Needs Assessment for

Suffolk Children and Adolescents with Emotional, Behavioural, and/or Mental Health Difficulties

Summary report of findings and recommendations

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Executive Summary
The main objectives of this needs assessment were to assess and report unmet needs of local children and young people who require support for emotional, behavioural, and/or mental health difficulties. Service needs have been evaluated for each different service level (tier) at any given time. In addition, gaps have been identified in current provision regarding of access and availability of the services. Key areas for development were identified for further improvement of the services at each tier.

It should be noted that the principal service provider, Norfolk and Suffolk Foundation Trust (NSFT), has initiated some changes since December 2015.

5. It has been reported that the Suffolk Access and Assessment Team (AAT) has developed improved links with Child and Adolescent Mental Health Services (CAMHS) Consultant/s with some regular sessions in the diary. In addition, the Suffolk AAT is engaged on clinical improvements by working to the standards highlighted within “Delivering with, delivering well”.

Unmet needs at each Tier
While unmet need cannot be precisely estimated, we can assess whether the current services can respond to the potential need on each service Tier. In this needs assessment, evaluation of unmet need is based on the estimations of children requiring different service level at any given time, not based on the mental health disorder prevalence alone. This is because not every child with emotional, behavioural, and/or a mental health disorder requires constant access to services, while there are a number of children with transient mental health needs who may need to access services.

It is not known how accessible the Tier 4 services are, as they are commissioned by the NHS England. However, when evaluating the locally commissioned Tier 1, 2, and 3 services, questions should be raised about the services capacity to respond to the current demand. Rough estimate suggested that one third of the children who may require Tier 3 services may not be accessing the available provision. Conversely, due to lack of comprehensive data, it was not possible to provide similar estimate for tier 2 services.

The new Primary Mental Health Worker (PMHW) service in Tier 2 is still being imbedded in the East and West Suffolk system. Therefore, the potential impact of the PMHWs on the overall system cannot be reliably estimated at this point in time. However, some early indicators have shown that referrals to the PMHWs have picked up. Nevertheless, it is unlikely that the PMHWs are able to respond to the all estimated demand of the Tier 2 services.

Another issue identified was access to psychological services at tiers 2 and 3. While children might also be able to access Educational Psychology (Suffolk County Council - SCC) and Psychological Services provided by Norfolk and Suffolk Foundation Trust (NSFT) and Suffolk Community Healthcare (SCH), these services tend to be for children with more defined needs, such as for those with problems in schools. Furthermore, Educational Psychology service is offering only core services. This means that a child’s access to wider Educational Psychology services is dependent on schools willingness to work with Schools’ Choices, placing children potentially in unequal position.

It is also difficult to assess how underlying issues that contribute to children and young people’s mental health disorders should be addressed in Suffolk. Issues such as family dysfunction, emotional
abuse, anti-social behaviour, and family in acute distress may contribute to the children and young people’s mental health needs. There is no reliable data to show the level of need or access to services for the children and young people who, while not having a mental health disorder, may nevertheless need Tier 1 mental health support.

Key issues
Based on the available evidence, the main findings from the needs assessments are detailed below. Due to lack of available information from the Waveney area (GYWCCG), the main findings and recommendations especially for tier 3 and 4 services concern mostly East and West Suffolk.

- **Tier 1 Services**
  - Families should be able to provide support for children when and as required. However, there can be considerable differences in how resilient families are. Parents or carers with, for example, emotional or mental health difficulties may not be able to offer effective support.
  - The survey of frontline practitioners indicated that they wish for more training specific in how children and young people with behavioural and/or emotional difficulties can be supported.

- **Tier 2 Services**
  - An estimated 7,000 -10,000 children and young people aged 0-19 experience emotional and behavioural difficulties in Suffolk at any given time. This means these children require targeted intervention at Tier 2 from, for example, PMHWs, behaviour support service. Interventions may include direct support for a child or a young person, or support for other professionals or parents and carers.
  - Conduct disorder is often expressed through behavioural difficulties. Therefore the access to services is complicated by services tending to reject referrals for primarily behavioural difficulties.
  - Current health provisions are diagnosis based with high thresholds making access very challenging for children and young people (CYP) who are at risk for developing mental health disorders.
  - PMHWs at Tier 2
    - Currently there is not enough data to evaluate reliably the effectiveness of the PMHWs.
    - The East Suffolk appeared to have better service coverage during the beginning of the 2015.
    - The PMHWs are still being embedded in to the system.
  - While the Community Educational Psychology (CEP) Service continues to provide a wide range of services through Schools’ Choice, these services have to be procured. Therefore, access to non-statutory Educational Psychology (EP) services is dependent on the schools ability and willingness to pay for the services.
  - While it is difficult to evaluate the capacity and the number of children accessing the tier 2 services, the available evidence indicated that the capacity on the tier 2 may be insufficient to respond to the current needs.

- **Tier 3 Services**
  - AAT Single Access Point for Tier 3 Services
AAT is designed as a gateway to Tier 3 services. However, available evidence indicates that this as a single point of access to CAMH services by many referring professionals.

- The AAT aims to sign-post to Tier 1 or 2 services for those not assessed as requiring Tier 3 services.
- The AAT professionals have limited CAMHS specific expertise, thus potentially impacting the outcome.
- There continues to be frustration among referring professionals about the perceived difficulties to access Tier 3 services due to number of rejected referrals.

**Integrated Delivery Teams (IDTs) and other specialist teams**

- While the data appears to indicate a risk that the service threshold may depend on the referral volumes and the capacity of the IDTs, the AAT has noted that the number of referrals requiring attention by the IDTs remains relatively stable.
- Specialist Teams (ASD assessment service, CONNECT) appear to accept most of the referrals.

**Suffolk Community Healthcare (SCH)**

- SCH does not provide a specific service for children with mental health difficulties. The service has children on caseload with long term health conditions, including children with mental health difficulties. However, the service feels that access to specialists mental health support can be difficult due lack of agreed referral criteria.
- There appears to be a need to clarify referral pathways for children with ADHD. Based on the available evidence, some confusion was observed among referrers regarding to which service, i.e. NSFT or SCH, children with ADHD should be referred to.

**Tier 4 services**

- It is not known how many children have accessed the Tier 4 services.

