

REPORT OF THE CHIEF EXECUTIVE		
OVERVIEW AND SCRUTINY REPORT OF THE CHILDREN AND YOUNG PEOPLE SCRUTINY COMMISSION ‘Child and Adolescent Mental Health Services’ COUNCIL - 26 October 2009	Classification Public	Enclosures Revised text AGENDA ITEM No
	Ward(s) affected All	Appendix 1 - Report of the Children and Young People Scrutiny Commission Appendix 2 – Executive response to the report

1. SUMMARY

- 1.1 This report informs Council about the scrutiny review on ‘*Child and Adolescent Mental Health Services*’ and the response of the Executive to its recommendations

2. DETAIL

- 2.1 In 2003 the Health in Hackney Scrutiny Commission conducted a review of Child and Adolescent Mental Health Services. That work resulted in a series of recommendations aimed at improving accessibility of the service; encouraging the involvement of all staff at Tier 1 (particularly in schools), and recognising the importance of parents and carers in service provision.
- 2.2 Six years on from that work, the Children and Young People’s Scrutiny Commission is pleased to have learned about the substantial improvements that have been made to the service, which have responded to the issues raised in the previous review, as well as responding to wider local and national priorities.
- 2.3 This current review explored in more detail the effect of those improvements in the light of the new City and Hackney CAMHS Plan 2008-11 and the National CAMHS Review which was published in November 2008. The Commission also sought examples of good practice from other boroughs and has used this to inform some of its recommendations which it is hoped will provide a useful means for thinking about the ongoing development of the service for Hackney’s residents.
- 2.4 The report is attached at Appendix One, and the response of the Executive to the recommendations is at Appendix Two.

3. RECOMMENDATIONS

Council is requested:

- 3.1 To note the report and its response.

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No documents which require listing were used in the preparations of this report.



REPORT OF CHILDREN AND YOUNG PEOPLE SCRUTINY COMMISSION

PROVISION OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) IN HACKNEY Children and Young People Scrutiny Commission, 2 nd September 2009.	Classification Public	Enclosures None
	Ward(s) affected All	

1. CHAIR'S FOREWORD

This was an important and timely topic for the Commission to consider given that the National CAMHS Review had just concluded and a new City and Hackney CAMHS Plan was published as the review began in January 2009.

Following an introductory discussion of that new local plan, the Commission took a particular interest in the issue of 'cultural competence' and the extent to which services are reaching those who need them most. The Commission heard of much good work being conducted in the borough, led by Dr Maitra, but also learned of good practice examples from another borough and is pleased to be able to make recommendations .

We also learned of a pilot project to deliver targeted mental health in schools and believe that this is particularly important, as is the general policy of increasing the capacity of staff in universal to identify and address mental ill health amongst children and young people at and early stage. The Commission also placed a focus on substance misuse as this is a known issue in the borough and cuts across previous work undertaken by the Commission. Again, our recommendations focus on the importance of prevention and making sure that children and young people in Hackney are able to make informed choices.

CAMHS has received substantial increases in funding since the Health in Hackney Scrutiny Commission reviewed this service in 2003. This includes the opportunity to deliver pilot work sponsored by the Government. We applaud this but reflect that it may be challenging to sustain in the current economic climate. Hence it is vital that the service continues to find ways to demonstrate outcomes and looks to mainstream the lessons from pilot projects wherever possible.

I would like to thank all those who took part in this review, through providing information to the Commission and discussing current approaches to the service in the Borough and elsewhere.

Cllr Feryal Demirci
 Chair of the Children and Young People Scrutiny Commission

2. INTRODUCTION

- 2.1 The report of an independent National CAMHS Review was published in November 2008, at a similar time to the release of the new City and Hackney CAMHS plan for 2008-11. Members of the Children and Young People Scrutiny Commission considered this an opportune moment at which to consider the provision of Child and Adolescent Mental Health Services (CAMHS) in the borough, and to make recommendations for how the new plans might best be put into practice.
- 2.2 The Commission was pleased to learn that Hackney had been one of nine areas of the country visited as part of the National CAMHS Review. Services provided to residents in the borough are cited (anonymously) on a number of occasions throughout that report and Members were informed that its early findings were taken into account when writing the new local CAMHS Plan. This positive reflection, alongside information which the Commission received at a series of public meetings, provided a positive platform from which to launch this scrutiny review. Members also intended to build on lessons they had learned elsewhere about the importance of focusing on prevention and early intervention in services for children and young people; a theme which came across very strongly in the presentations and information received.
- 2.3 National recognition of good practice in the borough is echoed by the Commission, particularly regarding the improvements to commissioning and resources which have been available to the service in recent years (as shown in section 6.1). Members were mindful, however, of the ability to maintain such levels of investment in the current economic climate, both directly and through mainstreaming pilot programmes. The rightful emphasis on prevention and early intervention can make it difficult to demonstrate outcomes in the short-term which benefit both the individual and wider society: those are the types of change which can take a generation. But the Commission believes that the policy direction remains valid and hence, where possible, resources should continue to support this priority.
- 2.4 The terms of reference for this review were agreed by the Commission in January 2009 and the scope included the following aims in addition to those covered above:
- To understand the CAMHS Commissioning Strategy 2008-11 and structure for providing child and adolescent mental health services in the borough, and the balance between the provision of preventative and responsive services.
 - To consider how mental health services take ethnic and cultural considerations into account when attempting to raise awareness and increase take up of services amongst the many Hackney communities.
 - To examine partnership working between the many agencies supporting children and adolescents with mental health difficulties or

disabilities, with particular emphasis on the links between schools, CAMHS and the YOT.

- To review best practice and research from other local authorities, including Hackney's statistical neighbours.

2.5 The Commission would like to extend its sincere thanks to all those who supported this review, provided information, and engaged in discussion over the course of six meetings, held in public. A full list of contributors is provided at section 9 of this report.

3. SUMMARY AND RECOMMENDATIONS

- 3.1 In 2003 the Health in Hackney Scrutiny Commission conducted a review of Child and Adolescent Mental Health Services. That work resulted in a series of recommendations aimed at improving accessibility of the service; encouraging the involvement of all staff at Tier 1 (particularly in schools), and recognising the importance of parents and carers in service provision.
- 3.2 Six years on from that work, the Children and Young People's Scrutiny Commission is pleased to have learned about the substantial improvements that have been made to the service, which have responded to the issues raised in the previous review, as well as responding to wider local and national priorities.
- 3.3 This current review explored in more detail the effect of those improvements in the light of the new City and Hackney CAMHS Plan 2008-11 and the National CAMHS Review which was published in November 2008. The Commission also sought examples of good practice from other boroughs and has used this to inform some of its recommendations which it is hoped will provide a useful means for thinking about the ongoing development of the service for Hackney's residents.
- 3.4 Members request that a report be submitted to the Commission in February 2010, providing an update on progress made on the following recommendations.

Recommendation one

That the service explore the potential to pilot a cultural-matching Child and Adolescent Mental Health Service, as pioneered in Camden, for the Turkish and Kurdish community in Hackney.

Recommendation two

That the service works with leading local voluntary and community sector organisations to devise a briefing or advisory system for CAMHS staff when working with children, young people and families from distinct community groups.

Recommendation three

That Hackney and its partners pursue a policy of targeted recruitment to CAMHS for individuals from within Hackney's diverse communities.

Recommendation four

All CAMHS providers should be able to provide demographic information on those using the service. This information is vital in being able to reach those communities most in need, as identified in the Hackney CAMHS Plan. The Commission recognises that there is an imbalance between providers' ability to provide this information and requests that a full set of data be clearly presented as part of its update report in February 2010.

Recommendation five

Mental ill health issues, and the language we use to describe them, often carry a stigma which can make children, young people and families wary of seeking help or using the services available. We recommend that the council works with its delivery partners to explore how alternative descriptor might be used for the service, using instead titles such as “positive emotional well-being” which promote an upbeat message to the community about the importance of good mental health.

Recommendation six

Schools should be assessed on the psychological well-being of children, as well as specific tests such as SATs and GCSEs. The Commission recommends that the Learning Trust explore how this can be done so that a more holistic view of children and young people’s development is considered.

