Appendix B

Review of access to support and interventions for children's emotional wellbeing and mental health

Report by the Members Task and Finish Group

January 2017

"If I'd had the help in my teens that I finally got in my thirties, I wouldn't have lost my twenties."

Quote from the NHS Five Year Forward View of Mental Health

Chair's Forward

Young people in Norfolk have consistently told us though their 'make your mark' ballot that mental health is a priority issue for them. Half of all mental health problems appear before the age of fourteen [1], and it's recognised that children, young people and families often have to wait years from when problems first emerge to finding their way to any meaningful help.

Young people, families and those who work with young people have told us they find mental health services bewildering and often do not know what help is out there or how best to access it. We will not solve these issues without listening to young people and families with experience of mental ill-health and meaningfully engaging them in designing and evaluating mental health support; be it in schools, community based or specialist services.

Mental health does not sit in isolation from other issues. The key to protecting young people's mental health is to ensure that they are protected from harm and abuse, have a safe and secure home, a supportive social network, an education curriculum that they can access and opportunities for play and leisure.

This task and finish group wanted to gain a better understanding of the issues faced by Norfolk children and young people, and the things about living in Norfolk that impact on mental health; be it positively or negatively. We have examined the available evidence base to try and understand when the greatest opportunities for making a positive impact on mental health are, and looked at whether services are strongest where need is greatest and considered geographical variation.

We selected the places and organisations that we visited to ensure a geographical spread, mix of urban and rural, age range and setting. We appreciate that there are other schools and organisations doing good work that we did not visit. Due to time constraints and the volume of work we were unable to sufficiently explore the mental health needs of looked after children and other vulnerable or excluded groups, transition in to adulthood or the impact of childhood poverty. I would urge committee to consider whether these issues warrant further exploration.

It was a pleasure to Chair this piece of work on behalf of Children's Services Committee, and I thank fellow members of the task and finish group for their engagement and enthusiasm. On behalf of the group I thank the many expert witnesses who gave us their time and shared their ideas and knowledge.

In particular, I would like to thank members of the Norfolk In Care Council, Youth Council (Norfolk and Suffolk NHS Foundation Trust) and Youth Parliament who have participated in this piece of work. This was a genuine attempt to engage young people and enable them to contribute their expertise. It proved challenging but I would encourage the County Council to learn from this and develop ways of enabling young people to participate in future task and finish work where their expertise and experience can help inform our decision making.

1. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005) Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602.

Vice Chair's Forward

It was a real pleasure to be involved in this piece of work. I was fascinated to see how many different beliefs and opinions there were regarding mental health in one room and how they've gradually changed in to something more positive over the course of this work. Although things didn't go quite smoothly at times I was able to contribute to the group from a young person's perspective such as how things have progressed since I left high school and what could help engage a young person. I believe that the county council should consider involving young people in the future, we have a lot to offer given the chance.

Meghan Teviotdale co-opted co-chair

1.0	**Summary**
1.1	'*Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.'* The World Health Organisation (WHO) definition of mental health
1.2	As a Group we have found this to be a complex, emotive and challenging piece of work. However, we have consistently found the following principles to be at the heart of promoting good emotional wellbeing and mental health amongst children and young people: • Support must be offered as early as possible, in a straightforward and consistent way which is non-stigmatising and involves the family as a whole where appropriate And • The needs of the individual, especially children and young people must be listened to at all times. We recognise that the pressures being experienced by all of the organisations within the system are immense and we should not underestimate the challenges involved. However, it is vital that we get this right. Mental health is something we all have, it is precious and we need to ensure that children and young people are able to develop and grow their emotional and mental health as much as their physical health.
2.0	**Recommendations**
2.1	In recognition of the complexity and 'reach' of services to improve emotional wellbeing and mental health of children and young people the following recommendations have been separated in to those that are relevant to services delivered by Norfolk County Council and those that are delivered by other organisations.
	Recommendations for Norfolk County Council Services
A	All of the evidence we have found has highlighted the importance of early help/intervention in improving mental health and emotional wellbeing. We recommend that Children's Services ensure that the current emphasis on early help is continued and focus given to ensuring this approach is fully adopted when it comes to all service delivery associated with mental health and emotional wellbeing

B	We recognise the impact parental mental health can have on a growing child. Therefore we recommend that our colleagues on the Adult Social Care Committee review the threshold for access to Adult Mental Care provision in relation to parents and individuals with parental responsibilities (especially those with young children under the age of 8yrs). In addition we would ask that priority also be given to individuals with parental responsibilities in order to reduce the impact upon their family of not receiving treatment.
C	Although schools do not come under the direct management of Norfolk County Council we feel that our overall, collective responsibility for safeguarding and championing children and families means that we need to develop a Norfolk standard together. This should clearly show what is expected of schools in relation to emotional wellbeing and encouraging positive mental health. Norfolk County Council's role is to help provide information and recommendations to assist schools in developing a whole school approach which can be evaluated to ensure approaches reflect best practice. It is on this basis that we recommend a guide be produced for schools as to what services exist along with the recommended route in to them. This guide should be produced in partnership with schools (including Governing bodies) and young people to ensure it is relevant. The senior management team in Children's Services are asked to identify relevant staff to take this forward.
D	Connected to (C) we recommend that Norfolk County Council develop a core offer of services connected to mental health provision for children and young people. In addition this should include more complex services that could offered at a cost via Educator Solutions. This should also link in to the re-design of CAMHS services. The core offer should be developed in partnership with schools and young people based upon a clear business case to be developed in partnership with Public Health.
E	Public Health are looking to deliver a year of positive action towards mental health. We heard from young people how important it is that they feel informed and involved in services to help them understand and take charge of their own health. We therefore recommend that any activity specific to children and young people involve them its design and commissioning, ensuring that it is relevant to them. This should then be promoted in schools to be used as a resource within lessons, providing them with a fully endorsed 'product' that ties in generally with schemes by Public Health to improve awareness of mental health issues amongst young people.
F	Given the scope of the issues impacting upon mental health it has been impossible to cover everything within the time limitations of this Task and Finish Group. The following are specific areas that the Group feel warrant attention: • Looked After Children (LAC) • Post 16yrs education To this end Children Services Committee may wish to consider commissioning further work either through officers, to be reported back, or in the form of further Task and Finish work
G	During the course of our work we were talked through in detail the impact of attachment for children and their families. In order to improve Members knowledge of this we recommend that all Members be invited to a workshop to improve general understanding and assist in informed decision making

