

Children and Young People's Emotional Wellbeing and Mental Health Plan

**Joint LA Bi-Borough (RBKC & WCC) and
NHS**

2022 – 2024

Table of Contents

Introduction	4
Our vision of good mental health	5
Mental Health and Wellbeing Joint Strategic Needs Analysis.....	6
Local Area Needs Assessment.....	7
What children, young people and young adults locally have told us	10
Overall Analysis of Gaps.....	11
Our Joint Strategic Priorities	12
Progress on Priorities	16
Our EWMH offer	17
Conclusion.....	Error! Bookmark not defined.
Appendices.....	21
Appendix 1 - Summaries of local engagement with children and young people	21
Appendix 2 - Development of services since 2019	23
Appendix 3 - Where we are now	26
Appendix 4 - Our current EWMH service offer	27
Appendix 5 – EWMH embedded in our wider partnership	28
Appendix 6 - Glossary of Key Abbreviations	43

Development of this Plan

Plan authors:

- Marjana Tharin (Strategic Commissioner, Children's, Bi-Borough)
marjana.tharin@rbkc.gov.uk
- Angela Caulder (CYP Programme Manager, North West London Clinical Commissioning Group) angelacaulder@nhs.net
- Mary Russell (Strategic Commissioner, Public Health, Bi-Borough)
mrussell@westminster.gov.uk
- Anna Seifu (Service Development Officer, Children's, Bi-Borough)
Anna.Seifu@rbkc.gov.uk

Drafts of the Plan have been shared with the following forums for review and input.

Forum	Type of engagement
North West London Integrated Care Board	For info and comment
Bi-Borough Public Health Team	For info and comment
CNWL and MIND	For info
Schools / SENCO groups	For info
Youth Foundations (YWF and Young K&C)	For info
Youth Councils	For info
Joint Commissioning Board	Sign-off
Make it happen (WCC) Parent Forum	Sign-off
Full of life (RBKC) Parent Forum	Sign-off
Senior Leadership Team (LA)	Sign-off
Children and Families Act Board/Partnership Board (bi-borough LA board)	Sign-off
ICP Bi-borough MH	Sign-off
Health and Wellbeing Board	Sign-off

This engagement has been supplemented with multiple conversations with key stakeholders in developing this Plan.

The Plan authors thank everyone who has inputted into this document.

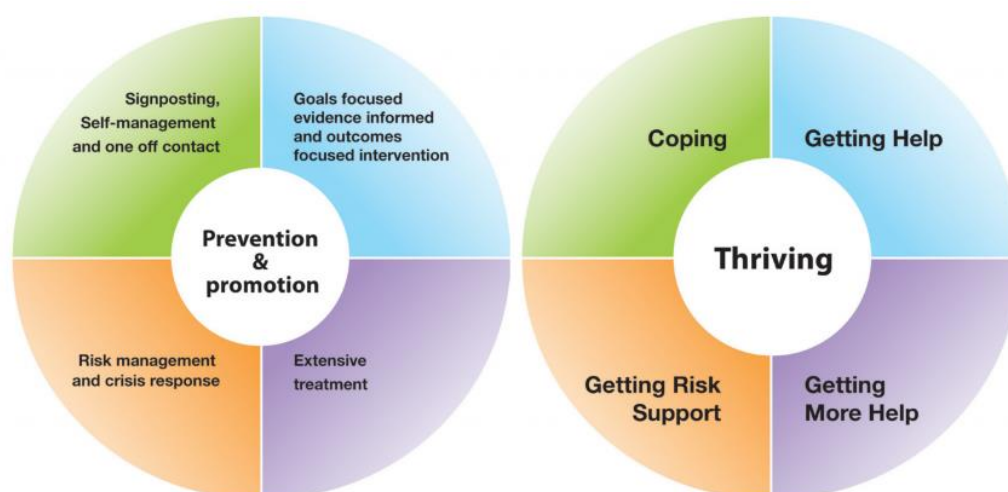
Introduction

The Royal Borough of Kensington and Chelsea (RBKC), Westminster City Council (WCC) and the North West London Integrated Care Board (previously North West London Clinical Commissioning Group) collectively share the ambition of all children, young people and young adults in our boroughs having good emotional wellbeing and mental health (EWMH). We believe that being mentally healthy is a core foundational need for children, young people and young adults to thrive and live happy and fulfilling lives. We will do all that we can as a partnership to deliver against this commitment, engaging with and drawing on the resources, assets and opportunities that are available in our areas.

This Plan is intended to be a practical document that sets out our shared ambition, current provision and key next steps to improve our offer over the next 2 years (from 1 January 2022 to January 2024). It references and builds on our last Joint NHS and Bi-Borough Children and Young People's Emotional Wellbeing and Mental Health Plan which covered 2019 to 2021.

The Thrive model¹ is our conceptual and commissioning framework for EWMH provision in the Bi-Borough. This plan focuses on children, young people and young adults (0-25 years old) EWMH needs within in the 'coping' Thrive category and above. At the level of need below this (the 'thriving' category) across both boroughs there is a strong wider service offer focused on delivering a universal wellbeing offer². These services contribute to population level wellbeing in its widest sense and play a key role in preventing poor EWMH.

The Thrive model is:



¹<https://www.annafreud.org/what-we-do/improving-help/thrive-framework/>

²Services include Perinatal and Maternal MH services, Health Visiting, Healthy Early Years and Children's Centres

Our vision of good mental health

Our shared vision is that our children, young people and young adults have good mental health, are thriving and resilient, and when they need support, help and treatment they are able to easily access excellent services in the right place and at the right time.

Realising our vision will be driven by realising a number of key objectives:

- Putting the needs and voices of children, young people and young adults at the heart of our commissioning and provision
- Ensuring mental health and wellbeing is everyone's business through training, workforce development and by embedding mental health services across our local provision and in our communities
- Ensuring that children and young people have choice in where and how they access support, including community and school based provision
- Reducing the stigma around mental health
- Moving mental health towards parity of esteem with physical health through increased investment in children, young person and young adult EWMH (an ambition in the Long-Term Plan)
- A clear focus on prevention and intervention at an early age and stage for children and young people and young adults from 0 to 25
- Supporting young people during the transition to adulthood by strengthening the offer for 16 to 25 years
- Creating an easily accessible and seamless system without tiers (based on the Thrive model) where children, young people and young adults can get the help they need quickly wherever they seek it
- Where children, young people and young adults are in crisis or have urgent mental health needs putting in place services which genuinely support them
- Ensuring that the offer is well understood and well promoted

We are unashamedly ambitious in this vision. We recognise that how well we work as a partnership in delivering against this will go a long way to determining our success or failure. This is because EWMH is influenced by so many factors and impacts in so many areas, it doesn't abide by or align with any service or organisational boundaries.

We will continue to foster a shared sense of responsibility and work together towards shared outcomes in this crucial area, making the best possible use of the collective resources that we have. We will explain what we want this to look like in practice in subsequent sections of this Plan.

