessment tools (in particular, statements of Special Educational Needs, Care Programme Approach).

More widely, the CAMHS Review found that in many areas, services were still operating separately, and the resource and expertise available within universal services was not being used as effectively as it could be. Their staff needed a better understanding of their role in promotion, prevention and early intervention; training to improve their skills and confidence to meet needs; access to information and advice about what is available; and awareness of the systems in place to access specialist support. Perhaps as importantly, staff across organisations, need to share a vision of how improvements in psychological well-being and mental health can be achieved, and be empowered and motivated to play their part.

Children, young people and families need information about services and ready access to specialist support when the issues they are facing go beyond the capacity and capability of staff in universal services.

The Review recommends that services need to work and plan together so that even if they are provided by different organisations or sectors, they appear to operate as a unified service to children and families (for full recommendations of the National CAMHS Review, see **appendix 12**).

Recent DH and DCSF guidance for children and young people has adopted a 'life-stage' approach to describing needs and corresponding services, from pregnancy to young adulthood.

Pregnancy and early years

The CAMHS Review (2008, p.21) states: 'The first years of life are a critical stage, when the foundations of future health and well-being are laid down. While it has been acknowledged for some time that this phase strongly influences outcomes in later life, new information from neurological research reinforces the importance of early intervention to reduce the impact of stress in pregnancy and to promote attachment. This is particularly true for children who are born into disadvantaged circumstances'.

NICE has produced guidance on evidence based approaches to treating post natal depression, including health visitors trained to deliver brief psychological therapies with the support of GPs and specialist mental health services.

The National CAMHS Review Interim Report notes that there is a 'rapidly improving evidence base for specific interventions which help the majority of families to build good attachment in infancy' (2008, p.60). Services that promote attachment in infancy and the relationship between parents and child include Play Development Services, Infant mental health workers, Family Nurse Partnership Model, Watch Wait and Wonder.

Parenting interventions have also been shown to be effective in reducing behavioural problems in children. Universal parenting skills training, such as the Triple P programme, can reduce disruptive behaviour and targeted interventions have been shown to pay for themselves (New Horizons, 2009, p.33). The literature indicates that the characteristics of successful parenting programmes are those that:

- Use a behaviourally orientated approach where parents use praise and rewards. These seem to have more impact in changing children's behaviour than those that focus on relationships and communication
- Are Group based programmes. These are more successful in improving the behaviour of children aged 3-10
- Are interactive and use parents' experiences and ideas
- Look at the context in which children are being raised – poverty, domestic violence, lack of community support and lack of social support networks

- Where both mothers and fathers are included in parenting programmes rather than only including mothers
- Programmes are delivered outside working hours
- Facilitators of the programme are both male and female as men respond better to males.

Preschool programmes in social skills training also improve outcomes for young children, including those at higher risk.

School age

Children's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school. Good social, emotional and psychological health helps protect children against emotional and behavioural problems, mental illness in adulthood, violence and crime, teenage pregnancy and the misuse of drugs and alcohol ('Systematic review of the effectiveness of interventions to promote mental wellbeing in children in primary education' Adi et al. 2007). Behavioural problems can also adversely affect social and learning environments for others.

NICE has published guidance on *Social and emotional wellbeing in primary education* (NICE public health guidance 12, 2008) and *Social and emotional wellbeing in secondary education* (NICE public health guidance 20, 2009). This guidance makes a number of recommendations concerning social and emotional well being of children in schools which advocate a whole school, organization wide approach. This aims to change the school environment and ethos, including engaging with parents and the community. It encompasses organization and management issues as well as curriculum and extra-curriculum provision, and work with parents and families as well as students.

A national 'Targeted Mental Health in Schools Programme' is currently being developed and evaluated.

Services for young people 16 plus

The main issue for services for young people is to improve transition to adult services while ensuring that a range of approaches to support young people in their transition are available. Key features of these services are that they should be accessible, age-appropriate, multi-disciplinary and multi-agency, with good links to education, employment and social outcomes. There is ongoing debate as to whether youth mental health should be a specialty in its own right (McGorry, 2009).

Young people experience profound changes as they move from the world of a child to that of an adult. Some young people find society's expectations of them overwhelming and may be left with a relatively poor capacity to regulate their emotional responses. They lack the psychological maturity to overcome social challenges that they may face and as a result are unable to fulfil their potential.

It is important to intervene early in these situations to prevent chronic ill health and for services to offer support to young people to help them achieve psychological maturity as well as to offer appropriate intervention and support to young people who are experiencing potentially enduring illnesses like psychosis. Studies have shown that of those with mental health problems at age 26, half had first met criteria that identifies a psychiatric disorder by 15, and nearly 75% had done so by their late teens. Some interventions and service are more effective with older adolescents.

