

REPORT OF HEALTH IN HACKNEY SCRUTINY COMMISSION		
The Child and Adolescent Mental Health Service	Classification Public	Enclosures
	Ward(s) affected All	

1. FOREWORD BY THE CHAIR OF THE HEALTH IN HACKNEY SCRUTINY COMMISSION: COUNCILLOR MURIEL PURKISS

- 1.1 Child and adolescent well being and mental health is without doubt everybody's business.
- 1.2 All of us may from time to time become aware that some children, even infants, are not showing the emotional and behavioural characteristics we expect of them. Many members may come across such situations in the course of their Council-related work as I have done. Through the course of this investigation the Commission has become keenly aware that it is at an early stage that help can be most effective and I have done my utmost to ensure this assertion has been reflected in the recommendations.
- 1.3 The levels of service offered in the treatment of mental health are extraordinarily diverse and delivered by skilled and enthusiastic people from whom it has been a pleasure to hear. It is also clear that there are many services contributing to the emotional health of children with which the Commission has not been in contact.
- 1.4 As noted below, force of circumstance moved the Commission away from its original terms of reference. The varied experiences we subsequently enjoyed, from which we derived much insight as well as additional information, have made the Commission glad of this development
- 1.5 I would like to thank all those who took part in this Scrutiny investigation. Particular thanks are paid to those who attended and provided evidence to the Panel and Commission meetings.

2. INTRODUCTION

- 2.1 In 2002 the Director of Social Services of the London Borough of Hackney set out plans for an integrated Child and Adolescent Mental Health Service (CAMHS). This paper, approved by Cabinet on 27 May 2002, was tabled at the first meeting of the newly established Health and Social Care Scrutiny Panel on 24 July 2002.
- 2.2 The establishment a comprehensive CAMHS service was to be jointly funded by Hackney Social Services and the East London and the City Mental Health Trust.

Resources were to be pooled in order to develop and deliver this service thus maximising the resultant outcomes.

2.3 The HSCS Panel (the Health in Hackney Scrutiny Commission from October 2003) decided to review the progress made against these proposals and objectives. This review was undertaken between September 2003 and January 2004, meeting five times in total. In addition, supplementary visits were made to the voluntary organisations Off-Centre and NEWPIN (New Parent Information Network) and to other venues where services are delivered.

2.4 **The Terms of reference for the Commission's investigation were:**

- To review the extent to which the service has met its objectives
- To review service developments
- To consider to what extent desired outcomes for Looked After Children have been achieved
- To discover how parents, carers and clients of the service have experienced it
- To seek to assist in the development of the service by making appropriate recommendations

The Commission discovered immediately that the proposed development of CAMHS services had not taken place and although degrees of collaboration had been established the Joint Management Board had not been set up.

A special therapeutic service for Looked After Children has been established, as envisaged in the 2002 document and a team for adolescents is about to begin to take referrals.

The views of service users have been canvassed. There is an annual investigation into the ways Looked After Children experience the service with which they are in contact.

2.5 The undertaking of this Scrutiny investigation has proved to be particularly timely owing to the recent proposals set out in the Government's Green Paper, 'Every Child Matters'. This Government consultation sets out an aim of increased co-operation and collaboration between the Primary Care Trusts and the Education Authority. (In Hackney the Learning Trust has a contract to provide the education service for the Borough). The Government envisages there will be strong links with voluntary agencies, as well as Connexions and Youth Offending Teams, in addition to the existing CAMHS links between LBH Social Services and the East London and City Mental Health Trust.

2.6 These changes are being prepared for under the aegis of the Children's sub-board of the Health and Social Care Partnership Board. It is prudent for the Scrutiny Commission to review the progress made in this collaborative project to date and for Members, with responsibility as corporate parents, to consider the Government's proposals in co-operation with our community partners in order to assess and identify the likely outcomes of this consultation paper on Hackney.

3. SUMMARY & RECOMMENDATIONS

In conducting this Scrutiny Investigation the Health in Hackney Scrutiny Commission has discovered much about the way services relating to children and adolescents suffering from mental health problems are accessed and received as well as the organisational and structural means by which such services are provided.

