CHILDREN'S SERVICES SCRUTINY FORUM AGENDA

12 March 2013

at 4.30pm

in the Council Chamber, Civic Centre, Hartlepool

MEMBERS: CHILDREN'S SERVICES SCRUTINY FORUM:

Councillors C Akers-Belcher, Atkinson, Fleet, Griffin, Loynes, Simmons and Wilcox.

Co-opted Members: Sacha Paul Bedding and Michael Lee

Young People's Representatives: Ashleigh Bostock, Leonie Chappell, Helen Lamb and Sean Wray

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 12th February 2013

4. **RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

   No items

5. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

   No items

6. **CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

No items

7. **ITEMS FOR DISCUSSION**

Scrutiny Investigation into 'Emotional and Mental Wellbeing'

7.1 Evidence for the Portfolio Holder for Children's and Community Services:-

(a) Covering report – *Scrutiny Support Officer*

(b) Verbal evidence from the Portfolio Holder for Children's and Community Service

7.2 Evidence from Tees, Esk and Wear Valley NHS Foundation Trust:-

(a) Covering report – *Scrutiny Support Officer*

(b) Presentation – *Representatives from Tees, Esk and Wear Valley NHS Foundation Trust*

7.3 Evidence - Hartlepool Draft JSNA Entry:-

(a) Covering report – *Scrutiny Support Officer*

(b) Report and presentation – *Head of Service – Strategic Commissioning and Health Improvement Practitioner*

7.4 Feedback from the 'what people say' group exercises held on 12 February 2013 - *Scrutiny Support Officer*

7.5 Formulation of recommendations for the JSNA topic of Emotional and Mental Wellbeing:-

(a) Covering report – *Scrutiny Support Officer*

(b) Formulation of recommendations - *Members of the Forum*

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

9. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

ITEMS FOR INFORMATION

i) Date of Next Meeting : Tuesday 16th April 2013, commencing at 4.30pm in the Council Chamber

CHILDREN'S SERVICES SCRUTINY FORUM

MINUTES

12 FEBRUARY 2013

The meeting commenced at 4.30 p.m. in the Civic Centre, Hartlepool

Present:

Councillor Christopher Akers-Belcher (In the Chair)

Councillors: Mary Fleet, Sheila Griffin, Brenda Loynes and Chris Simmons.

Also Present: In accordance with Council Procedure Rule 4.2; Councillor Jim Ainslie as substitute for Councillor Wilcox.

Kirsty Taylor, Angela Buckley, Josh Buckley, Jason Falconer – Lynks Group

Shay Miah, Helen Lamb, Helen Hadfield, Naomi Ward, Jordan Odgers, Kelsey Hunter – Hartlepool Youth Parliament.

Ashleigh Bostock, Helen Lamb, Shelby Laybourn, Caitlin Laybourn, Nicole Theasby, Billie Thompson and Sara Thompson – young peoples representatives.

Dawn Osbourne, Joanne Vayro, Dawn Robinson, Marion Douglas and John McIntosh - Foster Carers

Officers: Sally Robinson, Assistant Director – Prevention, Safeguarding and Specialist Services
Ian Merritt, Strategic Commissioner - Children's Services
Danielle Swainston, Head of Access and Strategic Planning
John Robinson, Parent Commissioner
Penny Thompson, Families Information and Support Hub (FISH) Manager
Zoe Westley, Head of Social and Education Inclusion
Emma Rutherford, Education Co-ordinator - Vulnerable Pupils
Pam Swainson, Research and Development Officer (ICS)
Kelly Moss, Family Support Specialist (FISH)
Jane Young, Prevention, Safeguarding and Specialist Services
Jacqui Braithwaite, Principal Educational Psychologist
Joan Herbert, IYS Tackling Teenage Pregnancy
Beth Storey, Youth Work Manager
Kimberley Bell, Participation Worker
Keith Munro, Social Worker

Angela Boaler, Social Worker
Sue Coverdale, Specialist Nurse LAC
Rebecca Hunter, Participation Worker
Anne Barberi, Grange Primary School
Jill Sherwood, Kingsley Primary School
Michelle Clarke, West View Primary School
Sue Henry, Stranton Primary School
Anne Carass, St John Vianney Primary School
Elaine Hind, Scrutiny Support Officer
David Cosgrove, Democratic Services Team

63. Apologies for Absence

Councillor Wilcox and co-opted members Michael Lee and Sacha Paul Bedding.

64. Declarations of interest by Members

None.

65. Minutes

The minutes of the meeting held on 15 January 2013 were confirmed.

66. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum

No items.

67. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

No items.

68. Consideration of progress reports/budget and policy framework documents

No items.

69. Investigation into the JSNA topic of Emotional and Mental Wellbeing - Group Exercise (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that officers from the Child and Adult Services Department, partner organisations, service users and parents/carers

had been invited to attend this meeting to provide information in relation to the investigation into the JSNA (Joint Strategic Needs Assessment) topic of 'Emotional and Mental Wellbeing'. The approach to the information gathering at the meeting would be through the meeting dividing into a number of smaller discussion groups to explore how well emotional and mental wellbeing services are currently being delivered and any potential gaps in service. Following the individual discussion groups the comments from each would be displayed in the meeting for the other groups to consider and comment on.

Following the discussion group sessions, the Chair thanked all those present for their attendance and full and frank discussions within the groups. The Chair commented that it was particularly pleasing to see so many young people involved in the meeting and making their views known through the discussion groups.

The Scrutiny Support Officer indicated that the feedback from the various groups would be collated and reported back to the forum as part of the development of the final report.

Recommended

That the comments and discussions of the groups on the JSNA topic of 'Emotional and Mental Wellbeing' be noted.

70. Scrutiny Referral of the JSNA Topics of Autism and Learning Disabilities to the Learning Disability Partnership Board – Feedback from Member Visit to the LDPD - Covering Report (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that at the meeting in July 2012 it was agreed that the Joint Strategic Needs Assessment topics of Autism and Learning Disabilities would be referred to the Learning Disabilities Partnership Board (LDPB) for consideration.

