

Children and Young People with Emotional and Behavioural Difficulties Draft Action Plan

2011-2014



INTRODUCTION

The Children and Young People with Emotional and Behavioural Difficulties (EBD) Sub Group reports to and is mandated by the Children and Young People's Strategic Partnership (CYPSP). The Sub Group has been charged by the CYPSP with drawing up a plan for integrated commissioning of supports and services for children and young people with EBD, which will improve their outcomes. The work is Northern Ireland wide. Membership of the Group consists of representatives from the Statutory, Voluntary and Community sectors. Current membership can be found at Appendix xxx. The participation of children and young people with EBD, and their parents in all stages of this process is paramount.

The following draft action plan sets out how the Children and Young People with EBD Sub Group will contribute towards the implementation of the Northern Ireland Children and Young People's Plan 2011-2014. The draft plan includes the priorities that need to be taken forward to improve the six high level outcomes for children and young people with EBD.

This draft action plan should be read in conjunction with the overall NI Children and Young People's Plan. This overall plan sets out that all CYPSP planning work will contribute towards a shift to early intervention, and to integration of resources from all possible sources in order to improve outcomes for children and young people.

This action plan is one document in the suite of action plans, which, together, make up the NI Children and Young People's Plan. The Children and Young People with EBD Sub Group will collaborate with the other Regional Sub Groups, the CYPSP Groups and the 5 Outcomes groups in order to implement the overall Plan, under the leadership of the CYPSP.

The Plan is therefore a live document – at any one time the latest version of the overall Plan and the Action Plans of all of the planning groups will be available on our website, at www.cypsp.org.



The term 'emotional and behavioural difficulties' covers a wide range of difficulties experienced by many children and young people across Northern Ireland. This Sub Group focuses on children or young people suffering emotional or behavioural difficulties which impede or distort personal development and affect relationships, causing distress to the child or young person, their family or community. These difficulties include emotional disorders, anxiety, self-harm and suicide. Such difficulties range from those which can be addressed by early intervention – access to supports within the community - to those which need specialist help such as counselling or therapy

Outcome *Healthy*

What do we know about children and young people...

Quantitative Information

- Data from Think Family regarding parental mental health. The Think Family Project is a holistic approach to managing parental mental health and includes the child, family and carers. explain Think Family
- Number of parents/carers with a mental health difficulty
- Number of children aged 0-4 yrs referred to family support teams in Health and Social Care Trusts
- % of Youth Suicides
- % children and young people that are obese
- % or children and young people who self harm

Qualitative Information

- The case histories of:
 - children and young people who are receiving a Child and Adolescent Mental Health Service (CAMHS) at Tier 3
 - children out of school
 - / Looked after children
 - Children with parents with mental health history
- The relationship between the child and parent is important in the perinatal period and is evidenced by attunement, attachment, good communication skills and empathetic behaviour. This relationship is key to mental health and emotional wellbeing.
- Research suggests that children who experience poor nutrition, maternal and family stress, poverty, and neglect will also experience poor brain development from the prenatal period or earlier. These profound experiences in early childhood can have a profound, proportionate, and long lasting effect on well being.
- Furthermore, research demonstrates the impact of deficiencies in early years but also suggests that there is more ability to

intervene at this stage before more serious abuse or neglect has occurred. For a child to suffer avoidable setbacks in the most vulnerable years is a breach of Article 6 of the United Nations Convention on the Rights of the Child (UNCRC)- that every child has the right to develop to their fullest potential.

- There are particular groups of children and young people who are at greater risk of emotional health and well-being issues compared to other groupings e.g. children with EBD, Black and Minority Ethnic (BME) communities, gender identity, and Lesbian Gay Bisexual and Transgender (LGBT).
- Families can avail of universal services such as ante-natal classes and post natal support programmes. However not everyone can avail of these services and not all services cover the issue of mental health comprehensively. Children, young people and their families also often cannot access public information regarding the importance of infant mental health.

