

Analysis of Findings from the Harrow Future in Mind Children and Young People's Emotional Health and Wellbeing Service Market Engagement Event

Introduction

A soft market engagement event was held on 30th June 2016 at Harrow Civic Centre to inform providers about the potential upcoming procurement of a new emotional health and wellbeing service for children and young people in Harrow; funded through 'Future in Mind', and to gain feedback to inform the development of the service model and specification.

The event was advertised on the Government's Contracts Finder website, as well as Harrow CCG and North West London Collaboration of CCG's websites, and through Harrow's Future in Mind newsletter, circulated to local stakeholders. The event was well attended by a range of local and national organisations, including private sector, NHS, and voluntary sector providers. The full provider list of attendees is included in Appendix 1. Providers were invited to bring up to three representatives. Several school SENCOs and Head Teachers also attended. In total approximately 60 guests were in attendance. Speakers at the event included: the CCG Clinical Director; the Divisional Director for Children and Young People Services (Harrow Council); two local Head Teachers; and the Procurement Manager.

Approach

Part of the event was designated for group discussion. The four groups were facilitated by a staff member of the CCG and Harrow council. The groups discussed the following questions:

- 1. What would an aspirational emotional health and wellbeing service for children and young people look like?*
- 2. What are the key challenges in delivering this service?*

Prior to the event, providers also completed pre-event questionnaires, which asked providers the following:

- 1. Provide a summary/introduction about your organisation outlining your current service delivery activities, and any previous experience of delivering this type of service.*
- 2. Please provide any comments/suggestions that you have about the proposed service.*
- 3. What are the potential challenges or barriers to developing this service?*
- 4. Please detail learning relating to emotional health and wellbeing services (e.g. CAMHS Tier 2) from any other areas that you believe that the CCG and Harrow Council should be aware of.*

This report provides analysis of the key themes from both the pre-event questionnaires and the workshops at the market engagement event.

Executive Summary

The feedback from providers at the event emphasised that there is clear demand for this type of emotional health and wellbeing provision in Harrow; and that there is strong interest from the provider market in delivering it. The overwhelming key message was the importance of ensuring that the service is accessible for schools, parents and children and young people; in relation to both referral criteria and processes, and to the physical location

of the service. Examples of co-location with similar services in other areas were cited as examples of good practice.

Other challenges to accessing support including language, and parents and young people's attitudinal barriers were also highlighted, which must be considered in the design of the delivery model. The need for the service to be inclusive to the needs of children and young people with ADHD, Autism Spectrum Disorders and Learning Disabilities was also stressed, and it was acknowledged that there is a shortage of appropriate provision at present.

Providers suggested a broad range of both clinical and non-clinical interventions to be offered by the service; the emphasis being choice and personalisation to the individual child or young person. Creative therapies such as music and art were recommended as helpful forms of engagement for some children and young people, as well as one-to-one counselling and group work.

It was agreed that the service needs to integrate cohesively with existing services, including Child and Adolescent Mental Health Services (CAMHS), as well as other school-based services and health and social care provision.

Risks and issues around working within schools, particularly regarding information sharing standards, were raised; strong communication and partnership work with schools is a necessity. Examples of services working well in other areas also frequently included school partnership working and co-location, as well as whole-family work, peer to peer support, and open access referral routes (provider examples can be found in Appendix 2).

High Level Recommendations

The following recommendations for the new service have been summarised from the detailed analysis of the questionnaires and workshop discussion groups.

1. Easy, clear, open-access referral process

Many suggested that the service should be open access (to enable parent and school referrals, as well as for young people to refer themselves), and that the access criteria should be transparent and clear.

2. A variety of therapies and therapeutic approaches for children and young people, allowing for flexibility and choice (multi-disciplinary)

Providers described a range of both clinical and non-clinical holistic interventions that the service could offer, including one-to-one and group work; the overarching theme being choice and flexibility for children and young people.

3. Accessible and appropriate service location(s)

It was agreed that the service should operate from both schools and non-school settings, with flexibility to operate from locations within the community that are comfortable and accessible for the individual (including 'non-clinical' spaces).