	Recommendations affecting services outside of Norfolk County Council
H	We highly recommend that the Mental Health Trust responsible for mental health service provision in Norfolk (currently NSFT) collect (as part of triage), collate and share data associated with parental responsibilities for those accessing their services. This links to recommendation (B) to lower the threshold and give priority to individuals with parental responsibilities and will assist all relevant organisations to ensure that any safeguarding concerns can be quickly addressed through improved communication and understanding.
I	We recommend that schools be encouraged to work together to share best practice in relation to mental health and emotional wellbeing of pupils in Norfolk
J	Linked to (I) that the Education and Strategy Group be asked to support the production of an evaluation of best practice in Norfolk in connection to mental health and emotional wellbeing activity in schools. This piece of research should then be used to inform the re-design, where necessary, of existing CAMHS services.
K	Mental health services need to be accessible, particularly for young people. Part of achieving this involves an understanding and recognition of the entire 'workforce' involved in improving mental health and understanding the skills and needs of our young people when addressing all levels of mental health need. Ensuring a broad range of professionals are available and aware of all available services. We recognise this is not an easy task but we recommend that: • We develop a common language for social care, medical professionals and schools • We develop a map which can be used to signpost between services • Joint ways of working including opportunities for professionals to come together to discuss best practice be encouraged and their importance recognised in order to create better join up across Norfolk • That the Local Transformation Plan be scrutinised on a regular basis by Children's Services Committee in order to ensure it is delivering for the children and young people of Norfolk
3.0	**Background**
3.1	'Mental Health and Emotional Wellbeing' are something we all have. It impacts upon us even before we are born and will continue to be shaped as we go through life.
3.2	The NHS Five Year Forward View of Mental Health (click here to view) published in February 2016 by the independent Mental Health Taskforce looked at services and attitudes towards mental health. This paper follows on from Future in Mind, published in 2015, which focused on how we can make it easier for children and young people to access high quality mental health care when they need it. The five year review describes how despite improvements in services 'people who would go to their GP with chest pains will suffer depression or anxiety in silence.' Attitudes towards mental health and emotional wellbeing have improved but it remains an area of significant underinvestment and misunderstanding, often described as second class to physical health conditions. The reality is that mental and physical health impact heavily upon each other.

3.3	During the course of this work we received a presentation from Andy Bell (Deputy Chief Executive Centre for Mental Health). The following statistics from his presentation in relation to children and young people provide difficult reading: • **Over 20% of children** experience a mental health problem at some point between ages 3 and 11* • Children from low income families are **four times more likely** to suffer mental health problems than those from more affluent families* • **86% of children** with mental health problems will have difficulties in adult life • **75% of adults** with mental health problems were first unwell in childhood or adolescence • Children with a conduct disorder (persistent, disobedient, disruptive and aggressive behaviour) - are twice as likely to **leave school without any qualifications**, three times more likely to **become a teenage parent**, four times more likely to become **dependent on drugs** and 20 times more likely to **end up in prison** • On average **it takes ten years** from a mental health issue surfacing to the point at which the individual will **get help** (this is not unique to the UK) ** Information source:* Children of the New Century: Mental health findings from the Millennium Cohort Study *by Centre for Mental Health.* Findings relate mainly to the mental health of children around the age of 11 as recorded in the Millennium Cohort Study (MCS), a multi-purpose longitudinal study which is following a large sample of children born in the UK at the start of the 21st century. Data was collected mainly in 2012 using the Strengths and Difficulties Questionnaire (SDQ), a widely used screening instrument in which parents and teachers report on a child's mental health in the previous six months.
3.4	We have all heard that issues such as exam pressure, social media and a lack of future prospects are major concerns for young people. In recognition of this, Youth Parliament have identified mental health as one of their top five issues for young people today.
3.5	One of the members of the Group (who also sits on Norfolk In Care Council (NICC)) spoke about the importance of involving young people in addressing their own health concerns. The approach gives the young person an opportunity to learn about what is the right way of handling a situation for them, keeping their mental health positive and being able to develop coping mechanisms to help them deal with the world. As a group we feel this is a really important message, especially as too often young people, specifically teenagers are left in a 'gap' between child and adult services without appropriate ways of transitioning. This is recognised through Norfolk County Council's involvement strategy and links to the UN Convention on the Rights of the Child.
4.0	**Norfolk County Council's definition of positive mental health**
4.1	Norfolk County Council Children's Services have the following definition of what we mean by positive mental health: '*A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.'*

5.0	**Understanding the factors contributing to and impacting on children's emotional wellbeing and mental health**
5.1	During the course of our work we heard from a number of professionals that diagnosable psychiatric conditions are not increasing statistically and represent a small proportion of the problems faced by young people today (to note ten per cent of children and young people (aged 5-16 years) have a clinically diagnosable mental problem but 70% of children and adolescents who experience mental health problems do not have appropriate interventions at a sufficiently early age (Fundamental facts about mental health 2015 – Mental Health Foundation). However, in contrast, concerns linked to mental distress such as self-harm and attachment are increasing, impacting upon children right from conception.
5.2	Overall this proved a challenging area to get to grips with, forming the majority of our work. The complexity of factors involved mean that it is impossible to cover everything within this report and has resulted in a recommendation (F) to consider carrying out more detailed work on certain factors. We acknowledge that each and every child will have a unique set of factors/experiences that will impact upon them as they grow. Some issues are heavily dependent upon the wider environment in which the child is living and can suddenly change – for example the loss of a parent's employment or the death of a family member.
5.3	In order to better understand the effect of early life on a child's emotional and mental development, Committee members may wish to watch 'Growing an emotional brain' – a film by NSPCC which examines some of the key factors that can impact upon us from pre-birth onwards.
5.4	The following sections of the report are loosely based around stages of development in a child's life to look at the issues that may impact upon them.
5.5	**Pre-Birth, Early Years and Primary School**
5.6	NHS statistics show that one in five mothers suffer from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth. The same figures show that suicide is the second leading cause of maternal death, after cardiovascular disease (reference Five Year Forward View for Mental Health – report by Mental Health Taskforce for NHS England Feb 2016).
5.7	The following quote from the Future in Mind report shows the financial implication of this 'maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK, equivalent to a long-term cost of just under £10,000 for every single birth in the country. Nearly three-quarters of this cost (72%) relates to adverse impacts on the child rather than the mother. Some £1.2 billion of the long-term cost is borne by the NHS'.
5.8	In December 2015 Mumsnet and the ITV News launched a survey to look in more detail at the reality of postnatal depression. The survey results showed that out of 724 new mums, 631 reported suffering from postnatal depression, 29% of whom never sought help for the condition. The reasons given included fear that their child would be taken away if they couldn't cope, symptoms not being 'serious enough' to seek medical help and a feeling of 'letting their family down by getting ill'. Statistics from the NHS also show that although not quite as high (1 in 25) new dads reported suffering from postnatal depression. This means that right from the start of life some children will have challenges to developing positive mental health

	outside of their control and not necessarily connected to a diagnosable medical condition.
5.9	In addition to the conditions mentioned above other influences on parents such as drug / alcohol abuse, smoking, domestic violence and poverty can have a long lasting impact upon the family, affecting the emotional, social and cognitive development of the child. A study carried out by Reiss revealed that 'there is greater prevalence of mental health problems in children whose parent had no educational qualification (17%) compared to those with degree level qualification (4%) and in families where the household reference person was in a routine occupational group (15%) compared with households whose reference person was in the higher professional group (4%).' Reiss F (2013) Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science and Medicine.* 90. p. 24-31.
5.10	Representatives from Leeway, an organisation who helps families suffering with domestic violence issues explained that fewer women are currently coming in to their care as a result of an escalation in violence due to pregnancy. However, they have noticed an increase in women needing help after a baby has been born, during early infancy and when the child is a toddler.
5.11	Once born, a baby needs someone to act as a 'buffer' between them and the rest of the world. This is often referred to as 'attachment', a biological instinct in which proximity to an attachment figure like a parent is sought when the child senses or perceives threat or discomfort. However, if the adult is suffering from mental health issues or any of the external factors mentioned in section 5.9, 'attachment' may be challenging for both the parent and the child.
5.12	Positive parenting is another term often used when talking about the influence a parent has on emotional and mental development of their child. The term means dealing with difficult behaviour in a consistent and positive rather than punitive way, an important step in development, especially in the early years. Before the age of two we are not just learning how to communicate and skills like walking but also how to manage and understand our own emotions. The physical pathways in our brain are still developing, mapping the person we will be in later life through our experiences.
5.13	However, for all parents, especially new parents, helping and guiding their child's development requires skills and techniques that they may not needed before. The early years of parenting are a stressful and challenging time for everyone and can be, at times, isolating. Parents can often be without a readily available support network as families are now more geographically 'spread' and issues such as financial pressure can all add to the feeling of not being able to cope with day to day issues let alone if a child has more complex needs. We also heard accounts of parent's behaviour and attitude being influenced by their own experiences of growing up. Some teachers explained how parents were at times reluctant to engage with the school if their own experiences of school had not been positive.
5.14	During the course of our work we spoke to staff at Children's Centres and Primary Schools about the impact that parenting can have both intentionally and unintentionally. Parenting programmes are an effective way of helping parents learn new skills as well as an opportunity to ask questions, meet

