

**WOLVERHAMPTON CHILD AND ADOLESCENT
MENTAL HEALTH**

STRATEGY

2007 - 2011

FULL DOCUMENT

**Wolverhampton City Primary Care Trust
Wolverhampton City Council**

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INTRODUCTION

Welcome to Wolverhampton's draft strategy for Child and Adolescent Mental Health.

This strategy is about Wolverhampton's children, young people, families and carers. It has been produced by people working within Child and Adolescent Mental Health Services in the Local Authority and Primary Care Trust.

The proposals place particular emphasis on improving services as set out in the Children Act 2004. This requires all agencies to work together to plan, design and deliver 'joined up' services to meet the needs of their children and young people.

The priorities and actions for improving Child and Adolescent Mental Health are detailed in the section 'Implementation Plan' starting on page 26. If the Implementation Plan is achieved you will see:

Early detection and treatment of problems before they become more severe, by:

- Basic skills in assessment and intervention for all primary care workers
- Developing services such as Behavioural Education Support Team's and Sure Start Children's Centres
- Systems for screening

More rapid response to referrals by:

- An increased use of consultation and brief therapy techniques
- Development of accessible locally based services
- Urgent referrals having a response within 24 hours

Comprehensive programme of preventative work, by:

- Appointment of an Emotional Health Co-ordinator
- Disseminating good practice
- Developing Parenting Groups

Fast response to enquiries/referrals and co-ordinated decision making, by:

- Common assessment framework
- Decisions on all referrals within 7 working days
- Effective sharing of information

Co-ordinated approach to referrals, assessment and treatment, by:

- Common assessment framework
- Co-ordinate locally based services
- Referrer and user of service being well informed

Young offenders having prompt and co-ordinated access, by:

- Maintaining co-ordinated approach

Every Child Looked After having access to therapeutic services, by:

- Co-ordinated approach to specialist assessment and therapeutic work
- Service extended to Wolverhampton's children in surrounding area

Children manifesting inappropriate sexual behaviour to have access to services, by:

- Developing preventative work with assessment, treatment and support

Children with complex mental health needs to have easy access to effective services, by:

- Co-ordinated approach to crisis across the city
- Focus on maintaining the child/young person within their own home or within the city
- Developing expertise and local services to deal with crisis
- Establishing community crisis intervention services
- Evaluate the need and potential benefits of a 'crisis house', therapeutic day services/unit and out of hours service

Children with chronic physical illness/palliative care needs to receive psychological support, by:

- Ensure quick assessment of the psychological needs of all children

A co-ordinated response for children with a severe mental illness aimed at safely supporting them at home or in their community, by:

- Ensuring access to a hospital bed if required
- Establishing a community crises intervention service
- Reviewing and building on the strengths of the Key Team Service
- Evaluating the cost and benefits of community based resource to maintain people at home

Maximise the benefits of effective joint planning between Health, Local Authority and Voluntary Sector, by:

- Establishing formal joint planning
- Developing information sharing system and protocols

Ensuring the best use of all resources without seeing any loss through overlap, duplication or inefficiency, by:

- Establishing formal joint commissioning arrangements for individual cases and services
- Maximising the use of pooled budgets where this adds value and achieves greater benefit.
- Ensuring effective transition to adult services

BACKGROUND

Mental health problems affect 1 in 5 young people at any given time. Based on a number of significant prevalence studies the Department of Health reports that about half of them (i.e. approximately 10% of children and young people) require skilled professional help. However an estimated two thirds of all young people with mental health problems are not getting the help they need. Untreated mental health problems create distress not only in the children and young people, but also their families and carers continuing into adult life and affecting the next generation.

Children's emotional, social and behavioural difficulties are viewed from a variety of different perspectives and traditionally would receive different responses from a range of agencies that are available to assist children and young people's development. There are for example traditional disciplinary approaches used in schools and the youth justice system. A medical perspective uses diagnostic categories and a therapeutic approach in responding to problems. The psycho-social perspective emphasises the effect of a child's environment and circumstances. This Strategy aims to bring together these perspectives and the range of agencies and services that have developed separately but are often responding to a range of difficulties presented by children and young people.

The National Service Framework for Children, Young People and Maternity Services (NSF) Standard 9 tells us "The term CAMHS is used in two different ways:

- One is a broad concept embracing all services that contribute to the mental health care of children and young people, whether provided by health, education, social services or other agencies."
- The other applies specifically to specialist child and adolescent mental health services and includes specialist social care, education, voluntary and independent provision for children and young people with mental health problems.

The National Service Framework states "CAMHS cover all types of provision and intervention from mental health promotion and primary prevention, specialist community based services through to very specialist care as provided by in-patient units for young people with mental illness. Interventions may be indirect (e.g. consultative advice to another agency) or direct (e.g. direct therapeutic work with an individual child or family)."

THE NATIONAL POSITION

The National Service Framework for Children, Young People and Maternity Services establishes clear standards for promoting the health and well-being of children and young people and for providing high quality services which meet their needs. There are 11 standards in the document and this strategy for CAMHS focuses upon the 9th standard.

Standard 9 is about the mental health needs of children and young people. It must be seen in the context of the other standards which describe further mental health promotion interventions for children, young people and their families. Other standards describe the additional mental health needs of children and young people who are ill or who are in hospital. All professionals caring for children and young people who require medicines should also address the issues covered in the Primary Care standard:

"All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families."

During the last 10 years policy and practice for addressing the mental health needs of children and young people has been developing at a rapid pace across the National Health Service, Social Services and the Education Service.

The vision of the NHS Plan is to:

"offer people fast and convenient care delivered to a consistently high standard. Services will be available when people require them, tailored to their individual needs."

The 2004 Treasury Spending Review sets out new challenges for cross - governmental working to deliver better outcomes for people. It proposes

"...to focus Public Service agreements even more closely on outcomes, removing input targets and giving the front line maximum scope to determine how to deliver outcomes most effectively at the local level in consultation with stakeholders and the public." *Treasury Spending Review, HM Treasury, 2004*

The Office of the Deputy Prime Minister (ODPM) proposal set out in the consultation documents on Local Area Agreements focuses on the priorities that are shared by local and central government and places the emphasis on the delivery of outcomes that will make a real difference to communities. It states that central to pursuing these objectives is:

“effective partnership working at a local level, marshalling the resources of all relevant agencies.” *Local Area Agreements: A Prospectus, ODPM, 2004*

The Department of Health has set out its proposals for the development of Health and Social Care in National Standards, Local Action - Health and Social Care Standards and Planning Framework 2005/06–2007/08. This document demands locally driven outcome-focused target setting based on the following principles:

Local plans should ensure they:

- are in line with population needs;
- address local service gaps;
- deliver equity;
- are evidence-based;
- are developed in partnership with other NHS bodies and Local Authorities;
- offer value for money.

THE LOCAL POSITION

The Children and Young People's Plan 2006-2009 is aimed at improving outcomes for all children and young people in Wolverhampton. All Children and young people have the right to be supported to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well being

The Children and Young People's Strategic Partnership for the City has agreed a strategy for addressing the needs of children and young people in Wolverhampton. This builds on the vision and principles set out in the Government's consultation paper 'Building a Strategy for Children and Young People' and the shared vision of agencies in the City to address the needs of all children. The strategy sets out how planning for children's services can be further simplified and better co-ordinated for the most vulnerable children and young people in the City.

Wolverhampton City has already achieved much in the area of interagency working, policy development and practical implementation. Examples include the Sure Start initiatives, Children's Fund Programme, Information sharing and assessment, Behavioural Educational Support Teams, the development of The Children's Centre and the Health Action Zone initiatives. The creation of the Children and Young People's Strategic Partnership has taken interagency working a step further.

A joint strategy agreed for Wolverhampton for the development of child and adolescent mental health services was developed in 1999 and updated and extended in May 2001. This Strategy for 2007 - 2011 takes stock of the developments since 2001 and the need to further develop partnership arrangements and new service developments in the context of The Children Act 2004 Every Child Matters and the National Service Framework (2004). The overall aim is to ensure developments directly benefit children, young people and their families who require a comprehensive mental health service - or who may do so in the future.

This Wolverhampton's Strategy for Child and Adolescent Mental Health is a key element in this overall plan for developing and delivering services for children in the city. The strategy covers the period to 2007 -2011. However, it is a living, working strategy and will be reviewed at least annually to take into account new developments.

Multi-agency Networks and Groups Contributing to CAMHS Activity

The Children and Young People's Strategic Partnership (CYPSP) is the lead strategic group for planning and monitoring all services for children. The CAMHS management group consisting of senior officers from the PCT, Children & Young Peoples Services manages delivery of The Multi-agency CAMHS Strategy and reports to the CYPSP. There are several other important multi-agency groups whose focus is an aspect of, or closely related to, CAMHS activity.

These include:

- **The Autistic Spectrum Disorders (ASD) Group**
Co-ordinating activity and planning for the support and education of children and young people with ASD
- **The Emotional Health Network**
Networking of operational staff with an interest in emotional health
- **The Healthy Schools Steering and Management Groups**
Oversight and management of the Healthy Schools Programme
- **The Behaviour Improvement Programme Steering Group**
Oversight and monitoring of the Behaviour Improvement Programme
- **The BEST Operational Manager's Group**
Management of the Behaviour and Education Support Team
- **The Multi-agency Case Management Group (MCMG)**
Commissioning and oversight of jointly funded out of city placements and the Key Team
- **The Key Team Management Group**
Management of the Key Team
- **The Young People's Crime and Safety Group**
Reports to the CYPSP on young people's crime and safety with a co-ordinating and strategic planning role
- **Parents Coordination Group**
Reports to the CYPSP on a coordinated approach to parenting support and training.