Recommendation seven

More qualitative measures for the effectiveness of training for Tier 1 staff should be developed. The Commission would like to see what these are and the results of them in February 2010 .

Recommendation eight

The Commission supports the efforts of ELFT in working to influence national training programmes with a view to persuading young people from a range of communities to consider CAMHS as a career. We recommend that this work be supported by service more widely and proactively. We request that outcomes of this lobbying work be reported back to the Commission in February 2010.

Recommendation nine

That the evaluation of the ‘Targeted mental health in schools’ pilot project be reported to the Commission. If it is deemed to have been a success the Commission requests that work be undertaken to explore how the approach can be ‘mainstreamed’ in the future and provided in a wider group of settings across the Borough.

Recommendation ten

A programme of awareness raising be developed and implemented for frontline staff who are not directly associated with CAMHS (including adult mental health services) to raise the profile of CAMHS in relation to the CAF and in particular the fact that it is completed in conjunction with families, i.e. it is part of the therapeutic process for all concerned. The Commission requests an update on how the CAF is being promoted at its meeting in February 2009.

Recommendation eleven

Inclusion of the risks associated with drugs misuse during PHSE classes in all schools throughout the Borough. The Commission requests and update on how this is being achieved and an indication of the impact these classes have at its meeting in February 2009.

4. FINANCIAL COMMENTS

- 4.1 The delivery of the recommendations in this report will be expected to be met through the use of existing resources made available to Hackney Council and through the close working with its partners. The following confirms the amounts made available by the Council in 2007/08 and 2008/09 in accordance with the table in Section 6.1.

	Income		Expenditure	
	2008/09	2007/08	2008/09	2007/08
	£m	£m	£m	£m
CAHMS Area Based Grant	1.244	1.455	1.218	1.455
LBH Budget	0.889	0.719	0.889	0.719
Other Grants	0.721	0.168	0.583	0.168

- 4.2 There are two further grants available to CAHMS namely Targeted Mental Health in Schools (TMHS) totalling £328,000 which is managed by the Learning Trust, and Multi Systemic Therapy (MST) totalling £345,000 which has referrals made through the Youth Offending Team but is managed by ELFT. Both of these projects are grant funded with tapered funding arrangements which reduce over the next one to two years ending 2010/11 and 2011/12 respectively.
- 4.3 The CAMHS ABG for 2009/10 is £1.315m increasing to £1.390m in 2010/11, however in light of the current economic climate and the likely impact on the 2011/12 Local Government Finance Settlement (LGFS), there remains uncertainty over the future funding arrangements for CAMHS beyond March 2011.

5. LEGAL COMMENTS

- 5.1 The Interim Principal Solicitor for Children and Community Services has been involved in the production of this report.

6. FINDINGS

6.1 How the service is delivered in Hackney

The Child and Adolescent Mental Health Services (CAMHS) received by residents in Hackney describes positive mental health as having resilience, self-awareness, social skills and empathy to form relationships, enjoy own company and deal with setbacks. Problems that the service encounters are dealt with by four statutory systems from birth to age 19, these are: health, education, social care, youth justice.

6.1.1 Commissioning CAMHS in the borough is a shared responsibility between LB Hackney and City and Hackney Primary Care Trust. There is a body known as the CAMHS Implementation Group which is chaired by Deputy Director for Children's Services. Services are Commissioned in line with an agreed CAMHS Plan, which is linked to Children's Plan and Community Strategy. As with all strategic commissioning in the borough this is done on a needs based approach. In recent years the service has experienced significant expansion to deliver more preventative and targeted services

6.1.2 CAMHS operates on a 4-tiered Framework, outlined below:

Tier 1 Services provided in universal settings giving general advice and promoting positive mental health

Tier 2 Services provided by specialists working community settings

Tier 3 Specialist services from a multi-disciplinary team for complex problems

Tier 4 In-patient or day patient service

6.1.3 A distinction is also made between universal, targeted and specialist services whereby universal services promote psychological well being through environment and relationships with children; targeted services engage with children who have specific needs, learning problems, or family difficulties; and specialist services are for children with complex and severe needs.

6.1.4 The Commission was informed, at its opening meeting, of how the services in Hackney are provided by the following organisations, teams and programmes:

East London Foundation Trust

- Specialist services such as the Child and Family Consultation Service, Adult Mental Health team
- Youth Support Teams, Youth Offending Team

LB Hackney Children and Young People’s Service

- Service for children in care
- Early Intervention Parenting Programme
- Systemic intervention

Learning Trust

- School programmes
- Psychology services

Voluntary Sector

- Transition to adult services
- Turkish/Kurdish and Charedi communities, for example

City and Hackney PCT

- Psychology services to children’s centres and GPs
- Disability/CAMHS @ the Hackney ARK

6.1.5 The most recent information on the spread of income and expenditure for the service is as follows:

Income	Expenditure
PCT ▪ £5.5m (£4m)	ELFT ▪ £5.4m
LBH ▪ £1.244m (£1.454m) (ABG) ▪ £2.483m (£1.936m)	LBH ▪ £2.483m (£1.936m)
Other Govt Grants ▪ £0.721m (£0.168k) ▪ MST £0.345m ▪ TMHS ST £0.328m	PCT ▪ £1.3m
Learning Trust ▪ £840k	Learning Trust ▪ £840k
Total ▪ £11.457m (£7.56m)	Voluntary Sector ▪ £141k + £162k (Off-centre)

() 2007/8 figure

6.1.6 Services are delivered in a number of locations both within and external to the borough depending on the severity of need.

- early intervention services, health promotion, consultation and advice is delivered in schools, children’s centres, GP surgeries, youth settings and at the Homerton Hospital (Tier 1 & 2 settings)
- targeted services will also be delivered by new social work units under the ‘reclaiming social work’ programme
- specialist services will be delivered in the Youth Offending Team, to children in care, to disabled children via ARK and clinics/Health Centres. The Hackney ARK opened in 2008 and is a new centre designed for and with the needs of children and families, especially the disabled, in mind. For the first time in Hackney, health, education and social care services for disabled children can be provided in one place, making joint working with children, families and carers much easier and improving care.
- in exceptional cases children and young people will need to be admitted to hospital and receive specialist in-patient services

6.2 Cultural Competence

6.2.1 The issue

Cultural competence is the idea that CAMHS should be designed and delivered in a way that maximises its effectiveness for particular local communities and addresses their circumstances and background.

6.2.2 In a paper from April 2008, cultural competence is defined as “the process one goes through in order to continuously develop and refine one's capacity to provide effective health care, taking into consideration people's cultural beliefs, behaviours and needs. This process involves the amalgamation of cultural awareness, cultural knowledge, and cultural sensitivity and their application to practice underpinned by an anti-discrimination and people empowerment ideology.”¹

6.2.3 National research has found that children and young people from black and minority ethnic communities are under-represented as service users. The Government’s National CAMHS Review of 2008 explains that “it can be challenging for children’s services to fully understand how differences within and between communities impact upon mental health needs, and also how to make services more accessible and acceptable.”² The review cites factors that might exacerbate mental health problems for children and young people from black and minority ethnic groups, such as discrimination, racism, stress, low self-esteem, socio-economic disadvantage.

¹ Papadopoulos I (2008, Contemporary Nurse), "Cultural competence in action for CAMHS: development of a cultural competence assessment tool and training programme"

² National CAMHS Review (2008, DCSF and DH), “Children and young people in mind: the final report of the national CAMHS Review”

6.2.4 The City and Hackney’s CAMHS Plan 2008-11 identifies the need to invest in “developing new services to meet identified unmet need. “ Also its vision includes an agreement to “ensure that help and support is available to all children and communities, by strengthening our understanding of different cultures and having services that are easier for them to access.”³

6.2.5 **Why it is important**

Services need to be accessible to all of those who are in need and should be delivered in a way which is appropriate to the particular needs of our communities. This should make residents more likely to engage with the service and, potentially, encourage others to do so too. This is a principle which has been identified and is being addressed in the borough, as reflected in the findings below.