	other families (who may have similar experiences) and reduce isolation which can be particularly important for first time parents. In section 5.7 of this report we spoke about the financial and social cost of not dealing with conditions such as post-natal depression. A study by the LSE estimated savings of £8 for every pound spent on parenting programmes to prevent conduct disorder over the course of a child's lifetime. This means that for example for every £1000 spent on parenting courses there is an overall saving of £8000. The report also states that "the economic returns from school-based programmes to deal with bullying and other behavioural problems are even larger."
5.15	From an early age we are influenced by people and situations outside of family life. Experiences from early life start to surface in our behaviour and the way we interact with others. Statistically boys experience more behavioural issues at this stage in life than girls often mislabelled as 'naughty' behaviour, leading to further labels like 'disruptive'. We discussed as a Group on several occasions whether this could be a contributory factor to why exclusions seem to be rising. Teachers described the challenges in balancing the needs of a child exhibiting this kind of behaviour with the needs of the wider class and the implications of getting it 'wrong'. In order to understand more about the ramifications of this, Committee members are encouraged to refer to the final report of the Exclusions Task and Finish Group shown elsewhere on this agenda.
5.16	As well as the impact on the individual child and family, mental health problems in children and young people result in an increased cost to wider society. A study by Friedli and Parsonage estimated additional lifetime costs of around £150,000 per case or around £5.3bn for a single cohort of children in the UK. Costs relating to crime are the largest component of the overall figure, accounting for 71% of the total. This is followed by costs resulting from mental illness in adulthood (13%) and differences in lifetime earnings (7%).
5.17	Throughout the course of our work we heard about the importance of early, appropriate support in order to avoid more serious consequences later on. Many parents who start to experience problems linked to their child's behaviour will ask for help. However, this request will tend to be directed towards professionals such as a GP or a teacher rather than seeking more specialist support. Although this is positive we heard on several occasions from teachers how difficult this can be, especially as many do not consider themselves equipped to provide adequate help.
5.18	Debbie Whiting, Head Teacher at North Denes Primary told us about a programme that they are involved in which links them to the local Police force. This has proved invaluable in informing them of children within their care who have experienced domestic violence while away from school, enabling school staff to support the child during their school day, offering someone neutral to talk to and helping the teachers to better understand the child's behaviour. Without this information, Debbie described situations where a child would either be reluctant to engage or exhibit violent/disruptive behaviour because of what was happening to them outside of the knowledge of the staff. Towards the end of our work we were pleased to hear that this pilot is going to be extended to other schools and hope that this kind of collaborative working will continue to evolve.

5.19	We heard that teachers felt generally that there had been an increase amongst very young children in their knowledge of what was described as 'grown up issues' such as debt and relationship difficulties. The teachers we spoke to felt that this was a reflection of modern society, that children are being exposed to these kinds of issues at an age where they are not necessarily emotionally ready to understand them. This can have a profound impact upon their behaviour as they are unable to interpret the things they are feeling leading them to be disruptive or withdrawn.
5.20	We heard a number of examples of individuals, including parents, 'chasing a diagnosis' or looking to 'treat the condition rather than the person' because a child was exhibiting disruptive behaviour. One Head Teacher described how some children in their care were being treated for Attention Deficit Hyperactivity Disorder (ADHD) without really understanding the underlying cause of the child's behaviour. This was echoed by representatives from Leeway who described young children being diagnosed with ADHD but actually exhibiting hyper vigilance caused by their home situation. Although as a Group we are not equipped to draw a conclusion from this it does highlight the difficulty that some families face in getting a comprehensive diagnosis in order to help their child.
5.21	**Secondary School**
5.22	Between the ages of 11 and 16 years a child starts to become more independent, using the skills and information they have learnt during their early years of life. Although this independence can be a positive experience it is not without issues.
5.23	At this stage, parents may not be as aware of their child's emotional wellbeing as in previous years. A young person who is struggling with their mental health or emotional wellbeing will turn to friends or look online for help rather than speaking to parents or authority figures. Experiences such as bullying, sexual pressure, parental pressure and exam pressure may all contribute to a complex mixture of emotions and feelings that the young person may not be fully ready to deal with.
5.24	Statistically girls start to overtake boys as far as negative impacts on their mental health after 11yrs. However, there is some evidence that this assumption is partly linked to socially accepted norms i.e. girls are more likely to speak about their emotional and mental health than boys are. Increasing pressure on both sexes means that all young people could be at risk.
5.25	We heard from Dan Mobbs, representing MAP (Mancroft Advice Project) who described seeing more young people with issues like self-harm, suicide and suicidal thoughts. Dan described that 'it seems to be that young people are deeply worried, to a level which is serious about a variety of issues'. This was echoed by professionals from NSFT who reported an increase in the rates of mental distress generally.
5.26	We spoke about the impact of social media on teenagers (although it was recognised that this is another area that is starting to impact upon people at an even younger stage than before). Cyber bullying is well documented as a concern for young people and unlike previous generations bullying and social exclusion no longer just exist within school hours. Many of the young people we heard from described it as 'never ending' and something that you 'just can't get away from'. This is concerning as it can not only have an

	impact upon young people's emotional and mental development but could have long term implications for their future.
5.27	The definition of 'friend' has been changed significantly as a result of social media. Facebook and other social media sites have given young people access to the world rather than just connecting with people in their community / school. This has led to a shift in the nature of friendship and support networks as young people may never actually physically meet their 'friends'. This shift may hide a negative impact on emotional wellbeing, as someone who appears to have a lot of 'friends' and be socially active, may in reality be lonely and isolated.
6.0	**Understanding the current arrangements and the Local Transformational Plan ambition for improving access to and support from emotional wellbeing and mental health services**
6.1	Although we did not approach this work as a review of service delivery we did examine the Local Transformational Plan to understand what it means for young people in Norfolk.
6.2	The plan sets out the following vision for Norfolk and Waveney: We want children and young people to have the opportunity to build good attachments and relationships with their families and peers leading to more children having good emotional wellbeing and mental health from the outset. For those that do have problems, we want to help more recover with a positive experience of care and support so that fewer children suffer avoidable harm. a) We want fewer children and young people to experience stigma and discrimination and will protect them from abuse and harm. b) All children and young people will be able to access support for emotional wellbeing and mental health needs at the earliest opportunity through one stop shops and online alternatives out of hours. We will provide understanding when responding to crises with the aim of reducing emergency admissions and inpatient care by using alternatives to hospital wherever possible.
6.3	We agree that the vision (above) and the principles of transformation (below) remain important and relevant: a) Ensuring agencies work together when they commission and provide services to children and young people. b) Being whole person focused, achieved through joined up commissioning, provision and specialist and targeted interventions. c) Creating the conditions within our communities, schools and settings that enable all children and young people to thrive and feel confident knowing where to seek help should they need it. d) Providing good transitions at all stages of childhood starting with joined up parent and infant mental health support to ensure families stay together. e) Promoting emotional and wellbeing support in schools and active and healthy lifestyles.