What we will do:

We will promote the importance of infant mental health. Despite all the evidence, EBD services still tend to be primarily crisis driven with insufficient focus on intervening early and at a time in a child or young person's life where it matters most. There are four things that can make a positive difference:

- Agreed integrated information sharing across all relevant agencies and organisations regarding infant mental health
- Greater awareness of the importance of infant mental health in universal services in all disciplines across agencies through

education about the importance of infant mental health in universal services for children and young people, building upon existing training as part of a wider strategy

- Seeking a shift in policy to ensure resources targeted at infant mental health and early intervention, alongside treatment and crisis services to rebalance priorities.
- Recognising that there are particular difficulties with certain children and young people including; children and young people with disabilities; children and young people from black or ethnic minorities; children and young people in a family with a drugs or alcohol issue; and children and young people in a family where adult mental health is an issue

Outcome: <i>Healthy</i>					
Actions:	Implementation Milestones	Lead person/ other groups	What difference will it make to children and young people	Other outcome s	By when
Develop a Northern Ireland Infant Mental Health Strategy incorporating the elements outlined above	Infant Mental Health training at all levels including the community and voluntary sector	EBD Regional Sub Group /PHA lead for training	Raising awareness of the importance of infant mental health and emphasising the importance of training in universal services will enable the identification of emotional well being and mental health problems at the earliest possible stage.	ELA, LSS, EEEW, CPCS, LSRR	2011-2014
	Develop a public information/ education programme	EBD Regional Sub Group			
	Establish an integrated information sharing database	EBD Regional Sub Group		ELA, LSS, EEEW,	2011-2014

Outcome: <i>Healthy</i>					
Actions:	Implementation Milestones	Lead person/ other groups	What difference will it make to children and young people	Other outcome s	By when
	<p>Develop a range of robust indicator tools for infant mental health including attachment and resilience</p> <p>Ensure greater cohesion between all agencies and PHA in progressing Infant Mental Health agenda</p> <p>Link with the Safeguarding Board Northern Ireland (SBNI) in relation to indicators, training and awareness raising regarding infant mental health</p> <p>Link with the work of the Early Intervention Sub Group on mapping services and resources to ensure that infant mental health remains a priority and are supported</p> <p>Ensure identified priorities are consistent with the Outcomes groups has they progress their integrated commissioning</p>	<p>EBD Regional Sub Group</p> <p>EBD Regional Sub Group/PHA</p> <p>EBD regional sub group / SBNI</p> <p>EBD Regional Sub Group / Early Intervention Sub Group</p>	<p>For example, emphasizing infant mental health in the ante-natal stage will be essential to counteract potential risk factors such as drug and alcohol abuse. In the post natal stage, parent-infant attachment can be measured and action taken as necessary to improve this relationship. When accompanied by awareness raising and public information, it will be possible to address even the most vulnerable families.</p> <p>The level of speech and language in children is seen as a key indicator of development and with the</p>	CPCS, LSRR	

Outcome: <i>Healthy</i>					
Actions:	Implementation Milestones	Lead person/ other groups	What difference will it make to children and young people	Other outcome s	By when
	Linking with other relevant strategies to ensure consistency of messages	EBD Regional sub group / Outcomes Groups EBD Regional Sub Group	emphasis on infant mental health, the referral rates to speech and language services can decrease, meaning children are experiencing better development outcomes Research clearly demonstrates that early intervention at this early stage of development can have a positive effect on emotional wellbeing and mental health in later life. Therefore, action taken at this stage can positively impact on all high level outcomes		

Outcome *Enjoying, learning and achieving*

What do we know about children and young people...

Quantitative Information

- % of children and young people referred to speech and language services
- Early Years transition in to Primary 1 (can we measure this?)
- Rates of children and young people's school Attendance
- % of children and young people suspended
- % of children and young people expelled
- % of children and young people achieving at Key Stage 1 and Key Stage 2 of the Code of Practice
- % of children and young people with low educational attainment

Qualitative Information

- Children and young people often experience the pure academic achievement side of schools, due to the available skills and time pressures placed upon teachers. Given the central role that schools play in a child or young person's life, there is potential for them to do more. In particular, there is a need to consider and nurture the emotional wellbeing of children and young people through available universal services, centred on the school.
- Children and young people can avail of extended schools programmes in some areas in Northern Ireland, which aim to provide targeted support services that focus on learning, development, and progress.
- There is a need to ensure children are 'school ready' – a child's development score at 22 months can serve as an accurate predictor of educational outcomes at 22 years (Millennium Cohort study)

What we will do

The group will take forward a model for Full Service Schools that will enhance collaborative working at all levels, and across agencies and sectors. Ensure that this development is acknowledged and builds on good practice by existing Education and Library Board (ELB) services and is consistent with area planning work within education.