**Key areas for development**

1. Available services are diagnosis and age specific meaning they are not flexible to the needs of the children. The commissioners should explore possibilities to develop clear assessment and support pathway for children with behavioural difficulties/conduct disorders at Tiers 1 and 2.
2. Additional training should be available for frontline professionals to identify and intervene when a CYP in their care experiences emotional, behavioural mental health difficulties. This should include support for schools to adopt a whole school approach to improve emotional resilience in children and young people.
3. Clear sign-posting to resources available for parents and carers to support children and young people experiencing emotional and behavioural difficulties. Any need to develop further resources should be reviewed.
4. Develop and implement a common dataset and outcome framework for services working with children and young people experiencing emotional and/or behavioural difficulties to enable monitoring of each service impact.
5. Although the NSFT service has been restructured, there has been no market change in how referrers perceive the access to services. This suggests that clear criteria for referral and care pathways are not in place. This in turn means that referrers are not always confident in knowing how to access Tier 3 specialist care or whether Tier 2 services would be more appropriate. Therefore, the commissioners and the service providers should develop a single point of access and assessment centre/team to provide needs based and coordinated support for children and young people with emotional, behavioural, or mental health difficulties.

6. PMHW performance data from the beginning of the year 2015 indicated considerable disparity between the referral numbers for East and West Suffolk. The commissioners should ensure that children have equal access to PMHWs across East and West Suffolk. Based on the available data, it was not possible to evaluate whether the PMHW service in Waveney is able to respond to the local demand.

7. In addition, the commissioners should clarify whether part of the remit of the PMHWs role should be:
   - Offering support for children with behavioural difficulties and widened from a consultative role to more direct interventions.
   - However, as PMHWs come from a variety of backgrounds, type of direct interventions or therapy that may be offered by the PMHWs is likely to be dependent on the skills of an individual PMHW.
Main summary report

1. Introduction
Public Health recently undertook two needs assessments of children with emotional, behavioural, and mental health difficulties:

- Needs assessment of children and young people with emotional and/or behavioural difficulties
  - This group of children may or may not have a diagnosable mental health illness but may require less intensive or specialised support from universal and targeted services at tier 1 and 2.
- Needs assessment of children and young people with mental health issues that require specialist services support from CAMHS tiers 3 and 4.
  - There is also some overlap with the tier 2 services that are delivered by primary mental health workers.

These needs assessments presented information about the estimated number of CYP that may or may not have diagnosable mental health disorder, their service need, current service pressures and gaps in the current provision. Both needs assessments are available to access via Healthy Suffolk website. This report provides high level summary of the two separate needs assessments and an overview of the current service need and provision at tiers 1 to 4 for children and adolescent who experience emotional, behavioural or/and mental health difficulties. This report was based on the available information at the time of writing.

2. Background
Professionals working with children and young people across Suffolk have raised concerns about the number of children and young people demonstrating emotional, behavioural, or mental health difficulties and some of whom are not able to easily access the appropriate level of support. Furthermore, national-level evidence has suggested that access to services and service quality varies geographically and for specific population groups. Service providers have expressed concerns about the number of referrals to the Tier 3 services, most of which are considered as not needing specialist service support at this level.

3. Why this area is important?
The previous needs assessment of 2013 identified areas for development relating to services for children with behavioural difficulties (i.e. conduct disorders), increased support for early intervention (Tier 1 and 2 services) and further support for members of vulnerable groups.²

Research evidence suggests that mental health disorders can have a devastating impact across an individual’s life course if their emotional wellbeing needs are not addressed at an early stage. Lack of early intervention can also increase societal costs through more people requiring health and social care of greater duration and intensity. Moreover, the cause of emotional, behavioural or mental health difficulties can be multifactorial and complex. While children and young people can experience emotional, behavioural, or mental health difficulties at any given time, most of them do not require mental health diagnosis, but may require support at the tiers 1 to 3.

There is strong evidence and economic argument³ for early identification and a ‘needs based’ approach (rather than clinical diagnosis approach) to prevent emotional and mental health issues becoming lifelong challenges both for individuals and the local system.
4. Which population is this needs assessment about?
Assessment of the needs and service provision for children with emotional, behavioural, or mental health difficulties as presented in here focuses on population, not on individuals. Where possible, this summary relates to children and young people aged 0 to 19 years (including those aged 18) living in Suffolk County. It should be noted, however, that in a number of cases prevalence estimates for mental health disorders, emotional and behavioural difficulties are available only for certain age groups. In the following sections we have clearly identified which age groups the estimates refer to. Information related to CYPs living in Waveney area is provided where possible.

5. Expected numbers, distribution and pattern by person, place and time
2013 Office for National Statistics (ONS) population estimates for Suffolk indicate there were 160,900 children aged between 0 and 19. A breakdown by gender and five-year age bands is provided in Table 1. This population estimates will be used to estimate the prevalence of emotional, behavioural and mental health difficulties throughout this report.

Table 1: Population estimates for children and young people in Suffolk

<table>
<thead>
<tr>
<th></th>
<th>0-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-18</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21,661</td>
<td>21,417</td>
<td>20,693</td>
<td>18,193</td>
<td>4,006</td>
</tr>
<tr>
<td>Female</td>
<td>20,799</td>
<td>20,492</td>
<td>19,546</td>
<td>17,099</td>
<td>3,444</td>
</tr>
<tr>
<td>Total</td>
<td>43,460</td>
<td>41,909</td>
<td>40,239</td>
<td>35,292</td>
<td>7,450</td>
</tr>
</tbody>
</table>

ONS, Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2013 Release*

5.1. Estimated need for services at each Tier in Suffolk
The National Child and Maternal Health Intelligence Network (ChiMat) has estimated the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 for the population aged 17 and under in Suffolk.5,6 These numbers, however, do not necessarily equate with the numbers of diagnosable mental health disorders or to a number of children who may experience emotional or behavioural difficulties. Table 2 indicates that in general, 16% (22,700) of all children and young people aged under 17 in Suffolk are likely to require intervention and support from front line staff at Tier 1 at any given time. Approximately one in 12 children require support from staff at Tier 2. A comparatively small proportion of children and young people need specialist support at Tier 3 and 4 which could be lengthy and costly. This again shows the importance of prevention and role that universal service professionals can play.