	f) Being inclusive in all areas.
6.4	We were pleased to hear of a lot of really good work being done to make these principles happen, however, we recognise there remain significant challenges.
6.5	In 2015 the Future in Mind report said 'complexity of current commissioning arrangements. A lack of clear leadership and accountability arrangements for children's mental health across agencies including CCGs and local authorities, with the potential for children and young people to fall though the net has been highlighted in numerous reports'.
6.6	Unfortunately, we heard consistently from service representatives that this remains a significant challenge. There is still inadequate join up in the system and the mixture of services are complicated to navigate and difficult at times to access. Although we recognise that children's mental health is not alone in this complexity as a result of competing pressures and finite resources this is a vital area to improve.
6.7	Anecdotal evidence shows that where a family experiences a less successful first contact with services it will affect their willingness to seek help in the future.
6.8	David Ashcroft, Chair of the Norfolk Safeguarding Children's Board expressed views that some of the problem may lie in the approach taken when commissioning services. He felt that within the current financial climate the process can lead us to focus heavily upon the commercial view point to the exclusion of gathering the views of young people / service users. The approach can also lead to commissioning services in isolation of each other, without understanding how someone would navigate through them, especially someone with challenges such as emotional wellbeing and improving their mental health.
6.9	As a Group we were particularly struck by his description of services needing to be adaptable and able to change to meet the needs of a growing child. Some services can effectively 'lock in' individuals, as they lack the ability to provide help when required alongside the ability to pull back when not.
6.10	We heard of thresholds such as age and level of severity of need becoming a potential barrier for some to accessing services. Although we recognise that thresholds are necessary and can be helpful in making sure those that need help receive it they should be easy to understand, consistently applied and with enough flexibility as to not become a barrier.
6.11	For example we heard from adult mental health services that there appears to be a lack of knowledge regarding the parental status of someone accessing their service. This is concerning as although our main focus was the services aimed at children and young people, as discussed earlier in this paper there is a profound effect on a child whose parent(s) are dealing with such issues. This could ultimately lead to an individual who does not meet the threshold for the service continuing with problems that will eventually impact upon their family and ability to nurture positive mental health in their child. This is an unintended consequence that could be avoided by ensuring that parental status is known and that thresholds are re-examined with regard to the potential impact on the wider family of not getting help.

6.12	We were pleased that the need to treat a family as a whole is part of some service provision. We heard about projects in children's centres and schools involving the whole family and even helping to bring families together who are experiencing similar issues. However, this sort of approach needs to be something that all families can access, not just the ones that are lucky enough to attend a school or children's centre that offers it. We are fully aware that all services are stretched both financially and capacity wise, however, these sort of early, low cost interventions should be encouraged as they reduce the need for long term, expensive and intensive treatments later on.
6.13	We were encouraged by the work going on in Children's services to focus on early help through children's centres and the Healthy Child Programme. We saw and heard about some fantastic work going on in primary schools to help children develop not only academically but also emotionally (more can be read in section 7.0 of this report). However, there does appear to be inconsistency in approach. It is important that we have flexibility in what is available to families but this needs to be backed by an evidence base of what really works. This is one area that we found is severely lacking, not just in Norfolk but on a national basis. Work is underway through certain projects such as the one we heard about at North Denes Primary School and Neatherd High school to start developing evidence but this will be specific to their approach.
7.0	**To consider the impact and relationship between children's mental health and education including the role of schools in supporting children and their ability to access specialist support**
7.1	This was a complicated area to explore which the Group divided in to Primary and Secondary school. The following are just some of the practices currently in place in some schools in Norfolk.
7.2	**Freethorpe Community Primary School**
7.3	Freethorpe is a leading 'PATHS' school (click here to find out more about the approach). The approach includes work to understand: • Risk taking in learning • Building confidence in pupils (for example 'great as you are' is a project on raising self-esteem, it also works on developing emotional literacy) • Developing a child's emotional literacy Freethorpe is a leading PATHS school which means that other schools visit it to learn how to use the approach. Cards and 'feelings dictionaries' are made available to the pupils so they can understand, record and learn about their emotions. The school also works with the Benjamin Foundation and has a parent support advisor who works within the cluster. Members of the group visited the school to find out what this looked like and found amongst other good work that activities to help children understand and accept compliments was particularly positive. They also found it interesting that the school recognised the impact of rural isolation on children.
7.4	**Bignold Primary School**
7.5	The school has 4 trained pastoral workers and two Teaching Assistants trained in the THRIVE (please click here to learn more about the approach). Work with the children: • Mainly focuses on attachment issues

	• Where necessary it is supported by professional services such as CAMHS, Point One and the Unthank Family Centre • The school's approach involves looking at the whole child, including their background and culture The school believes that it is their responsibility to ensure that children achieve the best they can by recognising each child's unique barriers and strengths. Parental mental health is a key factor in achieving this so the school works with social care and offers practical help like parenting courses. The school has a large and diverse community with 500 pupils and 47 individual languages spoken. Because of the school's diverse nature it also deals with issues associated with isolation. However, rather than the rural isolation which Freethorpe experiences, it is the isolation that some families may feel in the wider community due to their culture or language barriers. It recognises how important working with the whole family is and therefore operates an open door policy to encourage parents as well as pupils to ask for help when they need it.
7.6	**North Denes**
7.7	The school has a special team created by the school through a partnership with the NHS. The team is designed to help with wellbeing issues, supported by Pupil Premium money. It includes the Head Teacher, a family support worker and a male worker who has experience in working with domestic violence as well as drawing upon individuals from the health service. The team are able to offer: • 1:1 or group sessions • Assistance during school holidays through home visits • 'Mulberry' sessions working with groups of families who are experiencing similar issues to work together and gain confidence and experience from each other. The school also maintains good links with the local Police force through a project called 'compass' (see section 5.18 of report for more information). A social worker sits on the Governing body and provides overall specialist advice that Governors might not otherwise be able to access. Although it was recognised that providing such a bespoke service is expensive it does seem to work for the school. Since it has been in place there have been no exclusions.
7.8	**Compass School and Outreach**
7.9	Compass School provision was set up in 2008/9 to bridge difficulties in the existing system. Schools were set up at Belton, Lingwood and Pot Row, each with a capacity of up to 30 children at any one time, working in most cases with families who have already been through statutory services. Pupils include children who had been excluded or referred to CAMHS but had either not engaged or did not met the threshold for access to services. The school offers: • Access to a psychologist, an assistant psychologist and projective therapy • Weekly access to reflective therapy, family work, and outreach • The ability to work with the whole family