As a result, members of the Children's Services Scrutiny Forum were invited to attend a meeting of the LDPB, held at the Centre for Independent Living, on 11 January 2013. A summary of the responses received to the referral were set out in the report.

The Chair indicated that the comments should be sent through to those developing the JSNA (Joint Strategic Needs Assessment) with a response on any subsequent changes being fed back to the forum. The Chair indicated that the issue would be monitored by the Children's Services Policy Committee under the new governance arrangements.

Recommended

That the report be noted and referred into the development of the Joint Strategic Needs Assessment entries in relation to Autism and Learning Disabilities.

71. Six Monthly Monitoring of Agreed Children's Services Scrutiny Forum's Recommendations (*Scrutiny Support Officer*)

The Scrutiny Support Officer provided Members with the six monthly progress made on the delivery of the agreed scrutiny recommendations of this Forum. Within the report a series of revised completion dates were outlined for the forum's approval but it was agreed that as these actions were due to be completed prior to the next monitoring report being presented, the date changes were no longer necessary.

Recommended

1. That the report be noted.

72. Executive's Forward Plan (*Scrutiny Support Officer*)

The Scrutiny Support Officer submitted details of key decisions contained within the Executive's Forward Plan February to May 2013 relating to the Children's Services Scrutiny Forum.

A Member commented on RN89/11 Former Brierton School Site and its current use by Catcote Futures as most of the lights in the building seemed to be on most of the night. The Chair indicated that the issue would be raised with the Assistant Director, Resources.

Recommended

That the report be noted.

73. Any Other Items which the Chairman Considers are Urgent

No items.

The meeting concluded at 5.40 p.m.

CHRISTOPHER AKERS-BELCHER

CHAIR

CHILDREN'S SERVICES SCRUTINY FORUM

12 March 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION IN TO 'EMOTIONAL AND MENTAL WELLBEING' - EVIDENCE FROM THE AUTHORITY'S PORTFOLIO HOLDER FOR CHILDREN'S AND COMMUNITY SERVICES - COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members of the Forum that the Portfolio Holder for Children's and Community Services has been invited to attend this meeting to provide evidence in relation to the investigation into the JSNA topic of 'Mental and Emotional Wellbeing'.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 31 July 2012, Members agreed the Scope and Terms of Reference for their investigation into the JSNA topic of 'Emotional and Mental Wellbeing'.

2.2 Consequently, the Authority's Portfolio Holder for Children's and Community Services has been invited to this meeting to provide evidence to the Forum in relation to their views on 'Emotional and Mental Wellbeing'.

2.3 During this evidence gathering session with the Authority's Children's and Community Services Portfolio Holder, it is suggested that responses should be sought to the key questions below:-

(a) What are your views on the emotional and mental wellbeing services currently provided in Hartlepool and do you feel that these services are meeting the needs of children and young people?

(b) What in your view are the key challenges facing the provision of emotional and mental wellbeing services in Hartlepool and how do you envisage these being addressed in the future?

(c) In light of current budgetary restrictions and collaborative working required to provide emotional and mental wellbeing services, do you

have any views on how services can be delivered more efficiently whilst improving their effectiveness of interventions?

(d) Do you have any other views / information that you feel maybe useful to Members in forming their recommendations?

3. RECOMMENDATION

3.1 That Members of the Forum consider the views of the Portfolio Holder for Children's and Community Services in relation to the questions outlined in section 2.3.

Contact Officer:- Elaine Hind – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
e-mail: elaine.hind@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in preparation of this report:-

(i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Mental and Behavioural Disorders – Scoping Report' Presented to the Children's Services Scrutiny Forum on 31 July 2012.

(ii) Minutes of the Children's Services Scrutiny Forum held on 31 July 2012.

CHILDREN'S SERVICES SCRUTINY FORUM

12 March 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION IN TO 'EMOTIONAL AND MENTAL WELLBEING' – EVIDENCE FROM TEES ESK AND WEAR VALLEY NHS FOUNDATION TRUST - COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members that representatives from Tees, Esk and Wear Valley NHS Foundation Trust have been invited to attend this meeting to provide evidence in relation to the investigation into 'Emotional and Mental Wellbeing'.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 31 July 2012, Members agreed the Scope and Terms of Reference for their investigation into the JSNA topic of 'Emotional and Mental Wellbeing'.

2.2 Subsequently, representatives from Tees, Esk and Wear Valley NHS Foundation Trust have agreed to attend this meeting to provide Members with a presentation in relation to the possible routes into, and through, the services the trust provides for young people with emotional and mental wellbeing difficulties.

2.3 During this evidence gathering session, Members should be mindful of the Marmot principle 'Giving Every Child the Best Start in Life'.

3. RECOMMENDATION

3.1 It is recommended that the Members of the Children's Services Scrutiny Forum consider the evidence of the representatives from Tees, Esk and Wear Valley NHS Foundation Trust in attendance at this meeting and seek clarification on any relevant issues where required.

Contact Officer:- Elaine Hind – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
e-mail: elaine.hind@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

(i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Mental and Behavioural Disorders – Scoping Report' Presented to the Children's Services Scrutiny Forum on 31 July 2012.

(ii) Minutes of the Children's Services Scrutiny Forum held on 31 July 2012.

CHILDREN'S SERVICES SCRUTINY FORUM

12 March 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION IN THE JSNA TOPIC OF 'EMOTIONAL AND MENTAL WELLBEING' – DRAFT JSNA ENTRY - COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members that officers from the Child and Adult Services Department have been invited to attend this meeting to provide information in relation to the investigation into the JSNA topic of 'Emotional and Mental Wellbeing'.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 31 July 2012, the Scope and Terms of Reference for the forthcoming investigation into the JSNA topic of 'Emotional and Mental Wellbeing' were agreed, with the overall aim being:-

To strategically evaluate, and contribute towards the development of, the 'Emotional and Mental Wellbeing' topic within Hartlepool's Joint Strategic Needs Assessment, whilst reflecting (where possible / appropriate) on the Marmot principle 'Giving every child the best start in life.'