Table 2: Estimated number of children and young people who may experience mental health problems appropriate to a response from CAMHS, 2014

<table>
<thead>
<tr>
<th>CAMHs Tier</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Suffolk Population under 17 requiring services in each tier</td>
<td>22,700</td>
<td>10,595</td>
<td>2,800</td>
<td>115</td>
</tr>
<tr>
<td>Estimated percentage of Suffolk population under 17</td>
<td>15.9%</td>
<td>7.4%</td>
<td>2.0%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>


5.2. Estimating the prevalence of emotional and or behavioural difficulties
Quantifying the expected number of children in Suffolk experiencing emotional and/or behavioural difficulties is challenging due to the lack of agreed definition. Therefore estimates vary considerably. In order to provide a baseline for the needs assessment international, national and local estimates were explored and triangulated and a summary is presented below Table 3. The estimates, should, however, be interpreted with caution and not extrapolated outside of the age groups. Furthermore,
it is important to note that the estimated prevalence of emotional and behavioural problems is based on a parental evaluation.

Table 3: Prevalence of emotional and or behavioural difficulties from international and national studies applied to the Suffolk population.

<table>
<thead>
<tr>
<th>Source</th>
<th>Country</th>
<th>Condition</th>
<th>Age Group</th>
<th>Prevalence</th>
<th>Suffolk Estimate for age group</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pastor et al</td>
<td>US</td>
<td>Emotional and behavioural</td>
<td>5-16</td>
<td>7.4%</td>
<td>7431</td>
<td>High score on the brief version of the strength and difficulties questionnaire (SDQ) and/or parents rating their child as having serious overall difficulties</td>
</tr>
<tr>
<td>Scottish</td>
<td>Scotland</td>
<td>Emotional symptoms</td>
<td>5 year olds</td>
<td>5%</td>
<td>395</td>
<td>Children with an abnormal score based on parent reported response to strength and difficulty questionnaire (SDQ)</td>
</tr>
<tr>
<td></td>
<td>Government</td>
<td>Conduct problems</td>
<td></td>
<td>12%</td>
<td>948</td>
<td></td>
</tr>
</tbody>
</table>

5.3. Self-reported prevalence of emotional and behavioural problems among young people

The 2014 National Survey on Health Behaviour in School aged Children (HBSC) provides a self-reported measures of the physical, mental and emotional health of 5500 children and young people aged 11 to 15 in England. Result from this survey has been used to estimate prevalence of internalised and externalised behaviours indicative of potential difficulties (see table 4).

The prevalence of selected difficulties ranged from 8% for loneliness and low life satisfaction to 30% for sleeping difficulties at least once a week. Overall, girls self-reported a higher prevalence of symptoms/problems (up to 2-3 times higher) compared to boys (with the exception of fighting). For nearly all measures the prevalence was higher among 15 year olds compared to 11 year olds (e.g. less satisfied life, health complains, feeling lonely) with girls reporting the biggest differences (up to a 4 fold difference between 11 and 15 year olds).

Compared to the overall prevalence estimates for emotional and behavioural difficulties and conduct disorder (taken from the US survey and UK mental health survey), the above findings suggest individual difficulties and behaviours e.g. self-harm, low esteem are far more prevalent (8% to 30% for individual behaviours and difficulties compared to 7% estimate for emotional and behavioural difficulties).

These findings are not incompatible and suggest there may be a core group of children and young people with more serious emotional and behavioural difficulties (7% or 8000-9000 children) in Suffolk, which impact significantly on their functioning and then a larger group of children with difficulties in specific areas of their life. These finding also fit with the Tier 1 and Tier 2 estimates with approximately 10,000 children needing support from tier 2 mental health services and 23,000 from tier 1.
### Table 4: Estimated number of children aged 11-15 year in Suffolk with health behaviour indicating emotional and/or behavioural problems (based on the 2014 National Survey of Health Behaviour in School aged Children)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Age Group</th>
<th>Prevalence in sample population</th>
<th>Est number in Suffolk</th>
<th>Prevalence Girls</th>
<th>Boys</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-harm</td>
<td>Deliberately hurting oneself in some way, such as cut or hit on purpose or take an overdose.¹⁶</td>
<td>11-15</td>
<td>22%</td>
<td>1891</td>
<td>32%</td>
<td>11%</td>
<td>3 times as many girls as boys Among those who self-harm - 38 % of girls and 21% boys self-harmed at least once per week</td>
</tr>
<tr>
<td>Lack of Sleep</td>
<td>Normally not getting enough sleep to feel awake and concentrate on school work</td>
<td>11-15</td>
<td>22%</td>
<td>9025</td>
<td>25%</td>
<td>19%</td>
<td>Lack of sleep increases with age.</td>
</tr>
<tr>
<td>Sleeping Difficulties</td>
<td>Sleeping Difficulties at least once a week</td>
<td>11-15</td>
<td>34%</td>
<td>13948</td>
<td>39%</td>
<td>29%</td>
<td>increase with age</td>
</tr>
<tr>
<td>Fighting</td>
<td>Been in a physical fight two or more times in the past twelve months.⁹</td>
<td>11-15</td>
<td>17%</td>
<td>6974</td>
<td>9%</td>
<td>25%</td>
<td>3 times as many boys as girls. Decreases with age Overall downward trajectory over time</td>
</tr>
<tr>
<td>Low life satisfaction</td>
<td>The Cantril Ladder as a measure of subjective life satisfaction.⁹ 0 to 4= Low life satisfaction</td>
<td>11-15</td>
<td>8%</td>
<td>3282</td>
<td>11%</td>
<td>6%</td>
<td>Increases with age Girls twice as likely to report low life satisfaction Prevalence increasing over time</td>
</tr>
<tr>
<td>Feeling low</td>
<td>Feeling low at least once a week</td>
<td>11-15</td>
<td>26%</td>
<td>10666</td>
<td>34%</td>
<td>18%</td>
<td>Twice as many girls as boys Increases with age</td>
</tr>
<tr>
<td>Irritability</td>
<td>Feeling irritated at least once a week</td>
<td>11-15</td>
<td>35%</td>
<td>14358</td>
<td>38%</td>
<td>32%</td>
<td>Increases with age</td>
</tr>
<tr>
<td>Lonely</td>
<td>Felt lonely during the last week</td>
<td>11-15</td>
<td>8%</td>
<td>3282</td>
<td>11%</td>
<td>5%</td>
<td>Twice as many girls as boys Increases with age</td>
</tr>
<tr>
<td>Attention</td>
<td>Felt unable to pay attention during the last week</td>
<td>11-15</td>
<td>35%</td>
<td>14358</td>
<td>34%</td>
<td>37%</td>
<td>Increases with age</td>
</tr>
</tbody>
</table>
5.4. National prevalence estimates for childhood mental disorder