Alignment with wider strategic priorities

Our shared vision for the EWMH of children, young people and young adults aligns with the strategic priorities of our Health and Wellbeing Boards. In Westminster this is set out in the Joint Health and Wellbeing Strategy (2017 – 2022), through improving mental health through prevention and self-management³ and in Kensington and Chelsea through the priority of enabling good mental health for all.⁴ Our priorities are also aligned with the new Integrated Care Partnership for mental health, which has agreed three priorities for the partnership, these are:

- CAMHS Transformation
- All Age Autism Approach
- The new 16-25 Mental Health Developments

Our vision and approach are reflected in the following strategies:

- Local Area Children and Young People's Mental Health and Wellbeing Strategy and Transformation Plans⁵
- Early Help Strategy^{6,7}
- SEND Strategy^{8,9}
- Journey of Recovery: Supporting health & wellbeing for the communities impacted by the Grenfell Tower fire disaster¹⁰
- Violence against Women and Girls Strategy 2021-26¹¹
- Mental Health and Wellbeing Joint Strategic Needs Analysis.¹²

³[Joint Health and Wellbeing Strategy \(2017 – 2022\) | Westminster City Council](#)

⁴file:///C:/Users/socjoda/Downloads/Kensington%20and%20Chelsea%20Joint%20Health%20and%20Wellbeing%20Strategy%202016-21_.pdf

⁵[Publications \(centrallondonccg.nhs.uk\)](#)

⁶Kensington and Chelsea Early Help Strategy 2020 – 2023

⁷[early_help_strategy_2019_2022.pdf \(openobjects.com\)](#)

⁸https://search3.openobjects.com/mediamanager/biborough/directory/files/send_strategy_wcc-2018-2022.pdf

⁹https://search3.openobjects.com/mediamanager/biborough/directory/files/send_strategy_rbk-2018-2022.pdf

¹⁰<https://www.jsna.info/sites/default/files/Journey%20of%20Recovery%20Needs%20Assessment%20-%20Final.pdf>

¹¹<https://www.rbk.gov.uk/media/document/violence-against-women-and-girls-strategy-2021-26>

¹²https://www.jsna.info/sites/default/files/Mental%20Health%20and%20Wellbeing%20JSNA%20Full%20Report_0.pdf

It also aligns with the Public Health approach to tackling Serious Youth Violence locally¹³ and the Bi-Borough Children and Young People's Plan which sets out the strategic direction for how both Councils will deliver their vision for children and young people over the next three years.¹⁴

The approach we deliver locally is influenced by and aligns with the Government's national CYP mental health ambitions as set out in the NHS Long Term Plan (2019)¹⁵ and the NHS Mental Health Implementation Plan 2019/20 – 2023/24¹⁶.

Local Area Needs Assessment

Information on need

We regard all those who under the Thrive¹⁷ definitions 'getting more help' or 'getting risk support' as having SEN and within the SEND population we appreciate that needs are on a spectrum from low to severe and complex. This Plan further addresses the mental health needs of all our children, young people and young adults which will include those with low-moderate needs that are sub-diagnosable mental health issues and indeed, supporting those that are thriving and coping with psycho-educational awareness, anti-stigma and preventative support.

A lot of work has been undertaken to better understand the needs of children, young people and young adults in relation to EWMH, particularly as part of the Covid recovery. This has included JSNAs produced by Bi-Borough Public Health focused on Mental Health and Wellbeing across all age ranges (with a specific section focused on Children and Young People)¹⁸ and focused on the health and wellbeing needs of young adults (age 18-25)¹⁹.

Nationally

Building resilience and promoting good mental wellbeing in children, young people and young adults is critical. National research tells us that:

¹³<https://committees.westminster.gov.uk/documents/g4914/Public%20reports%20pack%2003rd-Jul-2019%2016.00%20Health%20Wellbeing%20Board.pdf?T=10>

¹⁴[Document.ashx \(rbkc.gov.uk\)](https://www.document.ashx?rbkc.gov.uk)

¹⁵<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

¹⁶[NHS Mental Health Implementation Plan 2019/20 – 2023/24 \(longtermplan.nhs.uk\)](https://www.nhs.uk/longtermplan/2019-2023-24-implementation-plan/)

¹⁷<https://www.annafreud.org/what-we-do/improving-help/thrive-framework/>

¹⁸https://www.jsna.info/sites/default/files/Mental%20Health%20and%20Wellbeing%20JSNA%20Full%20Report_0.pdf

¹⁹<https://www.jsna.info/sites/default/files/Young%20Adults%20JSNA%20RKBC%20WCC.pdf>

- One in six children and young people aged 5 to 16 years have a probable mental disorder.²⁰ For young people and young adults aged 17-22, this increases to one in five.²¹
- The COVID-19 pandemic is currently having a detrimental impact on the EWMH of CYP, with estimates of an increase in need of up to 50% (with one in six (16.0%) of CYP aged 5 to 16 years old having a probable mental disorder, an increase from one in nine in 2017).²²
- Childhood through to early adulthood is the crucial time to be supporting children, young people and young adults to be resilient and stay well – as we know that 50% of mental health issues are established by age 14 and 75% by age 24.²³

Many factors impact on how likely a child or young person is to be suffering from poor mental health. For example, we know that:

- Children and young people living in a household that is **struggling financially** are twice as likely to have a probable mental health disorder than their peers²⁴
- This increases to three times as likely for children and young people living in households where **parents are mentally unwell** or where the family is struggling to function effectively²⁵
- The likelihood of a probable mental disorder increases with **age**, with a noticeable difference in gender for the older age group (17 to 22 years) where one in four young women and one in eight young men have a probable mental disorder²⁶
- The impact of failing to provide effective intervention can be devastating – with **suicide** being the most common cause of death for young people aged 16-24²⁷, with 7% of children and young people having attempted suicide by the age of 17 and almost one in four children and young people having self-harmed in the past year²⁸

²⁰<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

²¹Ibid

²²<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

²³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

²⁴<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

²⁵Ibid

²⁶<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

²⁷https://media.samaritans.org/documents/SamaritansSuicideStatsReport_2019_Full_report.pdf

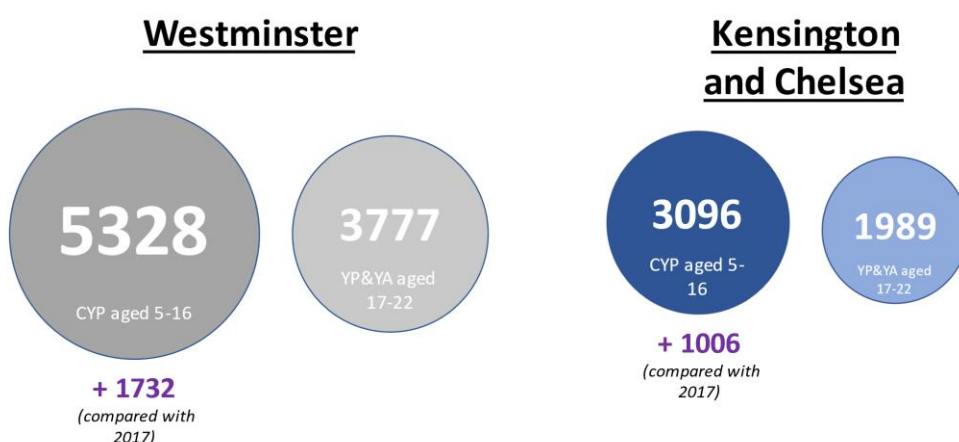
²⁸<https://cls.ucl.ac.uk/wp-content/uploads/2020/11/Mental-ill-health-at-age-17---CLS-briefing-paper---website.pdf>

- There is continued **stigma** around mental health and that, despite some progress being made, is still sadly very prevalent in children, young people and young adults and the parents, carers and professionals that care and support them alike
- There is a clear link between physical and mental health. Those with long term **physical health** problems are more likely to suffer from poor mental health and vice versa²⁹
- The disproportionate impact of the **COVID pandemic** continues to impact the health and wellbeing of children and young people such as those with long term health conditions or who have faced greater disruption to education³⁰
- Young people aged under 25 years, women and low earners are also more likely to work in sectors affected by lockdowns, which increases anxiety and economic strain caused over the pandemic³¹

Locally

When we multiply our children, young person and young adult population (aged 5-22) by the current national prevalence figures our estimated local need is as follows:

The projected numbers of children, young people and young adults locally with a probable mental disorder*



*Defined as 'have problems with aspects of their mental health to such an extent that it impacts on their daily lives including difficulties with emotions, behaviour, relationships, hyperactivity, concentration' NHS Digital (2020)

In Kensington and Chelsea and Westminster, we are seeing this increased level manifest itself through an increased number of CYP requiring support from local EWMH services including KOOTH online counselling and support, Mental Health Support Teams, and CAMHS Eating Disorder and Crisis services.