2.2 Subsequently, officers from the Child and Adult Services Department are in attendance at today's meeting to provide Members with a presentation in relation to the draft JSNA entry, including details those areas of the JSNA entry yet to be received by the Forum.

2.3 A draft of the Emotional and Mental Wellbeing JSNA entry can be found at agenda item 7.3 (b). Details of the responses received to the Forum's consultation exercise 'what people say' are included on today's agenda under item 7.4.

3. RECOMMENDATION

3.1 It is recommended that the Members of the Children's Services Scrutiny Forum consider evidence presented by representatives from the Child and Adult Services Department and express a view in relation to the content of the draft JSNA entry for 'Emotional and Mental Wellbeing'.

Contact Officer:- Elaine Hind – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
e-mail: elaine.hind@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

(i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Mental and Behavioural Disorders – Scoping Report' Presented to the Children's Services Scrutiny Forum on 31 July 2012.

(ii) Minutes of the Children's Services Scrutiny Forum held on 31 July 2012.

Tees JSNA

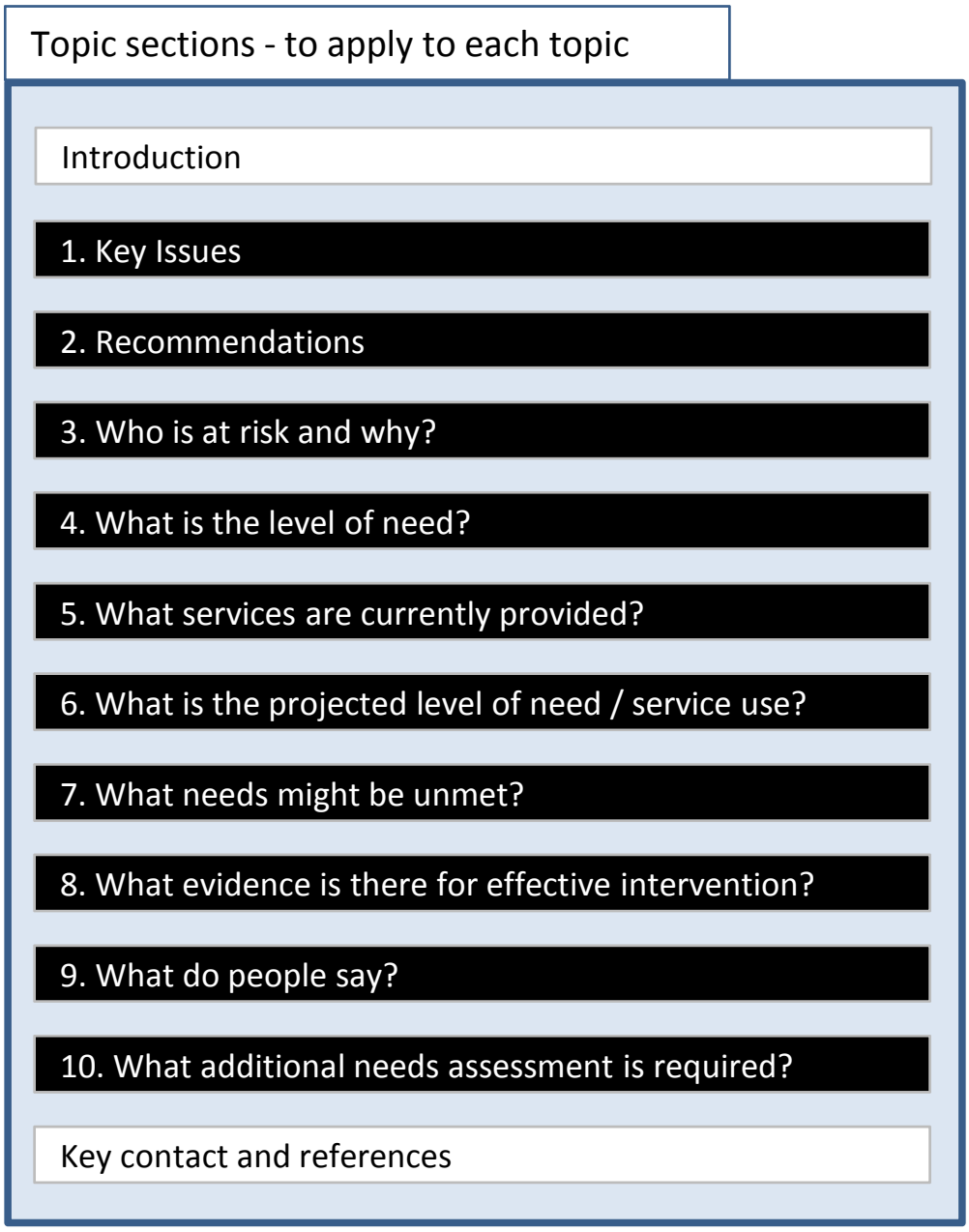
Mental and Behavioural Disorders (Children)

Ian Merritt

Strategic Commissioner – Children's Services

September 2012

Figure 1. Tees JSNA topic section structure



Each topic within the JSNA is composed of ten sections, plus an introduction and contact information with references.

Introduction	Updated 12/07/11

The World Health Organisation defines mental health as:

"a state of wellbeing 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"

Therefore, mental health is not simply the absence of mental illness, but it also encompasses an individual's ability to build strong and positive relationships with others, hence recognising their purpose in society and where they are able to face a spectrum of issues.

In contrast, mental illness refers to depression and anxiety (which may also be referred to as common mental disorder) as well as schizophrenia and bipolar disorder (also referred to as severe mental illness). Mental disorder includes mental illness, but also covers conditions such as personality disorder, and alcohol and drug problems.

Good mental health and resilience is paramount to our physical health, relationships, education, training, work and to achieving our potential.