The Integrated Placement Strategy 2005-2009

This strategy aims to achieve a multi-agency approach to the provision of quality childcare placements. It is committed to increasing Wolverhampton based residential resources, through a mixed economy of care, including one unit with joint Children and Young People Service/CAMHS input to create a therapeutic environment able to provide placement in city for some of the hardest to place young people. Improving the fostering staffing resources and increasing the number of Foster Carers to look after children from Wolverhampton. There is agreement that improving care and comprehensive support packages for Looked After Children can only be achieved if educational and (mental) health needs are answered and addressed at the same time as the social and family problems of this user group. There is an emphasis on increased joined up preventive and early intervention efforts will reduce the number of children becoming looked after and meet the needs of those appropriately admitted to the Looked After Service.

The Social Inclusion Strategy

The Social Inclusion Strategy to improve behaviour and attendance is based on the contributions that schools can make to improving children's personal, social and educational development, behaviour and attendance at school and reduce exclusions. It sets out a range of developments that will assist this including creating a partnership management group with head teachers, and other agencies represented. The group's activity will be informed by a social inclusion audit that sets out need, provision, training and budget availability. Staff involved in the delivery of CAMHS strategy will also be involved in the Social Inclusion Management Group, ensuring a co-ordinated approach.

Wolverhampton Local Preventative Strategy (LPS)

The LPS is in line with the preventative focus of the standards 1-5 within the National Service Framework.

"All our children and young people; successful, healthy, safe and contributing to the communities where they live, learn and play".

The key themes of the LPS are:

- Providing accessible and attractive universal services
- Identifying vulnerable children and young people
- Intervening early
- Supporting and developing a range of effective preventative services
- Taking a positive approach with families and communities
- Providing positive support for parents, children and young people
- Ensuring children young people and families are respected and their views are listened to

- Co-ordination of service delivery

Wolverhampton is moving toward the development of an Anti-Social Behaviour Strategy. This strategic approach to anti-social behaviour has three key elements:

- Prevention
- Problem solving
- Enforcement

Prevention

The Prevention Strategy for the Wolverhampton Youth Offending Team takes a range of factors into account. The Prevention Strategy cannot exist in isolation; it needs to mesh with a range of interlinked initiatives.

Youth Justice Board

"It shall be the principal aim of the Youth Justice System to prevent offending by children and young people".

The Youth Justice Board prevention strategy highlights the importance of the following strategic areas:

- Effective targeting and focus on pre-crime identification and supportive initiatives.
- Intensity of intervention amongst high risk first and second time offenders.
School absence is a key issue to tackle
- Deterrence and detection of youth crime is important, particularly with high risk offenders.

Information Sharing, the Common Assessment Framework (CAF) and the Children's Index

The Children and Young People Partnership have agreed an Information Sharing Protocol that provides a framework for the development of a system of data sharing agreements between agencies. Sharing information about vulnerable children, many of whom will fall within the scope of the CAMHS strategy is fundamental to an effective multi agency approach. Staff delivering CAMHS are closely involved in the group planning the development of the CAF. It is expected that this will significantly improve the early identification of children and young people with mental health problems. There are several databases in use by the main agencies working with children and young people and plans are in place to develop these and to introduce software and systems that will enable information to be drawn from these.

When a common assessment has taken place this will be recorded on a database accessible to all staff.

These important developments will support the collaborative approaches that characterise Wolverhampton's CAMHS Strategy.

NEED AND DEMOGRAPHIC AND EPIDEMIOLOGICAL INFORMATION

Some parts of Wolverhampton are relatively affluent; however, 27% of neighbourhoods are in the top 10% of the most deprived in the country. Children and young people in such deprived areas often need additional and co-ordinated support to help them achieve their potential.

Mental health problems affect 1 in 5 young people at any given time. However an estimated two-thirds of all young people with mental health problems are not getting the help they need. Untreated mental health problems create distress not only in the children and young people, but also their families and carers continuing into adult life and affecting the next generation (Department of Health, 2003).

The Office of National Statistics published a report of a survey carried out in 1999 entitled, "The Mental Health of Children and Adolescents in Great Britain" (Meltzer et al, 2000). The survey found that 9.5% of 5-15 year olds had a mental disorder, of which 4.3% had an emotional disorder, 5.3% displayed a conduct disorder, 1.4% had hyperkinetic disorders and 0.5% showed evidence of less common disorders such as Tics and eating disorders. The prevalence of mental disorders was related to a number of personality characteristics (sex, ethnicity), family characteristics (family type, educational qualifications of parents) and household characteristics (employment, household income and social class). A follow up prevalence study was published in 2004 (Green et al, 2004) which found that there were no differences in prevalence between 1999 and 2004 in the overall proportions of children with a mental disorder. This strategy uses the percentages of the Meltzer study.

The provisional document entitled "Getting the right start, National Service Framework for Children, Emergent Findings" (Department of Health, 2003) explains that both the commissioning and delivery of CAMHS services should be informed by a regularly updated multi-agency assessment of need. This needs to incorporate:

- Locally adjusted epidemiological information on the prevalence of children's mental health problems to reflect the diversity of the population and other local demographic circumstances.
- An assessment of the needs of particular groups of children and young people in the locality who are said to be vulnerable or at risk.

Following these guidelines, available epidemiological information was adjusted in order to determine the prevalence of mental problems in children and adolescents in Wolverhampton. The prevalence of 5-15 year olds with a mental disorder in Wolverhampton was calculated by applying local population statistics (recorded in the 2001 census) to percentages, recorded in the report "The Mental Health of Children and Adolescents in Great Britain" (Meltzer et al, 2000). Prevalence rates were calculated both on a ward and sector basis. The prevalence of mental health problems was then compared to the number of children seen by Child and Family Service in order to establish the true need for child and adolescent mental health.

Estimated Prevalence of 5-15 Year Olds with a Mental Disorder by Sex

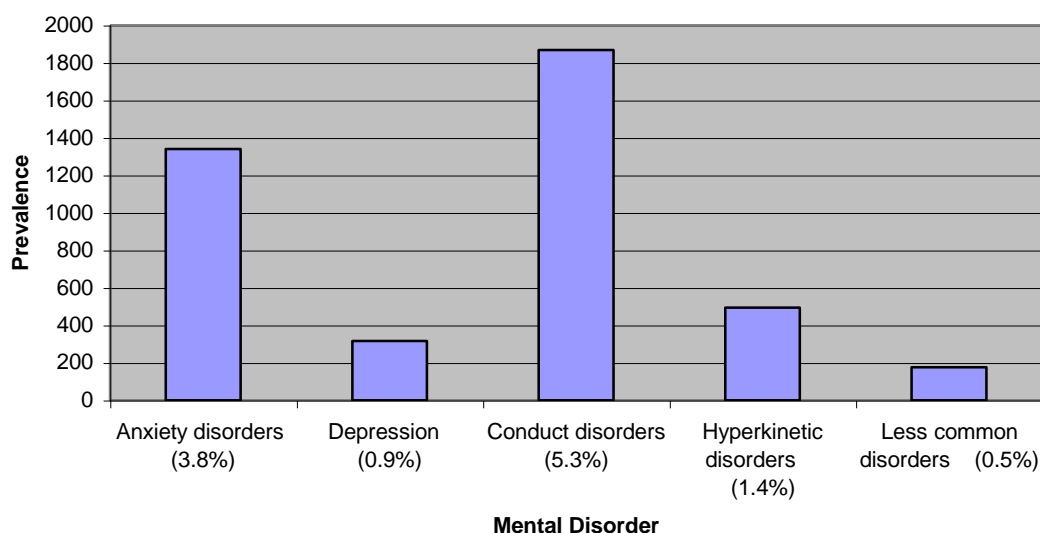
Sex	Total population of Wolverhampton	Total number of 5-15 year olds	Prevalence of 5-15 year olds with any mental disorder
Male	115,925	17,273 (boys)	1,983 (boys)
Female	120,657	17,978 (girls)	1,380 (girls)
Total	236,582	35,251	3,363

Estimated Prevalence of Mental Disorders Exhibited in 5-15 Year Olds

Mental Disorder	Prevalence of mental disorders in 5-15 year olds
Anxiety Disorders	1,340
Depression	317
Conduct Disorders	1,868
Hyperkinetic Disorders	494
Pervasive Developmental Disorder	106
Tic Disorders	35
Eating Disorders	35

Please Note: The total number of children against the above disorders is higher than 3,363 in this table as some children have more than one type of disorder.

Estimated Prevalence of 5-15 Year Olds with a Mental Disorder in Wolverhampton



Estimated prevalence of 5-15 year olds with a mental health problem compared to the number of 5-15 year olds seen by the Child and Family Service for a mental health problem (April 2001-March 2002).

Sector	Prevalence of 5-15 year olds with a mental health problem	Incidence of 5-15 year olds with a mental health problem seen by CAFS	Percentage of 5-15 year olds seen by CAFS
South East	1,058	151	14.3%
North East	1,274	217	17.0%
South West	1,031	186	18.0%
Total	3,363	554	16.6%

35,251 children and adolescents aged 5-15 years old live in Wolverhampton. 3,363 of those children are estimated to have a mental disorder (1,983 boys and 1,380 girls). Conduct and hyperkinetic disorders are more prevalent in boys whereas as emotional disorders occur more in girls. Overall, conduct disorders and anxiety disorders are most common with 1,868 children with conduct disorders and 1,340 children with anxiety disorders, followed by hyperkinetic disorders and depression with a prevalence of 494 and 317 respectively. Other less common disorders (pervasive developmental disorder, tics and eating disorders) account for 176 children. The prevalence of 5-15 year olds with mental health problems is similar among the 3 sectors. In the North East of the city, 1,274 5-15 year olds have a mental disorder, compared to 1,058 children in the South East and 1,031 in the South West. On a ward level, Low Hill has the greatest prevalence of 5-15 year olds with a mental disorder in Wolverhampton (278 children) and Tettenhall Wightwick has the lowest (98 children).