6.2.6 The ‘City and Hackney CAMHS Plan 2008-11’ identifies some areas where further exploration is required based on what is already known about service use and identified need. This includes how services are meeting the needs of BME communities within the borough; ensuring that they are accessible to all groups and provided in an appropriate way. According to the Plan, existing information shows that “in City and Hackney, different communities have different rates of differing disorders. They also have differing abilities to effectively access appropriate services that have a good understanding of different cultures. Particular needs have been identified including:

- Improved access to Turkish/Kurdish/Bangladeshi young people at tier 2 and 3
- Services for young black men at all tiers
- Services for young people who are refugees”⁴

6.2.7 Addressing the issue of “cultural competence” for children and young people from these, and all groups in the borough is important for a number of reasons. Not least because, as the Commission learned through its review, the earlier in life a child’s problem is identified and intervention starts, the more likely it is to be effective.

6.2.8 **The evidence we found**

Having identified these issues at the beginning of its review, the Commission undertook to explore the effectiveness of ‘cultural competence’ in Hackney. This included learning from another local authority with notable practice in the area, as well as speaking to service commissioners and providers within the borough. Members also heard

³ City and Hackney CAMHS Implementation Group (2008), “City and Hackney’s CAMHS Plan”

⁴ Ibid

from a sample of local voluntary and community sector representatives who were able to relate their experience of providing and advising on culturally specific services.

6.2.9 Services within the borough

The Commission was informed about a number of programmes which are in place to build links with the local community, such as:

- A fathers group which has been established with the North East London Muslim Community
- Support for Turkish advocates relating to child mental health
- Parenting groups for Muslim mothers linking religious beliefs with Eurocentric approaches to parenting
- Black boys project: service provision for black boys in late primary school / early secondary school who may be identified as under-achieving and having mental health difficulties
- Training, consultation and supervision for Orthodox Jewish voluntary sector staff
- Joint working with Derman to identify Turkish adolescents at risk of mental health problems

6.2.10 In the year 2008/09 the East London Foundation Trust CAMHS service reached the following BME groups:

- African Caribbean / Black African: 18 per cent
- Turkish / Kurdish: 14 per cent
- Asian / Bangladeshi / Pakistani: 10 per cent
- Mixed race: 14 per cent
- White: 29 per cent
- Other: 15 per cent

6.2.11 While this rich data was able to be provided by colleagues from ELFT and First Steps PCT CAMHS, the Commission has been informed that this is not the case for all commissioned service providers. It is vital that such data is recorded and presented robustly so that services can continue to be commissioned and designed to best meet local need.

6.2.12 Recruiting child mental health specialists from the BME community was described as being one of the greatest challenges. The Commission recognises that this is a national issue for CAMHS and that one approach to addressing the issue in Hackney is to support current staff working in universal settings to have confidence to engage with mental health issues.

6.2.13 The Commission learned that reflecting the workforce profile with that of service users can often be an unnecessary, knee-jerk solution: this is

the idea that if 40 per cent of the local community is African, there should be the same proportion in the workforce. In reality, the issue of cultural competence or ‘matching’ is far more complex. This is important because when the service providers are looking at how to help families, the scatter of ideas that will need addressing is much wider than just the matching of the client and the professional.

6.2.14 In addition, the population of Hackney is constantly changing which compounds the difficulty of a workforce profile reflecting that of service users. For example, immigrants, asylum seekers and refugees have different beliefs about healing systems and, while it is important that the service is able to find out about these, it will not always be possible nor necessary to have immediately a staff which mirrors each community. In order to address this issue the service works hard to train staff on cultural awareness. Evidence the Commission received shows that practitioners in Hackney are relatively well served in this regard.

6.2.15 The Commission heard from Dr Begum Maitra, Consultant Child and Adolescent Psychiatrist (City and Hackney CAMHS), who informed the Commission of services and development opportunities which are provided to the workforce to ensure cultural competence is maintained and strengthened. This includes a monthly cultural psychological workshop which is available for clinicians. An average of 10-12 attend each month and the sessions have a focus on how theoretical literature affects the practice. Audit and research is promoted by the service and as a result assessment forms have been amended to include cultural items.

6.2.16 The service is also developing innovative material for the parental mental health team as there is a large number of adults with mental illness who come from other parts of the world, who have children, and who the service is not going to understand unless it knows how those parents themselves understand mental illness.

6.2.17 *An example of good practice from elsewhere*

Having learned that use of the service was relatively low amongst certain communities, the Commission looked for examples of good practice in other boroughs which might provide ideas for developing the service in Hackney.

6.2.18 Having heard of the Black and Minority Ethnic project being delivered for CAMHS in Camden (as reported in the publication “Right Time, Right Place”⁵), Cllr Taylor, the incumbent Chair of the Commission, visited Dr Rita Harris at the Tavistock and Portman NHS Foundation Trust to discover more about its approach. Dr Harris provided a wealth of information about services provided in Camden and in particular the “cultural matching” programmes which have been pioneered with the South Asian and Somali communities in that borough. As a result, Dr

⁵ Massie L (2008, Care Service Improvement Partnership) “Right Time, Right Place”.

Reena Singh, a psychotherapist from that Trust, attended a meeting of the Commission to provide more specific detail of how this service is run with the Camden's South Asian Community.

- 6.2.19 The Asian services at the Tavistock were set up in 1996 to meet the needs of the Bangladeshi community as 1 in 4 Bangladeshi's living in the Borough have identified mental health issues. The service started up as the Bangladeshi project, however continuous funding was achieved in 2002. In 2002 it expanded to the Asian Service, to offer choices to clients from diverse Asian communities in Camden. The service mainstreamed to South Camden Community CAMHS in 2007-2008, with the South Asian clinicians in the team reaching out to South Asian communities. The services are now integrated across different tiers in the community.
- 6.2.20 Dr Singh explained that it is important to improve ethnic minority use of the service, retention rates, improve outcomes and decrease emergency and inpatient services. The Tavistock has provided a service designed for cultural and ethnic matching, which helps to engage and retain clients. This is because each culture is different so if a person in need is comfortable with the specialist because they share the same cultural values they are more likely to continue treatment. Currently 90 per cent of the work is based in the community at people's homes as often they may be too frightened to attend clinics.
- 6.2.21 Dr Singh further explained that South Asians make up the largest minority ethnic group of 4 million in the U.K. Although South Asian children and adolescents may be more at risk for mental health difficulties than their white English counterparts, they are far less likely to access child and adolescent mental health services. However, children from minority ethnic communities, particularly Asian children, are more likely than white children to be referred to Social Services for allegations of physical abuse.
- 6.2.22 Dr Singh explained that in her experience starting with a specialised service is a good way to gain a community's trust, which can then moving on to a more mainstreamed approach further down the track.
- 6.2.23 Current services provided for and with the South Asian Community in Camden includes:
- Assessments and clinical services
 - Consultations and co-working
 - Research – Research was conducted into the attendance of Bangladeshi children at school as it was low. The results determined that children were taking holidays for religious days
 - Parenting groups e.g. Hopscotch and Coram Parents Centre
 - Clinical surgeries e.g. Asian Lone Parents Association, this has proven to be an excellent way to make links with the community

- Training and conferences, as a lot of workers do not have the required skills.
- Development – South Asian Development Forum (developed through talking with the community).

6.2.24 The voluntary and community sector

At an early meeting Members considered the view that there is limited capacity within the voluntary sector, both to deliver services and to advise commissioners. In order to explore this notion further, organisations from the voluntary and community sector were invited to share their experiences with Councillors and as a result discussion was held with Nursel Tas from Derman (the leading voluntary organisation for the Turkish and Kurdish communities) and Ravi Walters from Norwood (a voluntary organisation supporting the Orthodox Jewish community).

6.2.25 Members also heard that work was commissioned from Shoreditch Spa in 2008 to look at the data for those accessing services. If it doesn't match the population profile then CAMHS will have an evidence-base on which to address the issue. It was noted that this type of work is complicated by the constantly changing population of the last few years.

6.2.26 **Norwood:**

Ms Walters is the Family Support Services Manager of Norwood, an organisation that specialises in supporting Jewish children, families and adults with disadvantage or learning disabilities. It was explained that Norwood works with outside organisations such as social services and CAMHS and that the services provided by Norwood operate within tier two of the CAMHS tier model.

6.2.27 The area where Ms Walters works consists of a 90 per cent Orthodox Jewish population. Norwood is a voluntary organisation with a small base but is constantly focusing on building the Jewish communities' confidence in their services through home visits and providing a family support centre. Norwood contains various teams to provide mother & toddler groups, therapy rooms and counseling. The Commission heard that services at Norwood are used by thousands of people each year.

