

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO OVERVIEW AND SCRUTINY COMMITTEE 2

12 DECEMBER 2017

JOINT REPORT OF THE INTERIM CORPORATE DIRECTOR, EDUCATION AND FAMILY SUPPORT AND CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

1. Purpose of report

1.1 To update the Committee on:

- training undertaken by professionals and volunteers to identify and support children and young people with mental health needs;
- CAMHS support in place for the Youth Offending Service (YOS);
- links to transitional adult mental health services; and
- information and data on mental health and emotional wellbeing services delivered in schools.

2. Connection to Corporate Improvement Objectives/other corporate priorities

2.1 The report links to the following corporate priorities:

- Helping people to be more self-reliant
- Smarter use of resources

3. Background

3.1 A report outlining progress on Child and Adolescent Mental Health Services (CAMHS) was presented to the former Children and Young People Overview and Scrutiny Committee on 20 April 2017 (Appendix A).

3.2 More recently, Overview and Scrutiny Committee 2 Members have requested an update on the points listed in 1.1 above.

4. Current situation/proposal

4.1 An update against each of the points is provided below:

4.2 Training undertaken by professionals and volunteers to identify and support children and young people with mental health needs

4.2.1 There are a number of services and roles that identify and/or support children and young people with mental health issues across the county borough. Many of these were listed in the previous report (see page 2 of Appendix A).

4.2.2 The local authority employs 7 school based counsellors, 2 community counsellors and 1 play therapist. The majority of counsellors work 28 hours over 4 days per

week. They are all British Association of Counsellors and Psychotherapists (BACP) registered, which means that as a minimum they have completed a BACP accredited course. Accreditation can be at various academic levels, but will be at university, college or other training provider (not online or distance learning) and sets minimum standards in terms of hours of counselling delivery. There are also minimum supervision levels and continuous professional development requirements, to maintain registration.

4.2.3 All counsellors are based within early help services. They offer a limited amount of training, support and advice to staff within the wider service but their role is predominately focused on service delivery.

4.2.4 In addition to the school counselling service, early help staff have been able to access a number of training opportunities. The majority of lead workers have been trained in ASIST (Applied Suicide Intervention Skills Training). However, staff turnover means that there is an on-going training need for new staff. Approximately half a dozen early help staff have been trained in ELSA (emotional literacy support).

4.2.5 Educational psychology colleagues offer half a day's support to each of the early help locality hubs every half term. This has covered a range of topics, such as referral pathways for the panel for autistic disorders (PAD).

4.2.6 Within the YOS, staff have accessed the following training:

- How to create emotional health and wellbeing
- Anxiety awareness
- Trauma recovery
- ASIST

4.2.7 Third sector organisations and colleagues access training, including:

- Mental Health First Aid – subsidised by third sector youth grant – via Bridgend Association of Voluntary Organisations (BAVO)
- Youth Mental Health First Aid - subsidised by third sector youth grant – via BAVO
- Applied Suicide Intervention Skills Training – self funded – provided by BAVO
- STORM (clinical version of ASIST) – ABMU training
- Suicide Talk – self funded BAVO
- Mental Health Awareness – Mental Health Matters Wales (MHMW) – self funded
- Dual Diagnosis – MHMW – self funded
- Confidence and assertiveness – MHMW – self funded
- Mental Capacity Act – MHMW – self funded
- Depression and Anxiety – free training - MHMW
- Food and Mood – GOFAL – self funded
- Self harm training – MHMW – free
- Mental Health and Adolescence – Mind Cymru – self funded

4.2.8 These training opportunities are provided and/or promoted by each training provider and by BAVO. Uptake can sometimes be an issue due to the cost of the training.

- 4.2.9 Within the local authority's Inclusion Service, there are range of staff who deliver school based interventions and training. On-going training is promoted through the Inclusion Service training directory that provides a menu of training for schools and is distributed termly.
- 4.2.10 Additional training is rolled out on a wider scale when there are opportunities provided from grant funding. For example, 'Thrive' training was piloted throughout schools in Bridgend for looked after children (LAC) pupils from the LAC PDG (pupil and deprivation grant). Thrive training provided key school staff with the skills and understanding to manage the emotional development of children, especially vulnerable children with disruptive and troubling behaviour. The Thrive training requires continued professional development of the staff to maintain their licence.
- 4.2.11 ELSA is co-ordinated and delivered to school staff (usually support workers) by educational psychologists in Central South Consortia (CSC). ELSA training is advertised on 'Cronfa' which is a system that enables all schools in CSC to log on to courses. Termly emails are also sent to all schools to inform them of the ELSA training dates. ELSA was designed to build the capacity of schools to support the emotional needs of their pupils from within their own resources. It recognises that children learn better and are happier in school if their emotional needs are also addressed. ELSA is an initiative developed and supported by educational psychologists who apply psychological knowledge of children's social and emotional development to particular areas of need and to specific casework.
- 4.2.12 The student assist programme (SAP), mindfulness and other psychological interventions are delivered by educational psychologists directly to pupils, either on an individual basis or to groups of pupils as and when appropriate. Some training of these techniques/interventions can be provided to experienced school staff, if the school setting requires this.
- 4.2.13 In summary, Members will see that there is a wide range of training available to professionals and volunteers across the county borough. However, the vast majority of services which are provided at tier 2 and above remain over-subscribed or are not in place locally. **Appendix C** summarises CAMHS performance across the Western Bay area from August 2016 to July 2017.