Wolverhampton is an ethnically diverse city. Of the estimated 3,363 5-15 year olds with a mental health problems 2,633 are White, 195 are Black, 173 are Indian, 34 are Bangladeshi and Pakistani and 328 belong to other ethnic groups.

Child and Family Service had contact with 554 children and adolescents (5-15 year olds) between April 2001 and March 2002. When compared to the prevalence of mental health problems in Wolverhampton, Child and Family Service only saw 16.6% of 5-15 year olds with a mental health problem. It is therefore apparent that approximately 2,800 children and adolescents (5-15 years old) with a mental health problem are not being seen by this service. Consequently it important to determine if these children's needs have been met by other children's services such as General Practice, Paediatrics, Education and Social Services.

Another perspective on the prevalence of mental health problems in Wolverhampton is provided by the Local Authorities annual audit of Special Educational Need (SEN). This does not capture all children with mental health difficulties as some schools still use a disciplinary approach to respond to behaviour problems rather than proactive planning through the staged SEN procedure. Some children's emotional problems are less prominent in school and so may not be identified as having educational difficulties. Nevertheless schools are key partners in the City's CAMHS strategy and have a vital role in identifying early intervention and prevention of mental health problems.

In 2006 the SEN audit identified 6,500 children as having moderate or severe learning difficulties, behavioural, emotional and social difficulties (BESD) or a combination of these. 1,250 had BESD requiring professional support from other services (usually multi disciplinary area teams).

In addition to these children attending main stream schools, the city's special schools pupil referral units there are approximately 200 children with severe, profound and multiple learning difficulties, 300 children with moderate learning difficulties and 300 children with behavioural, emotional and social difficulties.

Altogether schools are identifying about 7,300 children with significant learning or behavioural emotional or social difficulties. 1,550 of these have behavioural or emotional difficulties. This is less than Department of Health prevalence data suggests indications that the need for improved identification to be an important element in Wolverhampton's CAMHS Strategy.

HOW WE MEET NEED

In 1995 the NHS Health Advisory Service published a thematic review of CAMHS which described a four-tier framework. Later work on CAMHS carried out by the Audit Commission took the four-tier strategic approach as its baseline and its report confirmed the applicability of this approach to future planning. Although there is some variation in the way in which the tiered strategic framework has been developed and applied across the UK.”

The NSF also tells us that whilst this approach “is a useful conceptual tool it should not be seen as something constraining or limiting. Neither services nor people will fall neatly into tiers and nor should they. Similarly, there is a misconception that a child or young person will move up through the tiers as their condition is recognised as more complex. In reality, there will be some children and young people that may require services from a number, or even all of the tiers, at the same time.”

“The Four Tier Strategic Framework”

Tier 1

Services consist of professionals such as GPs, social workers, voluntary sector workers, school staff, police officers, school medical officers, school nurses and health visitors etc. who are not necessarily primarily employed for the prime purpose of mental health but who directly or indirectly influence the mental health of children and young people through their work.

Tier 2

This is represented by individual specialist mental health workers who work with children, adolescents and their families on a uni-professional basis, whether working from a single professional or multi-disciplinary service base. They are often members of a multi-disciplinary child and adolescent mental health teams through which their work is co-ordinated or otherwise members of part of the network of child and adolescent mental health service components.

Tier 3

This consists of services, which are more specialised in relation to the complexity of problems presented to them. In this tier, members of multi-disciplinary child and adolescent mental health teams will often work in specific therapeutic teams, such that the co-ordinated interventions of several professionals can address the many facets of the problem. Complex problems such as eating disorders, substance misuse, traumatic stress, developmental disorders, and affective disorders may be typical of this work. Co-ordinated multi-professional working in family therapy teams or in the context of child protection issues is typical of this level of work.

In recent years we have developed Tier 3+ services to prevent or respond to crisis and complex cases to reduce breakdown and out of City placements

Tier 4

This represents very specialised interventions and care for highly specific and complex problems, requiring considerable resources. For instance, inpatient psychiatric provision for adolescents, secure provision, specialist provision for those with sensory impairment or disabilities and very specialised service (in-patient and outpatient) for young people with severe eating disorders, neuro-psychiatric disorders or rare paediatric disorders.

Tier 4 services are also provided by social and education services for people with similarly complex problems.

Services for children and young people in Wolverhampton will in future be organised in a similar four tiered approach.

MARKERS OF GOOD PRACTICE

The National Service Framework sets out the markers of good practice as:

1. All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.
2. Protocols for referral, support and early intervention are agreed between all agencies.
3. Child and adolescent Mental Health professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMHS expertise.
4. Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.
5. Child and adolescent mental health services are able to meet the needs of all young people including those aged 16 and 17.
6. All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services.
7. The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach. Contingency arrangements are agreed at senior officer levels between health, social services and education to meet the needs and manage the risks associated with this particular group.
8. Arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.
9. Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.
10. When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the "care programme approach".

CURRENT SERVICES

An extensive range of services are currently provided for children, adolescents and their families. These are provided by the Primary Care Trust, Children & Young People, the Royal Wolverhampton Hospital Trust, Schools, Colleges, and Voluntary organisations. These are detailed in Appendix 1.

Current Services against The Four CAMHS Tiers are:

4	Birmingham Children's Hospital Independent Providers Specialist Residential Services In city residential services RWHT Accident and Emergency department and Children's Wards
3 plus	Key Team (Multi Agency Team) Early Intervention Service Residential Services Special Schools and Pupil Referral Units for Children with Behavioural, Emotional and Social Difficulties <i>A range of services from tier 3 also work with people at tier 3 plus</i>
3	Youth Offending Team Child and Family Service (CAMHS) Substance Misuse Service Child Development Centre Learning Disability Team (CAMHS) Assessment and Child Protection Looked After Children Children and Young People Services Area Teams Behaviour and Education Support Teams Fostering Services Family Advice and Support Team Children with Disabilities Social Care Locality Team
2	Family Centres Child and Family Service (CAMHS) Paediatricians Substance Misuse Services Voluntary Agencies Children and Young People Services Area Teams Behaviour and Education Support Teams Young Cruse Spurgeon's Young Carers Project Social Care Locality Team
1	Primary Care Team(CAMHS) Voluntary Agencies Health Visitors School Nurses Schools GPs Youth Service Healthy Schools Team Connexions

Note: A number of services cross more than one tier.

OVERALL VISION AND AIMS

In full agreement with the National Service Framework (NSF) for children, young people and maternity services we want to see:

- An improvement in the mental health of all children, young people and their families.
- Agencies and Services for children and young people working in partnership with families and each other:
 - To promote the mental health of children and young people
 - To support parents/carers
 - To provide consultation to primary care staff
 - To provide early intervention
 - To assess and treat the needs of children and young people with complex problems and or (learning) disabilities without waiting.
 - To treat clients with complex and challenging needs and/or special educational needs in the community, with the support of local networks and preventing medium- and long-term out of city placements
- Access to mental health care for children and young people and their families based upon the best available evidence and provided by trained staff with an appropriate range of skills and competencies.

We aim to meet the following standards:

1. All children will have access to prevention and early intervention programmes starting on maternity wards, midwifery services, health services and pre-school educational services to school aged services and youth and leisure services.
2. All children and young people from birth up to their 18th birthday who have mental health problems or suffer from disorders or complex problems should have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support for them and their families.

In order to deliver the vision and standards of the strategy we aim to:

1. Share responsibility between Health, Local Authority and Voluntary Sector for prevention, early identification and intervention.
2. To empower staff at all levels to respond to children's mental health problems and understand the agencies to which referrals should be made.
3. To develop clear protocols, thresholds and pathways for referrals, initial 'universal assessment' and specialist assessment, support and intervention to be agreed between all services for children, young people and their families as well as good interfaces and transition arrangements with adult mental health and adult learning disability services.
4. Arrangements will be in place to ensure 24 hour cover to meet urgent needs and a specialist mental health assessment will be undertaken within 24 hours or during the next working day.
5. Improve access to information, consultation, initial screening and brief intervention (within 7 – 10 working days).
6. Adopt an approach that sees the child in the context of the family system and social network.
7. To develop consistent and complimentary approaches to assessment and intervention.
8. Seek to develop a flexible and locally based service to meet the needs of children, young people and families.
9. Design a service that addresses the needs of children and young people with flexibility and sensitivity and having regard to the needs of the Black and Ethnic Minority groups whilst working in partnership.
10. Share responsibility between client/family and service to achieve positive change, development and overall better mental health and well being.
11. To provide continuity of service by the adoption with other agencies of a lead professional system for those children who require medium-term or long-term treatment and care.
12. Ensure that children, young people and parents are fully informed and involved throughout the process of assessment and treatment.

Staff related principles of Wolverhampton CAMHS:

We will work to the staff related principles:

1. To ensure governance procedures are in place.
2. Recognise the value of diversity and contribution of different professional perspectives and skills.
3. Actively support staff personal development and training.
4. To provide regular supervision for all members of staff and time for reflection.
5. To establish appropriate entitlement levels of development for all staff across agencies on CAMHS issues.
6. Develop a culture where people support and listen to each other and appreciate each other's skills by sharing ideas and being open to new initiatives.

IMPLEMENTAION PLAN

This Implementation Plan will be supported by a Performance Management Framework and detailed financial information.