National prevalence rates for childhood mental disorder have been estimated by the ONS. Using the available rates, the estimated number of children aged 5 to 10 and adolescents aged 11 to 16 experiencing mental health disorders in Suffolk in 2015 are provided in Table 5. For Suffolk’s child and adolescent population as a whole (aged 5-16), it is estimated that 9.6% have one or more mental health disorders amounting to over 9,600 cases at any one point in time.

Table 5: Population prevalence and estimated numbers in 2015 and 2020 for mental disorders in children and young people (aged 5-10 years and 11-16 years) in Suffolk

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Suffolk</td>
<td></td>
<td>51,603</td>
<td>53,108</td>
<td>48,616</td>
<td>52,545</td>
<td></td>
</tr>
<tr>
<td>Emotional disorders (Total)</td>
<td>2.4</td>
<td>1238</td>
<td>1275</td>
<td>5.0</td>
<td>2441</td>
<td>2627</td>
</tr>
<tr>
<td>Anxiety disorders (Sub-total)</td>
<td>2.2</td>
<td>1135</td>
<td>1168</td>
<td>4.4</td>
<td>2148</td>
<td>2312</td>
</tr>
<tr>
<td>Depression (Sub-total)</td>
<td>0.2</td>
<td>103</td>
<td>106</td>
<td>1.4</td>
<td>683</td>
<td>736</td>
</tr>
<tr>
<td>Conduct disorders (Total)</td>
<td>4.9</td>
<td>2529</td>
<td>2602</td>
<td>6.6</td>
<td>3222</td>
<td>3468</td>
</tr>
<tr>
<td>Hyperkinetic disorder (Total)</td>
<td>1.6</td>
<td>826</td>
<td>850</td>
<td>1.4</td>
<td>683</td>
<td>736</td>
</tr>
<tr>
<td>Less common disorders (Total)</td>
<td>1.3</td>
<td>671</td>
<td>690</td>
<td>1.4</td>
<td>683</td>
<td>736</td>
</tr>
</tbody>
</table>
| Any Disorder (Grand Total) | 7.7                          | 3973                   | 4089                   | 11.5                         | 5614                   | 6043                   

Based on Green et al. (2005)

5.5. Children in Suffolk with one or more mental health disorders

In order to estimate the number of CYPs with one or more mental health disorders we have created the following estimation for Suffolk child population. According to the 2004 prevalence study (combining the 1999 and 2004) one in five children with a mental health disorder were diagnosed with more than one of the main categories of mental disorder (emotional, conduct, hyperkinetic or less common disorders). This figure represents 1.9% of all children aged 5 to 16. Using the Suffolk population estimates this would suggest approximately 1900 children of this age group in Suffolk experience at least 2 diagnosable disorders.

5.6. Summary on estimated service need and estimated prevalence

As discussed previously, the estimated service need does not necessarily match with the estimated prevalence. Especially, prevalence estimates for children and adolescents with emotional and/or behavioural difficulties include children with transient issues, which could be described as part of a normal life. Children and young people with mild and transient issues may manage with self-help or support with families and friends. Furthermore, service need and use does not equate with a diagnosis. In other words, a child with a diagnosable mental health disorder does not necessarily require support at the tiers 3 and 4.

6. Risk factors

Risk factors for developing childhood emotional, behavioural or mental health difficulties can be divided between individual, family, community and cultural factors. It is important to recognise that risks to these difficulties may appear already during prenatal period. Further, parents’ own mental health problems as well as family’s socio-economic situation can increase the risk of developing emotional, behavioural or mental health difficulties during childhood. Risks to mental wellbeing over the life course are presented below. Figure 1 presents the interconnectedness of the risk factors through life course. As is illustrated in the figure, prevention of childhood emotional, behavioural or mental health difficulties requires person/family centred system wide approach. This means that
emotional wellbeing and mental health issues of children and young people should be every one’s business.

Figure 1: Life time risk factors

7. What are the main needs of these children?
The main issues for children and young people have been identified as anxiety, low self-esteem, self-harm and anger/aggression. Communication problems and difficulties in making and maintaining relationships also featured. Parenting ability/capacity and social context played an important role in the development of emotional, behavioural, or mental health difficulties.1

It is recognised that children and young people can suffer greatly from the effects of mental health stigma. Thus, reducing the stigma associated with seeking help for mental health is needed. Furthermore, children with a long-term physical illness are twice as likely to suffer from emotional or conduct disorder, compounding their difficulties. Estimates also show that over 40% of children who smoke have conduct and emotional difficulties.9

8. Service provision for children with emotional, behavioural, mental health difficulties
There is a variety of services in Suffolk responding to the differing needs of children at Tiers 1-4. In the context of children and young people’s services the term ‘CAMHS’ can be used to refer to all those services and agencies that support children and young people with emotional, behavioural or mental health difficulties. More detailed information about available services in Suffolk together with their description, client group, age, level of provision and service specific comments are provided in the appendix A. A short overview of the providers at each tier is provided below.

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1 parental mental health, domestic abuse; substance misuse, bereavement, family breakdown and bullying etc.
8.1. Tier 1
Primary care services e.g. GPs, Health Visitors, Teachers, and Youth Workers, School nurses. These services can be accessed by drop-in, self-referral, or referral from other professionals and organisations.

8.2. Tier 2
Services such as: Primary Meal Health Workers (PMHW), Community Education Parenting groups, Sure Start, Family Welfare Association, Paediatric Services, Social Care Services, Community Education Information & Support Services, School Counsellors, Educational Psychology, and Youth Offending Team. Depending on access criteria, these services can be accessed by drop-in, self-referral, or referral from other professionals and organisations. It should also be noted that while the core work of school nurses is at the tier 1, they may also deliver interventions within tier 2.