The risk of mental disorder is influenced by a range of factors including biological and societal risk factors, childhood adversity, family and socio-economic characteristics'. Since half of those with lifetime mental health problems first experience symptoms by the age of 14 and three quarters before their mid 20's, an important opportunity exists to prevent mental disorder through interventions during childhood and adolescence. Therefore, intervention, particularly during the early stages of life, is imperative to counteract poor mental health developing and advancing into adulthood which results in a broad set of adverse health and non-health outcomes

This section of the JSNA is cross cutting and relates closely to the following JSNA topics:

Children, transition years, adults, older people

Learning disabilities, physical disabilities, sexual violence victims

Domestic violence victims, carers, end of life care, ex-forces personnel

Offenders, crime, poverty, alcohol misuse, illicit drug use and self harm and suicide

1. Key Issues — Updated 12/07/11

- There is a lack of detailed information about the range and type of conditions that young people experience in Hartlepool
- There is no clear picture of the number of young people with mental health problems
- Late diagnosis of children with Autistic Spectrum Disorders
- Late identification of children at risk of poor emotional health
- There is a lack of an effective joint CAMHS strategy in Hartlepool
- High number of young people who show emotional distress and anxiety about attending school (school phobia/school refusal)

2. Recommendations Updated 12/07/11

- Undertake a needs analysis of the emotional health and wellbeing of children and young people
- Ensure the early and timely diagnosis of children with Autistic Spectrum Disorders
- Work with schools and other settings to improve early identification of young people at risk of poor emotional health
- Develop an effective joint CAMHS strategy
- Develop a better understanding of the group of young people who refuse to go to school

3. Who is at risk and why? Updated 12/07/11

- Children and young people who live in poverty, are more likely to have a mental disorder (Marmot 2010)
- Young people who have a family history of depression are more likely to suffer from depression
- Early use of illicit substances increases the likelihood of mental health problems in young people
- Over 8,000 children aged less than 10 years old suffer from severe depression (ONS, 2004)
- 60% of children in care have a mental health disorder – these are some of the most vulnerable young people in our society (DCFS, 2009)
- 95% of imprisoned young offenders have a mental health disorder. Many of them are struggling with more than one disorder (ONS, 1997)
- School refusal is highest between the ages of 5 – 7 and 11 – 14 years.

4. What is the level of need in the population? Updated 12/07/11

- According to the Office for National Statistics (ONS) mid year estimates for 2009 there were 13,597 children and young people aged 5 – 16 living in Hartlepool. Using data from the most recent ONS survey, the prevalence rates in the following tables can be inferred – these prevalence rates only apply to the stated age band.

- The total population aged less that 18 is 20,569

- This represents 22.6% of the total population of 90,948

Estimated number of children with disorders		
Conduct disorders	5.8%	789
Emotional disorders	3.7%	503
Hyperactive disorders	1.5%	204
Less common disorders	1.3%	177

Estimated number of disorders by gender for children aged 11-16 ~ MALES		
Conduct disorders	8.1%	297
Emotional disorders	4%	147
Hyperactive disorders	2.4%	88
Less common disorders	1.6%	59

Estimated number of disorders by gender for children aged 11-16 ~ FEMALES		
Conduct disorders	5.1%	180
Emotional disorders	6.1%	215
Hyperactive disorders	0.4%	14
Less common disorders	1.1%	39

- The 1996 publication “treating Children Well” (Z.Kurtz, Mental Health Foundation) provides an estimate of the number of children/young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2. 3 and 4

- The following table shows these estimates for the population in Hartlepool aged 17 and under

Tier 1	1.5%	3085
Tier 2	7.0%	1440
Tier 3	1.85%	381
Tier 4	0.075%	15

Autistic Spectrum Disorder

- Autistic Spectrum Disorder is a Developmental Disorder (rather than a Mental or Behavioural Disorder), however, young people with ASD are more likely to develop Mental Health Disorder(s)
- A recent study in south East London (Baird et al, 2006) estimated the prevalence of childhood autism at 38.9 per 100,000 and that of other ASDs at 77.2 per 10,000, making the prevalence of all ASDs 116.1 per 10,000 or approximately 1%
- If the prevalence rate found by the above study were applied to the population aged 5 – 16 years of Hartlepool this would estimate approximately 136 cases

Self Harm and Suicide

- A conservative estimate is that there are 24,000 cases of attempted suicide by adolescents (of 10 to 19 years) each year in England and Wales, which is one attempt every 20 minutes (Hawton et al, 1999)
- A Samaritans study found that four more adolescent females self-harmed than adolescent males (Samaritans, 2003)
- The most recent data from the ONS indicate that in 2005 there were 125 deaths of 15 to 19 year olds for suicide or undetermined injury in England and Wales.
- This is a rate of 3.6 deaths per 100,000 population aged 15 to 19 years (ONS 2005)
- If applied to the population of Hartlepool this would equate to an estimate of 0 deaths from suicide or undetermined injury per year
- However, over the past decade or so, there have been adolescent suicides in Hartlepool

School Phobia/Refusal

- It is estimated that between 1 – 5 % of the school aged population are anxious about attending school