4. Provision available outside of school hours, including evenings, weekends and school holidays

Provision should be made available outside of school hours to meet children, young people, and families, at times that best suit their needs; and interventions should be sustained over critical periods including school holidays.

5. A children and young people-centred service

Children and young people should be at the centre of the intervention they are receiving, and the culture of the service should be participatory and genuinely led by children and young people.

6. Strong relationships, communication and capacity to work with schools and other professionals to support mental health and wellbeing

Strong partnership work with schools and other professionals is crucial in implementing and supporting children and young people to attain successful outcomes, and the service must have the necessary relationships and capacity to facilitate this.

7. Integration with the whole system

Pathways should be seamless and the service should be well integrated with other health and social care services (including the MASH and school nursing service), including appropriate signposting to other services.

8. Support for parents

Parent support should include awareness-raising around mental health, and parent training programmes around specific issues.

9. Digital options to encourage self-help

A digital platform (i.e. website or app) was suggested as a way for young people and parents to access support and self-help at any time of day.

10. Specialised, accessible support for vulnerable groups (including SEND, ASD, ADHD)

There should be awareness and a clear approach to engaging with harder to reach groups to ensure that they can access the service and that the setting and therapeutic interventions available meet their needs. Staff should have specialist knowledge on key areas (e.g. Learning Disability).

The following challenges were also highlighted:

1. Staff recruitment

Recruiting skilled staff in this field can be challenging and something to be mindful of in designing the service model and establishing the length of mobilisation period.

2. Potential volume of children and young people in need of the service

There is a large number of children and young people with identified needs in Harrow that may be eligible for 'Tier 2' provision – the challenge will be in utilising the available resource to the greatest effect to address as many of those children and young people's needs as possible.

3. Creating a seamless pathway between the new service and CAMHS

This service should not create unnecessary barriers to accessing support - a single external point of access that directs children and young people to the most appropriate service could address this.

4. Effective information sharing, and confidentiality/consent issues

There must be a clear framework for appropriate information sharing and consent that does not conflict with the therapeutic approach, or with statutory regulations.

5. Managing schools' expectations

Schools may be expecting a particular type of provision, or be used to a specific way of working. Schools may also be ‘results driven’ and there may need to be awareness-raising to increase understanding of the therapeutic approach.

6. Funding challenge

Schools face increasing financial pressure and the sustainability of school funding is dependent on producing demonstrable outcomes and a service that meets schools’ needs.

7. Accessing and supporting harder to reach children, young people and families

Some families will be reluctant to work with services, and some children and young people may be inaccessible in school, so the service must adapt to meet their needs (including flexibility around locations and provision of interpreting services as needed).

Next steps

The above recommendations will be considered by the Future in Mind Transformation Group in developing the business case. The views captured will be compared with the wider engagement work with parents, professionals and children and young people; and with the needs analysis and review of best practice in this area.

The providers’ feedback offers invaluable intelligence to help to ensure that the service model and specification is suitable and effective to best meet the needs of Harrow’s local population with the available resources.

Detailed Analysis of the Pre-Event Questionnaires

19 providers completed the pre-event questionnaires. The following analysis describes the key themes identified from the questions, with particular focus on:

- Suggestions about the proposed service
- Potential barriers and challenges to be aware of
- Examples of emotional health and wellbeing services in other areas

Providers are not identifiable within the feedback for the reason that any consideration of the feedback and future inclusion in the service design should not favour or discriminate against any particular provider.

The suggested examples of emotional health and wellbeing services from other areas have been included in Appendix 2.

1. Suggestions and comments about the proposed service (grouped by theme)

Overarching theme	Provider comments/suggestions (summarised)
1. Wide-range of appropriate therapeutic interventions that meets the needs of children and young people	<i>Significance of the therapeutic alliance between the worker and young person.</i>
	<i>Psycho-education approach.</i>
	<i>Arts therapies, including music therapy, visual arts therapy, movement-based creative expression, and expressive writing.</i>
	<i>Preventative pre-school activities targeting the emotional wellbeing of children and younger siblings in families with existing identified needs, such as craft or sensory activities and music.</i>