Ensure the school ethos is focused on emotional nurturing through available universal programmes and ensuring early intervention services are available when required in schools

Outcome: <i>Enjoying, learning and achieving</i>					
Actions:	Implementation Milestones	Lead person/ other groups	What difference will it make to children and young people	Other outcome s	By when
Take forward a model for Full Service Schools	<p>Conduct a mapping exercise of the existing resources and policies regarding full service schools</p> <p>Develop a proposal for Full Service Schools in Northern Ireland</p> <p>Identify the number of pilots which</p>	<p>Regional EBD Sub Group</p> <p>Regional EBD Sub Group with relevant agencies and Departments</p>	<p>Realigning early intervention services within schools will ensure children and young people have access to integrated services and supports at an early stage, often before a critical stage is reached and more specialist intervention is required This will have a positive impact on all outcomes for children and</p>	<p>H, LSS, EEEW, CPCS, LSRR</p>	

Outcome: <i>Enjoying, learning and achieving</i>					
Actions:	Implementation Milestones	Lead person/ other groups	What difference will it make to children and young people	Other outcome s	By when
	<p>are currently running in schools and building on the effective practice evident</p> <p>Building on progress such as the employment of health visitors in schools</p>	<p>Regional EBD sub group</p> <p>Regional EBD sub group</p>	<p>young people.</p> <p>Enhancing the school as a community resource, with a responsibility on all agencies working together, will ensure a clearer definition of roles, which allows the teachers and principals to focus on the educational side only. This approach builds on the concept of the whole child model. It places the child or young person at the centre of service delivery and ensures access to universal early intervention services within schools. This will ensure improvement against all the high level outcomes, consistent with outcomes based planning and the whole child model.</p>		

Outcome *Living in safety and with stability*

What do we know about children and young people...

Quantitative Information

- Rates of children aged 0-4 on the Child Protection Register
- % of children 0-4 experiencing domestic violence (midwife/ health visitor/ PSNI/ Social Services)
- Number of parents/carers with substance misuse problems
- % of children and young people, across all ages experiencing domestic violence

Qualitative Information

- Children are at risk of a number of ante-natal, birth and post-natal factors including: domestic abuse; alcohol abuse; trauma; abuse or neglect in early attachment and post natal depression, for example.
- The Munro Report (2010) notes that certain features of family life are associated with adverse outcomes for children and young people, which include the impact of factors such as parental mental ill health, alcohol/substance abuse, domestic violence, and living in poverty.

What we will do

The group will ensure the actions outlined regarding, Infant Mental Health, Full Service Schools, linking primary mental health to Family Support Hubs, and reviewing the existing Tier 2 emotional well being and mental health service provision across the region, improve all outcomes for children and young people including those relating to living in safety and with stability. For example, the emphasis on Infant Mental Health will enable the identification of the risk factors mentioned above or the development of infant mental health indicators that relate to this outcome. Linking with Family Support Hubs will ensure that a child or young person presenting with issues regarding domestic violence can be identified and managed appropriately.

Outcome: <i>Living in safety and with stability</i>					
Actions:	Implementation Milestones	Lead person/ other groups	What difference will it make to children and young people	Other outcome s	By when
Ensure all outcomes positively impacted with actions outlined above.	Ensure holistic consideration of the issues identified under living in safety and with stability when implementing the actions outlined.	Regional EBD Sub Group	With the emphasis on infant mental health, risk factors can be identified earlier. Linking with Family Support Hubs can also ensure effective access to appropriate supports and services when required.	H, LSS, EEEW, CPCS, LSRR	2011-2014

Outcome *Experiencing economic and environmental wellbeing*

What do we know about children and young people...

Quantitative Information

- Deprivation figures across the region
- Number of families living in low income / poverty

Qualitative Information

- Young Life and Times survey (2010) highlighted that 16 yr olds from not well off families, compared to those from well off families are more likely to have mental health presentations and stress according to the 12 item General Health Questionnaire (GHQ12). According to the survey they are the most vulnerable group.