6.2.28 The workforce at Norwood consist entirely of people from the Jewish community, which is an important factor for the families who wish to seek help in that they often feel more comfortable with those who share the same religion and are from the same community. However, the Commission heard that that some groups within the Orthodox Jewish community are less likely to accept Norwood workers, due to their staff 'not being Orthodox enough'. This can present a problem when those that really need the services cannot be reached.

6.2.29 Derman:

Derman is a Turkish/Kurdish charitable organisation which has operated in the Turkish/Kurdish since 1991. Derman services include health advocacy, mental health support, mental health advocacy, and counseling, family support and welfare rights advice for individuals and families.

6.2.30 Nursel Tas, Mental Health Team Manager at Derman, explained that the charity has a well established community service which is primarily run in Hackney. In the Turkish/Kurdish community mental health is an important issue, especially for parents which then greatly affects their children. As such the children of parents with mental health issues often suffer from the following issues:

- Separation: this is a big issue in the Turkish/Kurdish community as often adults/children develop mental health issues after being separated from each other for long durations.
- Adjustment: the adjustment to the new life in a new country can be traumatic for a adults/children as a lot of the Turkish/Kurdish families cannot speak English and find the transition into the new life very difficult, which often leads to mental health issues.
- Traumatic experiences: the Turkish/Kurdish people may have had many traumatic experiences such as abuse, rape and victims of war which can lead to mental health concerns.
- Parents disengaged from education: the education system in England for a child is different to that in Turkey, as it relies on a great deal of child/parent interaction. Due to the parent's lack of knowledge in the education system in England, it can lead to a child not doing as well as they otherwise might at school.
- Discrimination: this can often be a big problem at school for a child that can lead on to a decrease in school attendance due to depression.
- Inter-generational conflict and role changes: often children learn English quickly but the parents may not due to isolation. This can lead to a role change in the parents as they rely on the children to interpret the language for them, some things the child has to interpret may not be appropriate. In addition the father of the family often losses his traditional position as the child takes on a majority of the responsibility which can lead to depression and other issues related to mental ill health.

6.2.31 Ms Tas explained the work that has been done in the past and is currently being undertaken with Turkish/Kurdish children. Derman ran a

parenting course up till 2008 which enabled them to produce a book providing guidelines in parenting as well as language information. Between 2003 and 2008 Derman ran a mental health advocacy which supported a total of 54 young persons per year with mental health issues. Currently Derman is undertaking a young people counseling project which started in May 2008 and involves two local schools in Hackney. There have been 48 referrals since May 2008, however only eight pupils can be seen at a time from both schools. The service involves a mental health representative attending the schools three times per week in a family therapy setting. There is also parent therapy on the remaining two days.

6.2.32 The Commission learned that there are three core gaps in the service that Derman provides, these are:

- Lack of community outreach work and culturally sensitive therapeutic services;
- Lack of services that addresses children's mental health issues in the very early stages; and
- Lack of preventative services to address the needs of vulnerable young people.

6.2.33 Derman plans to address these issues by implementing the following:

- Expanding bilingual counseling services in all schools;
- Developing community outreach groups for parents;
- Promoting children's emotional and behavioural well being;
- Helping families to address the barriers they face in identifying mental health problems;
- Mental health screening - identifying child in need, linking them to effective services, and contributing to positive educational outcomes; and
- Providing children with clear and accessible information about services.

6.2.34 **Conclusion and recommendation**

Hackney demonstrates a strong awareness of and commitment to providing culturally competent CAMH services. The Commission was informed about services provided in the Borough by internationally renowned experts, such as Dr Maitra, who are employed here.

6.2.35 However, it was acknowledged by service commissioners and providers in the early stages of this review that there are certain communities in Hackney that are not accessing CAMH services relative to identified need. This is also reflected in the City and Hackney CAMHS Plan 2008-

11. Accordingly, in light of this ongoing challenge, the Commission sets out the following recommendations based on the breadth of evidence and examples that it has heard.

Recommendation one

That the service explore the potential to pilot a cultural-matching Child and Adolescent Mental Health Service, as pioneered in Camden, for the Turkish and Kurdish community in Hackney.

Recommendation two

That the service works with leading local voluntary and community sector organisations to devise a briefing or advisory system for CAMHS staff when working with children, young people and families from distinct community groups.

Recommendation three

That Hackney and its partners pursue a policy of targeted recruitment to CAMHS for individuals from within Hackney’s diverse communities.

Recommendation four

All CAMHS providers should be able to provide demographic information on those using the service. This information is vital in being able to reach those communities most in need, as identified in the Hackney CAMHS Plan. The Commission recognises that there is an imbalance between providers’ ability to provide this information and requests that a full set of data be clearly presented as part of its update report in February 2010.

Recommendation five

Mental ill health issues, and the language we use to describe them, often carry a stigma which can make children, young people and families wary of seeking help or using the services available. We recommend that the council works with its delivery partners to explore how an alternative descriptor might be used for the service, using instead titles such as “positive emotional well-being” which promote an upbeat message to the community about the importance of good mental health.

6.3 Focus on prevention by empowering staff at Tier 1

6.3.1 The issue

As with other recent service areas the Commission has reviewed, there is an increasing emphasis on joint working between organisations. There is particular emphasis in the CAMHS Plan on providing support from Tier 2 specialists to staff in universal services (Tier 1) reflecting the importance of prevention and early intervention.

6.3.2 CAMHS staff carry out a range of work in universal services – primarily in children’s centres, schools and primary care. The National CAMHS Review found that there are “a range of sources of mental health expertise available to universal services to help them develop capacity and capability in promoting mental health and dealing with difficulties... [but that] a more integrated approach from these services should help universal services to take a more overarching view of the way in which they are supporting mental health and psychological well-being”⁶. In addressing this issue the National CAMHS Review found it is most important that the “planning and development of capacity improvements in universal services takes place within an overall strategic framework locally, so that resources are deployed most effectively according to the needs identified”.

6.3.3 City and Hackney’s CAMHS Plan 2008-11 recognises the importance of this issue with one of its aims being that more CAMHS practitioners are based in settings such as children’s centres, schools, health centres/GP surgeries, YOT and Youth Support Teams to provide consultation and direct work from those settings. The Plan also sets out a Commissioning priority to:

- “Increase the knowledge of practitioners in schools and children’s centres of children’s emotional development and of the services that support children, and
- Develop, from best practice, whole school approaches that demonstrate their effectiveness in improving the behaviour and emotional well-being of children and young people”⁷

6.3.4 **Why it is important**

Members heard were informed that Tier 1 staff (teachers, children’s centre staff, etc.) should be confident in knowing the difference between naughtiness, or bad behaviour, and mental health issues. One way to address this is by empowering staff to feel confident in those situations and for them to be assisted by a specialist Tier 2 worker attending for advisory sessions once per week. If that model works then both the Council and the Government will be in better position to say what works in terms of early intervention.

6.3.5 **The evidence we found**

The Commission learned from the City and Hackney CAMHS Plan 2008-11 that staff at Tier 1 should be able to offer general advice and treatment for less severe problems, contribute towards mental health

⁶ National CAMHS Review (2008, DCSF and DH), “Children and young people in mind: the final report of the national CAMHS Review”

⁷ City and Hackney CAMHS Implementation Group (2008), “City and Hackney’s CAMHS Plan”

promotion, identify problems early in their development, and refer to more specialist services. Of the two actions planned to be delivered at Tier 1, the first is to increase this knowledge by training staff. The plan proposes that training be delivered by East London Foundation Trust, the Learning Trust, and the PCT. The output will be measured by the number of staff trained.

6.3.6 There has been a lot of investment in prevention and early intervention. There has been large investment in Tier 2 with the First Steps programme and making sure that there is an interface possible in any setting (GP surgery, school, children’s centre, social services, etc.). First Steps is a service for children, young people and their families who have mild to moderate mental health problem⁸. It is provided by a team of 11 child mental health professionals and 3 locality leads, based in Children’s Centres and GP practices. The service includes:

- Early access to a mental health service for mild to moderate psychological problems
- A range of individual and group interventions
- Parenting support
- Mental health promotion and teaching, training and consultation to frontline professionals working with children and young people
- The development of projects which support and empower parents and community groups
- Referral on to Tier 3 Specialist CAMHS if needed

6.3.7 Patients can be referred to the service by a GP, Health Visitor, Paediatrician, Occupational Therapist, Educational Therapist or other health or social care professional. Families may also self refer to the service.