Young Minds, a leading charity for young people's mental health, has identified the following features of good services for young people:

- Be easy to access in an age appropriate environment
- Be able to work with the family of young people and across their social network as well as with individuals
- Offer a range of treatments
- Cross service boundaries
- Be multi-agency, multi-problem and multi-disciplinary as young people rarely have just one problem
- Be recovery focused giving young people the belief they will move on
- Be able to respond in a crisis as young people are very vulnerable and likely to act on impulse
- Be in a non-stigmatising environment as a drop-in type service where young people are is more likely to be used than a hospital
- Young people will not always be attending education so it is important that services are offered where young people do attend as well as secondary schools and colleges.

It is important to recognise that young people may be experiencing difficulties because of delayed emotional and psychological development and not fit neatly into children or adult mental health or children's services but do require early intervention and psychological services.

Colleges have tended to focus on individual intervention through mentoring and tutor systems. There is evidence to support a whole college approach similar to the approach taken by schools. With the introduction of targeted youth support services, youth workers are in a strong position to respond to young peoples concerns about their psychological well-being.

There is evidence that activities and belonging to a number of groups and social networks is key to the emotional well-being of young people and is a protective factor in maintaining good mental health (National CAMHS Review, 2008). Integration into mainstream youth activities has a positive impact on young people feeling safe, helps to alleviate mental health problems and is acceptable to boys and young men who prefer activities to talking therapies.

It is well recognised that certain young people are more at risk of mental health problems and good quality services will ensure that these young people are identified early through agreed pathways and identified workers who can offer early intervention and support. These include: young offenders, young people who

misuse substances, young people with learning disabilities, young people looked after.

Specialist community CAMHS – new ways of working and evidence based practice

Whilst early intervention in schools can help to identify children's needs there are a number of young people of school age and their families who will require specialist mental health services to help them manage their problems.

Extensive work has been undertaken over recent years to research and evaluate new ways of working for specialist CAMHS services which ensure they are integrated with other children's services whilst recognising that they are trained and bring expertise specifically in mental health.

There is a national move to introduce new, enhanced and changed roles for staff in specialist CAMHS to deliver effective care to children and young people in a range of settings. It involves a cultural shift, one element of which is to move from a workforce defined and restricted by professional qualifications to one defined by skills, competencies and capability (Morris & Nixon, 2008). Many CAMHS teams, especially those based in community settings are already working in ways consistent with the principles of new ways of working.

The model for a good quality tier 3 CAMHS requires a wide distribution of responsibility for clinical care, established multi-disciplinary and multi-agency teams and a broader perspective on mental health needs. Many team members have a broad range of enhanced psychological therapy skills in addition to their background professional training. This means that in the multi-disciplinary multi-agency context of contemporary CAMHS practitioners are flexible and work to their competencies rather than narrowly define professional titles.

The model for specialist CAMHS in the community varies dependent on epidemiological data and local need but evaluation and research has highlighted a number of key principles for a high quality multi-disciplinary CAMHS service. CAMHS deliver a range of interventions to manage specific disorders but their other functions of liaison and consultation contribute to the comprehensive pathway for psychological well-being.

Characteristics of a good specialist service (Kurtz et al)

- Extended hours
- Service delivery in a range of settings near to the child to provide easy access e.g. schools, childrens centres, home, youth centres, hospitals
- A variety of therapeutic skills, including behavioural, cognitive, interpersonal/psychodynamic, pharmacological and systemic approaches. These skills are not necessarily all vested in particular disciplines so that a combination of a skills-based and professional-based approach to service development is appropriate
- Integrated care pathways that ensure a stepped approach to universal, targeted and highly specialist services across child development centres,

paediatric community teams, primary care teams and local authority children's services

- Co-ordinated care across services with an identified key worker / lead professional and systematic care planning around the needs of the child, young person and their family for families at high risk with complex needs
- Effective assessment and formulation .In order to make good decisions about the best way to work with children and families an effective assessment is essential but it is a complex activity and for children and families with multiple needs requires cooperation across disciplines and across agencies. Some areas have responded by creating integrated services across health, and children's services / working jointly /accessing timely specialists support across agencies.
- Specialist CAMHS workers are able to offer a range of evidence based interventions to help children young people and their families to address complex mental health issues.

Guidance issued jointly by the DCSF and DH in August 2009, *Improving access to child and adolescent mental health services* outlines four service improvement models: 10 high impact changes, Lean Thinking, Choice and Partnership Approach and New Ways of Working. These are reproduced in **appendix 13**.

Highly specialised/acute Tier 4 services

Zarrina Kurtz for the DH's National CAMHS Support Service Tier 4 Advisory Group, has produced an *Evidence base to guide the development of Tier 4 services* (2009). Its foreword states: 'Until recently the idea of Tier 4 specialist CAMHS was synonymous with psychiatric inpatient provision, sometimes with day hospitals attached. Tier 4 has more recently come to be understood as multi-faceted with multi-agency services that can include in-reach, outreach, intensive and crisis community initiatives, day provision, therapeutic fostering and other services that may be described as 'wrap around'. What we have seen over the past few years are innovative approaches in assessment and treatment of this most complex group of young people and the development of new intensive community focused services'.