²⁹ [Long-term condition and mental health Chris Naylor February 2012 \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/long-term-condition-and-mental-health)

³⁰ [Build-back-fairer--Exec-summary.pdf \(health.org.uk\)](https://www.health.org.uk/publications/build-back-fairer-exec-summary.pdf)

³¹ Ibid

From local studies achieved so far, we know that the pandemic has impacted on all aspects of life which will have both increased the prevalence of poor mental health in our local children, young people and young adult population as well as hindered access to support. We are also aware and are monitoring the disproportionate impacts of the COVID pandemic and lockdowns over a range of socio-economic factors such as access to employment and education.

As such, we are expecting to see a sustained increase in need and demand locally over the next few years. We are seeing the early signs of this need presenting in the system – however the full-scale won't be realised until we are into COVID medium term recovery.

What children, young people and young adults locally have told us

Over the last couple of years, as an EWMH partnership, we have continued to engage regularly with local children, young people and young adults and their parents/carers to better understand what they want and need to effectively support their EWMH. The overall findings from this engagement are set out in Appendix 1, along with the details of the studies and a summary of the key headlines identified across the studies is set out below.

Mental health needs

- Children and young people stressed the impact of the pandemic on their mental health, particularly in rising levels of anxiety³²
- Exams and doing well in school were identified as the main source of worry for young people. Other sources of concern included body image, friendships and relationships and family life which were also raised³³

Support

- Children and young people are not accessing the support they need, with a lack of knowledge about mental health and support services found as the most common reason for this³⁴
- Most young people (2/3 of respondents in a local study) said that they would go to friends or family for support with their mental health, but few had heard about sources of available support from friends or family hinting at gap in understanding³⁵
- The need for holistic support that focuses on the individual and is embedded in wider support was also stressed by children and young people. A key example of this is support with employment, education and wider personal development
- It is important for children and young people to feel listened to and empowered when accessing support services and that strong relationships are built with professionals

³²[Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf \(healthwatchcwl.co.uk\)](#)

³³[YWF_Our-City-Our-Future_2020_21.pdf \(youngwestminster.com\)](#)

³⁴[Introduction \(rbkc.gov.uk\)](#)

³⁵[Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf \(healthwatchcwl.co.uk\)](#)

- Emotional wellbeing support provided to care leavers is valued and should be expanded where possible

Overall Analysis of Gaps

We have listened carefully to what residents and partners are telling us and have looked at the available local and national data. We have identified the following areas across the Bi-Borough where there is local need and have set out below how we plan on tackling this:

Gap	Progress
A significant need and gap locally is for a better offer of support for young adults aged 16-25 . We know that the prevalence of poor mental health is highest in this age range ³⁶ and yet there is very little appropriate support available – and the large majority of young adults impacted don't receive the support they need	A new model of mental healthcare has now been designed for young adults, aged 16-25 years, living in North West London (NWL) as part of our implementation of the NHS long-term plan.
Not all children and young people access emotional wellbeing and mental health provision in school settings, and there should be support services available in youth settings where young people feel more comfortable accessing support	We are piloting additional support across both boroughs to embed therapeutic support in youth provision . This will be similar to that of the MHST model within schools, to compliment the various youth programmes operate, and training programmes that run for youth workers.
The impact that the Pandemic is currently having on the mental health of our local education workforce . This is an area where the need for further support has been consistently requested during the Pandemic, with common themes emerging from school staff drop-in's around, isolation, lack of sense of belonging (especially newly qualified teachers), loneliness, low mood and anxiety for school staff.	We are piloting specialist therapeutic support for education staff in schools, so they can access emotional wellbeing and mental health provision and be well in themselves to
Implementing post diagnostic support for parents of children or young people who have had a diagnosis of learning disabilities	New parent counselling support service is available in both RBKC and WCC for parents of children or young people with SEND


³⁶Young people aged 18-25 have the highest prevalence rate at 18.4 % (NHSE, NHS digital) not taking into account the increased incidence caused by COVID and accompanying economic slowdown



who are distressed or confused about what to do.	
To reduce the ASD diagnostic wait time and ensure there is appropriate pre-diagnostic support.	We have a range of active wait support in place, including the LA's new 0-5 Short Breaks service. To support ASD diagnosis wait times an additional NHS funded provider has been appointed to provide additional diagnosis capacity. Assessments via this new service will begin in September 2022
Eating disorders (ED) , since COVID have nationally increased by 70% and locally we have seen a 30% increase in referrals of CYP with disorders. The risk is that we are not meeting this demand due to the capacity of these services	<p>Currently recruiting qualified staff to meet this demand and to reduce waiting times to manage the large increase in referrals.</p> <p>Development of an ED intensive community treatment model pathway to provide more intensive community treatment. This will be via Provider Collaborations and delivered by both Trusts. The service will offer a holistic approach and will work with highly complex young people at risk of admission or who need additional support to facilitate step down and prevent relapse.</p> <p>Increased capacity into CAMHS ED to support rises in demand and ensure waiting time targets continue to be met.</p>


Our Joint Strategic Priorities

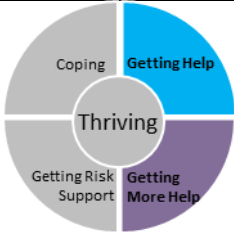

We have listened carefully to children, young people, young adults, their families, and professionals working in the partnership in developing these Joint Strategy Priorities. These priorities set out how we intend to support children and young people across the Bi-Borough to achieve good mental health and access excellent services where needed. Locally the Place-based Partnership has agreed Whole System Mental Health and Wellbeing as a Children and Young People overarching priority. We have also looked carefully at local and national drivers in this fast-changing area of policy.

The below priorities give us a shared local partnership wide focus for the next two years.