Based on the identified gaps and the plans for the future of the service, the agreed actions for development are:

CAMHS IMPLEMENTATION PLAN

SERVICE AREA: TIER 1										
	OUTCOME	ACTION	Performance Indicators/Milestones	LEAD	LOCAL PRIORITY	2007/08	2008/09	2009/10	2010/11	
UNIVERSAL	<p>This tier includes general children's services as well as tier 1 provision with some focus on early identification of emotional and behavioural problems.</p> <p>Developmental, psychological and psychiatric problems of any child to be detected as early as possible and treated before they become more severe. Emerging mental health problems should not develop into chronic severe problems.</p>	1	<p>To develop skills and understanding of mental health within staff delivering services to children and young people.</p> <p>To develop basic skills in assessment and intervention for non-complex problems with all primary care workers.</p>	<p>All staff working with children and young people to receive basic mental health awareness as part of Induction processes.</p> <p>Programme of Basic Skills Training Courses in assessment and intervention for non-complex problems to be developed.</p> <p>No of training courses run (training based on Solihull approach)</p> <p>No of staff trained</p>	<p>Link to Workforce Development Strategy</p> <p>Steering Group to audit current training activity and to commission a coordinated approach.</p>	√	√			
		2	To ensure that adequate staff support and supervision systems are in place in universal services.	Team plans and Team Supervision time tables in place and monitored bi annually	Team Managers			√		
		3	To ensure all health care professionals are competent to identify and address the mental health needs of women during and after	Midwives. Maternity services assistants and health visitors to receive the same basic skills training as primary care workers.	Head of Maternity New Cross Hospital/ Training Agency				√	

UNIVERSAL		pregnancy. i.e. develop prenatal & mental health service.	Cross reference this competency need to the Maternity Services Strategy's Action Plan and Teenage Pregnancy Strategy.	Head of Maternity New cross Hospital/Teenage Parent Partnership Board. Manager of Health visiting service.					
	4	To continue the development of Sure Start Children's Centres ensuring a co-ordinated and proactive process to ensure parental awareness and access to mental health services.	Children's Centres agenda delivery to be on target and to include preventative work with all primary care workers.	Early Years Team			√		
	5	To develop reflective practice groups within children's centres to include qualitative research projects.	No of reflective practice groups active within established Children's Centres.	Children's Centres Managers/PCT & Local Authority CAMHS officers across all Agencies			√		
	6	To develop MAST's (multi agency support teams) for the whole of the city with operational centres in each area. (include CAF assessments where appropriate for children whose needs cannot be met by tier 1 services.)	CAMHS service to be integral part of MASTS development across City	CAMHS Steering Group/Bridget Pugh.			√		
	7	To develop systems for screening specific pupil populations with emotional, social and behavioural problems.	All schools to have support from established MASTS Support from school based mental health staff in targeted in Mental Health in	Mast Managers Gren Knight/Enno Knutter			√		

			schools (THMS) pathfinder areas.						
			Joint work with Sandwell to develop screening system.	Physiology service					
	8	Establish & disseminate guidelines for screening for specific disorders with agreed roles and responsibilities.	Guidance developed and disseminated through training, Engage, etc.	CWD/CLDT/C&FT/P S				√	
Universal services to provide a comprehensive programme to promote emotional well being and identify those at risk.	9	All Schools obtain Healthy Schools validation and use of SEAL materials. Children's Centres to include mental health awareness in preventative and tier 2 services	No. of schools obtaining healthy schools validation No of schools using SEAL material No of staff trained in mental health awareness	Healthy Schools Co-ordinator Children's Centres Managers			√		

UNIVERSAL

10	Preparation of guidelines available on mental health problems and coordination of dissemination and good practice	Cross reference to Locality Directory meetings (adults) and work of information and Advice Group to address this need.	Information & Advice Group Mental Health Network	√		√	
	11	Develop the work of the Parenting Group supported by the Parenting Co-ordinator to ensure an effective tiered approach to parent training and support.	Parenting Co-ordinator to report progress on implementation of Parenting Strategy to CAMHS Steering Group on a quarterly basis	Parenting Strategy coordination group/Parenting Co-ordinator.	√	√	
	12	Audit and assess systems for promoting good emotional well being, remove stigma and raising public awareness. Develop and promote coordinated access to CAMHS Develop and promote the availability of Confidential advice & support for young people.	Link emotional well being to web sites being developed for teenage pregnancy, substance misuse, school sites etc Link this need to the development of MASTS, referral systems from GP's schools etc. Audit of potential service users' knowledge of what is available.	CAMHS Steering Group/Joint Commissioner/ Youth Council CAMHS Steering Group/Joint Commissioner CAMHS Steering group/Joint Commissioner/ Youth Council	√	√	

SERVICE AREA: TIER 2											
TARGETTED	OUTCOME		ACTION	Performance Indicators/Milestones	LEAD	LOCAL PRIORITY	2007/08	2008/09	2009/10	2010/11	
	Children, young people and their families to receive a fast response to enquiries/ referrals.	13	A rapid response to be given to each referral. Health and LA to agree systematic arrangements to screen all referrals and allocate and respond within 7 working days of receipt of referral.	Common Assessment framework pilots to be monitored and rapid response built into working practices implemented as result of CAF pilots No of referrals allocated in less than 7 working days.	Operational Managers of BESTS/ MASTS	√		√			
		14	Urgent referrals will be offered an initial assessment within 24 hours or the next working day followed by further assessment meetings until a clear action/treatment plan is agreed and can be implemented.	All services to have capacity to respond to urgent referrals within 24 hours or the next working day No of urgent responses in less than 24 hours per month	Operational Managers.	√		√			
		15	Initial appointments will be offered between 1 - 6 weeks following referral dependant on outcomes of needs assessment.	No of appointments in 1 week 2 weeks 3 weeks 4 weeks	Operational managers.	√		√			
	All children with mental health needs that cannot be treated in non-specialist universal settings to be referred to tier 2 BEST/MAST for screening and brief intervention.	16	Establishing a system that enables the effective sharing of information (with the agreement of client/family that protects confidentiality) allowing the coordination of referrals and subsequent case management.- use of Contact Point.	Tie this into the work to rationalise databases in the City and the work on Contact Point.	Contact Point Coordinator Lead practitioner or manager for tier 1 & 2 services.	√		√			

		17	To audit and co-ordinate parent training activity promoting use of evidence based practice and the most effective models of training.	Parenting Strategy co-ordinator to coordinate and promote use of best practice and effective models of training	Parenting Strategy Co-ordinating Task Group.	√		√		
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SERVICE AREA: TIER 3

SPECIALIST	OUTCOME		ACTION	Performance Indicators/Milestones	LEAD	LOCAL PRIORITY	2007/08	2008/09	2009/10	2010/11	
	Every child with more complex needs to have a co-ordinated approach to their referral, assessment and treatment.	18	To ensure all complex cases have been through an appropriate formal assessment process (CAF) and a specialist mental health assessment and a lead professional has been identified.	No of CAF forms completed in 6 month period No of specialist mental health assessments undertaken in 6 month period. No of Lead Professionals identified/named	Local Authority PS/C& FS/CLDT			√			
			Establish an operational managers group to ensure that locality services are effectively coordinated.	Audit of locality based provision in each mast area	Service Managers						
		19	Ensure referral and service users well informed about access arrangements, their assessment and intervention.	Each team to take responsibility for clarity and feedback regarding outcome of each referral. Responsibility to pass to Lead Professional when CAF initiated.	Team Managers/Team Plans/communication plans.	√		√			
	Young offenders to be provided with prompt and co-ordinated access to assessment and interventions	20	To ensure the current service is sustained and developed to include a coordinated approach with the Local Authority's Psychology Services.	YOT standards	YOT Manager Camhs Manager Psychology Manager			√			
Every child looked after to have access to a coordinated therapeutic service if this is required.	21	Continue to support Looked After Children and adolescents with mental health needs through a range of services within	Dedicated practitioners working with LAC Establishment of a coordinated mental health	Head of LAC service/PCT CAMHS and Psychology			√				

			Wolverhampton and where appropriate and practicable to within a 20 mile radius of Wolverhampton through a coordinated approach to specialist assessment and therapeutic work.	group in LAC service Half yearly monitoring reports by dedicated practitioner to CAMHS Steering Group No of LAC kept within City No of LAC placed with 20 miles No of LAC placed further than 20 miles	service.						
SPECIALIST	For children and young people who manifest inappropriate sexual behaviour to have access to assessment, treatment and support.	22	Ensure sustainability of service and develop preventative work to avoid entering the LAC System.	Renegotiation of contract for provision of specialist support service for LAC. Trained staff to be available in universal services.	Head of CIN and CP Masts/Children's Centres			√			
	Developing coordinated specialist services responses in areas of particular need e.g. Children with Learning Difficulty Safeguarding ADHD Self Harming Anorexia & other developmental emotional and psychiatric disorders	23	Existing lead multi agency groups to review and develop as necessary coordinated responses in their areas.	Availability of Common Care Pathway statements and referral guidelines.	Chairs of co-ordinating groups,			√			

		24	To develop effective educational support arrangements to ensure all children in tier 3 & above with complex mental health needs have appropriate full time educational programmes with integrated social & therapeutic support.	To reduce no of children on modified timetables /NEET	Service Managers			√		
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SERVICE AREA: TIER 3-4

SPECIALIST	OUTCOME	ACTION	Performance Indicators/Milestones	LEAD	LOCAL PRIORITY	2007/08	2008/09	2009/10	2010/11		
	For children and young people with complex mental health needs to have easy access to effective services at the time they are needed.	25	To establish a co-ordinated approach to crisis across the city, particularly at times of the day and week when 9-5 services are not available.	Commissioning Project to: 1. Formalise what core staff resources currently provide crisis service. 2. Produce Coordination Agreements between partners in order that Leadership role is clear, that CAMHS manage mental health crisis, and that CAMHS work in close collaboration with children's services to managed crisis in residential units. 3. Define with Strategic Operational Managers the remit of the FAST team and the remit of the CAMHS team.	Task & Finish group – Service Heads, Operational managers, Joint Commissioner	√		√			
		26	Response to focus on maintaining the child/young person within their own home or within the City where safe and appropriate to do so.			√		√			
		27	Develop expertise and local services to deal with crisis effectively, (e.g. self harm, early psychosis, very disturbed behaviour, severe family distress).			√		√			
		28	Establish Community Crisis & Home Intervention Services.			√		√			
		29	Evaluate the costs and benefits of a 'crisis house' in keeping with the strategic review of residential care being undertaken by the LA.	√			√				
		30	Evaluate the need for therapeutic day services/unit jointly commissioned with neighbours.	Establish clear operational proposals, establish cost of service, clarify management of workforce and undertake risk assessment.		Operational managers, residential manager, joint commissioner					√
		31	Investigate how the above are commissioned and funded to ensure best use of resources on			Co-ordinated Regional Commissioning project – could be commissioned by Care Services					√