5. What services are currently provided? Updated 12/07/11

Services to Vulnerable groups in Hartlepool

Vulnerable Group	Services Provided
Children and young people with Emotional, social and behavioural difficulties.	Mainstream and special schools; PRU; Training providers; Educational Psychologists; Social Workers.
Children and young people with Learning difficulties and disabilities	Mainstream and special schools; Educational Psychologists; Specialist LD CAMHS; Third Sector
Children and young people with special educational needs SEN).	Mainstream and special schools; Third Sector
Children and young people with life threatening illnesses (i.e. cancer)	Paediatric in-patient; Community Nursing; Palliative care; School; Home and Hospital Teaching Service
Children and young people with chronic illness (i.e. diabetes).	Paediatric in-patient, Community Nursing; School Nursing; School
Children and young people with sensory disorders (i.e. hearing or visual impairment)	Peripatetic HI & VI Service; Audiologist; School; Children's Services; Third Sector
Children and young people with Autistic Spectrum Disorder	Educational Psychology; Tier 3 CAMHS; Specialist LD CAMHS; Speech and Language Therapists
Children and young people with other communication disorders	Educational Psychologists; Speech and Language Therapists
Children and young people with Down's Syndrome	Children's Services; Specialist LD CAMHS
Young Carers	Third Sector
Children and young people in need/Looked After	Children's Social Care; LAC Support Team;
Children and young people who are/have been abused	Children's Social Care; NSPCC; Bridgeway Project
Children and young people with mental health problems	School; Locality Teams; Third Sector; Tier 3 CAMHS
Children and young people who self harm/at risk of suicide	Children's Services; Tier 3 & 4 CAMHS
Children and young people who have been bereaved	School; Children's Services; Third Sector; Tier 3 CAMHS
Children and young people who misuse substances	Locality Teams; IYSS; HYPED
Young people in the Youth Justice System	Youth Offending/IYSS
Young people experiencing housing difficulties	Children's Services; Nightstop; Housing Associations
Young People who are Gay; Bi-sexual; lesbian or transgender	Hart Gables
Young Runaways	RMHC procedures; Children's Services
Young people not in employment, education or training	IYSS

Staff Training

A comprehensive training package around Emotional Health and Wellbeing has been available to schools within Hartlepool through the TAMHS Programme and the Educational Psychology Team. Other training has included Attachment and Bonding for Children's Services staff.

6. What is the projected level of need? **Updated 12/07/11**

Due to the nature of the small numbers of this topic area it is difficult to project level o need within this population group, therefore making any forecasting unreliable.

What we do know if that the current level of need will remain.

7. What needs might be unmet? Updated 12/07/11

Due to the lack of a robust mental health needs assessment for children and young people it is impossible to assess what needs are un met

8. What evidence is there for effective intervention? Updated 12/07/11

NICE clinical guidelines (http://www.nice.org.uk) cover a range of mental health conditions which demonstrate effective evidence practice and includes:

- Social and emotional wellbeing in primary education (PH12)
- Social and emotional wellbeing in secondary education (PH20)
- Looked after children and young people (PH28)
- Eating disorders (CG9)
- Self-harm (CG16)
- Depression in children and young people (CG28)
- Antenatal and postnatal mental health (CG45)
- Attention deficit hyperactivity disorder (ADHD) (CG91)
- Anxiety (CG113)

9. What do people say? Updated 12/07/11

National

A review by researchers at the Universities of Teesside and Aberdeen explored children and young people's understanding of mental health problems; the personal factors impacting mental health; the pivotal role of family relationships; the impact of school and peer relationships; the roles of relationships with other adults; the impact of neighbourhoods and communities, and the impact of structural factors. The review found that children and young people take a holistic approach to mental health and that it is an accumulation of stressors, rather than single factors which young people described as being injurious to mental health.

A qualitative study was carried out by Youth Health Talk that explored young people's experiences of depression and low mood. The study is based on in-depth interviews with thirty-nine young people aged 16 – 27. The results of the study are presented across twenty-five themes and can be found at www.youthhealthtalk.org.

Local

To include findings from the scrutiny investigation

10. What additional needs assessment is required? Updated 12/07/11

Undertake a needs analysis of the emotional health and wellbeing of children and young people.

Key contact and references	Updated 12/07/11

Key contact: Ian Merritt

Job title: Strategic Commissioner ~ Children's Services

e-mail: ian.merritt@hartlepool.gov.uk

Phone number: 01429 523774

National strategies and plans

- Department of Health (2010) Health Lives, Health People: Our Strategy for Public Health in England
- HMG (2011) No health without mental health: a cross government mental health outcomes strategy for people of all ages. http://www.dh.gov.uk/en/PublicationsPolicyAndGuidance/DH_123766

References

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- Royal Society of Public Health (2012) Mental Health in the New Public Health System ~ A Seminar Briefing
- Green, H., McGinnity, A., Meltzer, H., et al. (2005). *Mental health of children and young people in Great Britain 2004*. London: Palgrave.
- Mental Health Foundation (2006). *Truth hurts: report of the National Inquiry into self-harm among young people.* London: Mental Health Foundation
- Fox, C. & Hawton, K. (2004). *Deliberate self-harm in adolescence.* London: Jessica Kingsley Publishers.
- Kim-Cohen, J., Caspi, A., Moffitt, TE., *et al* (2003): *Prior juvenile diagnoses in adults with mental disorder*. Archives of general psychiatry, Vol 60, pp.709-717
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- Department for Children, Schools and Families (2009c). Youth cohort study and longitudinal study of young people in England: the activities and experiences of 17 year olds: England 2008. London: DCSF
- Office for National Statistics (1997): *Psychiatric morbidity among young offenders in England and Wales.* London: Office for National Statistics.
- Office for National Statistics (2004). Census 2001: national report for England and Wales.
- Registrar General for Scotland (2002). Scotland's Census 2001: population report. Edinburgh: General Register Office for Scotland.
- Green, H., McGinnity, A., Meltzer, H., et al. (2005). Mental health of children

and young people in Great Britain 2004

- Kurtz Z (1996) Treating Children Well. Mental Health Foundation
- Maynard, Brendel, Jeffery, Bulanda & Piggot (2011). Interventions intended to increase school attendance in elementary and secondary school students ~ a systematic review
- Grandison (2011) The nature of school refusal
- Shucksmith, Spratt, Philip, McNaughton (2009) A critical review of the literature on children and young people's views of the factors that influence their mental health
- Young people's experiences of depression and low mood: a qualitative study (2009) www.youthhealthtalk.org

CHILDREN'S SERVICES SCRUTINY FORUM

12 March 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: INVESTIGATION INTO THE JSNA TOPIC OF 'EMOTIONAL AND MENTAL WELLBEING' - FEEDBACK FROM THE GROUP EXERCISES UNDERTAKEN BY THE CHILDREN'S SERVICES SCRUTINY FORUM ON 12 FEBRUARY 2013

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1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide Members of the Children's Services Scrutiny Forum with the feedback from the group exercises held at the meeting of 12 February 2013.