Joint Strategic Priority	Thrive category	Need and rationale	Summary description	What this will look like in practice
Our early intervention offer		<p>A significant proportion of MH disorders in adults have a root cause in early attachment problems</p> <p>10-15% of CYP nationally estimated to have a low-moderate mental health need which is largely unmet</p> <p>Many CYP Mental Health needs become more severe complex and enduring without timely treatment and support</p> <p>50% of adult mental health problems established before age 14</p> <p>75% of adult mental health problems established before age 25</p> <p>The Government economic case for early intervention measures in the Green Paper suggests a 500% net return from early intervention spend</p> <p>The COVID-19 pandemic is currently having a detrimental impact on the EWMH of CYP, with estimates of an increase in need of up to 50%</p>	<p>Our 0-5 offer – The development of our 0-5 service offering for parents and children</p> <p>Our whole school approach – The delivery of a high-quality whole school approach to EWMH – which is well designed, understood, delivered, and accessed</p> <p>and:</p> <p>Our wider community offer – The delivery of an enhanced community-based offer (in addition to our school-based support) including that delivered through provision based in GPs, Early Help services, youth provision etc.</p>	<p>A universal offer of support to parents and children to address attachment for 0-5 year olds including health visiting input and family hubs.</p> <p>Continuing to roll out the MHST programme in schools and supporting schools who are not part of this programme to deliver an enhanced whole school approach to EWMH</p> <p>An increased understanding and improved approach to school staff EWMH</p> <p>Continuing the roll out of MHFA training for settings working with CYP.</p> <p>The development of a MH awareness raising digital offer for young people</p> <p>Increased CAMHS provision based in WCC Family Hubs</p> <p>Better understanding of the support needs of parents and siblings who are supporting young people with poor mental health and of young carers</p> <p>Further promotion of KOOTH in schools and colleges and a renewed focus on year 6 pupils and GPs</p> <p>Improved overall communication and promotion of the available EWMH offer – including</p>

				<p>through the Local Offer website</p> <p>Implementing additional mental health support for teachers in RBKC and embedding further mental health support in Youth Clubs.</p>
<p>Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy (RBKC)</p>		<p>The Tragedy has and will continue to have a significant impact on the EWMH of those affected by it</p>	<p>Effective support for children and young people impacted by the Grenfell Tragedy, delivered through the NHS and voluntary sector providers</p>	<p>Continue to strengthen alignment between the LA and NHS funded EWMH offer</p> <p>Share the learning around culturally appropriate/accessible EWMH services more widely</p> <p>Plan effectively for the medium to long term EWMH impacts of trauma</p>
<p>Our 16-25 year old offer</p>		<p>Whilst there is some provision via KOOTH there remains a treatment gap for 18-25 year olds with MH needs who are no longer eligible for CAMHS but are ineligible for AMHS</p> <p>The majority of CYP with a mental health need will not have previously accessed treatment</p> <p>The 16-25 cohort present in crisis more than any other age group</p>	<p>Effective provision for 16-25 year olds – A focus on more effective transitions from Children's to Adult's MH services and access to adult services for those who currently have a MH need, as well as considering how we can provide additional EWMH support for young adults aged 16-25.</p> <p>During 2021-22, there has been a NWL whole systems approach redesigning the MH services for 16-25 year olds. As part of this each local area ICP has a specific work stream to develop the local offer for 16-25s</p>	<p>Development of support specifically for 16-25 year olds.</p> <p>Integrated mental health support in youth clubs and services in RBKC and WCC to encourage access to services and wider support such as employment support in RBKC.</p> <p>Ensure that clear transition expectations and pathways are built into all relevant service models and specifications</p> <p>Better understand how effective our current approach to transition is and develop options for an enhanced 16-25 years old EWMH offer</p> <p>Continue to support 14-25 ASD/LD with MH problems with Mencap transition workers in WCC and RBKC.</p>

				The Place Based Partnership mental health 16-25 new model is now in place and in September 2022 the implementation of Triage multi-agency meetings will begin.
Our more vulnerable groups offer		Vulnerable groups (e.g. SEND, looked after children/care leavers (including UASC), YOT, Aps, gangs, SYV, sexual exploitation, substance misuse, NEETs) are all more likely to suffer from poor mental health than the rest of the population. Looked after children are likely to be placed out of borough and accessing the CAMHS provision in that area	<p>Improve the efficiency, effectiveness, and accessibility of EWMH services for vulnerable children and young people within existing budgets.</p> <p>There are new keyworkers for the ASD MH population in the local boroughs.</p>	<p>Update our service specifications and performance monitoring for our LA funded services to accurately review delivery models</p> <p>Identifying and implementing lessons learnt in relation to the different delivery models in both boroughs e.g. embedded clinicians in LAC team in WCC and not in RBKC.</p> <p>An effective interface between the Systemic approach delivered by Family Services in both boroughs and CAMHS</p> <p>Ensure effective EWMH input and focus on CYP at risk of exclusion through attendance panels and collaborations</p> <p>Ensure that the EWMH support in place for those at risk of or affected by Serious Youth Violence is aligned and effectively responding to developing need</p> <p>Ensuring that the ASD key workers are joined up with the transition workers once in post and other EWMH services.</p> <p>Continuing the pilot in WCC for Looked after Children CAMHS team to also</p>

				support Care leavers and ensure that their needs are met.
Increasing our productivity and reducing our waiting times in our existing CAMHS services		Nationally, only 1 in 3 CYP with a mental health illness receives CAMHS treatment	Increase the existing CAMHS workforce across the system to support children and young people to get better access and more rapid treatment.	<p>More CYP receiving treatment for their MH illnesses and doing so more rapidly. We want to see a sustained movement towards 4 week waits for all CYPMH services and significant progress towards ensuring parity of treatment for CYP with MH needs</p> <p>Develop plans for improvement on waits for treatment including the Choice and Partnership Approach (CAPA) to enhance the effectiveness of services and to strengthen early interventions</p>
Our crisis support offer		A proportion of CYP will need urgent and effective crisis support	Moving from crisis support in acute settings to home based treatment.	<p>Planning with CNWL about further enhancing crisis support offer</p> <p>The 24/7 crisis line went live in early 2021.</p>

Progress on Priorities

We are on an ongoing journey of improvement with our EWMH offer. We have worked closely with partners to strengthen our local EWMH offer and continue to adapt and develop it to meet changing presenting needs, particularly in response to the COVID pandemic and the ongoing recovery. Appendix 3 also includes wider contextual changes in the EWMH sector locally.

We have made considerable progress in delivering against our Joint Strategic Priorities, which is described in greater detail in Appendix 2. Some progress highlights since the

publication of the previous Joint NHS and Bi-Borough Children and Young People's EWMH Plan are below.

Support in Schools	Mental Health Support teams are now based in 20 RBKC and 43 WCC schools and there is an enhanced offer of support for non-MHST schools such as Be Kind to Your Mind also delivered by MIND.
Training offer	We have also continued to develop the training for professionals working with children and young people; for example, 390 professionals in RBKC and 420 in WCC have now attended training about integrating Trauma informed practice approach.
Support in youth hubs	There are now Mental Health Workers in Youth Hubs in place in both boroughs, which will allow children and young people to access support in an environment that they feel comfortable in.
Improved communication and risk support	Improved communication of mental health awareness and support through enhancing the digital offer, with a new CAMHS website and support pages for CYP. The new 24/7 crisis support line for all CYP across North-West London has also been launched to support children and young people to access help.
Grenfell recovery	New Grenfell Recovery Fund funded 6 new EWMH projects after a large-scale consultation process in 2021, which will continue support for children and young people in the North Kensington community
The 16-25 offer	During 2021-22, there has been a NWL whole systems approach redesigning the MH services for 16-25 year olds. As part of this each local area ICP has a specific work stream to develop the local offer for 16-25s
Access to services	With the CAMHS transformation funding received in 2021-22 and expected recurrently year on year, there has been a focus on the NHS Long Term plan target to increase CAMHS access by 35%. With the development of KOOTH, additional posts throughout CAMHS services, mental health support teams in schools and child wellbeing practitioners, it is likely that this target will be met.