SERVICE AREA: TIER 4											
SPECIALIST	OUTCOME		ACTION	Performance Indicators/Milestones	LEAD	LOCAL PRIORITY	2007/08	2008/09	2009/10	2010/11	
	The number of children and young people with severe mental health problems is small but the degree of risk and harm to the child and others is high. For children and young people with severe mental illness/possible risk of suicide/potential for risk to self or others and a high risk of requiring admission to acute inpatient services – to receive a coordinated response aimed at safely supporting them at home in their community whenever this is possible.	35	Develop a co-ordinated response to the relatively small numbers of children who are at highest risk by ensuring: Access to hospital bed if required Access to residential unit/school	Monitor and evaluate the use of the Regional Contract for provision in Birmingham.	Director of CAMHS Consultant External Placement Panel.				√		
		36	Review Key Team Service and build on strengths to ensure better and more cost effective service to maintain people at home.				achieved				

SERVICE AREA: SERVICE PLANNING ACROSS TIER 1 TO TIER 4

	OUTCOME		ACTION	Performance Indicators/Milestones	LEAD	LOCAL PRIORITY	2007/08	2008/09	2009/10	2010/11
	<p>To maximise the benefit from an effective joint planning arrangement between Health, Local Authority and Voluntary Sector through common focus of work and consistency of approach.</p> <p>To increase the effectiveness of planning by the use of multi agency audit and local epidemiological information gathering system.</p>	37	To establish formal joint planning arrangements between Health, Local Authority (children and young peoples services) and voluntary sector.	Partnership Agreement for the establishment of Integrated Services, Joint Commissioning and a pooled Commissioning Fund for CAMHS.	CAMHS Steering Group	√		√		
		38	To develop routine information sharing systems & protocols across agencies.	Information sharing protocols to be tied into work to rationalise databases in City	Information & Advice Task Group	√		√		

		39	Develop Participation programme for children, young people and their carers/families so that their views and needs are inherent in a CAMHS service.	<p>Identify and encourage young people to become involved in Youth Forums and public consultation forums.</p> <p>No of young people involved in commissioning of services.</p> <p>No of services commissioned.</p> <p>Plans in place to ensure young people's views influence the improvement of service delivery and training of professionals.</p> <p>No of Mystery Shopper Exercises completed</p> <p>No of questionnaires distributed & returned</p>	<p>Participation Officer</p> <p>Joint Commissioner/Participation Officer</p> <p>CAMHS Steering Group/Joint Commissioner</p> <p>Contract monitoring officer</p> <p>Contract monitoring officer</p>	✓		✓		
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		40	Ensuring that CAMHS Service is sensitive to cultural difficulties and differences.	<p>Understand current service provision.</p> <p>Audit current use against demographics of City</p> <p>Cross reference this action to work on information and advice and access to service.</p>	<p>CAMHS Steering Group/Joint Commissioner</p> <p>Utilise CSIP project “CAMHS & BME communities” – 3 broad components of work – Diagnostic, Training, Conference.</p>	✓		✓		
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SERVICE AREA: COMMISSIONING ACROSS TIER 1 TO TIER 4

OUTCOME		ACTION	Performance Indicators/Milestones	LEAD	LOCAL PRIORITY	2007/08	2008/09	2009/10	2010/11
To see improvements in services through ensuring the best use of all resources available in order that people receive the full benefit of the money available to pay for services without seeing any loss through overlap, duplication or inefficiency.	41	Establish formal joint commissioning arrangements for individual cases and services maximising the use of pooled budgets between Local Authority (Children and Young Peoples Services) and the Primary Care Trust where this adds value and achieves greater benefit. (EPP)				achieved			
	42	Commissioning arrangements to ensure effective transition from CAMHS to adult services.	<p>Transition Protocol to be refreshed and signed by multi agency partners</p> <p>Good practice lessons from Transition Strategy learning disability to be adopted for CAMHS.</p> <p>Pursue funding for CAMHS adolescent/transition workers</p>	Joint Commissioner CAMHS/Joint Commissioner Adult services.				√	
	43	Co-ordinate the need for CAMHS services with needs identified in other Strategies e.g. Drugs and Substance misuse, Teenage Pregnancy, Parenting Strategy. Building Schools for the Future.	<p>Cross cutting subjects to be coordinated by Commissioners</p> <p>Work to maximise use of different funding sources to be improved.</p>	CAMHS Steering Group/ Head of Commissioning WCC/ Director of Commissioning PCT.	√		√		

			Staff trained in DUST (drug and substance misuse screening tool kit)							
	44	Where parents/carers are in contact with adult mental health services, their children should have an assessment of their needs.	<p>Improve access and referral to Family Life and Emotional Health project By obtaining commitment from adult services to the scheme.</p> <p>Joint training for staff involved with adult mentally ill, (link to drug and alcohol, domestic violence strategies)</p>	CAMHS Steering Group/Joint Commissioner C & Y P , Joint Commissioner Adult Services.	√		√			
	45	Review use and spend and usefulness of admissions at Parkview Clinic, Birmingham Children's Hospital and other specialist services.	Analyse completed review and assess Out of City placements to include use of hospital admissions	CAMHS Steering Group/Joint Commissioner			√			

KEY TO IMPLEMENTATION TABLE

GREY SHADING	=	Priorities for 2008/2009 – includes both the needs identified in consultation feedback and Priorities identified by steering group members,
Colour codes	=	indicates group of priorities that can be worked on under one theme:
	Yellow =	= Referral Times
	Orange =	= Parenting
	Peach =	= Access, information and advice
	Turquoise =	= Commissioning for Communities
	Rose =	= Workforce Development
2009-2010	=	black tick in year column only – indicates Steering Group’s opinion that this action should be dealt with in that year.
2010-2011	=	black tick in year column only – indicates Steering Group’s opinion that this action should be dealt with in that year.

CONSULTATION

The City Council and PCT produced a draft strategy for child and adolescent mental health services. The Children & Young Peoples Governance Board and the PCT Board approved the draft for consultation. The consultation ran from mid May to 6th August 2007. The programme was designed to be as accessible to as many local people as possible particular emphasis was placed on seeking the views of people who use the service, their families and carers.

Views on the proposals and the specific questions were:

- a. Are the overall vision and aims correct – is anything missing or is there anything you don't agree with.
- b. Do you agree with the outcomes set out in the proposals.
- c. Are the actions in the proposals the best ones and are any missing.
- d. Do you agree with the proposed joint priorities and if not what do you suggest as an alternative.
- e. How can agencies best work with people that use the service and their families to make the CAMHS service better.

The draft strategy was made available to:

- Children, young people and their carers known to have mental health difficulties.
- The Youth Council
- Staff involved with child and adolescent mental health in the City Council, Primary Care Trust and Royal Wolverhampton Hospital Trust.
- All schools
- All relevant voluntary organisations
- GP surgeries and health centres
- Libraries
- All elected members
- Professional Executive Committee of the PCT
- PCT Board Members

The full and summary document together with the questionnaire were available on the Council and Primary Care Trust web sites. The questionnaire could also be completed online and returned directly from the PCT site.

Consultation Events

Consultation was held at various locations and events throughout the city. At these people received information about the proposals and were able to give their views.

These events were promoted through One City News, schools, user/carer groups, organisations and local radio.

Events were held at:

- The Gem Centre
- The Wulfrun Centre
- The City Show
- The Multi Cultural Day
- The Health Schools Showcase
- Bilston Market
- Civic Centre

In addition there was a presentation to the Youth Council followed by a very productive discussion session. The draft was also discussed at the School Cluster Group meeting, the Professional Executive Committee and the Health Scrutiny Panel.

2,000 documents and questionnaires were distributed. In practice a lot of people wanted information about current services and rather than complete a questionnaire gave immediate comments on the proposals. The recurring theme from discussions and the 36 written responses received was the need for good, timely information and ease of access. Many young people and their parents/carers saw the information about current services and proposals available and had discussions with staff.

Overall the comments received have been very supportive. Every response was recorded, considered and evaluated and used to agree this final strategy and the prioritised and timetabled implementation plan.

The leads from organisations supporting the process were:

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CURRENT SERVICES

Within this section the services are listed by the agencies providing the service.

The current services provided by the Primary Care Trust and the Royal Wolverhampton Hospitals Trust are as follows:-

There are 32 school nurses, 62 health visitors, four consultant community paediatricians with six supporting medical staff employed by the PCT and are managed within the Children, Young People and Families Directorate. The local CAMHS service is structured following the tiered model. The Primary Care Team, Tier 1, the Child and Family Service and the Community Learning Disabilities Team, Tier 2/3 and the Key Team Tier 3+, this is a multi-disciplinary and multi-agency funded team. The service is managed by a Director of CAMHS who is a Consultant Clinical Psychologist.

Paediatricians – Tier 2

As part of their role the Paediatricians run joint Attention Deficit Hyperactivity Disorder (ADHD) clinics, provide services within child protection and “looked after” children, support the school health service particularly around children with learning difficulties in mainstream and special schools many of whom have emotional, behavioural and social problems which are dealt with by an integrated approach (Paediatricians, School Nurses and Education). A service is currently being developed for the diagnosis of autism in both pre-school and school age children.

The Primary Care Team – Tier 1

The main role of this team is to offer training, education and consultation to other primary care practitioners e.g. general practitioners, health visitors, school nurses and social workers to enable them to assess and deal with less severe problems directly. The team does provide some Tier 1 services directly to clients. The team is made up of a consultant psychologist, a senior occupational therapist (joint team managers) two social workers, 1.5 family therapists (joint appointments with BEST) a primary mental health worker (joint appointment with Sure Start), two assistant psychologists and a secretary.