6.3.8 The Commission was also informed that aall new staff in the Borough are trained in a basic introduction to mental health issues and how to deal with them. In addition, Members were encouraged by comments from colleagues at the East London Foundation Trust that it tries to influence national training programmes in how to identify and persuade young people from a range of communities to get involved in training for a career in CAMH Services.

6.3.9 *Targeted mental health service*

LBH has been chosen as a ‘pathfinder’ for the “Targeted Mental Health in Schools” project. This is a Government project to work with six primary and two secondary schools. LBH’s contribution is funded with a grant of £345,000 for the first year, which is being used to employ four specialist staff, an administrator and to undertake an evaluation. The project’s intended approach is to work with staff on ‘whole school’ approaches,

⁸ Further information on “First Steps” is available from: www.cityandhackneycamhs.org.uk

helping them to recognise and address mental health issues and to deliver direct interventions to children and families.

- 6.3.10 The Commission heard from Andrew Lee, Principal Educational Psychologist, and Michael Annan, Senior Educational Psychologist, regarding this pilot project and in particular a pathfinder project which has been awarded to test new approaches to emotional health and wellbeing in schools. The Government is investing £60 million to support schools in meeting mental health needs. The Council, in partnership with The Learning Trust, East London Foundation Trust were successful in bidding to this investment fund. The bidding for this project started in October 2007 and once funding had been awarded a plan was developed between January and April 2008.
- 6.3.11 The four overall aims for this project are:
- i. To support schools in developing their ability to promote the emotional wellbeing of the whole school community
 - ii. To provide accessible mental health services to children, young people and their families
 - iii. To deliver and test evidence-informed interventions in an close to schools
 - iv. To connect the work undertaken into wider local authority and PCT systems of assessment, referral and intervention work
- 6.3.12 The Commission was advised that part of the rationale for funding of the project was that it would be based on having an 'integrated' team. Under this integrated structure, each school receives two days per week of input from specialist mental health workers. In addition, multi-agency planning meetings are held in each school which provide frontline staff with a chance to meet all professionals together and creates a coherent team in the school environment.
- 6.3.13 The project will be delivered in three waves of work:
- i. Whole school work, including training in behaviour management and support for learning mentors
 - ii. Work targeted at specific groups of children, where a learning mentor works alongside the mental health nurse
 - iii. Individual and family work conducted by the mental health nurse, including involvement from social care and educational psychologists
- 6.3.14 Each of these waves is undertaken in the context of school and family systems and in the community.

- 6.3.15 The table below describes the outcomes which they are seeking to achieve, the activities required to do so, and the measures employed to assess progress. An example of this the desired outcome of schools using the Common Assessment Form 1 to refer children and young people. To achieve this the service is contracting within a multi-agency model that has been negotiated with all relevant agencies. Success for this outcome will be measured by the number of Common Assessment Forms completed as a percentage of referrals per term.

Targeted Mental Health Service Pilot: local evaluation framework

Activities	Outcome	Measure
<ul style="list-style-type: none"> <input type="checkbox"/> Whole School training in emotional well-being and mental health <input type="checkbox"/> Termly SEAL input <input type="checkbox"/> Develop positive activities programme 	Improvements in emotional health and well being across the school	<ul style="list-style-type: none"> <input type="checkbox"/> Healthy Schools audit tool <input type="checkbox"/> SEAL self-evaluation <input type="checkbox"/> My Class Inventory
Training: on/consolidation of Stay on Green and positive behaviour management	Reduction in behaviour incidents in the school	Referrals to SMT through behaviour policy
Contracting within a multi –agency service delivery model/care pathway negotiated with and involving all relevant agencies.	Schools use the CAF 1 to refer children and young people	Number of CAFs completed as a % of referrals per term
<ul style="list-style-type: none"> <input type="checkbox"/> Peer Mentoring <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Social Problem Solving <input type="checkbox"/> Family SEAL <input type="checkbox"/> Small Group SEAL <input type="checkbox"/> Behavioural approaches <input type="checkbox"/> Cognitive behavioural approaches <input type="checkbox"/> Solution focused approaches. 	Improvement in mental health of targeted children and young people	<ul style="list-style-type: none"> <input type="checkbox"/> Strengths and Difficulties Questionnaire (SDQ) <input type="checkbox"/> Socio-metric Rating of pupil popularity within a class <input type="checkbox"/> Experience of Service Questionnaire (ESQ) <input type="checkbox"/> NFER Emotional Literacy Scale

6.3.16 **Conclusion and recommendation**

The Commission commends the service having secured funding for the pilot project for targeted mental health in schools and looks forward to hearing further on the successful outcomes which are being measured.

- 6.3.17 However, in more general terms, while the direct support for Tier 1 staff from specialists is positive, it's not clear how effective the training for them is or will be in future. Particularly as the only current measure is 'number of staff trained'.

Recommendation six

Schools should be assessed on the psychological well-being of children, as well as specific tests such as SATs and GCSEs. The Commission recommends that the Learning Trust explore how this can be done so that a more holistic view of children and young people's development is considered.

Recommendation seven

More qualitative measures for the effectiveness of training for Tier 1 staff should be developed. The Commission would like to see what these are and the results of them in February 2010

Recommendation eight

The Commission supports the efforts of ELFT in working to influence national training programmes with a view to persuading young people from a range of communities to consider CAMHS as a career. We recommend that this work be supported by the service more widely and proactively. We request that outcomes of any related lobbying work be reported back to the Commission in February 2009

Recommendation nine

That the evaluation of the 'Targeted mental health in schools' pilot project be reported to the Commission. If it is deemed to have been a success the Commission requests that work be undertaken to explore how the approach can be 'mainstreamed' in the future and its lessons transferred to a wider group of settings across the borough.

6.4 **Multi-systemic approaches, the ‘Lead Professional’, and the Common Assessment Framework (CAF)**

6.4.1 **The issue**

During this review the Commission reflected that, having previously held inquiries into Special Educational Needs, Youth Crime, Early Years Services and now CAMHS whether organisations aren’t looking at things in the wrong way. The question was asked whether Hackney ought rather to look at young people with difficulties and put services together around their needs. All services are, to a large extent, serving the same group and therefore should be working as part of the same outfit.

6.4.2 The CAF is a relatively new issue for the service and in Hackney is being introduced in Part 1 and Part 2 versions. The CAF focuses on each child individually, taking into consideration the child’s environment and whether there are any risks of harm to the child. Working together, professionals from different teams complete the form and agree a series of actions to be undertaken in relation to the case. Members tested use of the form on real, although anonymised, case examples and this prompted discussion of the ability for a form which is focused on the individual to address wider family, or family network, needs.

6.4.3 **Why it is important**

All the evidence points us towards the view that having a single, consistent and trusted point of contact is vital for a child and their family accessing appropriate services and receiving benefit from them – getting better.

6.4.4 The CAF is a national requirement, both its use and the information that is recorded and stored. It is important that each child’s needs are considered individually in order to develop a treatment programme that will best meet the needs of the child.

6.4.5 **The evidence we found**

It was explained to the Commission that, if you have ‘lead professionals’ you also need to have a system set-up to support the person performing that role. The challenge is whether key professionals have the status and support to join-up the relevant services around a case. They need to be empowered.

6.4.6 The Commission was told that each of the organisations delivering specific services will have a different way of communicating, will use different language, have different bureaucratic procedures, and ways of reporting. It was suggested that the problem was getting the right people together on an issue rather than swinging the pendulum towards designing services around ‘the family’. It was, however, acknowledged

that having a ‘lead professional’ who can guide the individual through a process and identify needs can be helpful.