4.3 CAMHS support in place for the Youth Offending Service (YOS)

- 4.3.1 The Crime and Disorder Act 1998 sets out in Section 38 the composition of the Youth Offending Service. It states that the YOS must include at least one member of staff nominated by the Local Health Board. Western Bay Youth Justice and Early Intervention Service (WBYJ and EIS) has been without a member of staff provided by health staff to act as the statutorily required member of the YOS since 2013 in Bridgend and has over the years lost the health staff in Swansea and Neath Port Talbot locality teams. The staff have not been withdrawn from the service but as vacancies have occurred naturally these posts have not been filled.
- 4.3.2 WBYJ and EIS is Wales' largest YOS and is responsible for the care and supervision of highly complex young people who have been subject to a plethora of adverse childhood experiences. There were 108 cases open to the Bridgend locality youth offending service on the 1 September 2017 (22 statutory cases and 86 non statutory cases). Many of these young people will have presenting mental health

issues. The expertise that health professionals bring to this work and the wider long-term health benefits that effective rehabilitation of individuals at an early age should not be underestimated. The active participation of health as a statutory partner in the WBYJ and EIS is particularly important at this time. The service is participating in a trial of a psychology-led approach to addressing adverse childhood experiences and the consequent impact on offending behaviour through the application of the “Enhanced Case Management Approach”. Health as a key partner in this will be pivotal to seeing the maximum benefit for the children and young people involved.

4.3.3 Work has been ongoing for some time with ABMU to design a model that meets the needs of children and young people who offend or are at risk of offending. The aim being to ensure that children and young people receive the support they need from the right professional, in a timely fashion to prevent escalating difficulties and aimed at equipping non-specialist services with sufficient knowledge and skills to enable them to appropriately identify and respond to emotional and mental health needs. This area of work is also necessary under the Welsh Governments “Together for Mental Health Delivery Plan”. The proposed model remains with ABMU waiting to be finalised.

4.3.4 In the interim WBYJ and EIS has taken actions to secure monthly consultations with a consultant child psychiatrist, maintained referral pathways to primary healthcare services, links with forensic services and invested in emotional health and well-being training for staff. This cannot however replace the benefits of having a healthcare professional as a seconded staff member.

4.4 Links to transitional services adult mental health

4.4.1 There is transition planning for young people with mental health difficulties who are known to CAMHS. Of the 35 young people discussed at the Transition Panel (aged 14-17) between September 2016 to September 2017, 2 were referred to the Adult Mental Health Service. This is coordinated through the local authority’s transition panel. The panel ensures that appropriate assessments are in place and a transition plan to adult mental health services agreed.

4.4.2 There are cases in which both adult and children’s services are involved with a family where the child is known to CAMHS. In these situations, social workers from the Adult Services Team work as part of a multi-disciplinary team so that support for a family is coordinated effectively.

4.4.3 Members specifically requested an update on services where there is a direct impact from adult mental health on children such as parental alcohol or substance misuse. Bridgend lead on the delivery of the regional Western Bay Integrated Family Support Service (IFSS). The Team is made up of experienced practitioners from health and social care and the areas of expertise include: child and adult safeguarding, substance misuse, domestic violence and mental health. There were 89 referrals to this service in 2016-2017.

4.4.4 The aim of the service is to keep families affected by parental substance misuse together by empowering them to take positive steps to change and improve their lives whilst addressing any safeguarding concerns. To achieve this, the service works in partnership with families using evidence based interventions aiming to

bridge the gap between children and adult services across local government, non-statutory sectors and health partners.

- 4.4.5 Parental substances or alcohol misuse could have a negative impact on their children and their school attendance might suffer, as their parents may be unable to meet all of their children's needs as their own needs will take priority. The team work holistically with the family, the wider family and all agencies involved with the family, including education.
- 4.4.6 The work undertaken is intense, over a six week period where the family work on the goals that they want to achieve. This is then reviewed over a twelve month period to ensure the family continue to work to their goals and the improvements are sustained. The voice of the child is very important when working with the family as a whole.

4.5 Information and data on mental health and emotional wellbeing services delivered in schools

- 4.5.1 Schools have a range of provision in place for children and young people who are identified as having emotional and wellbeing needs. A number of examples, provided directly by schools, are listed in **Appendix B**.

5. Effect upon Policy Framework and Procedure Rules

- 5.1 None.

6. Equality Impact Assessment (EIA)

- 6.1 As the main area of responsibility for CAMHS is led by ABMU, any EIA will be undertaken as per their protocols.

7. Financial implications

- 7.1 Whilst the funding for CAMHS activity goes directly to ABMU, the majority of services detailed above are delivered by the local authority or directly by schools. However, many of the services delivered by the Council are drawn from a variety of grant sources. This means there is very limited guaranteed of sustainability within the service and little resilience.

8. Recommendation

- 8.1 It is recommended that the Committee notes the contents of the report and appendices.

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Attachments

Appendix A: Report to the Children and Young People Overview and Scrutiny Committee on the 20 April 2017

Appendix B: Children's mental health and emotional wellbeing - examples of services and support offered directly by schools

Appendix C: CAHMS Performance Data

Appendix D: ABMU Health Board Delivery Plan 2017 – 2019 Services to Support the Emotional Health & Wellbeing of Children & Young People (CAHMS)

Background documents

Report to the Children and Young People Overview and Scrutiny Committee on the 20 April 2017 (Appendix A)