The Commission believes it has become aware of ways in which these services may be improved but in so doing recognises the limitations of its own expertise. It is for this reason that the majority of recommendations included herein set about identifying the problem or issue, rather than stating a defined or proposed solution. This Commission believes that where scope for improvements or a different way of doing things has been identified it is for the statutory authorities and their partners to set about establishing how best to resolve this particular issue, concern or fault. The Commission reached this conclusion based upon the assumption that it is those same bodies which will ultimately have to put such solutions in place and be required to alter their working practices.

This Commission recommends;

Recommendation 1

The Commission does not believe that structural change per se will improve the services children receive. The Government itself, in a discussion document concerned with Health and Social Services Partnership said ‘... major structural change is not the answer’. This statement was made in 1998 and it is this Commission’s firm view that such sentiments still hold true today. The Commission is of the opinion that disrupting the present services will serve only to hold up progress rather than promote it.

Recommendation:

Every effort must be made, using facilitators, training, persuasion and example to develop collaboration, to demonstrate that Hackney is able to offer an excellent service with the least possible organisational restructuring.

Recommendation 2

The Commission became consistently aware throughout the course of its investigation that the most reliable way of providing a well received, comprehensive and responsive mental health service is through the efficient and early capture of all needy cases, when coupled with effective diagnosis and timely and appropriate onward referrals.

Recommendation:

The allocation of priority status to the ongoing work associated with improved CAMHS engagement and interaction of tier one services with the more specialised services offered by higher CAMHS tiers. The Commission would also welcome closer inspection of service user access requirements, self referrals and the access offered to the non-clinically diagnosed as part of the planned review of tier one engagement.

Recommendation 3

During the course of its investigation the Commission has learnt that the services presently provided by CAMHS do not always reach the neediest children even in emergencies

Recommendation:

That the statutory agencies develop ways of working which move away from a service based on appointments, in designated premises, in 'office hours'.

Recommendation 4

The Commission has learnt that children and carers can become 'stuck' during the referral process through lack of knowledge, the absence of guidance from those who have been involved or possibly as a result of parent or carer 'denial' - drawn from their own fear of statutory agencies or their own emotional and mental ill-health.

Recommendation:

That statutory agencies develop assertive ways of working, which include parents and carers, sharing information so that the needs of children and young people are met more effectively.

Recommendation 5

Elected members are conscious of their responsibility as corporate parents for looked after children and are aware of this group's special needs. It is also noted that the existence of a Looked After Children team is likely to be a Government requirement by 2006.

Recommendation:

That the Looked after Children Therapy Team be more firmly established and enabled to offer services in flexible ways according to the needs of their clients

Recommendation 6

The Commission recognises that parenting is a demanding task and that it is to be understood that many parents may need support of some kind. This would minimise the potential for development of emotional and/or mental health concerns in the parent/child relationship.

Recommendation:

That approaches to parenting skills are further developed and offered especially when a child first comes to the attention of a CAHMS service

Recommendation 7

The Commission appreciates that there are many projects in the Borough which provide grass-roots support for parents of babies and young children. We are also aware that, when it comes to funding or structural support, new projects can seem more appealing than long-established ones. However, it is this Commission's opinion that NEWPIN provides a well-established model of preventive care. Furthermore its methods have been rigorously evaluated. We note that neither the ELCMHT nor the CHTPCT contribute towards NEWPIN's funding.

Recommendation:

That the funding of the existing NEWPIN centre, in Hoxton, be put on a firmer footing and that the scope for establishing and funding a second centre in a different part of the Borough be explored as soon as possible

Recommendation 8

The Commission recognises that children with emotional needs may manifest these in school - indeed sometimes almost exclusively in school - where there may well be systems attempting to modify behaviour but that do not necessarily develop insight into each child's specific needs. The Commission was impressed with the NSPCC campaign calling on the Government to fund counsellors in schools. The Commission thinks that this is particularly important in Hackney because of the prevalence of children and young people who are refugees and asylum seekers.

Recommendation:

That every school has someone to whom children may be referred or indeed who can directly engage with them so that early help may be afforded to them and, as appropriate, their families.