8.3. Tier 3
Services in this tier are delivered by multi-disciplinary teams of Specialist CAHMs Professionals. These services are accessed mainly through Access and Assessment Team single point referral system through professional referral. Services at this tier are delivered primarily in community through Integrated Delivery Teams. However, there are other diagnosis based specialist services such as Learning Disability Service for children and young people aged 14 to 18, and Autism Assessment Diagnosis Service for children and young people aged 11 to 17. Some specialist services are also provided outside CAMHS services, such as ASD diagnostic pathway in the SCH for 0-11 year olds.

8.4. Tier 4
Since April 2013 Tier 4 services have been commissioned by NHS England. Tier 4 services are specialised in-patient services for children and young people, organised and delivered regionally.13

9. Service user experience
Children and young people felt that over the last few years very little have changed in the services that they receive care. Some young people expressed their frustration of the length of wait for an appointment. Some young people felt that their concerns were not being taken seriously by the services. Question of trust was also raised, with mixed views of need to share information between professionals and information being kept confidential.

10. Service gaps, main challenges and use
During June and July 2015, Public Health undertook a survey of professionals working with children, young people and their families in order to understand the service gaps for children experiencing emotional or behavioural difficulties. The survey included all services for children and young people with behavioural or emotional difficulties. In comparison to the previous (2013) needs assessment, the impression is that there has been little change in how referrers and those working in specialist services view referral pathways and access to services. Available information also noted that access to some of the services were contingent on schools commissioning services (behaviour support service, community educational psychologist service) creating a potential for inequity in service access.

Overall, concerns continue to be expressed about unclear referral pathways and access criteria, delays in accessing services and perceived complexity of the service structures. While professionals
working in the specialist services expected referrers to be aware of the correct processes, this was not always shared by the referrers. Professionals in the specialist services also expressed some concerns for the number of referrals not suitable for their service. Stakeholder views about specialist CAMHS indicated that there is potentially a considerable pressure on the accessing the services, while it is unclear how and which service should be accessed.

The evidence on unmet need suggested there is a common perception in referrers that access to services is not always straightforward for children with a recognised need relating to emotional wellbeing or behaviour. On the other hand professionals in the specialist services are concerned that children without treatable mental health diagnoses are referred to Tier 3 CAMHS. Available data do suggest that there is a significant number of children whose mental health or emotional wellbeing needs are difficult to be met by some services within the current framework of the commissioned provision. For example, of the 3,898 referrals to CAMHS in 2014/15, only 1127 (29%) were accepted after assessment in the AAT. This clearly indicates that large numbers of children require intervention/support for their emotional, behavioural and mental health issues but not accessing or receiving the care that they needed. These bounced referrals in turn create a frustration among CYP, their families and professionals who referred them in the first place. In consequence, CYP, families and professionals would approach multiple other services for assessment and support. This may not be solely NSFT problem, as the AAT is not a single point of access to services, but system wide issue. In absence of service provision to support children with emotional and behavioural issues, providers have no choice but to refer them to AAT.

Furthermore, while a number of services were identified, very few (with the exception of behaviour support service) provided support targeted specifically at children and young people experiencing emotional and or behavioural difficulties. In addition, access to some of these services were contingent on schools commissioning services (behaviour support service, community educational psychologist service) creating a potential for inequity in service access. Estimates for the service use in Suffolk are collated within table 6. This assessment of the estimated service use suggests there is considerable unmet need in Suffolk. The numbers provided in the table 6 regarding CYPs accessing the services should, however, be interpreted carefully. For example, based on the estimations, it is suggested that in the East and West Suffolk 4,100 children and young people are assessed or supported every year.
### Table 6: Estimated level of unmet need

<table>
<thead>
<tr>
<th>Service Tier</th>
<th>Estimated number of children requiring services in 2014&lt;sup&gt;6&lt;/sup&gt;</th>
<th>Service Evidence of number of children accessing the services (Based on the numbers available at the time of writing)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 4</td>
<td>115</td>
<td>Not known</td>
<td>No data available as this is NHS England commissioned service.</td>
</tr>
</tbody>
</table>
| Tier 3       | 2,800                                                            | Access and Assessment Team & IDTs (2014-2015) Referred to AAT: 3898 Referred to IDTs from AAT: 1127 Waveney Oct - Sep 2014 Tier 3 referrals for under 14’s service: 110 Accepted for assessment: 48 Suffolk Community Healthcare ASD / Specialist Sleep Pathway / Preschool Complex Needs Pathway  
  - ASD pathways (2014-2015) Estimated to exceed 300 referrals | The estimate shows that in Suffolk there are 2,800 CYP aged 0-17 require specialist service at Tier 3 at any given time. It means 2,800 children should be receiving support at this level or at least should be known to services. Available data from exiting services (listed in the left column) indicates that approximately 1,890 children aged 0-17 accessed tier 3 services in 2014-2015. This would include children living in Waveney. However, as no information was available for specific provisions like CONNECT service, therefore it is likely that the real number of children accessing tier 3 services could be higher. ASD is commonly included in the evaluation of mental health disorders. In East and West Suffolk, ASD provision for children aged 0-11 is imbedded in Community Psychological pathway, while older children’s ASD service is part of the NSFT. There is no specific ASD service available in Waveney. All referrals for mental health services including ASD are processed by AAT team within NSFT and those with suspected ASD are directed to the dedicated ASD provision. During the first 11 months of the 2014-2015 there were 168 referrals made to the ASD service for 11-17 year olds and the service was forecast to exceed 180 referrals per year. **Conclusion:** Available data indicates that two third (1,890) of 2800 children who require Tier 3 service are referred to these services after assessment process. One third of children in East and West Suffolk who might have needed to access specialist provision in Tier 3 were triaged as not requiring assessment by these services. Reliable information was not available whether alternative Tier 2 services were offered to these children who were not accepted for Tier 3 services. At the time of writing this report there was no information available about capacity of the Tier 3 IDTs to accept new cases. It should, however, be noted that regardless of the referral volume, in East and West Suffolk, the IDTs appear able to accept between 90 and 111 new referrals per month. |
<p>|              | Waveney (GYWCCG): 420 (15%) IESCCG &amp; WSCCG: 2380               |                                                                                                                 |                                     |</p>
<table>
<thead>
<tr>
<th>Tier 2</th>
<th>8000-9000 with emotional and behavioural difficulty requiring a targeted approach</th>
<th>PMHWs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan 2015 to Mar 2015: 203 referrals in three months (over 800 children if annualised)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suffolk Wellbeing Service / Suffolk Community Healthcare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No available data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Educational Psychology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Waveney: 500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IESCCG &amp; WSCCG: 1474</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Behaviour support service (Suffolk wide)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>758 pupils supported in 2014/15</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Parenting programmes (Suffolk wide)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1138 parents started programme over two year period, this is equivalent to 569 parents per year</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>In Year Fair Access Panel</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>400 children reviewed in the first quarter 2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>County Inclusive Service (CIR)</strong> Suffolk wide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Case load of 943 – however, all cases are not active. It is also suggested that CIR and BBS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>provide support for a number of same pupils.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Pupils referral unit</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>During 2014/15 supported estimates 450-460 children</td>
<td></td>
</tr>
</tbody>
</table>