What we will do

The group will ensure the actions outlined regarding, Infant Mental Health, Full Service Schools, linking primary mental health to Family Support Hubs, and reviewing the existing Tier 2 emotional well being and mental health service provision across the region, improve all outcomes for children and young people including those relating to experiencing economic and environmental wellbeing.

Outcome: <i>Experiencing economic and environmental wellbeing</i>					
Actions:	Implementation Milestones	Lead person/ other groups	What difference will it make to children and young people	Other outcomes	By when
Ensure all outcomes positively impacted with actions outlined above.	Ensure holistic consideration of the issues identified when implementing the actions outlined.	Regional EBD Sub Group	Given the close link between all the outcomes, the actions outlined will positively impact on Children and young people with EBD. For example, linking with Family Support Hubs can also ensure effective access to appropriate supports and services when required. The emphasis on early intervention will reduce the presentations of more serious complex mental health issues	H, ELA LSS, CPCS, LSRR	2011-2014

Outcome *Contributing positively to community and society*

What do we know about children and young people...

Quantitative Information

- The rate of parental and community engagement in schools (survey)

Qualitative Information

- Outcomes for children and young people are improved against key indicators when the school is used as a community resource. These key indicators include school attendance, achievement and parental engagement at the earliest opportunity.
- 27,000 institutions have adopted a community school approach internationally. Evidence suggests they play a key role in drawing together key components and critical resources to help children succeed.

What we will do

The group will ensure the actions outlined regarding, Infant Mental Health, Full Service Schools, linking primary mental health to Family Support Hubs, and reviewing the existing Tier 2 emotional well being and mental health service provision across the region, improve all outcomes for children and young people including those relating to experiencing economic and environmental wellbeing.

We will ensure that the development of full service schools enhances the use of the school as a community resource and promotes parental engagement.

Outcome: <i>Contributing positively to community and society</i>					
Actions:	Implementation Milestones	Lead person/ other groups	What difference will it make to children and young people	Other outcomes	By when
Ensure full service schools enhance the school as a community resource and promote parental engagement	<p>Identify best practice regarding parental engagement</p> <p>Consider this in taking forward the work on full service schools</p>	Regional EBD sub group	Increasing parental engagement in schools strengthens the role of schools for children and young people. The use of the school as a community resource gives children, young people and their families the opportunity to contribute positively.	H, ELA, LSS, EEEW, LSRR	2011-2014

Outcome *Living in a society which respects their rights*

What do we know about children and young people...

Quantitative Information

- Rates of children and young people referred to paediatricians for emotional and behavioural difficulties
- Rates of children and young people referred to Tier 2 & Tier 3 CAMHS for emotional and behavioural difficulties
- Rates of children and young people waiting to access CAMHS services

Qualitative Information

- There is a concern about the number of children and young people referred to CAMHS at a Tier 3 level particularly with complex presentations. There are lower rates of referrals in places where there are dedicated CAMHS services at a Tier 2 level. A percentage of referrals regarding emotional and behavioural difficulties to Tier 3 services can be more appropriately managed at Tier 2.
- The referrals are made at a time when the child or young person has reached a potential crisis stage. Evidence suggests that if there was access to an early intervention and co-ordination of services then some of these referrals could be managed at this earlier stage, before crisis is reached
- There is local evidence where Family Support Hubs have been developed that demonstrate that families have been helped at an earlier stage in their difficulties thus preventing more intrusive and high level interventions being needed if problems were allowed to become more difficult and entrenched.

What we will do

A Family Support Hub is a multi-agency network of statutory, community and voluntary organizations that either provide early intervention services or work with families who need early intervention services. The network accepts referrals of families who need early intervention family support and uses their knowledge of local service providers to signpost families with specific needs to appropriate services.

The intention is to ensure that families who do not meet the threshold for statutory Health and Social Care Trust assessment but who nonetheless have a need for family support services are directed towards the appropriate help. The approach is based on harnessing the expertise of voluntary and community sector organizations in supporting families.