This important review should be considered in detail in light of the need to re-design Tier 4 CAMHS services in Cumbria.

Approaches to treatment for specific conditions

NICE has issued a range of clinical guidelines, technology appraisals and public health guidance of relevance to mental health with more currently in development. Some are aimed solely at age groups between 0-18, whilst others cover birth to old age. Most clinical guidelines relate to treatment for defined psychiatric conditions. Relevant NICE publications include:

NICE Public Health Guidance	NICE Clinical Guidelines	NICE Technology Appraisals
<p>PH4: Interventions to reduce substance misuse among vulnerable young people (2007)</p> <p>PH 7 : school based interventions on alcohol (2007)</p> <p>PH 12: social and emotional wellbeing in primary education (2008)</p> <p>PH 14: preventing the uptake of smoking by children and young people</p> <p>PH 20: social and emotional wellbeing in secondary education (2009)</p>	<p>CG 9: eating disorders (2004)</p> <p>CG 16: self harm (2004)</p> <p>CG 22 (amended) anxiety</p> <p>CG28: depression in children and young people (2005)</p> <p>CG 31: obsessive-compulsive disorder (2005)</p> <p>CG 38: bipolar disorder (2006)</p> <p>CG72: attention deficit hyperactivity guidance (2008)</p> <p>CG 77: antisocial personality disorder</p> <p>CG 78: borderline personality disorder</p> <p>CG 89: when to suspect child maltreatment</p>	<p>TA 102: Parent training/education programmes in the management of children with conduct disorders (2006)</p> <p>TA 98: attention deficit hyperactivity disorder (ADHD) – methylphenidate, atomoxetine and dexamfetamine (2006)</p> <p>TA 97: depression and anxiety: computerized cognitive behaviour therapy (2006)</p>

The main other sources of evidence for the treatment of specific conditions are the CAMHS Evidence-based Practice Unit's evidence review, *Drawing on the Evidence* (Wolpert et al, 2006) and Kurtz (2009).

Both recognise the limitations of the evidence. Most is generated through research conducted on groups of children largely defined by diagnostic classifications, however most children who present to CAMHS do not have such neat labels. Rather, they and their families have complex needs, often having more than one mental health problem and a number of risk factors. Notwithstanding, there is relatively strong evidence to guide practitioners in the treatment of a number of conditions, as outlined in **appendix 16**.

11. Strengths, challenges and options for change

In this section, we draw on the findings of the report, in order to match:

- Information on current services against patterns of psychological well-being and mental health
- Information on current services against quality standards
- Information on current services against what local people say about these services.

11.1 Strengths

This needs analysis process has found numerous examples of locally provided services that **are** accessible, produce effective results and impact upon outcomes. (see section 8) 'Good practice' is endemic, and there is significant evidence that many services include service-user feedback to evaluate their work.

The needs analysis steering group found evidence that across different professional groups and different agencies, people are working in integrated ways to provide services which effectively support the psychological well-being and mental health of children, young people and their families. These ways of working are particularly prevalent in relation to targeted support.

External involvement (by a DCSF Consultant) has corroborated the commitment and passion of the workforce in supporting the psychological well-being and mental health of children and young people, even when rapid organisational change has presented difficulties.

There is evidence of the development of a culture of evidence-based practice and the growth and extension of practice based evidence which is making a contribution both regionally and nationally.

11.2 Challenges

Complexity: in Cumbria we have a very complex whole system, geographically diverse with inherited variations. Part of the challenge created, is the variability in the availability of services in different parts of the County, and this has resulted in an inequitable distribution of services and different patterns of distribution of health services in particular.

Equity and consistency of service provision: For most children's services it was not possible within the need assessment timeframe to map provision in detail by locality. However, for example we know that in relation to children and young people with learning disabilities who may be on the Autistic Spectrum, if they live in North Cumbria they will be able to access a better range of targeted and specialist mental health support services e.g. an ASD Family Support Worker or the advice of a dedicated Learning Disabilities Nurse, based also in Specialist CAMHS.

Sustainability: Cumbria has actively sought to develop pilot projects, many of which are national and have included additional pump priming (e.g. Family Nurse Partnership, Bright Future Treatment Foster Care). Sustainability is a challenge for some pilot projects, whilst others have become embedded in service provision and partnership working (e.g. Parenting Support Advisers, Cumbria Domestic Violence Partnership).

Integrated strategic planning and commissioning: One of the biggest challenges to effective service delivery is posed by the lack of integrated commissioning and planning. This lack of coordination could be behind some of the patterns we have observed in relation to the use of services.