Recommendation 9

Off Centre is another well-established and well-regarded voluntary organisation serving young people. Again, its funding arrangements need to be made more secure. The Commission has found that the basic services provided by this voluntary organisation need and require ongoing support and should not be made

to compete for funding or support with innovations that may be proposed from time to time.

Recommendation:

That all funding bodies should develop rolling programmes of financial support in recognition of this valuable service and that those same funding bodies be open to bids for innovative projects whose effectiveness would be evaluated.

Recommendation 10

Throughout the course of its investigation the Commission has become aware of the importance of making all CAMHS services widely accessible. The evidence presented to this Commission has suggested that the provision of accurate and widely disseminated information would promote access levels amongst the most needy.

Recommendation:

That all agencies review both the provision and distribution of printed information so that when people have concerns it is clear to whom they may turn for help.

4. COMMENTS OF THE FINANCIAL CONTROLLER

Any service proposals that arise from the recommendations in this report will need to be met within existing budgets.

5. COMMENTS OF THE MONITORING OFFICER

- 5.1 The Commission's report makes a number of recommendations to improve the provision of services available to children and adolescents suffering from mental health problems. Many of the children and young people who come into contact with the CAMHS service are 'in need' within the definition of the Children Act 1989, and to whom the council have certain legal duties.

The Commission's recommendations which support changing the CAMHS service to provide a more flexible service to users away from the premises and outside normal office hours, may ensure more early intervention and support to service users, but will have financial implications for the authority and our health partners. Further expanding the NEWPIN service or creating another similar provision within the borough will have significant financial implications for the authority.

This report will be of particular interest to The Director of Social Services and the Lead Cabinet Member for Children and Young People both of whom may wish to actively monitor the implementation of these recommendations or to consider the recommendations for future service planning.

6. COMMENTS OF THE HEAD OF PAID SERVICE

6.1 The Chief Executive has nothing to add to this report.

7. FINDINGS

7.1 This Commission was fortunate enough to receive and hear much detailed evidence from a variety of sources throughout the course of its investigation. The findings, as documented below, are not intended to match fully every shred of evidence presented to the Commission. More extensive information can be found recorded and documented in the Commission's comprehensive minutes.

7.2 The statutory services involved in CAMHS are East London and the City Mental Health Trust, the City and Hackney Teaching Primary Care Trust, London Borough of Hackney Social Services and the Learning Trust.

7.3 'Mental Health' covers a whole range of emotional and behavioural patterns, from the anxiously crying baby of the unhappy mother to the few who, in time, are given a diagnostic label which tells us that they are 'mentally ill' in the popular understanding of that term. Beyond the home it is possible to identify many situations where a child's emotional and mental well-being has the potential to be affected: with a child-minder, at one of the many nurseries and pre-school projects, clinics or doctor's surgeries – whether or not the visit is centred on the child. This list of opportunities for observation and interaction can and will only increase as the child grows, to include schools, youth clubs, and sports facilities - the list is endless.

7.4 Through the processes and interactions, as identified above, there are clearly many kinds of situations when those with any concern for a child's emotional well-being can express their concerns to professionals. Likewise, potential exists for those same professionals to become concerned, following observations during the course of their work, for the emotional well-being of a child or young person. Such professionals may include teachers, health visitors, social workers, general practitioners, school nurses, nursery nurses, class-room assistants, practice nurses or child-minders. Perhaps such an extraordinary diversity of those involved might hold part of the answer as to why it so often proves to be difficult to provide an integrated, coherent and focused service.

7.5 The Commission learned that 23.4% of the population of Hackney is currently under 17 years of age: over 47,000 young people. Applying current trends and assumptions to this population we can expect that one fifth of this number will experience some degree of emotional or mental health problem. It is also a reality that some of the individuals identified as having mental health needs will be seen by a variety of different agencies for treatment on a variety of different issues - itself a sign that they have severe problems.

Furthermore the professionals dealing with such children and adolescents are not necessarily aware of the reasons behind the involvement of their fellow professionals or which other agencies, with health responsibilities, are also involved in the treatment of a specific client. To further complicate matters those assessed as being most vulnerable do not always fit into the standard referral system.