Our EWMH offer

The core offer of Emotional Wellbeing and Mental Health Services across the Bi-Borough is funded through the LA and NHS Commissioning CAMHS budgets. Our offer follows the Thrive model as reflected in our priorities and services are therefore grouped into the following categories: prevention and early intervention, specialist CAMHS services, crisis and risk management and an enhanced offer of support for more vulnerable groups.

Our overall offer of support for EWMH spans across different services/organisations, Thrive categories and age. The below section sets this out firstly in terms of the specific services funded through the LA and NHS Commissioning CAMHS budgets. The following section then sets out what the wider partnership offer looks like and Appendix 4 provides a snapshot of the reach of the core EWMH offer.

Our core emotional wellbeing and CAMHS offer comprises of the following services:

Prevention and early intervention services focused on low to moderate need

KOOTH online counselling service – Is our digital early intervention and prevention service across both boroughs. It is free to all children and young people (aged 11-25), is anonymous and is available until 10pm every day. The service provides resources for self-help, peer-to-peer support and one-on-one online counselling for those with mild to moderate mental health needs.

Mental Health Support Teams in schools – Are operating across both boroughs providing support for mild to moderate mental health needs in schools and colleges. The support takes the form of one-on-one and group work with low intensity predominantly CBT based interventions for low mood, anxiety and self-harm. The teams also support pupil's resilience including with academic pressure and self-confidence. The teams include family support workers to support parents and family therapists to support families with more complex needs.

Parental Peer Support- CAMHS runs an extensive support programme for parents and carers via Demetra Brege available to all 5 CNWL boroughs. This includes weekly online information and support groups and special workshops that have a specialised angle such as Motivational interviewing skills for parents and carers.

Specialist CAMHS services focused on severe and complex need

Specialist CAMHS – NHS health services for children and young people up to the age of 18 with complex health difficulties depending on their needs, this includes more intensive support around crisis intervention and risk management work. Treatment may include cognitive behavioural therapy (CBT), family therapy, arts therapies, individual and group psychotherapy, behavioural support and medication where appropriate. CAMHS also provide consultations to other professionals, such as teachers, youth workers, social workers and other health professionals.

Crisis and risk management support for children and young people

Community Eating Disorders Service – This service is delivered by CNWL NHS Trust and it offers help and support to children and young people with a suspected or confirmed eating disorder diagnosis. This includes a range of crisis intervention and risk management work and the service is also trialling a community treatment model, which is being introduced to increase support for those at the risk of admission/need step down support.

All-age Urgent Advice Line- A 24/7 advice line ran by CNWL is now live (0800 023 465), which is now available for all those under the age of 18 to get advice and be signposted to

the most appropriate support, including the CAMHS out of hours/urgent care teams and local or online resources.

Be Kind to your Mind and Learnwell Programmes – Delivered by MIND locally and funded by the NHS. These programmes work in the non MHST schools to offer group and individual therapies to children and young people in both boroughs.

An enhanced offer for our more vulnerable groups

We know that our more vulnerable groups of children and young people are statistically more likely to suffer from poor mental health. To effectively support the EWMH needs of these children and young people we have an enhanced offer in place for them. This includes, but is not limited to; having dedicated CAMHS professionals based in Alternative Provision, Youth Offending Teams and the Integrated Gangs Unit, which links to the Bi-Borough Drugs strategy, which is a whole system response to reduce the harm caused by drugs. There is also a dedicated team focused on looked after children/care leavers (including UASC) in Westminster and a CAMHS Psychologist working with looked after children in RBKC, to make sure that children and young people are supported throughout the system and their SEMH needs are met.

We also commission therapeutic support for CYP victims of domestic abuse in both boroughs, alongside the Bi-Borough Domestic Abuse Prevention in Schools Programme, which includes training and capacity building support for all staff to improve their knowledge and delivering lessons. This ties in with our wider Violence Against Women and Girls Strategy 2021-26, which outlines our commitment to preventing violence against women and girls, Supporting survivors, working in partnership and that abusers are held to account³⁷.

Services across the Bi-Borough

We know that EWMH is influenced by so many factors and impacts in so many areas, it doesn't abide by or align with service or organisational boundaries. As such the support available across our boroughs being delivered in services and organisations beyond those directly funded by the LA and NHS commissioning CAMHS budgets is crucial to us delivering our ambition of all children and young people in our boroughs having good EWMH. This is a real strength of our current offer and particularly improves our local prevention and promotion services. Below are some examples of these services:

³⁷ [Violence against Women Girls \(VAWG\) Strategy \(1\).pdf](#)

- The **Education Psychology Service** is based in all of the state funded nurseries and schools across the Bi-Borough to offer support, interventions and training for individuals and groups
- Supporting the Social, Emotional and Mental Health needs of children and young people with Special Educational Needs, through various **early intervention services** to schools commissioned by NWL Integrated Care Board
- **Child Welfare Practitioners (CWPs)**, who provide evidence-based interventions to support young people with mild-moderate anxiety, low mood and/or behavioural difficulties.
- Dedicated **transition workers** support young people aged 14-25 who have a learning disability, or/and ASD with additional mental health needs.
- The **Bi-Borough School Health Service** includes a dedicated Registered Mental Health Nurse providing specialist advice, training and lesson plans
- The **Change4Life Programme** promotes the physical and mental health and wellbeing of children and families through a whole system approach
- Programmes to encourage physical activity and emotional wellbeing include the **Healthy streets approach and Active for life programmes** in both boroughs
- **Pre-Birth to 5 Pathway** support to ensure healthy relationships and attachments for parents and young children, which has proven long-term emotional wellbeing impacts
- **Young People's Health and Wellbeing Service (YPHWS)** provides wrap around wellbeing support with a primary focus on drug and alcohol misuse and smoking cessation
- **West London Zone (WLZ)** operates in selected schools to provide direct support for those who are having difficulties at school
- The **Early Help** Service offers a wide range of targeted and universal services to across both boroughs provide early intervention and prevention support for EWMH in families
- **Young Westminster Foundation and Young Kensington and Chelsea** coordinates youth services and delivers programmes with partners to provide events and programmes to support the EWMH of groups and individuals

Further detail on the EWMH embedded across our partnership is set out in Appendix 5.

We are committed to reviewing and updating this plan to ensure that we are remaining proactive and forward-thinking in delivering our vision. We will continue to work with partners, stakeholders, parents and children and young people to ensure that current and future needs are met.

Appendices

Appendix 1 - Summaries of local engagement with children and young people

Survey of young people aged 16-25 in Kensington & Chelsea and Westminster

A consultation was carried out to identify the key needs of young people and young adults which encompassed the need for mental health support for 16-25 year olds along with other interdependent provision; such as employment, education and training opportunities and services which enable personal development. The survey revealed that most young people/young adults (43%) were not accessing the support they need. The consultation found that a lack of knowledge about mental health and support services was the most common reason for young people not accessing help. Most respondents (28%) wanted future provision to include support with their personal development. This includes practical advice and approaches for self-improvement and self-empowerment and in return being able to achieve the benefits on mental and physical health.

CNWL's 16-25 Young Adult Mental Health Engagement

This work led by CNWL obtained feedback from young adults and partner organisations and identified the following themes in relation to what an 16-25 EWMH offer should consider: Focused on individual's needs; whole person, holistic approach; relationships with professional is key; informal peer support; accessibility for all and communication; "help before you are desperate for help"; ethnic differences; and family support. The young adults felt that a new model should include trauma-informed care; 24/7 call-in service and regular check ins; more support in the community/early prevention; a 'place to go' e.g. Young people's mental health hub; long term therapy, such as psychotherapy, not just CBT; and access to specific services (e.g. group therapy, counselling, self-harm support, LGBTQ+).