	<p>Group activity sessions such as drumming groups, performance groups, choirs and ensembles to tackle isolation, confidence and self-esteem issues.</p> <p>Peer-led and peer support approaches.</p> <p>Approaches to address mental health stigma, including inter-generational issues for young people from new migrant communities.</p> <p>Training for schools in approaches such as: Listening Skills, Mindfulness, Babywatching, Attachment, Running Friendship Groups</p> <p>Personal and holistic service model.</p> <p>We recommend a sports/mentoring model to engage young people.</p>
2. Accessible service location(s)	<p>The service should operate out of a variety of school and non-school settings and must have pathways in place for young people who are either home schooled or not in education, employment or training.</p> <p>The service must meet the needs of children and young people in the location and venues that they feel most comfortable in</p>
3. Participation of children and young people in the design and delivery of the service	<p>Very clear strategy, which genuinely places the children and young people at the centre.</p> <p>As well as being a challenge, this is an opportunity to develop a service that is meaningful to users</p>
4. Engagement with schools	<p>Partnerships with education providers will be key in this model – Supporting and challenging educational leaders in order to raise ambition and drive local changes will ensure full commitment from all schools and settings and enable the providers to work in partnership in order build universal capacity and deliver targeted support.</p>
5. Multi-disciplinary team with the appropriate mix of skills	<p>A skill mix team including specialist nurses, CBT practitioners and healthcare support workers would ensure that the children and young people would be able to access the right level of support at the right time.</p> <p>Arts specialists and therapeutic specialists (creatives and clinical specialists)</p> <p>Qualified CAMHS professionals to complement other in-house resource there may be e.g. school counsellors. It provides a better level of reassurance around not only the quality of provision but also the knowledge that risk, clinical supervision and governance will also be managed well within a formal structure.</p>
6. Face to face school contact	<p>Schools appreciate having a personalised local and visible presence and having a named contact with which staff can liaise before a referral has been made.</p> <p>There is value in having consultations in schools, as this help to reach families who may be reluctant to come to a more formal clinic setting.</p>
7. Importance of 'digital' aspect	<p>Young people utilise digital technologies at high rates, therefore access to services through a digital/social media platform can help remove access barriers and get to harder to reach groups.</p>
8. Appropriate support and signposting for children and young people on the waiting list	<p>Support during the waiting period would have a real impact and could cover a variety of topics including 'understanding the condition', life skills and peer support.</p>
9. Strong relationship with CAMHS and	<p>The service should have excellent links with Tier 3 CAMHS services and clear pathways; to encourage the flow of cases in terms of step</p>

<p>integration with wider Children's service pathways</p>	<p><i>up and step down, and to avoid blockages in the system and avoid unnecessary waits for families.</i></p> <p><i>The support for the service from CAMHS will help ensure success. The need to ensure transfer protocols are effective to enable a smooth 'step up' and 'step down' process to be a reality is vital.</i></p> <p><i>Integration with Harrow MASH and school nursing service (Healthy Child Programme) for equitable and easy access.</i></p>
<p>10. Collaborative working between schools</p>	<p><i>Working in clusters of schools is a great way to bring them together to share good practise, to continually evaluate what works well and what needs improvement.</i></p> <p><i>Suggest that a detailed audit of all Harrow schools is carried out in order to map existing provision in the schools so that duplication can be avoided.</i></p>
<p>11. Training for partners</p>	<p><i>More training for agencies such as Children's Centres, local authority partners and GPs.</i></p>
<p>12. Role of volunteers</p>	<p><i>Volunteers can have the capability to significantly enhance service delivery through their unique skills and enthusiasm, nurtured through training and support, including working directly with children and young people (alongside practitioners), supporting the wider family, and contributing to admin' tasks.</i></p>
<p>13. Flexibility within the specification</p>	<p><i>Encouraging bidders to build flexibility into their service and staff models will allow for a more efficient and effective use of resources.</i></p>