For example, specialist CAMHS teams might reasonably expect in the region of 250 referrals from the CLA population in Cumbria, albeit not all at the same time. Presently about 30 – 40 looked after children are receiving a service from the Tier 3 Service. This could be due to the effectiveness of the targeted services which have developed since 2004. It could be due to a reluctance to engage with mental health services on the part of this client group related to stigma, and the fact that Tier 3 services are structured in a way that does not afford the capacity for the flexible outreach work that this client group and other client groups often require. However the point of using this example is that the answers to these questions are only partially available and close examination of the funding arrangements for the PWB and MH of CLA demonstrates a clear lack of integrated commissioning.

Primary and specialist health care and health and social care are not yet sufficiently integrated and the work is organised in defined tiers or services rather than around pathways defined by need.

Integrated processes and front line working: Implementation of the Common Assessment Framework and other tools for joint working (Contact Point). Since the appointment of the 4 Integrated Working Co-ordinators the implementation of CAF in practice across the children's workforce has improved but there are still key challenges in relation to:

- The ownership and implementation of CAF in each service/agency with a lead officer identified
- Clear pathways in the use of CAF developed across partner services
- Routine use of CAF across the children's workforce
- Processes being in place enabling a response to clear identification of unmet needs.

Leadership, organisational and capacity issues within specialist mental health services. Services within the Partnership Trust have had five different operational managers during the last five years. One of the consequences of this is the apparent lack of clarity within specialist CAMHS as to the extent of developments that has taken place in universal services and targeted provision delivered in universal settings. This suggests that the specialist Tier 3 teams are isolated from these developments and integrated ways of working that have been rapidly developing over the last two years. This could partly be explained by the

insufficient capacity within Tier 3 CAMHS and also the way the service is currently structured, straddling various local footprints.

There is also some evidence of sub-optimal practice in the specialist CAMH Service

Transitions to adulthood Cumbria Partnership Foundation NHS Trust has recently audited its policy on the transition of young people from CAMHS into Adult Mental Health Services. Some areas for improvement were identified and will be addressed by March 2010. CPFT is now involved in the review of the multi agency high level transitions policy led by Children's Services. Disabled young people aged 14 to 19 and their families require improved support from local agencies working together. The Self-Assessment Questionnaire on Transition in Cumbria as part of 'Aiming High' for disabled CYP has a required completion date of 31st December and a transition standard is currently being developed.

Engagement of children, young people and their families Despite improvements in the amount of participation work taking place there remains some doubt as to whether the views of children, young people and their families are sufficiently taken into account in the planning and delivery of psychological well-being and mental health services. For example, in relation to the needs of young carers looking after an adult family member in receipt of Adult Mental Health Services. (See section 8.5 (iv))

Cost and the financial climate. Following investment in the area of 'Comprehensive CAMHS' since 2002 and subsequent investment in several related areas, we can be confident that the current expectations of services are that they will deliver effective services and demonstrate savings to public finances.

11.3 Key commissioning priorities

The needs assessment process has led to the identification of the following key commissioning priorities:

- Ensure robust partnership commissioning arrangements are in place accompanied by shared strategic vision between key stakeholders.
- Ensure the existence of clear care pathways to enable appropriate and timely access to the right level of support service in a coordinated way
- Address inequalities in provision where evidence is found that needs remain unmet or are met in ways that are either sub-optimal or there is no evidence of improved outcomes

11.4 Options for change

The challenges above can be summarised thus:

Culture differences between health services and children's services persist which we observed in a lack of shared ownership in relation to the PWB and MH children and young people resulting in differing perceptions of the overarching strategic

framework. The process of completing this Needs Assessment has helpfully brought a focus to this issue and supported the galvanisation of efforts to ensure progress in achieving the key commissioning priorities outlined in 11.3 above.

There is now evidence to show that the implementation of the (initially education - focussed) Social Inclusion Strategy and it's key objectives are becoming better aligned with the Commissioning processes being jointly undertaken by Cumbria Primary Care Trust and Children's Services via the single 'Joint Commissioning Children's Health Services Board' where the focus has naturally had a greater emphasis on 'health'. Key stakeholders are learning the shared meaning of their different languages.

Other very recent developments will support the necessary cultural changes:

- i.) Cumbria is now part of the national roll-out of the '**Targeted Mental Health in Schools Initiative**'. The aims of 'TaMHS' are to be realised through the development of innovative models of evidence-based mental health support that bring together relevant partners and will be delivered through schools.

The DCSF Summary Report, (September 2009) 'Learning from Targeted Mental health in Schools Phase 1 Pathfinders', highlighted some key messages that indicate the potential of TaMHS as a vehicle for change in Cumbria.