Young Healthwatch mental health survey of young people³⁸

This work captured how local young people think about their mental health, what causes them stress, their knowledge of local and national support, and the impact of COVID-19 on their wellbeing. These responses were used to help map where young people need more information and support. 88% of respondents said that Covid-19 has had an impact on their mental health. Exams, body image and school were the three most stressful facets in life for respondents. There was a significant disparity between where young people would go for support and where they are hearing about support from. 2/3 of respondents said they would go to family for help and support with their mental health and the same number would turn to friends. This was significantly higher than any other potential sources of support e.g. a member of school staff or a GP. However, less than 5% of CYP had heard about sources of available support from friends or family. Respondents overwhelmingly

³⁸[Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf \(healthwatchcwl.co.uk\)](https://www.healthwatchcwl.co.uk/bridging-the-gap-young-peoples-experiences-of-mental-health.pdf)

(82%) reported that they felt they could find mental health support if they needed it. 78% of young people believe there has been enough information on mental health support during the crisis, but the way in which this information is disseminated has been called into question.

Young Westminster Foundation ‘Our City Our Future’ needs analysis³⁹

This needs analysis covered the issues and experiences of young people growing up in Westminster over the past year. It captured insights into the areas of life that matter most to young people, with mental health and wellbeing being an emerging focus. 3 in 5 young people felt mental health issues were common amongst their peers. Just under 50% felt it would be difficult to access professional mental health support. Young people most frequently identified doing well at school and in exams (79%) as their main worry. Other factors identified as worries by over 50% of young people included ‘looks or body image’ (71%), ‘friendships or missing out on socialising’ (69%), ‘getting a job or having a successful career’ (60%), ‘money’ (56%) and ‘family life’ (50%).

Kensington and Chelsea ‘Your Voice Survey’⁴⁰

In 2021, the Youth Council undertook extensive consultation with around 200 young people in Kensington and Chelsea to understand how young residents felt about the future, current needs and the impact of the Covid-19 pandemic. The consultation found that 43% of respondents indicated they strongly agree that they “know what good mental health is” and revealed that 1/3 (32%) of respondents “know where to get support for their mental health”. The RBKC Youth Council concluded that “positive results show mental health is well supported across the borough, but continued support is a key need for young people’s future development”.

Westminster Family Services consultation with care leavers about EWMH

This work was undertaken with Care Leavers in Westminster to understand their EWMH experiences and needs. They shared that they really value the EWMH support they receive from their social workers and personal advisors but there was a clear ask for more therapeutic support for care leavers, and for it to be accessible in a variety of different ways e.g. face-to-face 1:1 support, telephone, text, drop ins.

Grenfell Children and Young People’s Emotional Health and Wellbeing Services stakeholder consultation

This consultation was carried out to inform the commissioning, delivery and evaluation of local authority funded EWMH support for North Kensington’s children and young people. Feedback from children and young people about what the children and young people found most helpful about the support they accessed focused on: The importance of services that

³⁹[YWF Our-City-Our-Future 2020 21.pdf \(youngwestminster.com\)](#)

⁴⁰[Introduction \(rbkc.gov.uk\)](#)

build their self-esteem, provided stability during turbulent times, and had given them a voice and sense of community when they didn't feel heard; participants valued the range and relevance of EHW activities on offer; engagement in creativity for improving mood and building social skills; the importance of trusting relationships between participants and staff being key to children and young people feeling they could ask for help and advice; and services were valued for offering positive role models and as a good distraction. Feedback on what should be included in a future offer focused on: Stability, choice-based methods of delivery; services remaining available outside of school; and support being delivered in one convenient location.

Appendix 2 - Development of services since 2019

Joint Strategic Priority	Progress Made since April 2019
Our Early Intervention Offer	<p>The CAMHS 0-5 years attachment service has continued to operate successfully in children's centres across both boroughs. This service offers specialist treatment and consultation to improve the wellbeing of children under 5 years; through offering advice, signposting, parent-child sessions to name a few.</p> <p>Worked with partners to secure DfE funding to further imbed the Trauma informed practice approach in both boroughs. Trained large numbers of professionals locally (390 in RBKC and 420 in WCC)</p> <p>Mental Health Support Teams are delivering a wide range of successful support in 20 WL and 43 CL schools</p> <p>Have funded an enhanced offer of support for non-MHST schools which has been generally well utilised. This has included but is not limited to the Schools Suicide and Self harm Awareness and Prevention Work in schools and universities, including training for teachers and communities.</p> <p>We have a much better understanding the EWMH needs of education staff and the negative impact that the Pandemic has had on their MH and we are piloting additional specialist support for them.</p> <p>Between April 2017 and June 2021, a total of 348 professionals across the Bi-borough have been trained in YMHFA.</p> <p>Our WL MHST have just launched a Youth Mental Health Ambassador programme at one of their settings.</p> <p>A Youth Hub Mental Health Worker pilot is in place in Westminster and RBKC and we are supporting the development of a whole Youth Hub approach to EWMH.</p>

	<p>The Change4life programme promoting healthier lifestyles acknowledging the correlation between physical and mental wellbeing.</p> <p>There are a range of local, fun and accessible physical activity services led by Active Westminster and Active for Life across the Bi-Borough. This 12 week scheme encourages CYP who may struggle with their mental health or with adopting a healthy routine to do regular exercise.</p> <p>2 Kids Time programmes are running in Westminster (focused on poor parental MH and the impact on CYP)</p> <p>Our MHSTs are offering a greater level of information and support for parents and carers</p> <p>We have continued to promote this offer widely to children and young people and parents. Have developed a QR code, are trialling the roll out of MH keyrings in WCC schools and have distributed thousands of leaflets and posters to schools, relevant council departments and local partners.</p> <p>The digital offer has been expanded to increase understanding and access to support. This has included virtual appointments, signposting services such as KOOTH, Healios and BEAT and the new CAMHS website that was launched on the 1st Jan 2021. The aim is to provide digital appointments for patients to support reducing backlogs in CAMHS and ED services.</p>
Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy	<p>Large scale consultation process conducted in 2021, which has informed the next stages of the Grenfell tragedy recovery. The learning of which has been shared publicly on LA website.</p> <p>The New Grenfell Recovery Fund was launched and has funded 6 successful new projects aimed at supporting the wellbeing of children and young people impacted by the tragedy.</p>
Our 16-25 year old offer	<p>A new model of mental healthcare has now been designed for young adults, aged 16-25 years, living in North West London (NWL) as part of our implementation of the NHS long-term plan. Young adults have taken a key role in developing this model along with staff from NHS, local voluntary, community and social enterprise organisations, education and local authority who attended a series of participatory workshops between May and September'21 to design a new offer to better meet the mental health and wellbeing needs of young adults in NWL.</p> <p>The Young Adults Mental Health Programme governance has been established in CNWL from May 2021, which oversees the design and development of the new model of care.</p>