2. Potential challenges/barriers to developing this service

<p>Overarching theme</p>	<p>Provider comments/suggestions (summarised)</p>
<p>1. Engagement with children, young people, parents and schools</p>	<p><i>Young people are not at their most receptive when asked to see counsellors in a school setting.</i></p> <p><i>Some of the young people taking part are likely to have challenging lives which may mean they have irregular attendance. For this reason, shorter, more intensive projects may work better.</i></p> <p><i>Ensuring the service is promoted in an inclusive and non-stigmatising way will help mitigate against the service being negatively perceived by children and young people.</i></p> <p><i>Initial barriers will be getting schools to fully embrace the service as a whole, there may be a stigma around providing therapy and what this means.</i></p> <p><i>The challenge for early intervention is always engaging with hard to reach underrepresented populations and high risks groups. Some families will be hard to reach / be reluctant to be involved in statutory services.</i></p>
<p>2. Volunteer and staff recruitment</p>	<p><i>Challenge to recruit and train sufficient volunteers and staff to meet the demand.</i></p>
<p>3. Finding appropriate and accessible locations to operate from</p>	<p><i>Locating the team in the community e.g. schools, GP surgeries and other local venues would need support. The locating of CAMHS clinicians in, for example, schools, is usually welcomed.</i></p> <p><i>Transport can be a major barrier, both for the parents and carers of younger children required to supervise their child's journey and for older children who may need to travel independently. The locations of activities will therefore need to be carefully chosen (schools may be most appropriate).</i></p>
<p>4. Vulnerable groups</p>	<p><i>Language and cultural differences may present barriers when</i></p>

<p>that require specialist provision/ accessibility</p>	<p><i>working with children and young people from diverse ethnic/cultural groups. Budget may be required for interpretation/support staff.</i></p>
<p>5. Potential volume of children and young people in need of the service</p>	<p><i>On the basis that over 3000 children and young people in Harrow could potentially need the service, strategic, operational and financial support would need to be in place from the beginning to ensure the service could cope with a potential influx of referrals once it went live.</i></p> <p><i>This tender covers a very large and diverse range of children and young people.</i></p> <p><i>We recognise that the impact of local authority savings targets and restructuring make this a challenging period to meet the increasing levels of need and demand for preventative and early intervention services.</i></p>
<p>6. Creating a seamless pathway between the new service and CAMHS</p>	<p><i>A significant challenge is building into the existing CAMHS structure seamlessness between 'Tier' 3 and the proposed children and young people's emotional health and wellbeing service. Having a single point of entry such as MASH or a mental health helpline is useful however has the potential to miss children or young people who family and professionals may not feel meets the threshold.</i></p>
<p>7. Working in partnership with other providers and services</p>	<p><i>Without a clear framework to the pathway and effective mechanisms for cross-service communication it would not be able to provide a clear journey for the CYP or reduce/eliminate current gaps.</i></p> <p><i>The success of this service will be highly dependent on constructive and collaborative relationships. Challenges related to joint working include differences in organisational cultures, gaining credibility and building trust.</i></p> <p><i>Joint working with new partners in Harrow will take time – relationships need to be formed and strengthened, processes need to be developed and improved, and quality needs to be measured and demonstrated. This may be impacted further if the service is staffed by new employees who themselves will require time to be inducted, build their networks and develop their skills in their given roles.</i></p> <p><i>Establishing effective partnerships will be critical to the success of the service. These include the school community, the CAMHS service, children's social care services and the Local voluntary and community services. The challenges include the potential for children and young people to be 'handed off' by services undermining the potential for a joined up and integrated offer to children and young people. Clear protocols for referring into and out of the service will need to be established. Communication between key agencies will need to be proactive to ensure good relationships are harnessed and understanding of the service is clear.</i></p>
<p>8. Flexibility of the approach</p>	<p><i>One potential challenge is the need to be flexible. Projects will need to be designed to be adaptable and responsive from the outset to ensure they are able to deliver maximum benefit for participants, who are all likely to present with differing needs.</i></p> <p><i>The nature of the client groups will provide varied challenges and we need to be mindful of the need for clear communication, adapting material and responding to personal circumstances.</i></p> <p><i>Challenge to establish a service which is flexible in terms of times the service is available, breadth of skills to respond to needs, and ensuring high quality supervision is provided to ensure a safe service</i></p>