- 6.4.7 The ‘lead professional’ is identified as a need in the recent National Review and in the City and Hackney CAMHS Plan 2008-11. Their role is to ensure a package is available to deliver needs around the child because, as we referenced above, you can’t have a one-size-fits-all service. The national review suggests that a lead person should be the main point of contact, making sure other sources of help play their part, and co-ordinating that support.
- 6.4.8 There is a strong association between mental ill health and criminality but no clear implication of causality. There are high levels of mental ill health amongst those in the criminal justice system but it is not clear what the relationship is between the two. Many cases come from families with complex needs. Where there is a lack of support in the home Members were informed that it is not uncommon for young people to find it out in the street, amongst their peer groups. So a number of factors can compound the problem but it cannot be attributed to any single one.
- 6.4.9 The Commission was informed that all service users have very different needs, so multisystemic approaches are required for different individual needs. It was also noted that service users do now get a whole package of care with the introduction of the Common Assessment Form.
- 6.4.10 In the vast majority of cases, Common assessment forms are completed with the consent and participation of parents or primary carers – it is consensual. Members heard of a recent example where an adult mental health team had witnessed the father in a case exhibiting particular behaviour which triggered immediate discussion of the need for Tier 3 intervention. This surprised and concerned the father as he had been through the CAF process and understood its potential for being used to ‘shift the balance’ of service provision rather than an instant ‘flip’. Members were particularly concerned at the possibility of services being changed instantly when parents, who had been involved in the CAF process themselves, may have been told otherwise. They were reassured, to a degree, that professionals in all related services are continually encouraged to talk to Tier 2 social workers in the first instance before moving too quickly to the assumption of Tier 3 needs.
- 6.4.11 The CAF addresses the needs of each child separately; social workers and other professionals complete a separate CAF for each child, as each child will have different needs. If a CAF was done for all siblings in a family the assessments would be pulled together and looked at to support each child’s individual needs.
- 6.4.12 The CAF will often not be completed until the second or third meeting, this depends on whether the family are comfortable with the social worker as the form can be overwhelming. It is important, in order to obtain the best results, the social workers gain the family’s trust before

completing the form. In some examples it has taken up to two hours to complete a CAF form

6.4.13 **Conclusion and recommendation**

The CAMHS Plan sets out four priority areas for development. The third is to “improve access to CAMHS services through clearer pathways and more accessible service delivery.” The Commission is of the view that improving access and clarifying pathways is vastly improved by having an identified ‘lead professional’ for each individual case, who may not necessarily be a CAMHS specialist but may be in some instances.

- 6.4.14 A common assessment framework needs to be just that – common. Awareness of its use both as a tool for professionals and families is vital. Examples were heard that point to instances where that awareness is low, demonstrating how important a wide understanding of this framework and its use is.

Recommendation ten

A programme of awareness raising be developed and implemented for frontline staff who are not directly associated with CAMHS (including adult mental health services) to raise the profile of CAMHS in relation to the CAF and in particular the fact that it is completed in conjunction with families, i.e. it is part of the therapeutic process for all concerned. The Commission requests an update on how the CAF is being promoted at its meeting in February 2009.

6.5 Substance Misuse

6.5.1 The issue

The National CAMHS Review states that “substance misuse services are important stakeholders in work to improve mental health and psychological wellbeing, given the significant overlap between substance misuse problems and mental health problems. This is increasingly being addressed by service commissioners and providers, with a number of areas having good joint commissioning and delivery arrangements.” On this basis the Commission was reassured to have heard from Rosie Winyard, Service Manager and Senior Nurse for CAMHS Specialist Substance Misuse Service, knowing that this is part of the overall CAMHS Service provided to the borough.

6.5.2 Cannabis and alcohol misuse represents 4/5 of cases referred to the specialist substance misuse service in Hackney. 70% of those using the service are referred by the Youth Offending Team (YOT). The Commission heard evidence of the serious risk that substance misuse poses to mental and physical health in the short and long term. It also provides a strong link to the issues raised above relating to multi-systemic approaches to tackling mental ill health and the importance of preventative services.

6.5.3 Why it is important

Young people need to be educated about the risks of cannabis use in order to make informed decisions. At its meeting in February 2009 the Commission learned that 30 years ago cannabis, or ‘grass’, was a soft drug and had very low levels of additives. Today ‘skunk’ cannabis has high levels of additives in many different. The more chemicals cannabis contains, the higher the risk of mental health problems for an individual. Not all users are aware of this increased risk and continue to use cannabis. Therefore it is important that anyone using this drug is aware of the risks and the possible implications for their mental health.

6.5.4 The evidence we found

CAMHS Specialist Substance Misuse Service

In 2009 the National Treatment Agency for Substance Misuse found that 23,905 young people aged under 18 had received specialist treatment in 2007/8⁹. This is primarily alcohol and cannabis. The research indicates that the number of young people experimenting with drugs and alcohol has increased, however this may just be an indication of more young people utilising the drug support services.

⁹ National Treatment Agency for Substance Misuse (2009), “Getting to grips with substance misuse among young people”

- 6.5.5 Members were informed that, nationally:
- 4/5 young people receiving treatment do so for problems of cannabis and alcohol misuse
 - 51 per cent is for primary cannabis use, 36 percent for primary alcohol use
 - 3 per cent is for class A drugs-heroin and cocaine
- 6.5.6 Rosie Winyard, Senior Nurse and Manager for this service in Hackney explained that the figures in the borough reflect those found in this national research. Figures relating to specialist treatment show that, in the last year there were approximately 120 cases in the borough with more than 200 who made inquiries overall. It was added that young men are more likely to experiment with drugs than women of the same age.
- 6.5.7 The major risks associated with the misuse of cannabis include:
- Damage to mental health
 - Damage to physical health – young people often think short-term and do not think of the long-term implications of cannabis use
 - Impact on accessing education effectively
 - Gateway effect – often the use of cannabis can lead onto the use of other drugs.
- 6.5.8 The severities of these effects can depend on the person, the type of drug and amount, the regularity of use, the legal classification and the dependence on the drug. The Commission heard that in Hackney the use of cannabis is more common than other drugs, such as class A drugs. In addition a young person is likely to use more of the drug if there are underlying mental health problems.
- 6.5.9 Cannabis has been linked to mental health effects such as psychosis, hallucinations, altered perceptions, schizophrenia, depression, lethargy, low self esteem, anger and paranoia. However not all effects may be experienced by a cannabis user. The Commission noted that the more serious effects from smoking cannabis are low self esteem, anger and paranoia as these effects are likely to result in unemployment and antisocial behaviour which can really affect the life of a young person.
- 6.5.10 A number of barriers were identified which young people can experience in terms of access to treatment. These were derived from a survey conducted by the Hackney Treatment Facility which asked young people why they don't make use of services, the most common answers were as follows:
- Motivation
 - Territorial issues - gangs
 - Visibility

- Stigma of drug treatment service
- Confidentiality
- Appropriate workers

6.5.11 Members queried in particular the comment from young people about the availability of appropriate workers. The Commission learned that the issue with confidence in staff relates to asking service users who they want to talk to. Some like to deal with people who have had similar experiences to them and have come through it. Others prefer to speak to someone who has never used drugs but is an expert professional. Young people will often prefer to use services such as the national helpline - “Frank” - because they may be scared. This implies the need for a range of treatments and workers who are constantly up to date with trends in drugs and associated terminology.

6.5.12 The key features of the Specialist Service in Hackney include:

- Partnership delivery for tiers 1-4
- That the service is focused on both the ‘user’ and ‘carer’
- Providing options for both abstinence and harm reduction
- Rapid access to a range of services
- Retention in mainstream services for most services - YOT, social care, CAMHS
- Planned transitional arrangements for those nearing the age of 18, aiming to minimise the disruptive effects of moving into adult services

6.5.13 The Commission took particular note of the importance on mainstreaming the service as much as possible in settings which are familiar and safe for young people. However, where necessary, bringing in young people for a short time to have specialist treatment will really make a difference to those experiencing drug related mental health problems.

6.5.14 Members questioned how referrals are made to the service and whether young people or their wider family networks are able to do so themselves. It was found that this is not the case but that self or family referrals are made to staff in universal settings, and the service is promoted through schools to encourage this. There is currently an emphasis on educating young people about the dangers of substance misuse in universal settings, such as schools, and on providing staff with information and support about the risks associated with drug use amongst children and young people. Service Managers are keen to ensure that awareness of drug misuse and how to manage such cases is taught in Personal Health and Social Education (PHSE) classes at school. The Commission was informed that Tower Hamlets LEA has a facility that provides this service.