- TaMHS has helped strengthen – and in some areas re-establish – relationships between agencies and has also enabled a wider group of agencies to come together better than in previous working arrangements between mental health support workers.
 - Pathfinders have helped a wide group of partners' access training together, which demonstrates a commitment to developing a shared set of skills across agencies and providers in working according to common care pathways.
- ii.) Partnership work with the University of Cumbria continues to progress it's work to develop a learning pathway for the Children and Young Peoples workforce, in Cumbria in relation to Psychological Well-being and Mental Health so as to
 - Build capacity
 - Develop a systematic way of delivering a learning programme in this area
 - Incorporate into continuing professional development from induction onwards as an essential requirement in the same way as 'safeguarding' training
 - iii) Application of 'Lean Thinking' into the development of pathways. (See **Appendix 13** for definition). In partnership with Cumbria Partnership Foundation Trust and an external consultancy three related projects have been commissioned to:
 - Pilot (in one Locality) the use of key Primary Mental Workers as filters for referrals of children and young people to ensure access to the most

appropriate service in a timely way, i.e. the development of an integrated Primary Care pathway

- Undertake a similar process to develop a Care Pathway where the child or young person's psychological or mental health need is complex
- A needs mapping and pathway project with the Pupil Referral Units across the County is being undertaken to ensure that the vulnerable children and young people who use this provision are able to obtain needs led and holistic assessments and access the right levels of support at the right time, so as to improve outcomes.

There is still a significant amount of work to be done before we can be confident that in Cumbria we have comprehensive coverage of evidence based universal services; e.g. county wide provision for good attachment in infancy, parenting support for all parents and whole school interventions.

The focus of work will need to ensure that prevention and early intervention is successfully targeted at children and young people at highest risk, due to adverse social, economic and ethnic circumstances and is joined up across the continuum of services provision so that for instance staff working in educational settings know enough about eating disorders to refer appropriately and have access to specialist advice.

12. Recommendations

1. Partnership arrangements should enable integrated multi-agency strategic leadership of commissioning and provision of services and interventions to improve psychological well-being and mental health of CYP from birth to adulthood. (Implementation of Recommendation 9 of the National CAMHS Review 2008/New Horizons 2009))
2. Strategic linkages should be made with cross cutting agendas that are key to the improvement of the psychological well-being and mental health of CYP, in particular, the reduction of child poverty and unemployment
3. Integrated working practices should be set out to optimise the pathways for vulnerable children and young people across the spectrum of services and interventions to improve their psychological well-being and mental health ¹⁵
4. Highly specialised CAMHS services should be redesigned as a priority
5. Steps need to be taken to better engage Adult Mental Health service providers in the development of clinically managed networks in relation to maternal and peri-natal mental health.

¹⁵ Integrated care pathways should specify: the model of care/types of services to be delivered; team work around the child, the young person and their family through lead professional roles, common assessment framework and other tools such as contact point; and protocols defining how the constituent parts of the service operate, including referral arrangements, guidelines, information management, governance etc.

6. The provision of high quality age appropriate services, especially for young people at the transition to adulthood, should be ensured as a priority
7. Information and intelligence about services, interventions and their outcomes should be made available at all levels of the system and for all categories of users (from strategic leaders to the general public)
8. The identified inequities and duplication of services should be addressed
9. Potential unmet need in CYP with severe conduct and emotional disorders and in vulnerable CYP with severe and complex needs should be addressed
10. The needs of children and young people who misuse alcohol and have a mental health problem should be more fully understood and addressed
11. Deliberate self harm should be considered alongside other risk taking behaviours and should be specifically included as part of NI 70 - to reduce hospital admissions caused by unintentional and deliberate injuries to CYP
12. Integrated workforce planning and redesign should take place across all areas of the system
13. Children, young people and their families should be involved in all aspects of work to improve their own psychological well-being and mental health.

December 2009

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GLOSSARY

APA – Annual Performance Assessment

Each year the Council's Children's Services Directorate was required to complete a self-assessment, which along with its performance on key indicators and the review of the regulators, contributes to the overall APA. This has now been superseded by the Comprehensive Area Assessment from April 2009

Behaviour disorder – Behaviour outside of the normal range of developmental expectations where behaviours are causing dysfunction and difficulties in families, at school or in peer relationships. There are several different types of behaviour disorder

Behaviour Support Service – The Behaviour Support Team consists of 8 teachers and 7 Higher Level Teaching Assistants. Their aim is to work collaboratively with schools, parents, pupils and others to promote the social and emotional well-being of all children to enable them to maximise their learning potential. They offer advice to schools and respond to referrals of pupils at 'school action plus', contributing to statutory assessment, annual reviews, supporting the roll-out of Social and Emotional Aspects of Learning (SEAL) and delivering training on Behaviour Management.

BME – Black and Minority Ethnic Community

CAF – Common Assessment Framework

The CAF is key to the delivery of Every Child Matters. It is a standardised approach to assessing and communicating children's and young people's needs.

For further information, look at

www.everychildmatters.gov.uk/deliveringservices/caf/

CASH – Cumbria Association of Secondary Heads

The representational body for Secondary Schools in Cumbria.

CCCCSD – Cumbria County Council Children's Services Directorate

The new lead directorate within the Council that combines elements of the former Education Directorate and Children's Social Care from Social Services.