2. BACKGROUND INFORMATION

Feedback from Group Exercises

2.1 As part of this investigation, the Forum at its meeting of 12 February 2013, spilt into small groups to gather views from children, parents, foster carers, partner organisations, schools representatives and officers from the Child and Adult Services Department including social workers, on emotional and mental wellbeing services available to children and young people in Hartlepool.

2.2 A summary of main themes received as feedback from this exercise are attached at section 3 of this report. The comments are listed alongside each of the questions that were asked. In addition to the feedback received at the meeting, written views have also been submitted which are included in the feedback in section 3.

3. Feedback from Group Exercises held on 12 February 2013

QUESTION	COMMENTS
1. What makes a difference?	Good communication • Having the emotional language and opportunity to say how they are feeling. • Adults who listen – Family discussion Good relationships • Stability, confidence in staff, staff understanding individual needs • Supporting young people to make their own decisions, help them to help themselves. • Led by young person with adults listening and supporting. • Young people involved with HBC Services feel better supported/informed/able to access. • Good relationships with child/parent/carers/other professionals • Connect with a person - role modelling, peer encouragement • Trust (self-esteem, confidence), support & guidance Early Intervention • Schools having staff to support families at an early stage. • Strengths and difficulties questionnaire for LAC used by schools as well as children's services extending use to other young people. Could be improved if time/money allowed to include young person's version. • Providing support at the earliest opportunity. Support • More joined up working between Social Care / Health/ CAMHS and Acorn is making a difference. • Schools supporting the whole family, mentors/pastoral being there for the child. • Consistent approach builds resilience. • Additional support particularly at times of pressure (someone to talk to) • Home/hospital school and CAMHS • Lead person to guide through services/support (sharing of information), particularly at transition from primary to secondary school.

	• All professionals in children's workforce to have a basic knowledge of mental health so they can support • Having someone to support parents and explain things, take seriously and understand how difficult it is for families without judging • Consistency from all and appropriate professionals • Clear, focussed routes to service (that are not going to change) • Emotional wellbeing is taught across the primary curriculum e.g. Seal, mentoring, nurture groups • For children and young people to have someone to listen to them who are not linked to the family, for them to understand that things are not always their fault & to be given strategies to use difficult situations. <u>Young Person</u> • Young people involved with services know how to access. Their peers who do not access specialist services do not. Information available at Connexions. • Young person seeing how progress has been made. • Understanding what is normal & what might need extra support • Physical wellbeing and sports activities • Knowing there are people in these places to support me <u>Environment</u> • Positive reinforcement:- e.g. in school not everyone is noticed which can affect emotional wellbeing to specific children • Physical environment to provide an ideal place to learn - an environment to bring out the best in child or young person • Multi-agency teams – all in one place • Link to schools – familiar environment. Family focused works • Times that are appropriate e.g. not having to come out of lessons and away from school • Services in places where children feel comfortable 'on their turf', informal settings • Not labelling e.g. not going to Dover House – stigma <u>Home hospital school</u> • Children and young people having access to the home/hospital education service is invaluable

	• Pupils learning in an environment where they feel safe and secure • Dedicated staff with empathy towards pupils individual needs. Without this service children suffering with anxiety difficulties associated with school (mainstream) would have to be educated at home which is not suitable for some individuals. <u>CAMHS –</u> • Positive and friendly and helpful attitude from the dietician and the consultant's secretary • Don't wait forever for an appointment if you complain via PALS. • Knowing there is help out there to help me with my problems • Nothing, they involved my mum in the sessions and I would not talk about anything • CAMHS responded well in crisis – son was threatening to self-harm and they responded quickly – liaised with school to exempt son from exams these were causing stress. • Nothing makes a difference, gave my son tablets but they don't work I feel CAMHS have not made any difference to my son's ADHD.
2. What is not effective?	<u>Communication</u> • Services keep changing due to short term funding, professionals and public not knowing what is currently on offer. • Too much jargon. • Understanding who you can go to and talk to – FE • Primary school age children can't express what the wider issues are e.g. family, domestic violence • Lack of understanding about statements – big documents! • When mentors/support workers are unable to keep an appointment. • Lack of communication between agencies <u>Delivery</u> • Feeling bombarded by too many professionals involved with you. • Not comfortable sitting in waiting rooms where people who see you will know what you are there for. Need an informal setting – (CAMHS very formal) • Need different options for individuals, one model does not fit all • Universal services expected to deliver on behalf of specialist services – speech and language • Services are held during school and this leaves young people having to say where they have been

	• PEP (Educational Plan) held in school and could be held elsewhere. • Having only one place to go to, the waiting list, passed from pillar to post • Support available across schools not consistent. • Less support to young people and particularly families in secondary. • Consistency of services. <u>Home/hospital</u> • Home/hospital having only one teacher for 9 pupils can't be expected to teach all different GCSEs, exams boards etc • Home/hospital based in a portacabin, no transition to groups from 1:1. no social space • Having PRU next to home/hospital in one location • Waiting time before child gets a place (5 months too long to wait) • The limited time pupils can be educated in the base/classroom (the 1 hours lessons are making a difference but much more needs to be offered) <u>CAMHS:-</u> • Only have one consultant, takes months to get an appointment when requested via receptionist • Took 10 months to be seen by a consultant after previous consultant left. • A staff member is very unfriendly, parents feel uncomfortable ringing or going into CAMHS due to the attitude of this member of staff • Feel like talking to a brick wall when asking for support • Lack of communication between consultant and other staff, staff don't seem to read notes/history as have to repeat things everytime see someone new. • Having my mum sat in the room when they are asking me questions I would not talk • Son at CAMHS. In last 18 months sees different doctor every time. Only gets tablets looked at, no other help. Can't open up to get anything out of counselling. • CAMHS organisation of assessment and support didn't take us seriously and didn't tell us anything we didn't know. School support been poor regarding communication and understanding of child.
3. Where are the gaps?	<u>Communication</u> • Up to date information all in one place. Clarity of who provides counselling and access criteria. • Not widely advertised in places where young people gather. Information needs to be in places