- 7.6 Clients may be referred promptly but the subsequent appointments are not always kept. At present, it is not part of the CAMHS service to search out these young people or to link up their working practices and professional needs to those who may be able to help facilitate or maintain regular access.

In addition to those diagnosed as suffering from mental problems there are also those who need intensive help but do not have an 'on paper' diagnosis which would allow them to receive treatment from the most specialist worker.

- 7.7 Over the course of its CAMHS investigation the Health in Hackney Scrutiny Commission has become aware of the above described 'gaps' in the system. With current resources and structural arrangements it would appear that these are difficult to overcome. It was suggested to the Commission that a need exists for more assertive, out-reach work. The provision of such an extended programme might help to provide a more comprehensive, universal and inclusive service for all.

- 7.8 From the outset of this investigation it has been clear that CAMHS is wide-ranging and multi-faceted. It has four broad tiers ranging from GPs through to highly specialised services. In addition since the start of 2003, as a result of an established and clear need, increased funding has been made available to CAMHS for service enhancements (10% each year for three years), which Social Services expect that thereafter the money will be mainstreamed. These newly available funds have enabled CAMHS to set up new services. The Commission was encouraged to learn that Social Services and Primary Care Trust monies contributed towards the provision of a CAMHS service have now been ring-fenced.

It has become apparent to the Commission that a need exists to further engage at the first tier level, where, at present, a huge variety of professionals, as noted above, have a responsibility or duty to look after a child's welfare. Conversely, through the Commission's evidence gathering, it has also become apparent that it is at this level (tier 1) that early intervention will, arguably, have the most beneficial and preventive effect.

- 7.9 The next part of tier 1 'tier 1.5' brings into play more specialised professionals with a greater primary care focus, picking up those clients for whom the very earliest interventions do not seem to be sufficient. This sort of referral is likely to be particularly relevant in cases where the parent or carer also has mental health needs.

If the services available at such a 'direct contact' level prove to be insufficient, CAMHS then has the capability to offer follow up treatment services of an increasingly specialised kind found within the ELCMHT, the Local Authority, the Learning Trust and voluntary organisations (tier 2 – specialists working one to one). There may then be onward progression through tier 3 (specialists working in teams) and in a small number of cases beyond that to inpatient and specialist care (tier 4).

Nevertheless the multiplicity of services offered can be confusing especially if onward referral is needed. From the evidence gathered this Commission believes a strong argument exists for all CAMHS non-attendees to be followed up promptly in every part of the service. It is not enough to say we provide a service and offer rapid appointments if there are many who fail to attend (FTAs) - almost certainly the children and young people most in need.

7.10 Looked After Children

As a result of the specialist CAMHS ring-fenced funding arrangements, cited earlier, a special therapy team for Looked After Children (LAC) has now been established but is not fully staffed at the time of this report.

- 7.11 The Looked After Children's team was established in March 2003 as part of the development of the CAMHS strategy. In its evidence the Commission heard that 60-70% of Looked After Children have some kind of mental health problem. Few have a classically defined mental illness or exhibit psychotic behaviour. In total there are about 500 children for whom the LAC team was set up. Different models of intervention are used and may include work with parents and carers. Furthermore the LAC team also has a duty towards the 200+ children placed outside Hackney.

Measuring the service, as provided by the LAC team, is difficult in terms of outcomes and in the short term virtually impossible. It should be acknowledged that positive change in the emotional well-being of clients is not likely to occur overnight; rather such outcomes take time and perseverance.

- 7.12 On one of its site visits, the Commission found that the LAC team is shortly to relocate to what it is hoped will be more suitable premises early in 2004. None of the staff has yet to be given permanent contracts nor is their complement up to full strength. The manager left recently. The Commission was informed that the homes of young people (clients) are visited when necessary, although this is not always practicable. Ideally the team would like to be able to offer appointments in the early evening or on Saturday mornings for older young people and would favour the introduction of a 24hr telephone support line. The team hopes to start working shortly with small groups of young women whom they feel may be more responsive in such conditions – potentially feeling less stigmatised in group surroundings when taking in to account the mutual support that the group members can learn to offer each other.