Family Support Hubs are being developed throughout Northern Ireland. As they develop, this group will ensure the involvement of CAMHS mental health advice within the hubs. It is important that professional mental health expertise is incorporated into the decision making process of family support hubs, so that the emotional well being needs are accurately assessed. Incorporating this expertise will:

- Bring specialist emotional and mental health expertise to the decision making
- Bring a knowledge of emotional and mental health services at Tier 1 / 2 in both statutory and voluntary and community sector
- Identify referrals that require a dedicated Tier 2 response.

We will review existing Tier 2 Emotional well-being / Mental Health service provision across the region. National and International research universally indicates that early intervention for children and young people,, presenting with emotional well-being or mental health difficulties, significantly reduces the incidence of complex presentations in later life, particularly within Adult Mental Health Services.

The EBD Sub Group is concerned at the continual increase of children and young people referred to CAMHS at a Tier 3 level, particularly the degree of complexity in terms of presentation. The group recognises the need for early intervention across age ranges and the need to establish a review of current service provision at a Tier 2 level across the region.

Outcome: <i>Living in a society which respects their rights</i>					
Actions:	Implementation Milestones	Lead person/ other groups	What difference will it make to children and young people	Other outcomes	By when
Involvement of CAMHS mental advice within family support hubs	This group is to ensure that there is a primary mental health representative(s) from each Outcomes Group area to link with the Family Support Hubs in that area.	Regional EBD Sub Group	Establishing this link will also ensure there are suitable and accessible services available for children and young people within their local community and at an early stage of intervention- addressing a criticism raised by young people themselves.	H, ELA, LSS, EEEW, CPCS	2011-2014
Review existing Tier 2 Emotional well-being / Mental Health service provision across the region.	Conduct a mapping exercise of current Emotional well-being and Mental Health service provision at a Tier 2 level (particular emphasis on early intervention). To incorporate statutory and Community / Voluntary sectors.	Regional EBD Sub Group	National and International research universally indicates that early intervention for children and young people,, presenting with emotional well-being or mental health difficulties, significantly reduces the		2011-2014
	Link with mapping work of Early	Regional		H, ELA, LSS, EEEW,	2011-

Outcome: <i>Living in a society which respects their rights</i>					
Actions:	Implementation Milestones	Lead person/ other groups	What difference will it make to children and young people	Other outcomes	By when
	<p>Intervention Sub Group</p> <p>Establish an agreed Regional Tier 2 strategy creating a confederation of community, voluntary, and statutory partnerships to deliver agreed models of intervention.</p> <p>Development of overarching standards for all Tier 2 referrals with agreed threshold criteria and universal outcome indicators that are regionally agreed</p> <p>Link with group on Children's Services Framework Standards re mental health</p>	<p>EBD sub group/ Early Intervention Sub Group</p> <p>Regional EBD Sub Group</p> <p>Regional EBD Sub Group / relevant groups</p>	<p>incidence of complex presentations in later life, particularly within Adult Mental Health Services.</p> <p>With a shift in emphasis towards Tier 2, early intervention services, children and young people will be able to access more appropriate services at an earlier stage. With a philosophy of "early, earlier, earliest intervention" the Sub group believe that this will contribute to the improvement of the emotional wellbeing and mental health of the child population.</p>	<p>CPCS</p> <p>H, ELA, LSS, EEEW, CPCS</p>	<p>2014</p> <p>2011-2014</p>

CONSULTATION RESPONSE FORM

We would be very interested in your feedback on these initial priority areas as set out above. These will inform the action plan for the EBD Sub Group. It is important to us to hear what you have to say about what the Group has planned to address for children and young people with EBD across Northern Ireland.

We are happy to receive comments in any format. If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, easy read or in minority languages to meet the needs of those not fluent in English please contact us at the details provided below.

Please return your response by TUESDAY 25th SEPTEMBER 2012 to

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Thank you very much for your response

YOUR CONTACT DETAILS

NAME (if wishing to provide)

ADDRESS

(if wishing to provide)

TELEPHONE:

(if wishing to provide)

EMAIL

(if wishing to provide)

Text Phone:

Please select one:

I am responding from an organisation

I am responding on behalf of myself as a parent

I am responding on behalf of myself as a child or young
person

I am responding on behalf of a group of children / young
people