	• Within the last 2 years the school has also opened up to key stage 1 as well as key stage 2 and 3. • The school undertakes training for teams from other educational establishments The success of the schools has been in uniting or bringing together systems. This has been fundamental in engaging families as some have described previously being bounced from service to service and a feeling of being 'blamed' by other professional services. In order to redress this the school focuses on the way forward and developing solutions where possible. Recruitment has been a really important factor in the schools success. By employing the right people and educating them the school has been able to build a strong and resilient workforce with little turnover. The most significant change that the school has experienced lately is an increase in referrals for primary age pupils. Although overall this is worrying it is seen as positive recognition of the issues faced by younger children when it comes to developing positive mental health. The school is also seeing a lot more pupils who are Looked after Children or LAC (50% of the pupils currently attending Belton are looked after children). A lot of the children at the school come under the edge of care bracket so an important element of the work the school does is in encouraging families to get to a place where going in to care is no longer an option. When a child is no longer eligible to attend Compass they are referred to another organisation such as 'On track' or 'Futures'. However these organisations are not always able to provide the same level of support, especially once a child reaches key stage 4 and beyond. As a result of this individuals are often referred back to Compass for further help.
7.10	The Compass outreach programme was set up through DfE (Department for Education) Innovations funding. It was developed through a partnership between Norfolk County Council, Benjamin Foundation and Norfolk and Suffolk Foundation Trust (NSFT) mental health trust. The programme builds upon the partnership's collective experience of current service delivery in order to build strong relationships and improve outcomes. There is only one referral route which is through a children's services panel which meets once a week. The young person must have an active social worker who will present their case at panel who will then decide the best outcome for that individual. The service has a capacity is 55 cases at any one time. When it was started there were a high number of Looked after Children (LAC) in Norfolk so this formed part of the focus for the work. A full team was put in place October 2015, which included 4 family development workers, a team of psychotherapists trained in working with art in a therapeutic way, a family systemic therapist, social worker and psychiatrist. In first year of pilot it worked with 170 young people.

	The approach means that the team were able to go in to people's homes and visit LAC at their placements, including those living 'out of County' in order to determine what was needed so that the child could return home. In order to achieve this social care and schools were helped to work together 'around the child' and encouraged to take calculated risks in order to achieve positive outcomes. In the first year the project noticed that a significant amount of time was taken up by parental mental health, rather than working with the child. This involved adults who didn't meet the threshold for access to adult mental health services. Some cases involved trauma they had experienced in their own childhood or issues with domestic violence. In order to address these issues the project concentrates on developing opportunities for the family to do fun things together rather than traditional therapy sessions. Approaches include things like taking a kite out on the beach in order to get the family working together on a shared activity. The approach has also been used in relation to foster care, getting the system to slow down and explore ways in which the young person can stay safely in the county, near to their family and friends. To assist with the join up of services all of the team have been trained in signs of safety so they can work alongside our social workers, using the same tools and techniques, offering a County wide service.
7.11	**Neatherd High School**
7.12	Neatherd has adopted a whole school approach to wellbeing and mental health founded upon the 'time to change' approach (please click here to read more about this approach). Time to change means that staff agree to do some form of activity on mental health once a month which can include anything from a special assembly to a poster campaign. The school also holds mindfulness sessions and silent reflection is part of lessons. The school nurse carries out some activities and the school employs a talk therapist and a school counsellor. In order to support pupils the curriculum is flexible – for example it includes a self-esteem course involving groups of 9 young people at one time in 6 two hour sessions. The school also: • Encourages links to the CAMHS service through their talk therapist • Encourages pupils to take regular breaks from social media by rewarding those that do • Has a section in the library devoted to emotional wellbeing / mental health The Head Teacher describes Neatherd as 'a listening school' where as well as lessons, pupils have mentoring sessions with tutors. The Head Teacher is also vice chair of the behaviour and wellbeing sub-group of Norfolk Secondary Education Leaders (NSEL) who are currently looking at developing a good practice toolkit to be shared with all schools in order to share best practice around mental health and emotional wellbeing. In order

	to help with this the school is carrying out work to monitor the impact of its own activities.
7.13	**Flegg High School**
7.14	The approach taken by the school follows a model developed in Norway around working with families. This involves schools becoming 'community sites', encouraging things like use of the gym and library during school hours and making space available to other services such as the local GP surgery. The school employs a clinical psychologist in order to make the most of the approach, assisted and supported by CAMHS. The role was created, advertised and interviewed for in partnership with CAMHS in order to ensure the right person was employed. In order to support the overall approach the school has put in place: • Yoga and mindfulness sessions as part of core PE (sessions are also run for staff too) • A 'core group' from within school staff who meet to discuss individual cases every two weeks. These sessions help the staff to map a strategy for each pupil based upon the provision they are currently getting • Joined data from the cluster in order to look at key trends and identify where joint therapy sessions for families with similar issues may be beneficial • A system to offer support to families with issues outside of school
7.15	**Alderman Peel**
7.16	The Head Teacher described how the approach has been adopted across all schools in the cluster in order to create an overall strategy that covers pupils from 3yrs to 18yrs. When setting up this model the school undertook various conversations with commissioning officers before determining the right approach. One of the main issues faced was rurality as the nearest professional support is an hour away despite high demand (42% of parents in the Wells parish access some form of Mental Health support). In order to address these issues the cluster has put in place: • A single referral system for all 6 schools in the cluster • A therapist to carry out staff training around the culture and understanding of mental health issues and what support children might need. • Work to improve resilience and anger management amongst pupils (in Wells Primary 16% of the pupils had a CIN plan) • Pupils experiencing emotional abuse and neglect are referred to the school therapist and will be seen within 2 weeks (sometimes with parents). In some cases it is necessary for the school to refer in to more specialist services. However any referral will have initially gone through the school therapist, enabling the school to 'triage' cases so that only cases that will benefit from support the school cannot provide are sent on.

	The cluster has gathered feedback from parents, staff and students to determine the impact of the approach. The next step is to demonstrate that it is also useful in financial terms both for the cluster and for the services that would be called upon if the support was not available in the school.
7.17	**Notre Dame**
7.18	The school has a clear structure for in school support for pupils and its status as a Catholic school means that there is also a spiritual support network in place should pupils want to access it. However, the school does have a disparate intake which can cause problems when trying to engage parents due to the wide geographical catchment area. The school has: • A school nurse available once a week to pick up health issues • Links with MAP (Mancroft Advice Project) which provides staff training to improve their confidence in dealing with issues associated with mental health. This has also helped to improve staff wellbeing • Family mediation. • PHSE curriculum and employs the 'mindfulness' approach Success for the school lies in promoting emotional wellbeing and positive mental health. It is about working jointly and information sharing whilst recognising that this remains a challenge for everyone. The school also has some very keen students who want to push positive mental health and emotional wellbeing forward on the school agenda.
7.19	**City Academy**
7.20	The school, similar to Notre Dame is part of the MAP project and the Head Teacher acts as a representative for all schools on the project board. MAP have carried out staff training on mental health issues which has helped to reinforce the fact that it is important to act early. Pupils have reacted well because the service is provided in the setting rather than having to go to a 'specialist' facility. The school provides: • Counsellors within the school 3 days a week • Children are able to self-refer or a Teacher can refer them with their agreement • The school has its own system that tracks pupil behaviour to determine the effectiveness of the work • The school has a family worker and they employ their own school nurse (4 days a week) as well as the one they are automatically provided The school currently has 126 kids attending a 6 week programme about emotional wellbeing. They also offer other 'wellbeing' linked activities such as cooking, outward bound, personal and social development (linked to bullying) and anger management. Work is also carried out with families in order to see what can be done to deescalate behaviour. The school currently has 67 kids who require ADHD medication which the additional nursing capacity assists with. By offering this service the school has also managed to improve attendance.