7.13 Young people fostered outside Hackney are also visited. Support is given to foster carers in order to help maintain the placement as it is felt that consistency of care is important for the development of the child. LBH responsibility for out of borough child placements continues for a period of six months. The Commission was informed that the key to whether it is shorter than this, or longer, is the identification of and engagement with appropriate local professionals.

7.14 Child and Family Consultation Service

25-35% of referrals to the Child and Family Consultation Service (CFCS) are Looked After Children. The work undertaken with each client will inevitably differ and is dependent upon an individual assessment of their needs. For example, a school child with emotional or behavioural problems will have their case dealt with in a number of stages. School Action Plus, the level of involvement before proceeding to a statement of educational need, can involve, for example, a Learning Mentor being assigned to a child. Thereafter an Educational Psychologist would be approached about a child's future management and might recommend CAMHS with or without proceeding to a statement.

At present each school can and does interact with CAMHS in different ways but more consistent and better understood referral pathways would be an advantage.

7.15 As part of a user satisfaction survey undertaken by the CFCS it was found that there is more scope for the development of pre-appointment information. As a direct consequence of these results the service has established links with Off-Centre and has secured funding for new, redesigned literature. The survey found that young people were less satisfied with the appointment times than were the adults who accompany them. This suggests that there would be advantages in having appointments later in the day during the week or on Saturday mornings.

7.16 The Adolescent Mental Health Team is not due to take referrals until January 2004. It will offer early community based assessment and treatment for those with acute and severe problems. This service is for severely disturbed young people.

7.17 Learning Trust Services

The Learning Trust currently deals with emotional and behavioural difficulties within a sub-division of its special educational needs department. Most children are dealt with in mainstream schools, even those who have quite severe problems.

It is apparent that labelling children's problems, as opposed to the description of them, can often prove to be unhelpful. Such labelling can be taken to imply that the child has an innate problem rather than acknowledging that the child is exposed to serious relationship and environmental difficulties.

The next tier, for those deemed too severe for the mainstream schooling system, involves the Pupil Referral Units (PRU). Although behavioural issues are addressed within the PRU this is not considered to be a therapeutic option for a child and is meant to be a short-term provision. Special schools for those with educational and behavioural difficulties may be accessed by those who have obtained an educational statement. Thereafter residential options are available but these have the disadvantages of remoteness from parents, siblings, friends and the familiar inner-city background.

Ultimately, there are care/health settings, providing on-site education (tier 4), which are very expensive, costing up to £5000 a week. The Commission heard that the Learning Trust would like to be able to cut out this tier altogether, its preference being to accommodate those concerned more effectively within the lower care tiers.

7.18 This Commission heard that the kind of help the schools referral units and the special schools need from the Mental Health Trust is principally to support the development of improved diagnostic skills and processes. The need for additional MHT support in this area is felt to be most acute in respect of children suffering from depression, those who are self-harming but do not admit it, and for those, both boys and girls, who have eating disorders.

7.19 It is clear that there is a constant tension between the needs of a child with an emotional and behavioural disorder and the needs of the wider school community. It is within this area that the greatest risk to the philosophy of inclusion can be found. The Commission found that clusters of schools are involved in the Behaviour Improvement Programme of the Learning Trust. The Commission also took note of the NSPCC campaign calling on the Government to provide universal access to schools counselling. "All young people should have someone to turn to in school."

The Commission has also established, through evidence gained from both the statutory and voluntary agencies already providing services in Hackney, that it would seem to be possible to provide such a named person who would be regularly present in each school. Their training and expertise would vary but every person would be appropriately qualified and receive supervision according to need. Such workers could see children on a one to one basis and have small groups as well as classroom sessions and would become familiar figures in the school and yet have independence. They might also be a source of assistance for teachers, who can feel unsupported when faced with children whose behaviour is hard to manage.