Front line staff generally reported services in Suffolk did not meet the needs of children and were not easily accessible.

Data for PMHW service was limited as the service is still bedding in. The service is designed predominantly to support professionals working with children rather providing direct care. Therefore the capacity for direct treatment and support is limited.

There was no service data on Suffolk Wellbeing Service – given the service provides support to young people over the age the 13 years its reach is limited.

Community educational psychology service provides very little provision outside of statutory assessments (unless as part of a procured service). Therefore unless a child attends a school or academy willing to pay for a service or the child’s needs require a statutory assessment they are unlikely to be supported.

Behaviour support service is free to all state maintained schools. If a child attends an academy they are reliant on the school procuring the service. There is currently a mismatch between need and service provision as the service provides a greater amount of support to primary schools, even though emotional and behavioural difficulties increase with age.

The data on parenting programmes shows there is a large drop-out rate with either parents not starting or completing programmes. The programme outcomes are reliant on fidelity (e.g. adherence to the programme) which may explain the small improvement in outcomes.

Although not a service in itself the In Year Fair Access Panel brings together many of the above services with schools to focus on those children and young people with the most severe and disruptive behaviours (at risk of exclusion). This provides an opportunity for additional support to be procured / put in place. This process generally focuses on those children demonstrating the most extreme externalised behaviour.
<table>
<thead>
<tr>
<th>Tier 1</th>
<th>22,700 requiring support from universal services</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suffolk Wellbeing Service</th>
<th>No available data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>No available data</td>
</tr>
<tr>
<td>Health visiting and school nurses</td>
<td>No available data</td>
</tr>
</tbody>
</table>

- There is little data on the use of universal services to support emotional and or behavioural difficulties.

- The needs of these children are generally lower level (compared to tier 2) and transitory (e.g. dealing with bullying, loss of a relative) and would benefit from support from parents, schools (whole school approach to increase resilience) and general professionals working with children.

- Overall the type of need identified by professionals during the stakeholder engagement reflected the issues identified by the national school survey (low self-esteem, self-harm etc.) suggesting the type of need in Suffolk reflects the national picture.

- The service mapping exercise was unable to identify any specific training programmes or resources for parents and frontline professionals in Suffolk. It is also unclear whether any schools in Suffolk were adopting whole school approach to promoting resilience and improving emotional and/or mental health.
11. Evidence of effective care models
Following the identification of potential unmet needs and service gaps a number of literature reviews were completed. The purpose of the reviews was to identify evidence of good practice which could help build resilience in children, support professionals and develop services which meet the need of children and young people with emotional, and/or behavioural and mental health difficulties. Four key elements emerged from the evidence:
1. Services should respond to needs, not purely on diagnosis
2. Provision of services through a single point of entry. In a single access point professionals and parents can access advice and guidance and where necessary refer children and young people to appropriate services.
3. Individuals working with children have the knowledge, skills and confidence to respond to a child or young person experiencing difficulties. This, however, should be appropriate to the role and experience of a professional.
4. Schools should be supported in responding effectively to emotional and behavioural problems. In addition, schools should receive support in promoting resilience.
   a. Interventions should be school wide and not time limited, rather than targeted at a specific groups for a defined duration.
   b. Embedding social and emotional skills development within all areas of the curriculum, teaching, learning, and leadership & management.
   c. Working in partnership with children, parents, carers and other family members.

12. Key findings
Based on the available evidence, the main findings from the needs assessments are detailed below. Due to lack of available information from the Waveney area (GYWCCG), the main findings and key areas for development especially for tier 3 and 4 services concern mostly East and West Suffolk.

12.1. Tier 1 services
- It is estimated that around 22,700 children are likely to require support from universal service.
- Information on the number of children receiving intervention and support from universal services is not collected systematically. However, available evidence shows there is huge unmet need.
- Ideally parents/carers and family members should be able to provide support for children when and as required and able to seek advice when necessary. However, there can be considerable differences between families on how resilient and resourceful they can be. Parents or carers with, for example, emotional or mental health difficulties and those experiencing hardship may not be able to offer effective support.
- Frontline practitioners indicated that they wish for more specific training in how children and young people with behavioural and/or emotional difficulties can be identified, assessed and supported.
- Current health provisions are diagnosis based with high thresholds making access very challenging for CYP who are at risk for developing mental health disorders.
- Lack of standardised tool to be used by frontline professionals to assess children experiencing emotional, behavioural and mental issues. Some frontline professionals wished more specific guidance and pathways for children with behavioural and/or emotional difficulties.
12.2. Tier 2 services

- An estimated 7,000 - 10,000 children and young people aged 0-19 experience emotional and behavioural difficulties in Suffolk at any given time. These children require targeted intervention at Tier 2 from, for example, PMHWs, behaviour support service. Interventions may include direct support for a child or a young person, or support for other professionals, parents, and carers.
- Parents/Carers and frontline professionals are frustrated about lack of provision addressing children with behavioural difficulties (i.e. conduct disorder) and not knowing who to contact. The access to targeted and specialist provisions is complicated as available services likely to reject referrals for primarily behavioural difficulties.
- PMHWs at Tier 2
  - Currently there is not enough data to evaluate reliably the effectiveness of the PMHWs.
  - The East Suffolk appeared to have better service coverage during the beginning of 2015.
  - The PMHWs are still being embedded in to the system.
- While the Community Educational Psychology Service continues to provide a wide range of services through Schools’ Choice, these services need to be procured. Therefore, the access of the non-statutory EP services depends on the schools ability and willingness to pay for the services.
- While it is difficult to evaluate the capacity and the number of children accessing the tier 2 services, the available evidence indicated that the capacity on the tier 2 may be insufficient to respond to the current needs.