7.21	**Summary for schools**
7.22	We were encouraged to see some really positive work being carried out in schools to improve mental health and emotional wellbeing of pupils (and in some cases staff as well). Although we were only able to speak to a relatively small sample of schools, all recognised the importance of this and were working hard to address the challenges they faced in doing so.
7.23	Increased pressure of exams and achieving academically not only apply to individual pupils but also the schools they attend. Representatives from the schools talked of increasing pressure to perform well as far as Ofsted inspections and also overall performance tables are concerned.
7.24	This has seemingly created tension and a narrowing of the curriculum which means that the reality for some pupils is that school may not be able to offer what they need in a way they need in order to develop. One Head Teacher described that the school currently has ten pupils doing 'alternative' courses, each of them doing well, enjoying the course and staying in school. However, the impact of this for the school has been a reduction in overall academic performance. Another Head Teacher spoke of the areas of development that are forgotten by taking a purely academic approach to learning rather than covering equally important societal issues such as sexual violence, which he saw as a growing issue that young people need to be aware of. All of the Teachers we spoke to agreed that schools have a vital role to play in the growth and development of young people as human beings. They also recognised that pupils need to be able to access the type of learning that works for them.
7.25	All of the schools we spoke to described a complicated and at times difficult path in to specialist services. Many had felt the need to employ specialist help not only to deal with issues 'in-house' but also to provide a professional to professional discussion regarding pupils that needed more specialist support.
7.26	Knowing how and when to refer pupils and their families in to specialist help was something that both the schools and the specialist services felt needs to be improved. Schools gave examples of pupils being 'bounced back' as not meeting thresholds and specialist services described additional time added to waiting lists caused by pupils that should not have been referred to them in the first place.
7.27	This confusion as to what issues should be referred on and what should be dealt with by schools was described by one Head Teacher as an issue between 'professionals'. He described teachers as non-health professionals who are starting to feel added pressure to deal with issues linked to emotional wellbeing and mental health without having the confidence, appropriate training or knowledge.
7.28	On more than one occasion we discussed the different interpretations of what a 'school counsellor' meant. One school we spoke to explained that they deliberately didn't employ a professional school counsellor due to cost and the expectation that this gave to families.
7.29	Although we were encouraged at the importance given to improving emotional wellbeing and mental health in schools, we were concerned that the inconsistency of approach has the potential to cause unintentional harm. Head Teachers described services offered to schools by third parties but a lack of guidance meant that although some had systems in place, including

	those developed 'in-house' there is a lack of guidance and evidence to be able to tell if they are really adopting the right approach.
7.30	All of the organisations we spoke to, including schools were starting from very different places as far as this area of work is concerned. For schools this can mean a confusing and potentially expensive landscape with issues such as poor attendance and even exclusion being the downside of getting it wrong. Together this points towards the need for a much wider discussion than just CAMHS services when it comes to promoting positive mental health and emotional wellbeing amongst young people.
7.31	Jon Wilson, consultant psychiatrist from NSFT described how 'a treatment regime won't deal with social factors that impact upon mental health.' We also spoke about the futility of 'treating' a child impacted upon by social factors and then returning them to the same environment. Many of these factors and issues are co-dependent, leading to a complex picture where tackling just one element may unwittingly create unforeseen tensions.
7.32	The 'whole school approach' promoted by the Department for Education requires prioritisation from the top and backing from the senior leadership team in order to work. It also requires schools to recognise that investment in promoting good mental health of pupils does contribute towards improving school performance. However, there seems to be uncertainty about what the 'whole school approach' really means.
7.33	The Institute for Policy Research have produced a paper which talks about the 'whole school approach' which says: • By the end of parliament all schools should be guaranteed access to at least a day a week on site support from a CAMHS professional, rising to two days per week by 2022/23 • All CCGs should convene a regular Head Teachers mental health forum for the local area to influence funding decisions • All CCGs should identify beacon schools to spread good practice within local areas • A national recruitment drive will also be held for school counsellors with better quality regulation of the role and a school ready kite mark for the profession
7.34	As an approach we would back all of the actions above as a positive step forward. One Head Teacher described their role as 'providing beautiful things for pupils that may not have them at home', in recognition that some pupils have a very challenging a difficult home life. All of the schools we spoke to recognised the importance of their role in the growth of children not just academically but also emotionally. However, we all recognise that there remain some really difficult questions about the practicality of achieving this alongside the other pressures and challenges facing schools at the moment.
7.35	**Healthy Child Programme**
7.36	The Health Child Programme was extended to cover 0 to19yrs (used to be 0 to16yrs) and includes services such as health visitors, healthy weights and the national child measurement programme. It is designed to support community capacity projects as well as 'mandated' work such as immunisations. The programme also includes a universal 'plus' element

	which targets particular issues and involves a variety of providers such as Children's Centres.
7.37	The programme includes specific health assessments such as parental and child mental health, even prior to birth. One way in which this is being delivered if through 'CHAT Health', a text service that has been introduced, partly in response to the lack of school nurses. The text messaging service is available to 11 to 19yrs old and is manned by a school nurse who can give advice or guide young people to where they can get help. Predominantly the service is about wellbeing of young people. Individuals can request 1:1 support, unique to them and they don't have to discuss anything with peers or teachers.
8.0	**Understanding NCC's Children's Services spend on mental health services and the impact this has for children including innovative programmes of support associated with alternatives to care and looked after children**
8.1	The overall amount of core funding available to the five Clinical Commissioning Groups (CCG's) in Norfolk and Waveney for mental health services for children and young people in Norfolk is approximately £14m. In addition to this £1.9m recurrent funding has been allocated to support implementation of the Local Transformation Plan. A paper (Fundamental Facts about mental health) by Mental Health Foundation published in 2015 showed that 'Child and Adolescent Mental Health Services (CAMHS), the number of NHS funded beds for children and adolescents rose from 1,128 in 2006 to 1,264 in January 2014. In Leicestershire and Lincoln, there was the greatest increase, by 19%, in bed occupancy, followed closely by 15% in East Anglia. In England, extensive disinvestments in Child and Adolescent Mental Health Services have been observed.' Research in 2014/15 undertaken by Young Minds revealed the following in connection to Child and Adolescents Mental Health Services (CAMHS) budgets: • 75% of Mental Health Trusts have frozen or cut their budgets between 2013-2014 and 2014-2015. • 67% of Clinical Commissioning Groups (CCGs) have frozen or cut their budgets between 2013-2014 and 2014-2015. • 65% of Local Authorities have frozen or cut their budgets between 2013-2014 and 2014-2015. • 1 in 5 Local Authorities have either frozen or cut their CAMHS budgets every year since 2010. • It has been estimated that the tens of millions of pounds in cuts equates to almost 2,000 staff that could otherwise be supporting mental health problems across the UK.
8.2	This shows that under investment over a number of years across all of the services involved, including the NHS, means that funding for mental health services have not kept pace with demand for many years across the UK. However the argument for additional funding is complicated, many of the measures needed to improve emotional wellbeing and mental health are long term and each person needing help will come with a unique set of issues and needs.
8.3	Overall, we have found that it is not possible to say exactly how much is spent on children and young people's mental health in the County. This is due to the complexity of the different funding sources and organisations involved in delivery and as a result it is also hard to determine whether or