6.5.15 **Conclusion and recommendation**

The Commission is encouraged by proposals to improve the awareness of the risks associated the substance misuse amongst young people through universal settings and, in light of further evidence described above, makes one recommendations that we hope might help to reaffirm this:

Recommendation eleven

Inclusion of the risks associated with drugs misuse during PHSE classes in all schools throughout the borough. The Commission requests and update on how this is being achieved and an indication of the impact these classes have at its meeting in February 2009.

7. CONCLUSION

- 7.1 The first half of 2009 proved a useful point at which to undertake a review of CAMHS. In the context of a recently published CAMHS review it has enabled the Commission to help steer the implementation of a new City and Hackney CAMHS Plan. The Commission was conscious, however that CAMHS is a difficult topic in which to engage service users and the wider public, hence an emphasis placed on gathering information at public meetings and making extra use of lessons from outside the borough.
- 7.2 As stated in the CAMHS scrutiny review report of 2003, the Commission believes it has become aware of ways in which these services are delivered, and makes some recommendations for ways in which it might be developed further, but in so doing recognises the limitations of its own expertise. It is in that light that recommendations are made for areas which the service might explore based on the information we found.
- 7.3 This has been the seventh inquiry of the Children and Young People Scrutiny Commission. Work that Members undertook for this inquiry builds on the themes found and approaches used in its previous reviews. Notably the focus on preventative services follows directly from lessons learned when examining topics such as *Youth and Crime* and *Early Years*. This has been a strong aspect of the CAMHS review, with encouraging pilot work being conducted in the borough which provides specialist advice and support in schools and pupil referral units through the targeted mental health service.
- 7.4 Another theme which threads through recent scrutiny reviews is the degree to which services are commissioned and delivered jointly or in partnership. Members have noted enormous progress on this front since the report of the Health in Hackney review of CAMHS in 2003, which is particularly encouraging. The Commission gained direct experience of the challenges presented by joint working at its meeting in April 2009 when officers from the Children and Young People's directorate ran an exercise where Members completed a Common Assessment Form based on anonymised case studies.
- 7.5 Thirdly, the Commission has continued to take an interest in the extent to which those residents most in need of services are making use of them. This was a theme picked up in the Commission's previous review of *Early Years Services*. Following the findings of the National CAMHS review and ambitions stated in the new local CAMHS Plan, the Commission sought to identify ways in which other boroughs have engaged people from particular communities known to be under-using the service. It is hoped that the findings and recommendations in this area provide a helpful source of ideas which might be explored to ensure this issue continues to be addressed.
- 7.6 It is important to echo the point made in the introduction to this report about investment in this vital service. The rightful emphasis which is

placed on prevention and early intervention can make it difficult to demonstrate outcomes from CAMHS in the short-term which benefit both the individual and wider society. But the Commission believes that the policy direction remains valid and hence, where possible, resources should continue to support this priority.

- 7.7 The Commission would like to extend its thanks to all those who provided assistance and information for this review. In particular Members would like to thank Carl Blakey who advised on the initial terms of reference and provided much advice for the conclusion; Sarah Wilson and Sarah Gibbs from the East London Foundation Trust who were able to attend most of the meetings and provide input; and Eric de Mello, Liz Hughes and Guillaume Volpe who assisted Members in understanding the realities of the Common Assessment Framework.

8. MEMBERSHIP OF THE SCRUTINY COMMISSION

8.1 Elected Members:

- Councillor Akhoon
- Councillor Bell
- Councillor Demirci (Chair from May 2009)
- Councillor Icoz (Vice Chair)
- Councillor Kelly
- Councillor F Khan
- Councillor Landau
- Councillor Plouviez
- Councillor Shaikh
- Councillor Siddiqui
- Councillor Taylor (Chair to April 2009)
- Councillor Unluer

8.2 Co-optees:

- Edith Akinnawonu
- Saleh Ahmed
- Ralph Bergmann
- Vera Edwards
- Mary Ludlow
- Lisa Neidich
- Mohammed Zeena

9. LIST OF CONTRIBUTORS TO THE REVIEW

The Commission is very grateful to the following people who were able to contribute to its research in support of this review:

- Michael Annan, Senior Educational Psychologist, The Learning Trust
- Carl Blakey, Head of Commissioning, Children and Young People's Service, LB Hackney and City and Hackney PCT
- Roger Catchpole, Senior Consultant, Young Minds
- Dr Glenda Ericksen, Lead Clinician, City and Hackney CAMHS
- Sarah Gibbs, CAMHS Service Manager, ELFT
- Dr Rita Harris, Clinical Director, Tavistock and Portman NHS Foundation Trust
- Pat Howley, Joint Commissioning Manager, Children and Young People's Service, LB Hackney and City and Hackney PCT
- Liz Hughes, Tier 2 Social Worker, LB Hackney
- Cllr Rita Krishna, Lead Member for Children's Services, LB Hackney
- Andrew Lee, Principal Educational Psychologist, The Learning Trust
- Dr Begum Maitra, Consultant Child and Adolescent Psychiatrist, City and Hackney CAMHS
- Eric de Mello, Head of Preventative Services, LB Hackney
- Sherbanu Sacoor, Head of Community Child Psychology, City and Hackney PCT
- Dr Renee Singh, Systemic Psychotherapist, Tavistock and Portman NHS Foundation Trust
- Nursel Tas, Mental Health Team Manager, Derman
- Guillaume Volpi, Tier 2 Social Worker, LB Hackney
- Ravi Walters, Family Support Services Manager, Norwood
- Sarah Wilson, Director of Specialist Services, ELFT
- Rosie Winyard, Senior Nurse and Service Manager, Specialist Substance Misuse Service, ELFT

10. BACKGROUND PAPERS

- Children and Young People’s Scrutiny Commission, *Minutes of the meeting on 5th January 2009* (LB Hackney)
- Children and Young People’s Scrutiny Commission, *Minutes of the meeting on 23rd February 2009* (LB Hackney)
- Children and Young People’s Scrutiny Commission, *Minutes of the meeting on 18th March 2009* (LB Hackney)
- Children and Young People’s Scrutiny Commission, *Minutes of the meeting on 6th April 2009* (LB Hackney)
- Children and Young People’s Scrutiny Commission, *Minutes of the meeting on 10th June 2009* (LB Hackney)
- Children and Young People’s Scrutiny Commission, *Minutes of the meeting on 6th July 2009* (LB Hackney)
- Davidson J. et al (2008), *Children and Young People in Mind* (National CAMHS Review)
- Massie L. (2008), *Right Time, Right Place* (Care Services Improvement Partnership)
- Street C. et al (2005) *Minority Voices* (Young Minds)
- Department of Health (2004), *CAMHS Standard, National Service Framework for Children, Young People and Maternity Services*
- Hamilton S. (2008), *Educating Reefer* (Rethink)
- Melrose M. (2007), *The Impact of Cannabis on Young People’s Lives* (Joseph Rowntree Foundation)
- City and Hackney CAMHS Implementation Group (2008), *City and Hackney CAMHS Plan 2008-09*

REPORT OF CABINET MEMBER FOR CHILDREN'S SERVICES		
<p style="text-align: center;">Executive response to Children & Young People Scrutiny Commission review into Provision of Child and Adolescent Mental Health Services (CAMHS) in Hackney</p> <p>Cabinet: 26 October 2009 Council: 28 October 2009</p>	<p>Classification Public</p>	<p>Enclosures</p>
	<p>Ward(s) affected All</p>	

1. INTRODUCTION

- 1.1 The Children & Young People Scrutiny Commission undertook a review into the provision of Child and Adolescent Mental Health Services (CAMHS) in Hackney during 2009, following the publication of an independent National CAMHS Review in November 2008, and the publication of the City and Hackney CAMHS plan for 2008-11.
- 1.2 Hackney was one of nine areas of the country visited as part of the National CAMHS Review, which recognised good practice in the borough. The Scrutiny Commission acknowledged this good practice, and with the publication of the City and Hackney CAMHS plan felt it was an opportune moment to review provision and make recommendations for how the new plan could best be put into practice. The specific terms of reference for the scrutiny review were:
- To understand the CAMHS Commissioning Strategy 2008-11 and structure for providing child and adolescent mental health services in the borough, and the balance between the provision of preventative and responsive services.
 - To consider how mental health services take ethnic and cultural considerations into account when attempting to raise awareness and increase take up of services amongst the many Hackney communities.
 - To examine partnership working between the many agencies supporting children and adolescents with mental health difficulties or disabilities, with particular emphasis on the links between schools, CAMHS and the YOT.
 - To review best practice and research from other local authorities, including Hackney's statistical neighbours.
- 1.3 The Scrutiny Commission published their report in September 2009; a copy of this report is appended for information.
- 1.4 There follows below a response to each of the recommendations of the Commission.