7.20 Green Paper (CAMHS implications)

The Commission heard that the Government's Green Paper expresses the need for clear responsibilities with respect to the care of children, based upon the premise that early identification and intervention is required. The Government's proposals will involve new information-sharing processes and programmes as well

as the need for different professionals to recognise each other's skills and allow for the harmonisation of client pathways. It is hoped that such harmonisation and a more joined up approach will reduce the number of different professionals seeing a particular child. This should also reduce the number and variety of appointments made and the repetition by carers and the young people of their case history. Anecdotally, a young woman now in further education has said that the need to repeat her history to changing social workers was exhausting and distressing.

- 7.21 In direct contrast to the Government's intentions the Commission has heard that the comprehensive restructuring of Children's Services envisaged by the Green Paper could have negative effects. If parts of current services are torn from their roots this could have destructive effects on whole departments as well as the staff directly affected. Re-organisation alone is unlikely to improve the outlook for the care of children. Besides, the re-organisation envisaged seems to be almost wholly dependent for its networking upon the delivery of an entirely new IT infrastructure. The Commission understands that such a level of dependence does not breed confidence for many personally involved in the provision of this service.

Changes in attitude and approaches to clinical care are much more important. If current organisations are willing to think 'out of the box' it may well be possible to have self-regulation and reform (and therefore improvement) in many of the areas covered by the Green Paper, devising a pattern of working which retains the spirit of the Green Paper without its proposed structural upheaval. It must be remembered that strategies for improvement in the way services are organised for children cannot and should not be seen as the whole solution.

- 7.22 The Green Paper undoubtedly proposes many reforms and touches upon many issues but makes scant reference to provisions being made for an increased workforce. The Commission has therefore deduced that any shortfall in support or operational capacity may have to be met through additional commissioning in the voluntary sector. This underlines the importance of this sector for the care of children and adolescents with mental health problems. In addition CAMHS may invest in teacher support and training to enable behaviour management to be supported.
- 7.23 The Commission is in sympathy with the ELCMHT which supports alternative models of joint working and information sharing from those indicated in the Green Paper. The model would be informal, with staff secondment only where there is agreement that this is the only sensible direction.
- 7.24 The Commission also notes that SOLACE, the Society of Local Government Chief Executives and Senior Managers, advocates solutions that are 'rooted in evidence, prioritised on the basis of actual risk'. Of immense significance to Hackney is the reference to such services being 'tailored to differing local needs'.

7.25 No-one has anything but support for the Government aim of promoting the care of every single child but it must be acknowledged that there is no perfect set-up. Even if the upheaval which is implied by the establishment of Children's Trusts takes place there is no guarantee at all that children will be better cared for. The development of the desired new structure will be much more time consuming than a voluntary agreement in which the present hierarchies will remain more or less intact. Nevertheless, a consensus appears to be emerging around the need to give one person the authority to make things happen if massive restructuring is to be avoided.

7.26 Voluntary Organisations and Bespoke Services

A number of voluntary organisations and bespoke services or joint working forums exist and operate within the 'mental health arena'. In many cases these can be seen to have a co-ordinating or strategic purpose or act as a voluntary support network in areas where statutory authorities do not meet the needs of individuals. The Commission has concluded that the services provided by these organisations and groupings are vitally important in the delivery of a comprehensive and responsive mental health service.

7.27 Off Centre

Off Centre is a young people's counselling, advice and information service. It has been established for thirty years. The Commission has learned that it is held in high regard. Off Centre aims to enable young people to recover from emotional distress. It promotes positive mental health through training and group work in schools. Because of the pressure of poverty and long term deprivation in some sectors of the Borough, Off Centre has become increasingly aware of the need for a combination of practical and emotional assistance and has therefore established an advice and information centre.

Off Centre works with the backdrop of the rise in crime amongst and against young people and the use of alcohol and drugs which damage their lives. The instability of family life, divorce, parental absence and second families all test the emotional resilience of young people, sometimes to breaking point.

Off Centre's work is becoming more and more complex as young people face the complexities of the housing and benefits system and who may have experienced abuse and crime. Staff, feel under increasing pressure whilst seeking to remain accessible, friendly and professional. They seek to maintain hope, to listen, show respect and that the young people are valued so that a vision of the future may be built.