Children's Trust

See Children's Commissioning Trust.

CLA – Children Looked After in the 'care of' Cumbria County Council

Formerly known as LAC – Looked After Children.

Children's Commissioning Trust - (formerly referred to as CYPB)

Children's Trusts bring together all services for children and young people in an area, underpinned by the Children Act 2004 duty to co-operate, to focus on improving outcomes for all children and young people.

The key elements to delivering this are:

- Integrated working (with people working in multi-disciplinary teams, trained jointly, using a lead professional model and co-located, wherever possible)
- Integrated processes like the Common Assessment Framework
- Effective integrated strategies and plans to underpin them; and
- Arrangements for governance that ensure everyone shares the vision. In Cumbria this is expressed in a new partnership protocol.

Across the whole system there are some unifying features which help to link the various elements:

- Leadership at every level, not just the director of children's services,
- Performance Management driving an outcomes focus at every level
- Listening to the views of children and young people

CS – Children's Services
See CCCCS.

Commissioning intention – a statement of how services will be designed, developed and delivered

Conduct disorder

The most common mental health disorder in childhood and persists into adulthood in about 40% of cases, with an increased risk of offending. Half of children with conduct disorder receive a diagnosis of antisocial personality disorder as adults, and other problems such as schizophrenia, major depressive disorder and panic disorder are also common. Conduct disorders are associated with an increased risk of perpetrating (and experiencing) violence and abuse, and increased risk of school drop out and alcohol and drug misuse (New Horizons, 2009, p.30).

Contact point – A national data base which will contain basic information on all children which will be available to trained and checked professionals who will all require enhanced Criminal Records Bureau clearance before being granted access. Scheduled to go live nationally in April 2011

CSCB – Cumbria Safeguarding Children Board

This body aims to ensure effective inter-agency working to protect and promote the welfare of vulnerable children who require assessments and interventions from more than one agency.

CSP – Cumbria Strategic Partnership

The Cumbria Strategic Partnership is a countywide partnership with over 50 partners, including all seven local authorities and further representatives from public, private and voluntary organisations in all parts of Cumbria. Its aim is to speak with a single voice for Cumbria and influence both business planning of partner organisations and regional and national policy development to better impact on the agreed priorities to secure economic growth and social progress for Cumbria. It launched a Sub-Regional Strategy for Cumbria in October 2004.

Cumbria CC or CCC – Cumbria County Council

The tier of local government, that covers all of Cumbria and which has lead responsibility for delivering Every Child Matters.

Cumbria PCT – Cumbria Primary Care Trust

See Primary Care Trust.

CVA – Contextual Valued Added

The CVA measures a child's progress at secondary school, taking into account a range of social factors alongside their level of academic achievement on entry. These include gender, first language, and a family poverty index developed by the Office of the Deputy Prime Minister.

DAAT Partnership – Drug and Alcohol Action Team Partnership

This partnership combines representatives from local authorities (county council and district councils), health, probation, voluntary sector, etc. The DAAT ensures that the work of these local agencies is brought together effectively and that cross-agency projects are co-ordinated successfully.

Their work involves commissioning services: monitoring and reporting on performance; and communicating plans, activities and performance to stakeholders.

DCS – Director of Children's Services

Based within Cumbria County Council the DCS Moira Swann is professionally accountable for the delivery of the local authority's education and social care functions for children and any health functions for children delegated to the authority by the NHS.

DCSF – Department for Children, Schools and Families

The Government department that oversees the delivery of the 'Every Child Matters' agenda.

DH – Department of Health

The Government department which aims to improve the health and well-being of people in England.

DWP – Department of Work and Pensions

The Government department which aims to: promote opportunity and independence for all; help individuals achieve their potential through employment; and work to end poverty in all its forms.

Early Intervention - Refers to the delivery of a prompt response to the early manifestation of mental health problems, through support delivered in a community setting.

Early intervention in psychosis - Refers specifically to the detection and treatment of psychosis during the critical early phase of illness.

Emotional disorder – Where onset is specific to childhood these are viewed as exaggerated expressions of normal developmental trends. They are characterised by normal emotions that are unusual in their extent given the developmental stage in which they present. E.g. separation anxiety; whilst a healthy infant would

experience high levels of anxiety or distress on being separated from her mother, a healthy adolescent would feel less so. There is also a distinction made between internalising problems as in depression, anxiety, social withdrawal and somatic complaints and externalising difficulties such as aggressive behaviour

Integrated Care Pathway According to the NHS National Library for Health an integrated care pathway is a document that describes a process within health and social care and collects variations between planned and actual care. It aims to ensure best practice in terms of the people involved, the actions undertaken, the outcomes achieved and the patient experience. The defining feature is that it enables clinicians to compare planned care with care actually given, which should be reflected in the patient record.