2. RECOMMENDATION

- 2.1 Cabinet are asked to approve the content of this response.

3. EXECUTIVE RESPONSE TO SCRUTINY COMMISSION RECOMMENDATIONS

Recommendation	Response
<p><u>Recommendation One</u></p> <p>That the service explore the potential to pilot a cultural-matching Child and Adolescent Mental Health Service, as pioneered in Camden, for the Turkish and Kurdish community in Hackney.</p>	<p>It is important to ensure that as an authority we are providing evidence based interventions carried out by skilled practitioners. Cultural matching as a policy is not considered to be the best way of ensuring this and the PCT believe that it is likely to do a disservice to Turkish and Kurdish families within Hackney. However the Primary Care Trust will always attempt to match staff to the make up of the Borough and there is already a lot of expertise around cultural competence within Hackney's CAMHS staff</p>
<p><u>Recommendation Two</u></p> <p>That the service works with leading local voluntary and community sector organisations to devise a briefing or advisory system for CAMHS staff when working with children, young people and families from distinct community groups.</p>	<p>Accepted.</p> <p>The PCT will work to ensure that the briefing is successfully tailored to users needs and, firstly check that such briefings don't already exist.</p>
<p><u>Recommendation Three</u></p> <p>That Hackney and its partners pursue a policy of targeted recruitment to CAMHS for individuals from within Hackney's diverse communities.</p>	<p>Agreed.</p> <p>However, it is important to note that there is an issue relating to the lack of suitably qualified potential staff from some diverse communities, and that many of the roles are specialist, with a requirement for specific qualifications included as part of the person specification.</p> <p>The main approach to CAMHS and mental health recruitment nationally is to advertise through established professional journals and press. In light of this, it is felt that recruitment targeted through local community press is unlikely to be successful.</p>
<p><u>Recommendation Four</u></p> <p>All CAMHS providers should be able to provide demographic information on those using the service. This information is vital in being able to reach those communities most in need, as identified in the Hackney CAMHS Plan. The Commission recognises that there is an imbalance between providers' ability to provide this information and requests that a full set of data be clearly presented as part of its update report in February 2010.</p>	<p>Agreed</p> <p>We already require all providers to submit a quarterly ethnicity report and this should be available from February 2010. National CAMHS mapping reports this annually and is available on www.childrensmapping.org.uk</p>

<p><u>Recommendation Five</u></p> <p>Mental ill health issues, and the language we use to describe them, often carry a stigma which can make children, young people and families wary of seeking help or using the services available. We recommend that the council works with its delivery partners to explore how alternative descriptor might be used for the service, using instead titles such as “positive emotional well-being” which promote an upbeat message to the community about the importance of good mental health.</p>	<p>Agreed.</p> <p>Recently the Targeted Mental Health Team has changed its name to Emotional Well-being Service for this very reason.</p> <p>The Learning Trust has implemented Social Emotional Aspects of Learning (SEAL) to promote positive emotional well-being amongst children and young people and we are acutely aware that many issues faced by children and young people need to be carefully described to avoid negative associations.</p>
<p><u>Recommendation Six</u></p> <p>Schools should be assessed on the psychological well-being of children, as well as specific tests such as SATs and GCSEs. The Commission recommends that the Learning Trust explore how this can be done so that a more holistic view of children and young people’s development is considered.</p>	<p>Unfortunately the assessment of pupils on psychological well-being would be extremely difficult for schools to achieve so it is not being proposed as a new assessment.</p> <p>However The Learning Trust is already looking at how best to contribute to the emotional well-being of all its pupils as illustrated by the adoption of SEAL and being the location for the Targeted Mental Health in Schools pilot. The Learning Trust will continue to promote a holistic view of children and young people’s development.</p>
<p><u>Recommendation Seven</u></p> <p>More qualitative measures for the effectiveness of training for Tier 1 staff should be developed. The Commission would like to see what these are and the results of them in February 2010.</p>	<p>Agreed.</p> <p>Match training is being relaunched, and a new training programme is being planned in October.</p> <p>This new training programme will be assessed in terms of its quality and impact, however initial results won’t be ready to be reported back to the commission until December 2010</p>
<p><u>Recommendation Eight</u></p> <p>The Commission supports the efforts of ELFT in working to influence national training programmes with a view to persuading young people from a range of communities to consider CAMHS as a career. We recommend that this work be supported by service more widely and proactively. We request that outcomes of this lobbying work be reported back to the Commission in February 2010?.</p>	<p>The work referred to regarding training programmes is led at a national rather than local level, by training institutions, Universities, and Royal Colleges, and is done in conjunction with NHS Innovation & Improvement.</p> <p>The East London Foundation Trust is to launch the Institute of Mental Health Nursing this October, in conjunction with City University. This is focussed on improving the quality of mental health nursing and will be incorporating issues of</p>

	cultural competence and meeting the needs of the wide range of local communities
<p><u>Recommendation Nine</u></p> <p>That the evaluation of the ‘Targeted mental health in schools’ pilot project be reported to the Commission. If it is deemed to have been a success the Commission requests that work be undertaken to explore how the approach can be ‘mainstreamed’ in the future and provided in a wider group of settings across the Borough.</p>	<p>The evaluation of the Targeted Mental Health in Schools pilot is part of a national evaluation, and the outcomes of this evaluation may not be available for another 12 months.</p> <p>The project is part of the CAMHS performance framework and they currently submit quarterly returns. The PCT will be considering the possibility of mainstreaming the services if they are proved to be effective, but it will have to be within the context of the changing financial environment.</p>
<p><u>Recommendation Ten</u></p> <p>A programme of awareness raising be developed and implemented for frontline staff who are not directly associated with CAMHS (including adult mental health services) to raise the profile of CAMHS in relation to the CAF and in particular the fact that it is completed in conjunction with families, i.e. it is part of the therapeutic process for all concerned. The Commission requests an update on how the CAF is being promoted at its meeting in February 2010</p>	<p>The Parental Mental Health Service will be expanding in November 2009 and this will improve awareness training within the Adult Mental Health Teams.</p> <p>Common Assessment Framework forms will be used where appropriate.</p>
<p><u>Recommendation Eleven</u></p> <p>Inclusion of the risks associated with drugs misuse during PHSE classes in all schools throughout the Borough. The Commission requests an update on how this is being achieved and an indication of the impact these classes have at its meeting in February 2010</p>	<p>The Learning Trust recognises the importance of drugs education, and accordingly has included lessons and policy guidance on drugs education in “Pulling it Together” – the Learning Trust guidance for schools about Personal, Social and Health Education (PSHE), which was updated in 2005. This guidance reflects the most recent Government Guidance, which comes in the form of "Drugs: Guidance for Schools" (2004)</p> <p>It is good practice for schools to teach about drug misuse, but only in an age appropriate way, and as part of a wider drug education programme, which would typically include work on medicines and personal safety.</p> <p>For a school to achieve Healthy Schools Status, there is a requirement that they have a coherent and effective PSHE scheme of work, which is monitored and evaluated within the school.</p>

	<p>Some primary schools in Hackney have also been given a PSHE resource called "Miss Dorothy.com" funded by the Metropolitan Police. That resource is for Key Stage 2 pupils and carries some lessons for year groups on drugs.</p>
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Lead Councillor: Cllr Rita Krishna, Cabinet member for Children’s Services

Director: Alan Wood, Corporate Director of Children & Young People’s Services

Appendix 1	Children & Young People Scrutiny Commission report into Provision of Child and Adolescent Mental Health Services (CAMHS) in Hackney
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