	<i>is delivered at all times.</i>
9. Getting to know the local community	<i>It takes up time to get to know the local communities, where people are, how best to reach them.</i>
10. Effective information sharing (systems)	<i>There are likely to be a number of practical challenges relating to this service and its dependency on joint working with strategic and referral partners. For example, if paper referral systems are in place, this could cause significant inefficiencies for administrative functions across CAMHS partners. An emphasis on the value of electronic referral systems and other digital processes could address this and other issues.</i>
11. Effective co-production with children, young people, and parents	<i>A challenge would be involving children, young people, parents and school staff to co-construct an accessible service that they feel is non-stigmatising and allows for prevention and intervention at appropriate levels of need.</i>
12. Ensuring referrals are appropriate	<i>Ensuring appropriate referrals from GPs may also be a challenge as it is a change in practice.</i>
13. Schools' expectations	<i>Managing expectations. Schools, being so results driven as they are, often want to see therapeutic outcomes quickly.</i>
14. Confidentiality and consent	<i>It has to be rigorous in terms of policy and protocols of child safeguarding, clinically sound and yet welcoming and non-threatening so that young people engage readily and willingly.</i>
15. Funding challenge	<i>Issue of on-going sustainability</i>
	<i>Buy-in from local universal education, which is under increasing pressure to focus on academic achievement and class attendance, which often makes it difficult to care holistically for students until specialist intervention is required.</i>
16. TUPE implications	<i>If there are any TUPE implications in the commissioning process, it will be important for all published information to be complete and accurate. If this is not the case, it could lead to challenges in service modelling and costing and will mean that bidders risk taking on hidden liabilities, which may negatively impact service quality.</i>
17. Evaluating outcomes	<i>Evaluating project outcomes and analysis of the success of the interventions may also present challenges.</i>
18. Mobilisation and implementation	<i>This sounds like a very big project so time to set the whole service up, to introduce it to schools and finding the right people to run the service across clusters of schools.</i>
	<i>With any service of this size and complexity, successful mobilisation and implementation will be crucial to ensuring effectiveness of service delivery. Moreover, the nature of the desired transformation in Harrow adds further complexity. For this reason, we would welcome a mobilisation period greater than three months and KPIs and contract management requirements that reflect this, particularly during the first year of the contract.</i>
19. Suitability of potential providers/ strength of the market	<i>Harrow has an under-developed provider sector for emotional health and wellbeing children and young people' services</i>
	<i>To commission a provider/consortium of providers with the right mix of values, competencies and capabilities to deliver the service successfully owing to the lack of investment in service capacity to date.</i>
	<i>Would need to work in close partnership with other organisations in order to realistically meet the scale and range of support needs to develop and fully meet the requirements of this tender.</i>

Detailed Analysis of the Workshop Discussions

The following analysis describes the key themes coming from the four workshop discussion groups, which focussed on what an aspirational emotional health and wellbeing service for children and young people should look like, and the challenges in delivering this service.

1. Aspirations

Key theme	Comments from the workshop groups
1. Easy, clear, open-access referral process	<ul style="list-style-type: none"> • <i>Simple, accessible process</i> • <i>Anyone can refer (child or adult)</i> • <i>Clear boundaries around criteria/thresholds</i> • <i>Single Point of Access to reduce disengagement</i> • <i>Clear pathway</i>
2. Choice and variety of evidence-based therapies and approaches for children and young people	<ul style="list-style-type: none"> • <i>Choice-menu</i> • <i>Range of support/ therapies</i> • <i>'Therapy' – broad</i> • <i>Therapeutic activities (range), e.g. gardening, art, drumming</i> • <i>Peer to peer support/ Peer mentoring</i> • <i>Mindful that some CYP do not like groups- flexibility offers 1:2:1</i> • <i>CBT group</i> • <i>Curriculum support, expression via creative arts etc</i> • <i>Evidence based- monitor impact</i> • <i>Clinical expertise</i>
3. Support for parents	<ul style="list-style-type: none"> • <i>Parents awareness of 'mental health'</i> • <i>Peer support, parent to parent</i> • <i>Early service from pregnancy early as possible</i> • <i>Parenting education</i> • <i>Parenting support/mentoring</i>
4. Provision available outside of school hours, including evenings, weekends and school holidays	<ul style="list-style-type: none"> • <i>Provision all year round (including holidays)</i> • <i>Summer holiday provision, locally available - GPs, Schools, libraries, community centres</i> • <i>7 day week - evenings, weekends</i> • <i>Balance of session timing (not missing 'favourite' or same lessons all the time)</i> • <i>Options to delivery outside school</i>
5. Accessible and appropriate venue for children and young people	<ul style="list-style-type: none"> • <i>Appropriate sites</i> • <i>Friendly and welcoming atmosphere (not a hospital)</i> • <i>Flexibility across different schools</i> • <i>Multiagency co-location, e.g. 'Prevent hubs' model</i> • <i>School space availability - weekends, holidays, etc.</i> • <i>Scope of service wider than schools</i> • <i>Therapeutic spaces</i>
6. Good relationships, communication and capacity to work with schools and other professionals to support mental health and wellbeing	<ul style="list-style-type: none"> • <i>Building capacity in school settings</i> • <i>Training (community, school staff, health professionals, etc.)</i> • <i>Links to schools, outreach, GPs</i> • <i>Relationship with CAMHS T3</i> • <i>Working together behind the scene (professionals)</i> • <i>Bridging the gap parents-schools-professionals</i> • <i>Support partnership working</i>