	where young people can take down the contact number without being seen - back of toilet doors (seems this is sometimes available in the Ladies' but rarely in the Men's). • Information should be in places which are given to all young people to avoid stigma and use when required, e.g. school planners, Facebook, college websites, • People don't know where to signpost and refer • Staff in schools who can provide emotional support (needs assessment) <u>Support</u> • Targeted support for young people with learning difficulties who find it harder to understand the information or express their needs. • Easier referrals to CAMHS. • When high level of support is provided the young person needs a way back, a gradual reduction of support helping them to be able to manage by themselves. Identify their own support network. • Too much support can make the young person dependant upon it. • Budding system for young people to support each other. • Support for the wider family to support to young person, parent and sibling support • Lack of specialist services – self harming and not enough general services e.g. waiting lists • More working together and flexible working with young people • Confused roles and responsibilities • Not enough support available to the children or family activities to promote good role modelling & when something is working funding stops & the child/family feel let down • School – not enough advice given <u>Home/hospital school</u> • Home/hospital service does not have enough capacity, not enough classrooms, space, rooms etc • Gap between the school and home hospital needs to be bridged, puts pressure on child and teaching staff. • Only 3 core subjects can be taught (due to limited time there), resources for other subjects e.g art, science, ICT etc are needed • Not enough staff (reliant on one teacher) results in limited teaching time and the time pupil can spend in the class/building is just not enough

	<u>Transition</u> • Have we supported the young people to the end, every service seems to stop at 18. • Who picks up a child once they are closed to CAMHS? Education for plugging the gap. <u>Training</u> • Training for staff to understand how to manage individual needs and have a basic understanding of emotional and mental health issues • In school social emotional work is targeted yet still need for support with specific needs i.e. therapeutic service • Mental health workers need to build a relationship with the young person • Youth workers should be able to recognise when young people have emotional needs • Adults need to be aware that there are reasons why young people are out of class <u>Stigma/labelling</u> • More accessible service without stigma, issue regarding labelling • Some children and young people don't like the idea of going to mental health professionals because of the stigma • Training for teachers so they understand issues/disorders • People contradicting each other even from the same services • Places closing down after a short time <u>CAMHS –</u> • Have to wait one week after requesting a prescription • Could be drop in sessions for advice and information • Publicity needed to make us aware what services CAMHS offer • A welcoming reception is needed • More confidential sessions as I was 16 and should have been given a choice to have support on my own in unofficial settings • Don't monitor things, reviews are not often enough, my son did 6 week trial, just gave a repeat prescription no questions asked. No review of how medication is going. • The time it takes to get an appointment, then the gap until the review and then the time to wait for more appointments in the past.

4. Is there anything else you would like to tell us?	• 1 to 1 support withdrawn early prior to school holidays in the middle of exams due to funding issues. • There is a stigma attached to mental health issues, young people are shy about broaching the subject, approaching services. • Short intensive support reduces dependency. Do not spoon feed, need to be weaned off in a planned way. • Meetings for looked after children should be combined <u>Home/hospital school</u> • When young people cannot access mainstream education due to difficulties with severe anxiety, panic attacks, school phobia etc they still deserve to be educated well in an environment where they feel safe, secure and able to learn. Much more need to be given to these children e.g. more teaching time, access to rooms to study, socialise, break times, lunch times. They need more trips out (the trip to Newcastle was so beneficial for the three pupils that took part). They need a garden area access to more subjects to be taught and a better education. They may never manage to return to mainstream, therefore this service desperately needs to be offering more to these vulnerable young people. <u>Other written responses received</u> • The work/support which has been done is very successful and the need is increasing. • More support in the home would be better. Son too shy/uncomfortable in CAMHS, why can't they come out? They could get to know him better this way. • If medical consultant and CAMHS communicated with each other • More awareness of young people's emotional wellbeing e.g. when you say depressions or mental well being you automatically associate it with older people. <u>CAMHS</u> • As parents we don't feel listened to when we are asking for support around ADHD • Need to be more responsive and to have more staff • A staff member is really unfriendly • Waiting room is daunting and uninviting, especially when full. Does not help people with anxiety.

Verbal evidence provided to Cllr C Akers-Belcher from Home/Hospital School service user and family member

The service user had developed anxiety issues when attending mainstream school. This was initially dealt with by using the schools learning support unit. The service user felt the school was very supportive, as were CAMHS. However, following an unsuccessful attempt to return to mainstream school the service user was referred to the home/hospital school, initially for 2 hours per week. This eventually progressed to 9 hours per week due to the service user being able to share some lesson time with another service user.

The service user and family member were very supportive of the home/hospital school and its staff but were frustrated that the resources were not available to enable children to attend for longer periods. The respondents felt that a few hours a week was not enough to maintain a good standard of education, unless the user and their parents/carers developed a good routine of working at home, which it was recognised was not possible for some.

The service user explained that, due to their needs, some children had to be taught alone, whilst others were able to be taught in pairs. It was felt that this helped build the children's confidence in social situations, as being unable to attend mainstream school was very isolating.

It was felt that having the pupil referral unit next door to the home/hospital school was not the right environment for children who needed to attend the school for emotional/anxiety reasons.

The user praised the unit, but attending had restricted the number and subject of the G.C.S.E.s options available due to teaching resources.

When suggesting improvements to the service either on the current site or a new site the respondents identified the following:-

- Availability of teachers to teach all subjects the children would like to take at G.C.S.E;
- Small classroom environment, preferably with a separate entrance where pupils can enter anonymously and parents/carers are able to drop them off at the door;
- Raise awareness of mental/emotional wellbeing issues within schools and amongst teaching staff

The overriding theme was that pupils experiencing mental and emotional wellbeing issues needed to feel safe and wanted to remain anonymous, due to the stigma that can be attached to such issues. Units in schools that can be accessed by other pupils at any time did not currently fulfil that need and the location of the PRU next to the building that houses the home/hospital school was causing users of the service anxiety.