<p>Our more vulnerable groups offer</p>	<p>We continue to review these. We have put in place therapeutic support for CYP who have been impacted by domestic abuse in both boroughs and have outlined our commitment to supporting survivors in the Violence Against Women and Girls Strategy 2021-26.</p> <p>A new model is being developed for the 5-11year olds with MLD, Autism and/or mental health and their families. This service will sit in the Short breaks team and will be aimed at early intervention. Work is underway to align this model with existing CAMHS pathways and support. The model will be supervised by all the staff in the Educational Psychology team in the Bi-Borough. This is a pilot and will be implemented early in 2022.</p> <p>Youth mental health workers from MIND are embedded in youth hubs in RBKC and WCC to enable young people to access mental health support in an environment that they feel comfortable accessing it.</p> <p>Systemic Clinicians inputted into the development of our pilot to expand the WCC LAC CAMHS Team to now also support Care Leavers</p> <p>As part of the CAMHS transformation plans for 2021-22 and future years, CAMHS services in youth offending teams have had a renewed focus. A submission to NHS England was received at the beginning of October 2021 for recurrent funding for CAMHS and liaison and diversion workers in YOS.</p> <p>A Trauma Informed approach is at the heart of our Inclusion Strategy and associated programme of work.</p>
<p>Increasing our productivity and reducing our waiting times in our existing CAMHS services</p>	<p>With the CAMHS transformation funding received in 2021-22 and expected recurrently year on year, there has been a focus on the NHS Long Term plan target to increase CAMHS access by 35%. With the development of KOOTH, additional posts throughout CAMHS services, mental health support teams in schools and child wellbeing practitioners, it is likely that this target will be met.</p> <p>The challenge going forward for CAMHS is to meet the anticipated new target of 4-weeks waiting times for all referrals. CNWL are testing out models now to assess readiness for this new national target.</p>
<p>Our crisis support offer</p>	<p>A 24/7 crisis support line for children and young people is now available across North West London including in the Bi-Borough. There is also the new Adolescent Community Treatment (ACT) team staffed by CNWL, which case holds children and young people in crisis to get them to the right support. This may include requesting a LAEP to plan the multi-agency approach to prevent children and young people needing an inpatient bed or residential placement.</p> <p>The measures to achieve more community-based crisis support includes specialised, bespoke packages of care and wrap-around support to enable young people to return home.</p>

Appendix 3 - Where we are now

The National Context

'Future in Mind' (2015)⁴¹, the Five year Forward View for Mental Health (2016)⁴², the Green Paper (2017)⁴³, the NHS Long Term Plan (2019)⁴⁴ and the associated NHS Mental Health Implementation Plan (2019)⁴⁵ set out the Government's ambition for a more radical and fast paced transformation of children and young people's EWMH services in England. Alongside these the Children and Families Act 2014 placed duties on local authorities, health bodies and other partner organisations to work together to deliver support and services to children and young people with SEN and disability to achieve person centred support leading to improved outcomes. This includes:

- A significant focus on improved and increased schools-based support
- A choice-based offer for patients
- An increased focus on early intervention and prevention (including increasing resilience)
- Making it easier for children and young people to seek help and support in non-stigmatised settings
- Putting the needs of children and young people (and the families that support them) at the heart of services they receive

The NHS Long Term Plan was even more ambitious than those that had gone before it, with the intention that meeting people's mental health needs will be treated as importantly as meeting their physical health needs (parity of esteem). This will be achieved through a range of measures including a ringfenced local investment fund worth £2.3bn a year by 2023/24, a comprehensive offer for children and young people which will reach across children and young people and adult services up to the age of 25 and aims to identify and treat mental ill health at the earliest possible point, and significantly more children and young people accessing timely and appropriate mental health care. Most ambitiously of all, the Long Term Plan (LTP) commits to ensuring that 100 per cent of children and young people who need specialist care are able to access it in the coming decade.

The NHS Mental Health Implementation Plan 2019/20 – 2023/24 sets out how local areas should be implementing the ambitions of the Long-Term Plan. It sets out the renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment worth at least £2.3 billion a year for mental health services by

⁴¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

⁴²<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

⁴³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

⁴⁴<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

⁴⁵[NHS Long Term Plan » NHS Mental Health Implementation Plan 2019/20 – 2023/24](#)

2023/24. Children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. By 2020/21, all Five Year Forward View for Mental Health (FYFVMH) ambitions will be met, forming the basis of further growth and transformation. The below table sets out the national FYFVMH and LTP planning and delivery requirements that local systems, including North West London, will lead and receive funding to deliver. Our NWL ICP is focused on achieving these ambitions.

The Local Context

The way that local health priorities are set, and services commissioned has changed.

- Building on strong borough-based partnerships, Local Authority and NHS Chief Executives in North West London (NWL) are working together to form an Integrated Care System made up of more than 30 NHS and local authority organisations to serve a population of 2.4 million people, making us the largest health and care partnership in the country
- In NWL, our Children and Young Peoples priorities are to focus on early years, tackle oral health and obesity, improve outcomes for children with long-term conditions (initially focusing on asthma), and proactively identify and meet complex needs
- The 8 North West London CCGs have merged into one, NWLCCG, and have re-organised teams to match, which is now called the Integrated Care Board. The NHS commissioning arrangements are based across the three boroughs for this Local Area (Kensington and Chelsea, Westminster, Hammersmith & Fulham).
- Locally the Placed Based Partnership has agreed three priorities for Children and Young People: Whole System Speech, Language and Communication Needs; Whole System Autism pathways and support; and Whole System Mental Health and Wellbeing

Appendix 4 - Our current EWMH service offer's reach and activity

The following table sets out a snapshot of the reach of the core EWMH services:

Service	RBKC	WCC
Kooth	55 new registrations 298 logins (as at Jan 2022)	117 new registrations 409 logins (as at Jan 2022)
Mental Health Support Teams	20 School setting (13 primary, 6 secondary, 1 PRU) 237 YP supported in 1:1 and targeted activity (2021/22 academic year)	33 school settings (26 Primary Schools; 6 secondary schools and 1PRU)

		735 YP supported in 1:1 and targeted activity (2021/22 academic year)
Mental Health Youth Workers	1 part time youth worker across 2 RBKC Youth Hubs	2 part time youth workers across 5 WCC Youth Hubs
Emotional Literacy Support Assistants	15 ELSA's per borough offered free to schools	15 ELSA's per borough offered free to schools
Bi-borough School Health Service	Universal service provided to 13,275 pupils in RBKC schools	Universal service provided to 22,023 pupils in WCC schools
West London Zone	8 school settings 236 children aged 5 – 16	4 school settings 145 children aged 5 – 16
CNWL CAMHS	<p>Total number of CYP aged 0-18 receiving 2 or more contacts in previous 12 months: 1088</p> <p>Total number of CYP that waited up to 4 weeks from referral to first contact in July 2022: 37</p> <p>Total number of CYP that waited more than 18 weeks from referral to first contact in July 2022: 5</p>	<p>Total number of CYP aged 0-18 receiving 2 or more contacts in previous 12 months: 799</p> <p>Total number of CYP that waited up to 4 weeks from referral to first contact in July 2022: 17</p> <p>Total number of CYP that waited more than 18 weeks from referral to first contact in July 2022: 4</p>

Appendix 5 – EWMH embedded in our wider partnership

We know that EWMH is influenced by so many factors and impacts in so many areas, it doesn't abide by or align with service or organisational boundaries. As such the support available across our boroughs being delivered in services and organisations beyond those directly funded by the LA and NHS Commissioning CAMHS budgets is crucial to us delivering our ambition of all children and young people in our boroughs having good EWMH. This is a real strength of our current offer and particularly improves our local prevention and promotion services. Examples include, but are not limited to:

Bi-Borough

Systemic Practice

Systemic practice is the framework within which all of our social care practitioners' practice. This systemic model centres on:

- Understanding relationships and how interactions can both foster problems and solve them when considering; the context in which they exist
- How they are co-created
- Their strengths and patterns
- Responses to problematic situations
- Understanding the best ways to intervene to generate lasting change in the life of families and children

The ways that relationships function in a family are fundamental to the happiness, wellbeing and safety of all family members, and this is especially important for children and young people's safety, development and growth.