	<ul style="list-style-type: none"> • Sustainable - working collaboratively with other services 'no wrong door' • Ensuring joined up approach with existing services and no duplication • Joint/partnership working and communicating/share CYP needs across professional boundaries etc.
7. Child-centred and flexible to their needs	<ul style="list-style-type: none"> • Centred around the child, not the specialist • Total flexibility for YP • Flexibility around non-attendance/engagement • Co-production with CYP • Tailor service to CYP • CYP being seen where they want to be • CYP led outcomes • Develop a CYP group to lead engagement
8. Key/designated worker for the school and family	<ul style="list-style-type: none"> • Designated point of contact - with good relationships • 'Key worker'
9. Accessibility for diverse cultures and languages	<ul style="list-style-type: none"> • Provision available for different languages (interpreters) • Recognition of and addressing cultural diversity •
10. Specialised expertise and support for vulnerable groups	<ul style="list-style-type: none"> • Specific expertise for domestic violence, self-harm etc. • Support for young carers • 14-25 gang affiliated • 0-8 year olds • Address under 16's being unable to access statutory support
11. Support de-stigmatising message and awareness raising	<ul style="list-style-type: none"> • Reduce stigma – language, i.e. 'wellbeing' rather than mental health • Mental Health First Aid training • Making the service 'cool' the image of the service embedding EHWP in schools and practices • 'You're Welcome' quality criteria • How you support CYP to recognise they need support
12. App/website to encourage self-help	<ul style="list-style-type: none"> • Social media • Digital engagement • Provision of 24/7 service • Using technology to help get support • Self-help apps • Ease of access - app available outside school/work hours

2. Challenges

Key theme	Comments from the workshop groups
1. Conflicts between schools and the service around consent, confidentiality, and data sharing	<ul style="list-style-type: none"> • Consent issue between schools (i.e. who can provide consent, what is being consented to, etc) • Infrastructure - IT system etc. • Mindful of data protection
2. Pathway needs to fit within broader context of health and social care provision	<ul style="list-style-type: none"> • Potential for duplication • Where does this pathway fit within broader context?

3. Challenge of meeting the needs of different age groups	<ul style="list-style-type: none"> How will it work for primary AND secondary school young people?
4. 24/7 service provision challenging to achieve	<ul style="list-style-type: none"> 24/7 provision
5. Accessing and supporting harder to reach children, young people and families	<ul style="list-style-type: none"> Access to home schooled kids Must consider YP with complex needs Access for those with complex needs Disconnect with parents with mental health
6. School fears and attitudes to mental health	<ul style="list-style-type: none"> School fears about what we can talk about. Eg: sex, drugs