In other contexts – such as the Children’s NSF - the term ‘care pathways’ is used more loosely to describe a ‘best practice’ route through a particular service or between services, without the focus on identifying and recording variations in care (National CAMHS Review, 2008:63)

An integrated care pathway (ICP) is a document that describes a process within health and social care. An ICP is both a tool and a concept which embeds guidelines, protocols and locally agreed, evidence based, patient-centred, best practice into everyday use for the individual patient. Uniquely, an ICP records variations from planned care in the form of ‘variances’.

In CAMHS a fully implemented ICP would include:

- a definition of the patient group covered, for example all new presentations of self harm
- local and national standards and intended outcomes for that group of patients
- references to the evidence based practice used to inform local practice
- maps and flow charts showing the clinical and non-clinical processes designed to implement good practice in the diagnosis, treatment and management of the patient group
- a way of recording and monitoring variances (when the care of an individual patient or the outcome of care is different to that planned for the patient group and the reason for that difference)
- a family-friendly leaflet describing what will happen when, where and why. (DCSF & DH, 2009).

IYSS – Integrated Youth Support Service

JAR – Joint Area Review

In addition to the APA, from time to time (about every three years) Children’s Services formerly had an external review of their performance carried out by a team of inspectors drawn from different regulatory bodies working together.

KS – Key Stages

For pupils aged 5 to 14, the National Curriculum provides a structured and assessed education through 4 Key Stages

Key Stage 1 – relates to years 1 and 2 (children aged 5-7) with tests in English and Maths;

Key Stage 2 – relates to 3 years to 6 (children aged 7-11) with tests in English, Maths and Science;

Key Stage 3 – relates to years 7 to 9 (children aged 11-14) with tests in English, Maths and Science; and

Key Stage 4 – relates to years 10 and 11 (children aged 14-16) with some taking GCSEs or other national qualifications.

LA – Local Authority

See Cumbria County Council.

LAA – Local Area Agreement

Local Area Agreements are a new way of working, aimed at improving the effectiveness and efficiency of the way government works with local authorities and their partners to improve public services.

A statement will be drawn up between partners on the outcomes they feel need to be achieved for the local area, in our case Cumbria, and agreed with the Government in April 2007.

Outcomes are measurable targets for improvement in key services affecting quality of life. The agreement will cover a range of outcomes, each falling within one of four blocks, one of which is Children and Young People.

LD – Learning Disabilities - The Department of Health defines these as including the presence of a significantly reduced ability to understand new or complex information and learn new skills with a reduced ability to cope independently which started before adulthood with a lasting effect on development.

LDPS – Local Delivery Platforms

These will operate below an area basis and will enable greater co-ordination of frontline services to improve prevention and early intervention by bringing together a range of services delivered in an integrated way through MASTs.

There are currently pilots in each of the 5 LPG areas which will be evaluated before the LPDs are rolled out across the country. The LPGs are being given responsibility for shaping the roll out in their area.

LM – Lead Member

The Councillor within the County Council who has political accountability for the same range of services as the Director of Children's Services. In Cumbria, this is Jim Buchanan.

Lead professional -Person responsible for co-ordinating provision (but not for the availability or quality of services) and acting as main contact for families

LPGs – Local Planning Groups

The CYP Board has established five Local Planning Groups (LPGs) to ensure the delivery of agreed priorities and outcomes of children and young people in a specific area of the county. They are responsible for analysing local need,

identifying priorities, monitoring performance and reshaping the delivery of preventative services on a multi-agency basis. The LPGs are in the following areas: West Cumbria, Barrow, South Lakeland, Eden and Carlisle.

LCSB – Local Safeguarding Children Board

This is the statutory mechanism for ensuring agencies co-operate to safeguard and promote the welfare of children and young people in Cumbria.

The LCSB has a particular focus on the ECM Staying Safe Outcome and seeks to ensure that all children and young people in Cumbria are protected from physical or mental injury or abuse, neglect, maltreatment, sexual abuse or exploitation or harm caused by witnessing violence or abuse of another.

LSC – Learning and Skills Council

The LSC exists to make England better skilled and more competitive. They have a single goal; to improve the skills of England's young people and adults to make sure we have a workforce that is of world-class standard.

They are responsible for funding high-quality vocational education and training for everyone.

LSPs – Local Strategic Partnerships

LSPs are non-statutory, multi-agency partnerships which match local authority boundaries. In Cumbria there are five – Carlisle, Eden, South Lakeland, Furness and West Cumbria (Allerdale and Copeland). They bring together public, private, voluntary and community representatives to allow different services and initiatives to support one another in an area.

Lead professional

Learning disability

MASTs – Multi-Agency Support Teams

Practitioners in a locality who will work as part of an integrated team to deliver services to children and young people as well as their families and carers.

NIs - National Indicators

NHS Cumbria

See Primary Care Trust.

NEET – Not in Education, Employment and/or Training

A standard indicator used for young people aged 16 and over.

NHS – National Health Service

The health and social care system managed nationally by the Department of Health and delivered locally through a variety of agencies and individuals.