About 1000 young people are in touch with Off Centre every year. Over eighty per cent of young people who use the service are from black and minority ethnic communities. Forty per cent of those who use the service are young men and forty per cent are eighteen or under.

Voluntary organisations are finding it increasingly difficult to cover costs. Funding bodies tend to prefer to help initiate new or different projects rather than underpinning those that have already proved themselves. There can be an unhelpful emphasis on numbers rather than quality. Off Centre functions in property it owns but that needs modernising. Monies for such purposes are extremely difficult to secure.

7.28 NEWPIN – New Parent Information Network

NEWPIN is a national voluntary organisation whose Hackney base is at St John's Centre, Pitfield Street, Hoxton. NEWPIN works with families to break the cycle of destructive behaviour, to develop self esteem and emotional maturity of parents and to bring about lasting change in the quality of life of both parents and children, empowering them to take charge of their lives. The long-term emotional support and understanding provided allows both parents and children to develop in an atmosphere of support, equality, empathy and respect. Those seeking support in their caring role may be referred by professionals, or may refer themselves. A home visit by the Centre co-ordinator is made first, to explain what NEWPIN has to offer. The visitors are often former users of NEWPIN and so are able to identify with the problems of the potential user. Members are encouraged to attend twice weekly but the centre is open every weekday and members can come and go at will.

NEWPIN is not for crisis referrals. But the way in which clients may just turn up is likely to prevent some crises occurring. There is always someone available and there is a supervised play space. 24 hour telephone support is also offered by and for the members. When members feel ready to join it there is a therapeutic support group. One-to-one counselling is also available. There is also a personal development programme which includes modules aiming to increase understanding of the emotional needs of children and to enable parents to prepare for life beyond NEWPIN.

All that is required by those attending is that they want to attend, want to address their relationship with their children and to be willing to communicate and take responsibility for their problems.

The service has been rigorously evaluated and has been shown to work effectively. It is a model that deserves replication.

NEWPIN's main source of funding is Hackney Social Services department. The service has experienced cuts in the past. Despite the clear link between NEWPIN and the promotion of infant and child mental health and of parenting skills there is at present no Mental Health or Primary Care Trust Funding.

7.29 In addition to the evidence gathered from voluntary bodies the Commission heard that the Child Psychology Service is also concerned with prevention through early

intervention: promoting parenting skills, one to one or in groups, according to the level of the child's difficulties.

- 7.30 The Commission also heard that a Hackney Stepping Forward project had been established which is involved in making interventions in seven nurseries for children from birth to five years. This includes a formal twelve week Parenting Course based upon a recognised model.

Sure Start Centres have also been established. This Government initiative is in effect supplementary parenting.

The Commission is also aware that problems faced by parents and the strains of parenthood have resulted in many other initiatives being established. No doubt all of these, developed by those with wide understanding of the needs of children and those responsible for them, will give evidence of benefit. For those who have experienced the difficulties of being refugees or asylum seekers The Sanctuary provides a dedicated service.

- 7.31 Existing Joint Working Relationships

There is in place a Joint Working Protocol which aims to strengthen good practice in joint working across the three service areas of Adult Mental Health, Children and Families and the Child and Adolescent Mental Health Services. It is difficult to see how the excision of any part of this service and its transfer to a new Local Authority Directorate will benefit those adults and young people to whom the service is committed. The Department of Health guidance 'Working together to safeguard children' (HMSO 1999) emphasises the role mental health services have in protecting children and promoting their welfare. Joint working, as developed in Hackney, is in harmony with this intention. The Commission was provided with evidence illustrating the link between adult (parental) mental ill health and the problems experienced by a young child. The present protocol supports collaborative working in these circumstances that are not uncommon.