Appendix 1

List of providers in attendance

	Provider name	Organisation Type
1	Babcock Education	Education Improvement and support partner (consultancy)
2	Barnados	Charity
3	Bereavement Care	Charitable Incorporated Organisation
4	Brandon Centre	Charity
5	Brent Centre for Young People	Charity
6	Catch-22	Social Enterprise
7	Central and North West London NHS Foundation Trust	NHS Foundation Trust
8	Centre for ADHD & Autism Support	Charity
9	Compass	Charity
10	Family Action	Charity
11	Harrow Arts Centre	Charity
12	Harrow Community Action	Consortium/Membership Charitable Organisation
13	Home-Start Barnet	Charity
14	HOPE Helping Families to Live and Learn Together	Charity
15	Ignite Trust	Charity
16	KIDS	Charity
17	Kids Can Achieve (managed by Westminster Society For People with Learning Disability – Children Youth and Family Service)	Charity
18	Mind in Harrow	Charitable company
19	Mott MacDonald	Global management, engineering and development consultancy
20	Schools Counselling Partnership	Private ltd company
21	SilverCloud HealthCare	Healthcare IT Company
22	The Tavistock and Portman NHS Foundation Trust	NHS Foundation Trust
23	The WISH Centre	Registered Charity
24	West London Mental Health NHS Trust	NHS Trust
25	Within You Counselling Ltd	Private limited company
26	Young Harrow Foundation	Consortium/Membership Charitable Organisation

Appendix 2

Provider suggestions of examples of emotional health and wellbeing services/CAMHS Tier 2 from other areas

Name of service or intervention	Description
Axis @The Hive	A new health and wellbeing service for 16-24 year olds in Camden, Axis targets young people who do not engage with, or who may fall through the gaps between children's and adult's services. The Axis team are based at The Hive, a hub for young people to study, socialise, take part in activities and get information or support from wider services.
Mindkit	An innovative peer-led youth wellbeing project, through which young people are accredited to become trainers to run '5 steps to wellbeing' workshop sessions with 1,000 young people per year in local schools and colleges. The project is being independently evaluated by Goldsmith's University. The mid-point report indicates very positive outcomes and how much the peer-led approach is valued by schools.
Brent Mind's Young People's Mentoring Project	<p>The service offers:</p> <ul style="list-style-type: none"> • Support to young people through peer mentoring • Equip young people with illness and relapse prevention skills • Reduce social isolation to improve life chances • Tackle mental health stigma and discrimination • Raise recognition of mental health and well-being among the community • Give young people who experience emotional distress support in different areas • Support young people with personal goals such as training, education and employability
The Schools Counselling Partnership	<p>The Schools Counselling Partnership provides a holistic approach to working with children, parents and staff across 18 schools in London (primarily Ealing, Harrow and Tower Hamlets).</p> <p>Our philosophy is to support vulnerable children/families who do not meet the threshold for Social Services support as well as looking at the emotional health and well being of the whole school community.</p> <p>We work with clusters of schools, within which we will provide:</p> <ul style="list-style-type: none"> • School Service Manager (a qualified psychotherapist) • A psychotherapist or art therapist to work 1 to 1 with children • A trainee psychotherapist, art therapist, drama therapist or counsellor who works on placement. <p>We offer</p> <ul style="list-style-type: none"> • 1 to 1 therapy for children, parents and staff • Parent/Child work • Group work with art therapists • A Parents Drop In • A Staff Drop In