The Child and Family Service (CAFS) – Tier 2/3

This service provides a multi-disciplinary approach to the assessment, diagnosis and treatment of any child or adolescent up to 18 years suffering from a psychiatric disorder or a psychological disturbance of behaviour and emotions. The Service considers the child or adolescent within the context of their family and wider community. The Service is provided within a CAMHS framework following a tiered approach, in close collaboration with the other teams in the service.

The Service promotes a strength based approach to assessment and treatment and recognises the importance of positive mental health of children, adolescents and their families following the principles of partnership working as stated in the Health of the Nation Handbook on Child and Adolescent Mental Health (HMSO 1994). The Service is made up of 21 professional staff including a consultant clinical psychologist, a consultant psychiatrist currently with locum support, one social worker, occupational therapists, family therapists, nurse specialists, community psychiatric nurses, mental health practitioners, clinical or counselling psychologists with supporting secretarial staff.

The Community Learning Disabilities Team for Children and Adolescents (CLDT-CA) – Tier 3

This Team provides specialist support and advice to children and adolescents who have a learning disability and their families. The Team has developed links with other services supporting children and young people with a learning disability e.g. other health care professionals, education including early year's team. The Team is made up of a consultant psychologist, Psychologists, specialist nurses a social worker and support staff

The Key Team – Tier 3 Plus

This is a multi-disciplinary, multi-agency team jointly funded by Education, Social Services and Health. The Team provides intensive support for Children and Young People with severe emotional and behavioural disorders who would have otherwise been placed in accommodation outside the City. The Team consists of a psychotherapist (team manager), a social worker/case co-ordinator, a part-time clinical psychologist, a systemic psychotherapist, youth workers and a youth work assistant, teachers and therapeutic educational workers.

The Child Development Centre – Tier 3

Children who show a significant developmental delay are referred directly to the Child Development Centre some of whom will undergo a multi-disciplinary assessment. The Child Development Centre will contact either the Learning Disability Service or the Child and Family Service and ask for input to the assessment process when appropriate for children under the age of 5.

Children who show fairly straight forward behavioural or emotional problems should be seen initially by the health visitor, supported by the Primary Care Team, which will provide a liaison assessment and brief intervention support if needed.

If more complex behavioural and emotional problems are identified, the referral will be made to the Child and Family Service which will provide a comprehensive assessment and treatment package.

Early Intervention Service for Psychosis – Tier 3 Plus

The Early Intervention Service is provided by Adult Mental Health and provides a system of assessment, treatment, support and interventions for young people who are having a first episode of psychosis. It ensures their engagement with this service and meets their individual needs for treatment and support in the community to prevent relapse, the need for hospital inpatient admissions and or other more restrictive forms of care in order to promote their best possible recovery.

CAMHS Paediatric Liaison – Tier 3

The Child and Family Service team has a well established protocol with the Accident and Emergency Department and the Children's Ward to assess all self harming young people who are brought to the Accident and Emergency Department and are consequently admitted to the Children's Ward. Most assessed young people and their families will be offered at least one follow up appointment

Addiction Services – Tier 2/3

Addiction Services for young people are provided by workers at Base 25. They aim to provide a tier 2 and 3 service for serious drug misuse problems. There is consultant addiction psychiatrist support. It is a community based person centred service that offers, talking therapy and support as well as prescribing controlled drugs to under 18's. Many young people have some mental health problems linked to drug misuse. The service works closely with the Child and Family Team.

The Royal Wolverhampton Hospitals Trust – Acute Service – Tier 4

In addition to the above service, the hospital paediatricians can ask for a psychological/psychiatric assessment for children on the ward and also for paediatric outpatients. Assessments will be carried out with high priority so that we arrive at joined up treatment approaches for children, young people and their families.

The hospital has a youth work team which is a Health Action Zone National Innovation Project. It aims to build supportive relationships with young people within the New Cross Hospital site, in particular young people admitted to hospital. The team works with young people who vary from being unhappy to behaviourally disturbed and works very closely with the Child and Family Team. It is showing early signs of being effective with some suicide and deliberate self harm.

Highly Specialised Services – Tier 4

Tertiary Tier 4 Services are currently mainly provided by Birmingham Children's Hospital. Additional Tier 4 services are purchased from specialist providers as and when necessary, providing emergency in-patient assessment and treatment and planned treatment for specialist psychiatric and psychological disorders e.g. beginning psychosis, eating disorders, severe anxiety or depression. It is worth noting these services are very rarely used.

LOCAL AUTHORITY SERVICES FOR CHILDREN AND YOUNG PEOPLE

The Local Authority Services for Children and Young People are now under the management of the Director of Children and Young People. The Council is in the process of re-organising the teams formally managed within the Children's Social Services and Education Department into an integrated structure the description that follows represents the description in July 2006.

Children in Need and Child Protection.

Assessment & Child Protection Service take all new referrals into the service, undertake initial assessments, child protection investigations and core assessments of cases that have been placed on the Child Protection Register.

There are three Children and Family Locality Teams: one based in Pendeford, one in Heath Town and the third in Bilston. Children and Family Teams retain case responsibility until the risk has reduced or there is a permanency plan in place for a Child Looked After who is then transferred to the Looked After Children Team. This service has managerial links to social work teams in the Primary Care Team, Police working with young people who are sexually exploited and the Behavioural Education Support Team (BEST).

There are a number of resources available to support the work of the Children in Need and Child Protection Teams including three Family Centres catering for Children in Need under 16 years.

The Family Centres – Tier 2/3

Blakenhall, Barnhurst (Pendeford) and Fallings Park deliver a range of services to families requiring high levels of support and where there are child protection concerns. These centre staff also offer parenting skills assessments for core assessment and for court purposes, parent focused group work, parenting support group, parenting skills and behaviour management. The centres may provide crèche facilities to enable parents to attend group work. There are Assistant Family Centre Workers who undertake work in the community and specifically in relation to child protection monitoring.

Family Advice and Support Teams – Tier 3

Both these teams work with children, young people and their families to prevent admission to Local Authority Care or where youngsters are admitted to care, the teams work to return young people home as soon as possible.

Looked After Children – Tier 3

The Looked After Children's Team provide a service to children for whom there is a permanency plan and all 'eligible' (After Care) children. To meet departmental strategic priorities this team has close working relationships and partnerships with Shaftsbury Leaving Care Service, Connexions, Looked After Children Education Team. Mental health support has developed through a fast track referral service to CAMHS with other specialist support provided by BASE25 and the Teenage Pregnancy Unit.

Integrated and effective provision is the preferred option for supporting children and their families. Continued development of a multi-agency approach that includes early intervention and joint considerations of various options at key stages linked to appropriate resources. This should be supported by joint casework key worker and shared risk linked to common information systems.

CAMHS will wherever possible support children and families with mental health needs through a range of services within a 20 mile radius of the city to secure continuity of care. There is a commitment to joined up assessment and intervention plans and shared responsibility for children and young people with mental health problems who may present with complex needs and challenging behaviour.

The dedication of CAMHS together with other agency resources within the context of the Children Act (2004) and the NSF lead to the consideration of structural changes and there is commitment to explore the development of a holistic multi-agency LAC service. An integrated inter-agency approach where all relevant agencies are included in decision making will improve 'gatekeeping' leading to planned entry to the Looked After System. This will be linked to the already established Multi-Agency Care Management Group (MCMG) and Senior Case Management Group (SCMG) which seeks alternatives to Out of City placements and approves Out of City placements.

CHILDREN'S RESOURCES LOOKED AFTER CHILDREN

Family Placement Service

The Family Placement Service provides Fostering and Adoption Services for Looked After Children. There is a Foster Care Centre in Wolverhampton which provides support to foster carers and assists in the recruitment of new carers. The Family Placement Services work in partnership with a number of other agencies ensuring that the needs of children placed within substitute families are best met. The Adoption Services provide a range of services to children who are placed for adoption and prospective adopters and for support post-adoption.

Residential Care

There are currently four residential units for children: one short term and one long term in the City and one four bedded commissioned unit. There is also a two bedded unit in Towyn, Wales. These units look after children and young people over the age of 13 years and in total cater for 20 children representing 4.2% of the Looked After population of 359 children (March 2008)

Placement Care Support Team works with children in placement to prevent placement breakdown.

The Family Centre's also offer a service to Looked After Children Team in undertaking Life Journey Work for children who are in long term foster care or permanently placed or placed for adoption. Facilities are also provided to enhance parenting skills of prospective adopters.

Children with Disabilities – Tier 2/3

The Children with a Disability Team work with all children who are registered as having a disability and works closely with colleagues from Education and Health including the Community Learning Disability Team. The team undertakes assessments of need, maintains and updates the Disabled Register, facilitates Respite Care and hold Child Protection responsibilities for children who are disabled, and provide family support to children and their families. Directly managed services are supported by a range of commissioned provision including home support and holiday activity. There has been investment in more diverse service provision and individual packages of support.

There are two short break units for children with learning disabilities. One unit works with children who have challenging behaviour whilst the other House works with children who have profound learning disability, around 60 families regularly use these services. These services work closely with Education Special Schools and the Health Services to ensure that the children are provided with a continuum of services. The Nursing Services work with these units to enable technology dependent children to use the service rather than the hospital. There are a small number of short break foster carers who offer a service to children with a disability these resources are managed as part of the family placement team in the looked after service.

The Youth Offending Team – Tier 3

Wolverhampton Youth Offending Team (YOT) has continued to sustain and develop its performance and areas of services delivery so that The Crime and Disorder Act 1998 and the needs of young people in Wolverhampton are appropriately addressed.