	not spend is based upon the level of need. National research points towards a significant gap in funding for mental health as opposed to physical health conditions. However, the lack of a clear evidence base suggests that further work is required to understand what is really working before we can determine how it should be funded.
9.0	**Conclusion**
9.1	This has proved a complicated and at times emotive piece of work.
9.2	We heard about the impact of a number of factors on people right from the early stages of life. How much an individual is shaped by their experiences and environment and the importance of parents, schools and organisations in promoting positive emotional wellbeing and mental health from early life onwards. However, it remains a challenging area to get right.
9.3	Elements like flexibility of service delivery and join up still remain an area of concern despite numerous activities and very passionate individuals. We recognise that there is a danger of 'locking in' people to services, particularly in relation to young people as they are still growing and developing. We heard about the difficulties experienced by young people trying to get help and support in a very 'adult', clinical type setting. However we must recognise that current financial constraints impacting upon service delivery mean that more than ever it is important that resources are directed towards need and where they can have the biggest impact.
9.4	We need to get away from thinking of 'thresholds' as access points to services or believing that a diagnosis signals the end of the journey. Improving mental health and emotional wellbeing are not quick fixes and they cannot be easily addressed through a single approach.
9.5	The Mental Health Foundation explains that 'data for Children's and Adolescent mental health in the UK is grossly outdated. The most recent British Child and Adolescent Mental Health surveys carried out by the Office for National Statistics (ONS) were conducted in 1999 and 2004' (to note - the Government has recently commissioned the ONS to undertake a new prevalence survey of the rates of mental health problems in children and young people).This, along with the lack of an evidence base on which organisations such as schools can identify what 'good practice' looks like means that, although well intentioned some existing activity may be misplaced. Although this problem is UK wide we cannot emphasise enough the importance of developing this knowledge base as part of any work to improve services in Norfolk.
10.0	**Recommendations for Norfolk County Council Services**
A	All of the evidence we have found has highlighted the importance of early help/intervention in improving mental health and emotional wellbeing. We recommend that Children's Services ensure that the current emphasis on early help is continued and focus given to ensuring this approach is fully adopted when it comes to all service delivery associated with mental health and emotional wellbeing
B	We recognise the impact parental mental health can have on a growing child. Therefore we recommend that our colleagues on the Adult Social Care Committee review the threshold for access to Adult Mental Care provision in relation to parents and individuals with parental responsibilities (especially those with young children under the age of 8yrs). In addition we would ask that priority also be given to individuals with parental

	responsibilities in order to reduce the impact upon their family of not receiving treatment.
C	Although schools do not come under the direct management of Norfolk County Council we feel that our overall, collective responsibility for safeguarding and championing children and families means that we need to develop a Norfolk standard together. This should clearly show what is expected of schools in relation to emotional wellbeing and encouraging positive mental health. Norfolk County Council's role is to help provide information and recommendations to assist schools in developing a whole school approach which can be evaluated to ensure approaches reflect best practice. It is on this basis that we recommend a guide be produced for schools as to what services exist along with the recommended route in to them. This guide should be produced in partnership with schools (including Governing bodies) and young people to ensure it is relevant. The senior management team in Children's Services are asked to identify relevant staff to take this forward.
D	Connected to (C) we recommend that Norfolk County Council develop a core offer of services connected to mental health provision for children and young people. In addition this should include more complex services that could offered at a cost via Educator Solutions. This should also link in to the re-design of CAMHS services. The core offer should be developed in partnership with schools and young people based upon a clear business case to be developed in partnership with Public Health.
E	Public Health are looking to deliver a year of positive action towards mental health. We heard from young people how important it is that they feel informed and involved in services to help them understand and take charge of their own health. We therefore recommend that any activity specific to children and young people involve them its design and commissioning, ensuring that it is relevant to them. This should then be promoted in schools to be used as a resource within lessons, providing them with a fully endorsed 'product' that ties in generally with schemes by Public Health to improve awareness of mental health issues amongst young people.
F	Given the scope of the issues impacting upon mental health it has been impossible to cover everything within the time limitations of this Task and Finish Group. The following are specific areas that the Group feel warrant attention: • Looked After Children (LAC) • Post 16yrs education To this end Children Services Committee may wish to consider commissioning further work either through officers, to be reported back, or in the form of further Task and Finish work
G	During the course of our work we were talked through in detail the impact of attachment for children and their families. In order to improve Members knowledge of this we recommend that all Members be invited to a workshop to improve general understanding and assist in informed decision making
	Recommendations affecting services outside of Norfolk County Council
H	We highly recommend that the Mental Health Trust responsible for mental health service provision in Norfolk (currently NSFT) collect (as part of triage), collate and share data associated with parental responsibilities for those accessing their services. This links to recommendation (B) to lower

	the threshold and give priority to individuals with parental responsibilities and will assist all relevant organisations to ensure that any safeguarding concerns can be quickly addressed through improved communication and understanding.
I	We recommend that schools be encouraged to work together to share best practice in relation to mental health and emotional wellbeing of pupils in Norfolk
J	Linked to (I) that the Education and Strategy Group be asked to support the production of an evaluation of best practice in Norfolk in connection to mental health and emotional wellbeing activity in schools. This piece of research should then be used to inform the re-design, where necessary, of existing CAMHS services.
K	Mental health services need to be accessible, particularly for young people. Part of achieving this involves an understanding and recognition of the entire 'workforce' involved in improving mental health and understanding the skills and needs of our young people when addressing all levels of mental health need. Ensuring a broad range of professionals are available and aware of all available services. We recognise this is not an easy task but we recommend that: • We develop a common language for social care, medical professionals and schools • We develop a map which can be used to signpost between services • Joint ways of working including opportunities for professionals to come together to discuss best practice be encouraged and their importance recognised in order to create better join up across Norfolk • That the Local Transformation Plan be scrutinised on a regular basis by Children's Services Committee in order to ensure it is delivering for the children and young people of Norfolk

Appendix A

The following provides background information to the working of the Group.