The family member of the service user advised the Chair that there were 9 places available in the unit, which were all taken by children who were unable to attend school due to anxiety rather than physical illness, a waiting list was also in operation. The family member felt that, in their experience, the need for the service was increasing.

As a parent of a current Year 11 student, who has had emotional and mental health issues since Year 9, I can confidently say that their needs are individual and complex; therefore what may work for one family won't necessarily work for another. It is very difficult to explain the impact this issue has upon the family of a child in this situation, as it is a very emotional and stressful time for all. I would strongly encourage that having more appropriate and capable resources would lessen some of the anxieties and frustrations experienced during this time. Having the home/hospital provision does offer some support, however the current provision is not enough and needs to be expanded. This is by no means a criticism of the professionals involved in this service, as they have always been fully supportive and managed to make the most of the limited facilities and resources they have had available.

(A) What makes a difference?

The initial involvement of CAMHS was hugely helpful, who offered individual support when it was most vital.

The home/hospital facility provides the essential factor of placing their students in a 'school' environment, away from the home, that provides some stability.

The approachable nature of the professionals involved has determined strong relationships with their students, and they constantly provide support.

The reviewing system has been beneficial, as this gives the opportunity to discuss positives and negatives and to set targets for the future.

(B) What is not effective?

The situation of the sessions, right next to a unit for students with severe behavioural needs (PRU), can be highly intimidating. It is especially an issue for the home/hospital students, who already find attending 'school' a difficult task, and are trying to build up confidence rather than threatening it further.

Having one teacher for all the pupils creates an issue; as there is no back up facility in the absence of this teacher, lessons have to be cancelled. E.g. If the teacher needs to attend another pupils' review, is absent on sick leave, or attends training. Also, pupils cannot receive the amount of teaching that is needed. My understanding is that each child should receive a minimum of 10 hours per week; however this is unrealistic for one person to be able to provide for each student.

The building, a port-a-cabin, is not ideal in that there is only one classroom that the pupils have access to. Initially pupils may need individual teaching time, to build up much needed confidence in their own learning space. This could then be developed into group work to build relationships and social confidence, which they are often lacking from not attending mainstream school. Therefore, at least two rooms should be allocated for these important stages to occur.

Once the confidence is grown in a social space, it would then be important for the students to build up relationships with others in the same situation. Some sort of 'common room' would be massively beneficial to helping their progress.

The gap between school and the home/hospital should be attempted to be bridged. Teaching staff should be informed of each individual case, so that they have the opportunity to provide any provisions and resources, this would hopefully prevent students from falling to far behind in school work. Most are unaware of the situation so are not able to provide regular support.

(C) Where are the gaps?

- One teacher in charge of all teaching/ support
- Location of home/hospital sessions
- Students feel isolated
- Lack of resources meaning students cannot reach their full potential
- Limited curriculum
- Poor bridging between school and home/hospital
- Support networks for parents in similar situations
- Awareness in schools of this issue should be encouraged

(D) Would you like to tell us anything else?

'I just want to be normal.'

This is a sentence that my daughter would often use during her most difficult times. One could challenge and ask what is meant by this; however what I would say is that the current provision accessible to pupils with emotional and mental health issues does not currently meet the needs of a child in order to enable them to reach their full potential. From talking to many individuals in schools and meetings, it seems this issue is one that is becoming much more relevant in the constantly pressurised modern society of today. If the issue was made more aware, then students would possibly feel less isolated in their distress and feel that they could talk to others in similar situations.

I would like to make the final comment that the solution to this problem is not a short-term issue, but rather something that needs long-term provisions in order to bridge the gap between complete isolation for the students and them returning back to main stream schooling. If students were able to attend a fully resourced centre, that supported their needs in providing ongoing progress it would be much more likely that they would feel confident in returning back to mainstream school and a 'normal' life.

3. RECOMMENDATIONS

3.1 That the Children's Services Scrutiny Forum considers the feedback from the group exercise held on 12 February 2013 as part of the investigation into 'Emotional and Mental Wellbeing'.

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BACKGROUND PAPERS

The following background paper was used in preparation of this report:-

(i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into 'Mental and Behavioural Disorders – Scoping Report' Presented to the Children's Services Scrutiny Forum on 31 July 2012.

(ii) Minutes of the Children's Services Scrutiny Forum held on 31 July 2012.

CHILDREN'S SERVICES SCRUTINY FORUM

12 March 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO THE JSNA TOPIC OF 'EMOTIONAL AND MENTAL WELLBEING' – FORMULATION OF RECOMMENDATIONS - COVERING REPORT

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1. PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Children's Services Scrutiny Forum with the opportunity to formulate views and make recommendations in relation to the JSNA topic of 'Emotional and Mental Wellbeing'.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 31 July 2012, the Terms of Reference and Potential Areas of Inquiry/Sources of Evidence were approved by the Forum for this scrutiny investigation. In accordance with those terms of reference Members are requested to formulate a view in relation to:-

i) the needs of Hartlepool residents; and
ii) the current level and quality of service provision to meet those needs.

2.2 Members are also requested to make recommendations to inform the development and delivery of the health and wellbeing and commissioning strategies.

2.3 Throughout the course of the investigation Members have considered the responses to the 10 questions outlined in the 'Emotional and Mental Wellbeing' JSNA entry, it is recommended that the evidence presented at today's and previous meetings of the forum is utilised to formulate a view and make recommendations as outlined in paragraph 2.1 and 2.2.

2.4 During the formulation of recommendations, Members should be mindful of the Marmot principle 'Giving Every Child the Best Start in Life'

3. RECOMMENDATION

3.1 That Members of the Forum consider the evidence presented during the course of the investigation to:-

i) Formulate a view in relation to:-

a) the needs of Hartlepool residents; and
b) the current level and quality of service provision to meet those needs; and in doing so

ii) Make recommendations to inform the development and delivery of the health and wellbeing and commissioning strategies.

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