NSF – National Service Framework

The Government published its National Service Framework (NSF) for children, young people and maternity services on 15 September 2004. It sets standards for children's health and social services, and the interface of services with education.

OFSTED/CSCI – Government Inspectors

These are the two Government inspection agencies for Children's Services. Ofsted is the inspectorate for children and learners in England.

Its job is to contribute to the provision of better education and care through effective inspection and regulation. Launched in 2004, the Commission for Social Care Inspection is the single, independent inspectorate for all social care services in England.

PCT – Primary Care Trust

The Cumbria Primary Care Trust was formed on 1 October 2006 when North Cumbria Primary Care Trust joined with the Cumbria part of Morecambe Bay Primary Care Trust.

It supplies NHS services in the community and also works with other local health trusts, local authorities and other organisations to ensure that health services are provided, and that the health needs of local communities are being met. It controls the majority of the NHS budget and buys ('or commissions') services from other health providers including GPs, dentists and four health trusts:

North Cumbria Acute Hospitals NHS Trust which manages the Cumberland Infirmary in Carlisle and West Cumberland Hospital in Whitehaven;

University Hospitals of Morecambe Bay NHS Trust which manages Furness General Hospital in Barrow-In-Furness, Westmorland General Hospital in Kendal and Ulverston Community Health Centre, in addition to hospitals in Morecambe and Lancaster;

Cumbria Partnership NHS Foundation Trust which provides mental health services and

North West Ambulance Service NHS Trust which provides ambulance services in Cumbria.

The PCT is also responsible for providing health services in the community (known as primary care services), including all of the community hospitals in Cumbria.

PHA – Primary Heads Association

The representational body for primary schools in Cumbria.

PMF – Performance Management Framework

The Performance Management Framework is a tool that allows Children and Young People partners to measure, monitor and manage their performance. This tool is used to identify performance measures and targets that will be used to track whether or not we are meeting our objectives and to identify areas for improvement.

PEx – Permanent Exclusions

Permanent exclusions can only be applied by the school's head teacher if a pupil has seriously breached the schools discipline policy, and if they were to remain in

school it would seriously harm or put at risk the pupils or others in the school. Permanent exclusion is only used as a last resort.

PI – Performance Indicators

Ways of measuring achievement and success that consist of a measure and a target.

Prevention – Interventions to avert the initial onset of a mental disorder.

Promotion – Activity which focuses in helping people maintain good emotional health, rather than on addressing problems and disorders. It recognises and addresses the broad range of issues and factors which promote emotional health. This includes environmental and socio-economic factors as well as behaviour.

PRU – Pupil Referral Units

The remit of pupil referral units is to provide a suitable and appropriate education to children of compulsory school age who, because of illness, exclusion or otherwise, are unable to attend a maintained (i.e. mainstream or special) school. Under section 19 of Education Act 1996, local authorities have a duty to provide a suitable education for children of compulsory school age who because of illness, exclusion from school (example), will not receive a suitable education without these arrangements.

PSA – Parent Support Advisors

Practitioners with a specific role, developed as part of Cumbria's Parenting Strategy and Think Family reforms. They work as preventative practitioners in localities and specific schools, offering parenting advice to individual families and group work with parents, using specific evidence-based interventions

SEAL – The Social and Emotional Aspects of Learning

SHA – Strategic Health Authority

The North West Strategic Health Authority, known as NHS North West, was created in July 2006 as a result of the national policy creating a patient-led NHS. Its predecessor organisations were the Greater Manchester, Cumbria and Lancashire and Cheshire and Merseyside strategic health authorities.

Its mission is to maintain and improve the health of the North West population and ensure the delivery of world-class services for those who need care. NHS North West covers the largest geographical area of any of England's 10 strategic health authorities and looks after population of more than seven million people.

Specialist CAHMS– Child and Adolescent Mental Health Service. In Cumbria, the Specialist Child and Adolescent Mental Health Service is a multi-disciplinary service which provides assessment, advice and interventions for children and young people (up to the age of 16, or sometimes up to 18 if in full time education) with mental health difficulties and their families. Where solutions cannot be found, the service supports and assists the development of more effective management.

TaMHS – Targeted Mental Health Support in Schools. Programme led by the Department for Children, Schools and Families to enable Local Authorities and Primary Care Trusts to work together with school clusters to develop evidence-

based models of therapeutic and holistic mental health support in schools for children aged 5 – 13 and their families.

Targeted services - refers to those partnerships and services delivered through children's trust arrangements to improve mental health outcomes for especially vulnerable groups (see appendix ... for a fuller description)

YOS – Cumbria Youth Offending Service

The aim of this service is to prevent offending by children and young people. It delivers this by: preventing crime and the fear of crime; identifying and dealing with young offenders; and reducing re-offending.

Universal settings – used to refers to children's centres, primary healthcare settings, extended schools, school clusters, play, leisure and community services, youth services.