Meetings

Date	Focus	Attendance
22/6/16	First meeting to establish the Group, focus and appointment of Chair	Cllr Margaret Stone, Cllr James Joyce, Cllr Shelagh Gurney, Cllr Richard Bearman, Cllr Emma Corlett, Jess Read (MYP), Katie-Louise Davis and Megan Teviotdale (NSFT Youth Group), Megan and Tom (ICC), Jonathan Stanley, Ali Gurney, Chris Butwright
6/7/16	Presentation by Andy Bell (Centre for Mental Health) and appointment of Vice Chair	Cllr Emma Corlett (Chair), Katie-Louise Davis and Megan Teviotdale (NSFT Youth Group) – (joint Vice Chair), Cllr Margaret Stone, Cllr James Joyce, Cllr Richard Bearman, Megan (ICC), Tom (ICC), Jonathan Stanley, Ali Gurney, Chris Butwright, Stephanie Gallop
14/9/16	Pre-Birth	Cllr Emma Corlett (Chair), Megan Teviotdale (NSFT Youth Group) – (Vice Chair), Cllr Margaret Stone, Cllr James Joyce, Cllr Richard Bearman, Ali Gurney, Stephanie Gallop.
28/9/16	Pre-School	Cllr Emma Corlett (Chair), Megan Teviotdale (NSFT Youth Group) – (Vice Chair), Cllr Barry Stone, Cllr James Joyce, Cllr Richard Bearman, Stephanie Gallop,
19/10/16	Primary School	Cllr Emma Corlett (Chair), Katie-Louise Davis and Megan Teviotdale (NSFT Youth Group) – (joint Vice Chair), Cllr Barry Stone, Cllr Margaret Stone, Cllr James Joyce, Cllr Richard Bearman, Rose Smith (ICC), Stephanie Gallop, Jonathan Stanley, Chris Butwright.
9/11/16	Secondary school	Cllr Emma Corlett (Chair), Cllr James Joyce, Cllr Richard Bearman, Rose Smith (ICC), Stephanie Gallop, Jonathan Stanley
23/11/16	Expert Witness Panel	Cllr Emma Corlett (Chair), Cllr Richard Bearman, Jonathan Stanley, Rose Smith (ICC), Cllr Barry Stone, Cllr Margaret Stone

Visits

As part of the work carried out by the Group we undertook the following visits:
15/9/16 – Great Yarmouth Children's Centre
27/9/16 – Bowthorpe Childrens Centre
30/9/16 – Broadland/Stalham Children's Centre
12/10/16 – Freethorpe Primary School and Bignold Primary School

1/11/16 and 17/11/16 Notre Dame High School
16/11/16 – Flegg High School

The Group would like to thank the following people and organisations for supporting this work and providing valuable insight in to current service delivery.

- Irene Kerry (assisting Norfolk In Care Council)
- Ben Dunne (assisting Members of Youth Parliament)
- Judi Garrett (Service Development Manager - Alternatives to Care)
- Andy Bell (Deputy Chief Executive - Centre for Mental Health)
- Claire Gummerson (Advanced Public Health Information Officer - Public Health)
- Alison Simpkin (Head of Social Care - Adult Mental Health)
- Margaret Hill and Michelle Frazer (Leeway)
- Dr Richard Pratt, Dr Sarah Hill and Dr Catherine Thomas (Norfolk and Suffolk Foundation Trust (NSFT))
- Juliette Branch (Freethorpe Primary)
- Debbie Whiting (North Denes Primary)
- Sian Welby (Early Years Learning – Education Achievement Service)
- Dite Felekki (Psychologist NSFT)
- Clare Jones (Bignold Primary)
- Kirsty Pitcher (Benjamin Foundation)
- Nicki Bramford (NSFT Compass Outreach)
- Nishi Puri (Psychiatrist NSFT)
- Dr Pete Southam (NSFT Compass Outreach)
- Mary Sparrow (City Academy)
- Alistair Ogle (Alderman Peel School)
- Nick O'Brien (Neatherd High School)
- Julie Brazell (Notre Dame)
- Dr Simon Fox (Flegg High School)
- Dan Mobbs (Mancroft Advice Project (MAP))
- Jon Wilson (Consultant Psychiatrist NSFT)
- David Ashcroft (Chair Norfolk Safeguarding Children Board)
- Mette Ohrvik (Sue Lambert Trust)
- Jenny Myhill (Head of Locality, North and Broadland Norfolk Healthy Child Programme)
- Sarah Barnes (Public Health Commissioning Manager for Children and Young People)
- Rita Adair (Senior Educational Psychologist)
- Sarah Hatfield (Senior Educational Psychologist)
- Jean Hall (Bowthorpe Children's Centre)
- Andrew Forrest (Great Yarmouth Children's Centre)
- Lisa Nicholson (Broadland and Stalham Children's Centre)

	Appendix B
Glossary of terms used throughout the report (not in any particular order)	
CAMHS	Child and Adolescent Mental Health Services
NSPCC	National Society for the Prevention of Cruelty to Children
ADHD	Attention Deficit Hyperactivity Disorder
LAC	Looked After Child - Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours
CCG	Clinical Commissioning Group - are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England
NICC	Norfolk In Care Council
MYP	Member of Youth Parliament
PSHE	Personal, Social and Health Education
PATHS	A program for promoting emotional and social competencies and reducing aggression and behavior problems in Primary school-aged children while simultaneously enhancing the educational process in the classroom.
THRIVE	Based upon neuroscience and attachment theory the approach provides a powerful way of working with children and young people that supports optimal social and emotional development. In particular, it equips the teacher to work in a targeted way with children and young people who have struggled with difficult life events to help them re-engage with life and learning.
Emotional wellbeing	This includes being happy and confident and not anxious or depressed (NICE definition)
Psychological wellbeing	This includes the ability to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive (NICE definition)
Social wellbeing	Has good relationships with others and does not have behavioural problems, that is, they are not disruptive, violent or a bully. (NICE definition)
Mental health	A persons condition with regard to their psychological and emotional wellbeing (Oxford English Dictionary)
UN Convention on the Rights of the Child (UNCRC)	The basis of all of Unicef's work. It is the most complete statement of children's rights ever produced and is the most widely-ratified international human rights treaty in history
Friend	A person with whom one has a bond of mutual affection, typically one exclusive of sexual or family relations (Oxford English Dictionary)
School Counsellor	https://www.gov.uk/government/publications/counselling-in-schools
Whole School Approach	https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing

Healthy Child Programme	https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
Cohort	A group of people who share a characteristic – usually age. In terms of this report it relates to an age range attached to the academic system
Diagnosable psychiatric conditions	Psychiatric (mental illness) which can be identified / diagnosed from a person's symptoms or signs.
Mental illness	Mental illness is a term that describes a broad range of mental and emotional conditions. Mental illness also refers to one portion of the broader ADA term mental impairment, and is different from other covered mental impairments such as mental retardation, organic brain damage, and learning disabilities. (Centre for psychiatric rehabilitation)
Postnatal depression	A depressive illness which affects women having a baby. The symptoms are similar to those in depression at other times including low mood and other symptoms lasting at least two weeks (Royal College of Psychiatrists)
Attachment	A biological instinct in which proximity to an attachment figure like a parent is sought when the child senses or perceives threat or discomfort.
Organisations referred to in the report	
World Health Organisation (WHO)	Primary role is to direct and coordinate international health within the United Nations' system.
Centre for Mental Health	Previously known as the National Unit for Psychiatric Research and Development (NUPRD), founded by the Gatsby Charitable Foundation. Since July 2010, it has been known as Centre for Mental Health, an independent charity, working to create a fairer chance in life for people with mental health problems through research.
Mental Health Foundation	The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.
London School of Economics and Political Science (LSE)	http://www.lse.ac.uk/About-LSE/LSE-at-a-glance
MAP (Mancroft Advice Project)	http://www.map.uk.net/pages/
Norfolk and Suffolk Foundation Trust (NSFT)	http://www.nsft.nhs.uk/Pages/Home.aspx