The YOT continues to be a significant player within the strong partnership that exists in Wolverhampton. The YOT contributed to the City Council response to the government's Green Paper – 'Every Child Matters' and is part of the Children's and Young Person's Strategic Partnership. The YOT manager sits on the Children's Fund Management Board and Wolverhampton has been commended by Government Office West Midlands (GOWM) for its sound and innovative programme including the 25% Crime Prevention expenditure where there has been a significant concentration on the needs of young victims of crime. The YOT has been involved in the management and delivery of Positive Activities for Young People (PAYP) and is using recent experience to better address the future needs of YOT clients. The Crime and Disorder Reduction Partnership (CDRP) has produced an Anti-Social Behaviour Action plan and the YOT looks forward to being a significant player in future initiatives.

A further challenge for the CDRP is a Local Public Service Agreement (LPSA) target in respect of a 'Reduction in Youth Re-offending' (a stretch on the existing Youth Justice Board (YJB) target). The YOT is the main agency for the planning and delivery of interventions to achieve this, however the CDRP recognises the responsibilities other partners (e.g. Police, Education) have to play in the achievement of a demanding target.

There have been significant developments in key areas of service delivery. This YOT was instrumental the negotiation and implementation of 'in house' delivery of Final Warnings by seconded Police Officers and to date this has proved successful and beneficial both to young people and the partnership. A part-time West Midlands Fire Service secondment is currently being piloted to examine appropriate interventions for arson related offending. The delivery of YOT health interventions has been re-designed to integrate the primary care, substance misuse and mental health needs of YOT clients. Two out of three practitioner posts have been successfully recruited and are now functioning. The YOT has also worked hard with the City Council's Landlord Services to review the Accommodation Officer role and ensure the post is fully grounded in both organisations. The accommodation needs of young people remains a pressing agenda. The YOT was pleased to receive a Communities Against Drugs (CAD) grant to refurbish a respite care resource away from the Wolverhampton area. A Children's Fund grant has been used to develop a Youth Inclusion and Support Panel (YISP) to support the prevention agenda and address the needs of younger children aged eight years upwards who are at risk of offending or anti-social behaviour. A further financial contribution from the Local Education Authority - Behaviour Improvement Programme (BIP) ensures that the service extends to the sixteen year age group.

WOLVERHAMPTON EDUCATION DEPARTMENT, SCHOOLS AND COLLEGES

Education services in Wolverhampton place a high priority on developing a well co-ordinated and collaborative approach to children's mental health and other special educational needs.

Schools play an important part in promoting children's mental health and social, emotional and moral development. They do this both directly through the curriculum, notably in Personal Social, Health and Citizenship education and through supporting children when problems arise. A successful and effective school experience provides an essential context for children and young people's social and emotional development. Schools help children with difficulties through a range of additional support.

These include systems for identifying need and planning support, designated staff like Special Educational Needs Co-ordinator (all schools have a SENCO), Lead Behaviour Professionals, Learning Mentors, Learning Support Units, Teaching Assistants and Counsellors. A children's class teacher, or form tutor in secondary school, are, through their daily contact in a uniquely close professional relationship with children in their class.

Schools provide universal services to all children but in partnership with other services they also work with and support children with significant mental health and learning difficulties.

The City Council's Children and Young Peoples Service has a role in monitoring and supporting schools in their activity and a direct responsibility to assess and provide appropriate education and support for those with difficulties. Two of its Directorates are particularly concerned with this work. The Quality and Improvement Directorate employs Inspectors and Advisers who support curriculum development and monitor and promote school effectiveness including in areas such as special educational needs, behaviour and pastoral support. The Access and Inclusion Directorate includes a range of professional groups whose work contributes directly to child and adolescent mental health.

The Access and Inclusion Directorate's children's services teams provide assessment, support and teaching for children and their parents. Much of this involves working with schools but the teams also work with the range of other agencies and directly with children and families. Staff also contribute to the Local Authorities work on school improvement and offer training on a wide variety of topics to teachers, other professionals and parents.

The four main professional groups providing the Education Department's contribution to CAMHS are the Psychology Service, The Social Inclusion Pupil Support (SIPS) Team, the Education Social Work Service and the Learning Support Team. These groups of staff are deployed through nine multi-disciplinary Area Teams organised into three Districts, each co-ordinated by a District Senior Educational Psychologist.

Each Area Team covers a group of schools, typically two secondary schools and the primary schools that send children on to them. However, the number of schools in each area varies because the workload of each team is balanced using information from the annual Special Needs Audit, school attendance and other data.

Three of the Area Teams work as part of multi agency Behaviour and Education Support Teams (BEST). BESTs are an initiative funded by The Government's Behaviour Improvement Programme. In addition to Area Team staff, they include a Social Worker, Connexions staff, Youth Workers, CAMHS staff, a Police Officer and a School Nurse. Each BEST has an Area Co-ordinator and the use of a BEST Operational Centre sited at one of the schools in the area. The work of BESTs is monitored and supported by a multi-agency manager's group.

Whilst staff in Area Teams and BEST work collaboratively each professional group has particular specialisms. Staff in these teams work predominantly across Tiers 1 – 3 and contribute to Tier 4 .

The Psychology Service

The Education Department employs 18 full time Educational Psychologists managed by the Head of Social Inclusion who is also the lead officer for Area Teams.

The nine Area Teams are each co-ordinated by an educational psychologist and are in turn organised into three Districts. The three District Senior Educational Psychologists co-ordinate activity at District level as well as working within one of the Area Teams. There are five specialist senior psychologists: Early Years (2), Sensory Impairment/Children in Public Care, Emotional and Behaviour Difficulties (2). All of these specialists also work in an Area Team. Six Area Educational Psychologists and four Assistant Educational Psychologists complete the Psychological Service.

Children's services support teams have two main areas of activity:

- 1 Assessment and support for the educational, behavioural, social and emotional needs of children and their families
- 2 Preventive work including training and consultation with schools, families and other agencies.

The Psychological Service makes leading contributions in both these areas.

Educational Psychologists are the main point of contact for schools on special educational needs issues, though with over 2,500 pupils at Stage 3 or above of the Code of Practice for SEN, the level of demand for individual assessment and advice is high. This has the effect of reducing time for direct treatment, participation in professional development activity and contributions to other Psychology Service activities.

However, one of the advantages of multi-disciplinary Area Teams is the more efficient sharing of lead responsibility for caseloads with other colleagues. Educational Psychologists are required to maintain a balance between casework with individual pupils and preventive activity including school improvement work and training. The Service is currently considering the increased use of consultation as the primary method of service delivery.

The Education Welfare Officers (EWOs) – Tier 1/2

Education Welfare Officers (EWOs) have two main tasks: monitoring and supporting school attendance and supporting children and families to make the most of their education. This includes an important role in responding to child protection issues, together with Social Workers.

The Education Department's children's services employs 26 EWOs including three Senior Education Welfare Officers with day to day service management responsibilities, a specialist senior post seconded to the Youth Offending Team, a Child Employment Officer, a second secondment to the Youth Offending Team and a secondment to ReEntry. Each of the remaining 18 EWOs work through one of the nine area teams with a group of schools. All schools have a formalised School-Service Agreement, which is reviewed annually. This contains agreed targets for school attendance. The team is managed by the Team Leader for Attendance and Child Protection. Eight of the Education Welfare Officers are based in secondary schools and cover only that school, managed on a day to day basis by the Headteacher with overall line management and professional supervision and direction from the EWOs.

EWOs are skilled professionals able to undertake a range of casework activity with children and their families, and advise schools on procedures in areas such as attendance, exclusion and child protection. Their workloads are determined by a variety of factors, in particular knowledge of levels of school attendance and the need for social work in areas of the town. They contribute to a range of activities in addition to their work with schools, notably the casework when legal proceedings for poor attendance are initiated.

The Social Inclusion Pupil Support (SIPS) Team – Tier 1 - 3

The Social Inclusion Pupil Support Team plays an essential role in delivering the responsibilities in the area of social inclusion. It is led by the Team Leader/Advisor for Social Inclusion assisted by of three district co-ordinators. In addition to supervising staff, the team leader contributes to professional development and school improvement activity. The SIPS team leader also provides professional line management for the Education Department's Children's Services staff in the Key Team and the Looked After Children Education Team. Eleven teachers, and ten social inclusion pupil support workers with a variety of professional backgrounds, are deployed through the area teams. Two further part time teachers specialise in outdoor education, working closely with other children's services staff and the outdoor education team, based at The Towers, in delivering short programmes.

Two teachers one of whom is jointly managed with the Education Business Partnership, specialises in work experience links with training providers and work with the 14 – 19 Curriculum Development Team. The SIPS Team has a leading role in the KS3 and Primary Behaviour and Attendance Strategies and the consultants for these are jointly managed by the SIPS Team Leader and the Strategy Lead Officer. Several of the SIPS Team are qualified practitioners of holistic educational therapy and work closely with a consultant teacher in delivering a range of complimentary therapies. Three SIPS staff specialise in early intervention and work with Early Years Providers.

The SIPS Team are involved in a variety of pupil support and preventive activity with an overall balance of approximately 70% support to 30% preventive work. The team is involved with around 400 pupils at any one time. Many of these are still attending school but a significant number are not.

Clearly the numbers involved only allow a few hours of support for each child per week. However, this is supplemented by joint work with a variety of other organisations (e.g. Re-Entry, NACRO) and close work with the Pupil Referral Units (PRU's).

SIPS staff are also involved in a range of preventive work. This includes training for teachers in classroom management, parent training, circle time training and delivery, work to improve attendance nurture groups and joint work with the LEA's Advisory Teacher for Personal, Social and Health Education (PSHE). Promotion of PSHE is seen as an essential aspect of preventive work and plays an important part in Wolverhampton's multi-agency approach to child and adolescent mental health.

The Learning Support Team – Tier 1/2

This team consists of 11 full-time, 1 part-time and 2 sessional teachers.

They work in partnership with schools to assess and identify pupils learning needs, advise on programmes of work and monitor progress.