8. CONCLUSION

- 8.1 This has been the first investigation by the Health in Hackney Commission under the new powers accorded to Local Authorities into the prevention treatment and services offered to children and adolescents with mental health issues. The review has aimed not only to identify the service delivered but also the effects the present service has on the sufferer, their family or carer. The Commission's perception of the difficulties currently being faced has been increased and the recommendations have been made bearing these in mind.
- 8.2 Many issues problems, observations and specific areas for action relating to the treatment of children and adolescents with mental health needs across the London Borough of Hackney have been brought to the attention of this investigation. The Health in Hackney Scrutiny Commission acknowledges and accepts that the capacity of local authorities alone to tackle some of the problems observed is limited. It is for this reason that it has not tried – indeed it has not been able – to recommend action in all cases. The Commission recognises the partnership which is necessary with the relevant authorities (the PCT, MHT, SHA and others) and intends to hold ongoing dialogue with those on whom the report's recommendations have an impact.
- 8.3 The Commission's Chair and the Scrutiny Officer will therefore, over the coming months, liaise with the Council services, CAMHS and other organisations in order to establish how this report's recommendations can best be implemented.
- 8.4 The Commission understands that there are no quick fixes and that accordingly this report is merely the start of a process and not the end or solution to the issues reviewed. The recommendations included herein are therefore intended to be the beginning of a new era of improved co-operation, action, efficiency, openness and trust within Hackney and between all those concerned with the emotional and mental well being of our children and young people.

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9. CONTRIBUTORS

The following people attended the Scrutiny Commission's meetings and gave evidence. The Scrutiny Commission owes a great deal to them not only for what they contributed to the investigation but also for the enthusiasm and commitment they brought to the task.

- Kevin Mullins, East London and the City Mental Health Trust, Service Director, Special Services and the Child and Adolescent Mental Health Service. 10 September, 8 October, 12 November, 10 December.
- Dr Glenda Erikson, Psychiatrist. 10 September, 8 October.
- Dr Susan Woollacott, Psychiatrist. 10 September, 8 October, 12 November.
- Sarah Gibbs, Manager, Child and Family Consultation Service, 10 September, 12 November.
- Josephine Kwhali, Head of Children and Family Service, Hackney Social Services, 10 September.
- Bob Morgan, Head of Strategy & Resources, Children and Family Service, Hackney Social Services, 10 December, 21 January.
- P-J Wilkinson, Director of Pupil Services, The Learning Trust. 8 October
- Lena Cadasse, Manager, Child and Adolescent Service, City and Hackney Teaching Primary Care Trust. 8 October & 10 December.
- Alison Cuffy, Head of Children in Need, Hackney Social Services. 12 November
- Veronica Hislop, Manager, Looked After Children mental health team, 12 November.

Written contributions:

- Dr G Tobias, Joint Chair, Executive Committee, CHTPC
- P-J Wilkinson (letter)
- The Sanctuary: A summary of the service available to children who are asylum seekers or refugees.
- A report from Off-Centre
- NEWPIN PR material

10. MEMBERSHIP OF THE SCRUTINY COMMISSION

10.1 Elected Members up to 29/10/03

- Councillor Muriel Purkiss (Chair)
- Councillor Sharon Patrick (Vice Chair until 21 October 2003)
- Councillor Lindsay Montgomery
- Councillor Sally Mulready
- Councillor Salma Rashid (until 21 October 2003)
- Councillor Muttalip Unluer
- Councillor Thanh Vu (until 21 October 2003)

- Scrutiny Officer; Faiza Chaudary

10.2 Elected members from 29/10/03

- Councillor Muriel Purkiss (Chair)
- Councillor Vivian Amaran (Vice Chair)
- Councillor Lindsay Montgomery
- Councillor Sally Mulready
- Councillor Sharon Patrick
- Councillor Geoffrey Taylor
- Councillor Muttalip Unluer

- Scrutiny Officer; Ben Vinter

10.3 Co-opted Members

- Bill Marks (Health & Social Care Forum)

10.4 External Advisers

- Mrs Elizabeth Taylor
- Manish Shah (Black & Ethnic Minority Working Group)

Background papers

The following documents have been relied upon in the preparation of this report or were presented to the Scrutiny Commission as part of the investigation:

Description of document	Location	Date
Working Together to Safeguard Children	DoH / HMSO	1999
Partnership in Action	DoH	1998
Child and Adolescent Mental Health Service	LBH Director of Social Services	2002
Briefing Paper – ‘Every Child Matters’	The Education Network	Sept 2003
‘Every Child Matters’	DfES	Sept 2003