	<ul style="list-style-type: none"> • Lunchtime drop in for all children. • Transition work often having therapists move onto secondary schools with a child to ensure continuity • Group work with young people talking about issues that concern them eating disorders, self-harm, bullying, cyber-bullying and sex <p>Other interventions include</p> <ul style="list-style-type: none"> • Paws B Mindfulness classes for (7-11 year old) • .B Mindfulness classes for (11-18 years old) • Babywatching Groups – an intervention which is proven to reduce aggression, anxiety, promote self-esteem, self-confidence, language skills and empathy
<p>Mental Health in Schools (Marlborough) project</p>	<p>As part of the CNWL’s CAMHS Service in Harrow, the team previously delivered the Mental Health in Schools (Marlborough) project from 2007. It was a school-based intervention where a CAMHS professional worked alongside school staff to provide mental health provision to children and families. There was an emphasis on prevention and early intervention in relation to mental health issues in young people. The service provided was the Multiple Family Therapy Groups intervention delivered across twenty schools in Harrow by a team of CAMHS Clinicians working as Early Intervention Workers.</p>
<p>Targeted Healthy Child Programme</p>	<p>North Yorkshire County Council commission the Targeted Healthy Child Programme (8-18/25 with SEND). The service has three strands (substance misuse, sexual health and mental health and emotional health). Children and young people can present with either one or multiple strands. The latter strand (emotional health) went live in April 2015. As part of the commission, staff are co-located with the universal school nursing service and the prevention service in a number of hubs across the County. This has enabled better integration and screening whilst working alongside three specialist CAMHS services.</p>
<p>SLAM whole school approach</p>	<p>We provide assessment, care and short-term therapeutic treatment of up to six months, for children and young people, up to the age of 18, who have mental health problems.</p> <p>A Tier 2 CAMHS is provided by a specialist, such as a psychologist or counsellor, in a GP practice, paediatric clinic, school or youth service. This service is for children who do not need to receive treatment from a team of health and social care professionals, but can be treated by a single practitioner.</p>
<p>Islington Community CAMHS Tier 2</p>	<p>What sort of work do we offer in schools?</p> <p>How the CAMHS time in each school is used is very varied and is developed through discussion with senior staff in each school. It can include:</p> <ul style="list-style-type: none"> • Seeing children, young people, parents and carers in school either individually or together to help with children’s social, emotional and behavioural difficulties, especially where the difficulties are related to school or if it would be difficult to get to CAMHS somewhere else. • Observing children in the school setting. • Offering groups for children and/or parents.

	<ul style="list-style-type: none"> • Running coffee mornings for parents about particular issues related to children’s social, emotional and behavioural difficulties. • Screening for developmental disorders such as ADHD and Autistic Spectrum Disorder. • Being part of the school’s Pastoral Care Team and attending meetings where children, young people and families with social, emotional and behavioural difficulties are discussed. • Talking to school staff and parents and carers about possible referrals to CAMHS and what to expect. • Helping communication between school and home. • Supporting school staff working with children and young people with social, emotional and behavioural difficulties. • Offering training to school staff. • Organising mental health screenings of whole year groups to help schools understand what the needs in the school might be. • Linking families and school staff with clinicians in other parts of CAMHS. • Working closely with other professionals who are working with children and young people in school (e.g. Educational Psychologists / Social Workers / Speech and Language Therapists /Families First / Mentoring services such as Chance UK and Friendship Works).
<p>CYP IAPT</p>	<p>The Children and Young People’s Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme delivered by NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community.</p> <p>The programme works to transform existing services provided by the NHS and partners from Local Authority and Third Sector that together form local area CAMHS Partnerships. The programme aims to create, across staff and services, a culture of full collaboration between child, young person and/or their parent or carer by:</p> <ul style="list-style-type: none"> • using regular feedback and IAPT’s trademark session-by-session outcome monitoring to guide therapy in the room, but using a mixture of goals and symptom measures suitable for all those presenting to community CAMHS, not just anxiety and depression. See CORC’s website for more details. • improving user participation in treatment, service design and delivery • improving access to evidence-based therapies by training existing CAMHS staff in targeted and specialist services in an agreed, standardised curriculum of NICE approved and best evidence-based therapies • training managers and service leads in change, demand and capacity management • improving access through self-referral.
<p>Barnado’s ‘Time4Me’</p>	<p>In Northern Ireland Barnado’s run a collection of ‘Time4Me’ primary school counselling services, most of which are underpinned by our innovative ‘CSSO’ model, which has been published in a UK journal and copyrighted to Barnardo’s. Time4Me’s success has led to us</p>

	<p>rolling out the approach across the West of England. We have developed a forward thinking and replicable approach to Tier 2 level CAMHS services, which includes elements of our CSSO model of face-to-face counselling (referenced above) combined with a comprehensive digital offer. The full offer includes telephone advice and support to parents, consultation, mentoring, group work, individual and family therapy, online Q&A, live chat and online counselling. Details of our 'BOSS' service in St Helen's, which is based on this approach, can be found at this address: http://www.boss-sthelens.co.uk</p>
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