They also provide short term teaching intervention for some children and ongoing teaching for pupils with Statements of Special Educational Needs in mainstream schools. All of these activities involve collaborative work with teachers and parents. Whilst the main focus of this team is on children with learning difficulties, many of the pupils they support also demonstrate emotional and behaviour problems and staff work closely with other colleagues in the Area Team to deliver co-ordinated support.

The Looked After Children's Education (LACE) Team – Tier 3 and contribute to 4

This team is led by the Specialist Senior Educational Psychologist for Looked After Children and consists of two teachers and two social inclusion pupil support workers and an assistant counselling psychologist. They work closely with Social Services and colleagues in schools and other agencies to promote and support the education of Looked After Children.

The Healthy Schools Team – Tier 1

This team is led by the adviser for Healthy Schools and includes co-ordinators for the Healthy Schools Scheme Activity areas for Emotional Health, Citizenship, Crime Reduction and Drug Prevention.

The Health Authority joint fund several of these posts. The team works very closely with Area Team staff and Primary Care Trust colleagues like school nurses in delivering a range of training and support for schools and other agencies in the areas of Personal Social Health and Citizenship (PSHCE).

In particular helping schools work towards Healthy Schools status as identified within Wolverhampton's Healthy Schools scheme, training and support to promote children's social and emotional development and work to help schools to meet LEA targets in both the Drug Action Team Plan and the Teenage Pregnancy Strategy are important.

The Parent Partnership Service (PPS) – Across Tiers

This service is provided by a Senior Parent Partnership Officer assisted by two Parent Partnership Officers. Whilst linking closely with the Education Department's Children's Service, it provides independent support for parents of children with special educational needs of all kinds, including those with emotional and behaviour difficulties. Its work with the parents of excluded pupils is substantial. The Parent Partnership Service is based in the Jennie Lee Centre and provides a comprehensive range of publications for parents and for professionals, a home help line, support groups, individual casework and training and support for schools.

The Special Needs Administration Group – Tier 2/3

This group consists of two teams: The Assessment and Placement Team (four staff) and the Statements and Review Team (four staff). The responsibility of both teams lie primarily with statutory assessment and ensuring appropriate provision is made for children with Statements of Special Educational Needs. Staff work closely with area team colleagues and with the Parent Partnership Service to ensure speedy assessment and placements or support that is acceptable to all concerned.

The Special Needs Early Years Team – Tier 3

The Special Needs Early Years Team consists of five teachers and six nursery nurses. They support the needs of pre-school children within homes, nurseries, specialist groups at Wood End or at the Child Development Centre.

The Special Needs Early Years Team has a major role in supporting the parents of younger children with a variety of problems arising from developmental delay and learning disability. Many of these children also exhibit challenging behaviour and the advice and support offered by this team in conjunction with the Psychological Service and SIPS Team is most important.

The Sensory Impairment Service – Across all Tiers

This consists of staff specialising in visual and hearing impairment, 2.5 teachers, plus a mobility teacher, works with pupils who have visual difficulties, their teachers and parents.

Their role with emotional and behaviour difficulties is limited to those visually impaired children who have secondary additional problems but, as with their colleagues in the Hearing Impaired Support Team, their contribution to general advice to schools and the professional development programme is important.

The Team also has six teachers, two of whom are part-time specialising in support for hearing impaired children, and a deaf tutor. The team works with pupils, their parents or carers and staff in schools. The team suggests strategies to use with children with hearing impairment to overcome emotional and behavioural difficulties associated with hearing loss. Advice is given to schools through information leaflets and through programmes.

The deaf tutor promotes a positive image of deaf people and provides sign language teaching for pupils, parents and staff working in schools.

Pupil Referral Units (PRUs) – Tier 3 Plus

Pupil Referral Units provide short term alternative education for children and young people whose emotional and behaviour needs cannot be met in a mainstream school.

There are four Pupil Referral Unit's:

The Orchard Centre - Hospital and Home Tuition, service for teenage parents, and provision for children with a range of emotional difficulties.

The Kingston Centre - Support and education for children from Key Stages 1 and 2 with emotional and behaviour difficulties.

Braybrook - Support and education for children from Key Stage 3 with emotional and behavioural difficulties.

MidPoint - Support and education for Key Stage 4 young people with emotional and behaviour difficulties.

Special Schools

Wolverhampton has seven special schools. Three cater for children with severe learning difficulties (Broadmeadow, Tettenhall Wood and Green Park), two for children with moderate learning difficulties (Westcroft and Penn Fields), one for children with physical disability (Penn Hall) and one for children with behaviour, emotional and social difficulties (New Park). Wolverhampton Pupil support Units and Special Schools provide education for children across the range of mental health need. Over 50% of children with Statements of Special Educational Needs are educated in their local schools with additional support. Increasing levels of inclusion is a key target for the Local Education Authority.

VOLUNTARY ORGANISATIONS

Base 25 Counselling Project – Tier 2

Base 25 was first established in 1999 as a non-profit making organisation and was one of the first multi agency projects of its kind to be established in the UK. The philosophy of the project is to offer an holistic approach to working with young people through a range of innovative services and programmes delivered by a variety of different professionals.

Base 25 have a range of services including:

- One to one person centred counselling to young people, to support them through a wide range of personal issues, enabling them to make effective decisions around their mental and physical well-being.
- A 50 hour programme to raise awareness and understanding around anger issues and anger management for young people between 14 – 19.
- A support package over an 11 week programme for young people whose parents or siblings have drug and alcohol issues.

Compton Hospice Social Work and Bereavement Service – Tier 4

The Social Work and Bereavement Service have services for children experiencing the illness or death of a significant adult who have been referred to the Hospice. The services include support, information and guidance for carers and other health professionals. They work with children and families anticipating bereavement or who have been bereaved. Support groups are available for bereaved children aged between 5-18 with additional support for 13-18 year olds who are anticipating bereavement. Additionally there are follow up days for all bereaved children and young people.

Spurgeon's Young Carers Project – Tier 2

Group and or individual work is provided to support children and young people who perform a significant caring role for adults and/or siblings. This may be in circumstances of illness or disability abuse or addiction neglect or domestic violence. Referrals are received for children aged between 7-17 years.

Shaftsbury's After Care Project – Tier 3

After Care is provided in partnership with Shaftsbury's Child Care who provide a range of services. The Looked After Service is the lead provider of services for young people aged 16 – 18yrs who are still looked after and Shaftsbury for young people aged 18 – 21yrs (24 if in education) or aged 16 – 18yrs if no longer looked after. The referral point is 15.9 yrs to ensure a smooth and co-ordinated transition. The provider produces a pathway plan based on an assessment completed by the LAC service. Services include; support with education, training and accommodation. Skills groups aim to improve self esteem, skills development and establish work patterns linked to further education. Young people are supported by mentors. Young people have access to PCs and software funded from the Governments ICT grant.

Acorns – Tier 4

In child and adolescent years bereavement is a significant factor. In Wolverhampton there are children with life limiting illnesses and many of those children have siblings. Acorns Children's Hospice provide hepatic support for children facing their own deaths and for siblings. The model of care is focused on family or peer group support and covers the needs of people from all ethnic groups. Over 40% of service users are from South Asian or African Caribbean backgrounds. The support is either through the community support team or respite care at one of the Acorns Hospice.

In addition to these services, support for children and young people is provided by the National Schizophrenia helpline, the NSPCC, Re-Entry, Nacro, the Samaritans, Young CRUSE, and the Haven

Connexions

The Connexions service works with young people aged 13 to 19 years and extends this to 25 years in the case of young people with special needs, including mental illness. Connexions Service personal advisers will need to link closely with local CAMHS and other mental health service, as appropriate, to help ensure that young

people with mental health problems recognise their difficulties, are encouraged to seek help where needed and are offered appropriate services.

NATIONAL INITIATIVES CONTRIBUTING TO THE DELIVERY OF CAMHS

CAMHS is being delivered through a range of initiatives and actions including:

1. Early Years Provision – Tier 1

The Early Years Development and Childcare Partnership and the ten Sure Start Local Programmes have developed a range of early years/childcare activities as well as family support and health initiatives across the City. These activities include:

- the development of high quality purpose built Neighbourhood Nurseries in disadvantaged areas
- support for families through Family Support Workers and Homestart
- support for healthy lifestyles through breastfeeding groups, home safety advice, language enrichment activities and nutrition advice

Over the next four years the Early Years Partnership and Sure Starts will be working closely to deliver 15 Children's centres in every disadvantaged ward. These Centres will integrate these family support and health activities so that families and young children can access services from the one site. It is hoped that a counselling service could be provided as part of these activities as the need for this has been frequently raised at children's centre consultation meetings.

2. Children's Fund – Tier 1

The Children's Fund will help to develop services based on children's needs across the City. Key themes were decided using information gathered from consultations undertaken with children and families and with agency stakeholders and the public. The feedback received fell into one of the four categories set out within the proposal as follows:

- Playing well – to increase affordable and accessible play opportunities for children, which encourage the development of self esteem, new skills and interests, reduces potential of offending and creates opportunities to make new friendships
- Well-being – provision of services to promote the emotional and psychological health of children and their families eg. anti-bullying, mentoring, co-ordination of counselling
- Learning well – to enhance the life chances of the most disadvantaged children through improving their attendance and attainment at school

- Participation – ensure children’s views are taken into account by supporting the routinisation of children’s participation in the design, evaluation and review of services. Important examples of specific activities include:

Parent Support Groups
Audit of Counselling Services
Establishing a Counselling Network.

3. The GEM Children’s Centre – Tier 1 - 3

The Children’s Centre is a new build development funded via a joint venture between the Local Improvement Finance Trust (LIFT), the Department of Health and Local Communities. The Centre forms a central resource for the future delivery of specialist children’s services; bringing together several health services, the social services learning disabilities team and the education Early Years Team. Some specialist services will be delivered from the centre but other services will still be delivered within community settings. The centre opened in March 2006.