12.3. Tier 3 services

- An estimated 2,800 under 17 year olds in Suffolk require services at the tier 3. These children require specialist interventions at the tier 3, for example, child and adolescent psychiatrist or nurse. Interventions at this tier are likely to include direct, one to one work with a CYP.
- AAT Single Access Point for Tier 3 Services
  - AAT is designed as a gateway to Tier 3 services. However, available evidence indicates that this has become to be seen as a single point of access to CAMH services by many referring professionals.
  - According to the AAT team, they aim to sign-post to Tier 1 or 2 services those CYPs not assessed as requiring Tier 3 services.
  - The AAT team has limited access to psychiatrists with CAMHS specific expertise, thus potentially impacting the outcome. However, since 2015 a consultant with child and adolescent mental health expertise provides a regular session.
  - There continues to be frustration among referring professionals about the perceived difficulties to access Tier 3 services due to number of rejected referrals.
- IDTs and other specialist teams
  - There appears to be a risk that the service threshold may depend on the referral volumes and the capacity of the IDTs. However, the AAT team has noted that regardless of the referral volume, the number of referrals that require attention by the IDTs remains relatively stable.
  - Specialist Teams (ASD assessment service, CONNECT) appear to accept most of the referrals.
- Suffolk Community Healthcare
SCH does not provide a specific service for children with mental health difficulties. The service has children on caseload with long term health conditions, including children with mental health difficulties. However, the service feels that access to specialists mental health support can be difficult due lack of agreed referral criteria.

There appears to be a need to clarify referral pathways for children with ADHD. Based on the available evidence, some confusion was observed among referrers regarding to which service, i.e. NSFT or SCH, children with ADHD should be referred to.

12.4. Tier 4 Services

- It is not known how many children have accessed the Tier 4 services.

13. Key areas for development

1. Available services are diagnosis and age specific meaning they are not flexible to the needs of the children. The commissioners should explore possibilities to develop clear assessment and support pathway for children with conduct disorders at Tiers 1 and 2.

2. Additional training should be available for frontline professionals to identify and intervene when a CYP in their care experiences emotional, behavioural mental health difficulties. This should include support for schools to adopt a whole school approach to improve emotional resilience in children and young people.

3. Clear sign-posting to resources available for parents and carers to support children and young people experiencing emotional and behavioural difficulties. Any need to develop further resources should be reviewed.

4. Develop and implement a common dataset and outcome framework for services working with children and young people experiencing emotional and/or behavioural difficulties to enable monitoring of each service impact.

5. Although the NSFT service has been restructured, there has been no market change in how referrers perceive the access to services. This suggests that clear criteria for referral and care pathways are not in place. This in turn means that referrers are not always confident in knowing how to access Tier 3 specialist care or whether Tier 2 services would be more appropriate. Therefore, the commissioners and the service providers should develop a single point of access and assessment centre/team to provide needs based and coordinated support for children and young people with emotional, behavioural, or mental health difficulties.

6. PMHW performance data from the beginning of the year 2015 indicated considerable disparity between the referral numbers for East and West Suffolk. The commissioners should ensure that children have equal access to PMHWS across East and West Suffolk. Based on the available data, it was not possible to evaluate whether the PMHW service in Waveney is able to respond to the local demand.

7. In addition, the commissioners should clarify whether part of the remit of the PMHWs role should be:

   - Offering support for children with behavioural difficulties and widened from a consultative role to more direct interventions.
   - However, as PMHWs come from a variety of backgrounds, type of direct interventions or therapy that may be offered by the PMHWs is likely to be dependent on the skills of an indvivial PMHW.
14. References


## Appendix A / List of services and processes

<table>
<thead>
<tr>
<th>Service/Process</th>
<th>Description</th>
<th>Target group/s in Suffolk</th>
<th>Tier</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi agency safeguarding hub (MASH)</td>
<td>The central point for safeguarding enquiries for children and adults in Suffolk</td>
<td>All age groups</td>
<td>1-4</td>
<td>One in six of all enquiries related to antisocial behaviour - rate of enquiries was highest among 10 to 16 year old boys (08/2014 to 03/2015).</td>
</tr>
<tr>
<td>Common assessment framework (CAF)</td>
<td>CAF is a voluntary process that enables services to gather and share information about a child to identify their needs and respond to their needs.</td>
<td>Children aged 0 to 19</td>
<td>1-2</td>
<td>In 2014/15 a total of 3934 children had a CAF opened for them. Behaviour and mental health accounted for the largest proportion of underlying needs (1 in 4 children) whilst 1 in 12 children had a need relating to educational attendance.</td>
</tr>
<tr>
<td>Children in Need (CIN)</td>
<td>CIN census 2014/15</td>
<td>Children and young people aged 0 to 19 years</td>
<td>1-4</td>
<td>In CIN census 2014/15, 8,651 children in Suffolk were classified as a Child in Need (CIN).</td>
</tr>
<tr>
<td>Activities unlimited</td>
<td>Provides short breaks and leisure activities to disabled children</td>
<td>Children and young people aged 0-25</td>
<td>1-4</td>
<td>Up to 77% of the children registered with the service have been described as having some form of behavioural need.</td>
</tr>
<tr>
<td>Educational statement for Social, Emotional and Mental Health Need (SEMH)</td>
<td>Children and young people who show difficulties in one or more of the following: • managing their emotions • social interaction • mental health</td>
<td>Children attending state funded primary, secondary, or special schools or academies and technology colleges</td>
<td>1-4</td>
<td>According to the January 2015 Suffolk School census there were 1,964 with a primary Special Educational Need of Social, Emotional and Mental Health needs.</td>
</tr>
<tr>
<td>Health visiting</td>
<td>Universal support for all and enhanced support to children and families experiencing difficulties. Enhanced support provides behaviour management of children.</td>
<td>Pregnant women and children (aged 0-5 years)</td>
<td>1</td>
<td>No further information</td>
</tr>
<tr>
<td>School nursing service</td>
<td>School nurses offer enhanced support to school age children experiencing difficulties</td>
<td>School aged children</td>
<td>1-2</td>
<td>Children with behavioural and emotional difficulties receive: • advice on behaviour and social circumstances • bullying counselling • emotional and psychosocial support • support on self-harm</td>
</tr>
<tr>
<td>Wellbeing service</td>
<td>Psychological wellbeing interventions and therapies including guided self-help</td>
<td>Children aged 13 and upwards</td>
<td>1-2</td>
<td>A multi-agency collaboration with NHS and voluntary sector organisations. The service can be accessed via self-referral.</td>
</tr>
<tr>
<td>Parenting programme</td>
<td>Programmes include Triple P Programmes (0-11 and Teen), Webster Stratton Incredible Years Programme, Solihull, Strengthening Families 10-14, Caring Dads, children with Parents</td>
<td>N/A</td>
<td>Referrals are mainly were received from Integrated Teams including children’s centres, Health, schools, Social Care, or self-referred. Available information indicated that half of the parents referred for the courses started, and 39% of the all</td>
<td></td>
</tr>
</tbody>
</table>

| ADHD. | Early help team | The early Help teams offer information, guidance and support for children | Children aged 0-19 and their families | 1-2 | • Increase skills, knowledge and confidence and emotional well-being.  
• Providing Parenting Support and Parenting Programmes.  
• Promoting regular attendance at school.  
• Identify barriers to progression into learning or training.  
• Working with young people who have offended and are at risk of offending and anti-social behaviour. |
|---|---|---|---|---|---|
| | The County Inclusive Resource (CIR) | Outreach service that can be accessed by mainstream schools to support the inclusion of pupils on their roll with a diagnosis of Autistic Spectrum Disorder (ASD). | Children aged 0-19 | 1-2 | • Support mainstream schools in inclusion of ASD pupils  
• Improve the skill and knowledge of staff working  
• Enable schools to provide high quality education for ASD pupils.  
Once a child has been referred to the service they will stay in the caseload until the age of 16. However, not all cases are active. |
| | Community psychology service | A core educational psychology support | Children aged 0-19 | 2 | The core statutory work (free at the point of delivery) is targeted to meet the needs of children and young people with SEND. |
| | Behaviour support service | Direct support for individual pupils or groups of children to help them better manage their own behaviour. | Vulnerable pupils with challenging behaviour or health needs. | 2 | The service provides training for school staff on coping strategies for specific behaviours such as anger management. The service works in partnership with other agencies to help schools identify specific pupil needs. |
| | In year fair access panel (IYFAP) | The IYFAP is a single referral pathway for all schools to access alternative provision and support for vulnerable learners. | School age children | 2 | Monthly meeting with representation from schools, social care, early help, and school nursing service. In the first quarter of 2015-16 the pathway reviewed 400 children. |
| | Pupils Referral Unit (PRU) | Referral Units (PRU’s) usually work with young people who have been excluded from school, or who are at risk of exclusion. | Children aged 0-19 | 2 | The PRU’s support children and young people to develop a range of skills so that they can manage with the demands of school as well as supporting them with their learning. |
| | Youth Offending Service | The service provides purposeful and targeted help for young people who have received a youth caution from the Police or an order from the Court. | Children aged 0-19 | 2 | The service also works with 10 – 17 years (but can work with 8-10 years) children and Young people displaying sexually harmful behaviour. Between 01/14 and 12/14 the service received 186 prevention referrals, 297 Early Intervention Referrals and 345 Statutory Referrals. |
| | Suffolk Community Health (SCH) | Social Communication difficulties (Autism Spectrum Disorder)  
• Developmental or learning difficulties  
• Communication difficulties including Speech and Language Disorders  
• Self-regulation difficulties | Children aged 0-19 | 3 | SCH provides multidisciplinary assessment and treatment for children. It should be noted that the service has age restrictions depending on the service pathway. |
<table>
<thead>
<tr>
<th><strong>Primary Mental Health Workers (PMHW)</strong></th>
<th>The PMHW supports professionals who work with children and young people experiencing emotional, psychological, and mental health difficulties.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Up to the age of 18 (in exceptional cases up to the age of 25)</strong></td>
<td>The service aims to support professionals through a referrals helpline, advice and consultation, liaison and training, joint assessment and intervention with short term individual therapeutic work.</td>
</tr>
<tr>
<td><strong>Suffolk Child and Adolescent Mental Health Services (CAMHs) (East and West Suffolk)</strong></td>
<td>Locality specific IDTs are responsible for coordinating and delivering community mental health services for all age groups.</td>
</tr>
<tr>
<td><strong>All ages</strong></td>
<td>Tier 3 services provided by the IDTs are accessed via referral to the Access and Assessment Team (AAT) located in Ipswich. Other services, such as CONNECT can be accessed via a self-referral.</td>
</tr>
<tr>
<td><strong>CAMHs Lowestoft and Waveney</strong></td>
<td>Although the provider organisation for mental health services is the NSFT throughout the Suffolk, the service organisation model is different between Waveney and the rest of the Suffolk.</td>
</tr>
<tr>
<td><strong>Children and young people aged 0-25</strong></td>
<td>Tier 1 and 2 services are provided by PMHWs, which are co-funded by health and social care. Tier 3 mental health services are provided by Youth (0-25) Service.</td>
</tr>
<tr>
<td><strong>CAMHS tier 4 services and tier 3 specialist services</strong></td>
<td>Children requiring in-patient services and community services such as those for deaf children</td>
</tr>
<tr>
<td><strong>3-4</strong></td>
<td>Currently, Suffolk children and adolescents are admitted to the nearest available unit on the NHS England list who are able to take them.</td>
</tr>
</tbody>
</table>