Systemic approaches are flexible and evidence-based, enabling us to think about relationships within families and how these impact on the child. They also allow us to reflect on the relationships that we build with families and each other as professionals and our professional systems. This helps us as practitioners to use consultation and supervision to keep in mind the part we play in solving problems or reflecting on what we might need to do differently to effect change.

The Education Psychology Service

Educational and Child Psychologists (Eps) have expertise in educational systems, learning, and child development, including social-emotional (well-being/mental health) and behaviour needs. Educational Psychologists (Eps) use psychological theory and research to improve the learning and well-being/mental health of children and young people up to the age of 25 years. All the borough's state funded nurseries and schools have a dedicated link EP who is trained in emotional well-being/mental health, trauma, bereavement, loss and critical incidents.

The work of the borough's EPs includes:

- Individual pupil focused consultations, assessments, planning and reviews.
- Work around a whole class group of pupils or year group. This can include supporting and developing staff confidence and competence (discussion groups to talk about the challenges posed by working with a child or young person and exploring possible solutions together).
- Interventions with children and young people either individually or within groups such as:

- Cognitive Behavioural Therapy and Systemic Family Therapy Approaches, Solution Focused interviewing, Circle of Friends.
- Using the person-centred futures planning tool MAP (Making Action Plans) with school staff to facilitate a child, young person, family, team or organisation to think together around a given challenge or issue.
- Eps are trained in Video Interaction Guidance (VIG) and Video Enhanced Reflective Practice (VERP). Both are based on theories of attachment, enhancing attuned interactions and mediated learning. VIG is recommended as an evidence-based Intervention by Public Health England (2015) and NICE Guidelines (2015). With VIG, a practitioner and client (parent/carer/practitioner) reflect together on video clips of their own successful interactions with a child or young person. VERP is an approach to professional development based on the same principles as VIG but can be carried out with a small group of practitioners.
- Facilitating restorative group, class and 1:1 interventions including 'Tree of Life' and 'Cook and Talk – 'growing around grief' events for promoting calming, self-efficacy, connectedness as well as resiliency and hopefulness.
- Working with school staff and parents/carers to see 'learning' as being a core therapeutic intervention (can provide structure, boundaries, routine and a sense of success)
- Training and research. Examples of our well-being/mental health training offer to schools includes:
 - Whole school training for staff in relation to traumatic events, bereavement and loss.
 - Understanding attachment and resiliency theory and practice to improve relationships.
 - Running the Emotional Literacy Support Assistant (ELSA) accredited training programmes so teaching assistants can offer skilled support to individual pupils from a knowledge base.
 - Running parent/carer workshops on various topics relating to children's/young people's well-being/mental health such as the importance of sleep and play.
 - Mental Health First Aid trainer training.
 - Understanding, reflecting and planning around the challenges of inattention, lack of focus, concentration and impulsivity in the classroom.
 - Exploring and understanding Gender and the needs of LGBTQ children and young people in schools: Gender sensitive and neutral classrooms.
 - Exploring and understanding EBSA (Emotionally Based School Avoidance)
- Eps also provide support to the borough's nurseries and schools following a critical/traumatic incident. This work includes:
 - Providing information and guidance materials for Headteachers and Special Educational Needs Co-ordinators (SENCoS) to support their conversations with the school and its community.

- Supporting the Senior Management Team to think strategically about the wider impact and ongoing impact and who might be most vulnerable.
 - Developing and providing our own resources for school staff, parents/carers and children/young people – particularly in areas where there are few published resources.
- The EPCS has an up-to-date Critical Incident Policy 'Critical Incident Support for Bi-borough Schools 2020' which is available on our Services2Schools Webpage.

Social, Emotional and Mental Health (SEMH) needs of children with SEND

The NHS commission a specialist CAMHS under-5s service, which is focussed on attachment, runs from two children's centres in each borough: Cheyne and Holmfield House in RBKC, and the Portman Early Childhood Centre and Bessborough Family Hub in Westminster. The service uses Video Interaction Guidance interventions which NICE considers to have strong evidence of efficacy. Due to its effective outcomes and consistent high parent, carer and professional satisfaction ratings this service has been agreed to be expanded to other boroughs in North West London (Brent, Harrow and Hillingdon).

The NHS Integrated Care Board has commissioned a range of early intervention services in schools as part of a redesign of the system over the last three years. This includes:

- Westminster Special Schools Outreach team to deliver training and conferences to support children with neurodevelopmental disorders including:
 - Supporting the emotional wellbeing of children and young people with sensory loss (during transition)
 - Providing 'Mind Up', a mindful awareness programme for schools
 - Supporting emotional engagement of children and young people with profound and multiple learning disabilities (PMLD) and ASD through creative arts
 - A SEND conference on neurodiversity and emotional wellbeing

Community CAMHS have been successful in attracting Child Welfare Practitioners (CWPs), who provide evidence-based interventions to support young people with mild-moderate anxiety, low mood and/or behavioural difficulties. This service is an important step in providing a graduated and preventative SEMH offer for children and young people in the boroughs.

Dedicated transition workers support young people aged 14-25 who have a learning disability, or/and ASD with additional mental health needs. These posts are currently vacant and need NHS governance approval to proceed to recruitment. It is likely these posts will sit with a third sector provider but with supervision lines to the mental health trust, and consultation/team working with the local authorities.

The School Health Service

The Bi-Borough School Health Service includes a dedicated Registered Mental Health Nurse who is focussed specifically on emotional health and wellbeing of school children and young people attending RBKC and Westminster grant maintained, academies and free schools and grant maintained alternative provision. The nurse provides specialist advice and supervision to school nurses on individual cases linked to CYP with EWMH, consultations with school staff on an ad hoc basis, Emotional Health and Wellbeing health promotion including Mental Health awareness to CYP and School Nurses. The nurse also does training aligned with school training needs, and some direct individual and group work with children and young people.

All School Nurses are trained in Tier 1 mental health interventions, provide dedicated support for each school and referral to CAMHS and other appropriate support services where needed. The service also helps to design and deliver Personal Health Social and Economic (PHSE) Education sessions, working in partnership with a number of other services and agencies, for example the Healthy Schools Partnership and contributes more broadly to whole-school approaches supporting emotional resilience, such as the local Mentally Healthy School Teams (MHST) initiatives and the Healthy Child Programme (5-19).

The Change4Life Programme and Service

This programme aims to promote the physical and mental health and wellbeing of children and families across the Bi-Borough, aligned to the national Change4Life campaign led by Office for Health Improvements and Disparities (OHID).

The Change4Life Programme is a whole-system approach to tackle childhood obesity based on three strands: community, healthier environment and healthy weight and wellbeing support service. This evidence-led service supports children and families to adopt positive changes in their everyday lives, through offering clubs, interactive sessions and one-to-one coaching schemes that offer a 6-12week personalised plan to help those who require additional support.

Climate Change – City for All, Greener and Cleaner Agenda

The Healthy Streets Approach seeks to improve air quality, reduce congestion and help make London's diverse communities greener, healthier and more attractive places to live, work, play and do business. Healthy Streets put people and their health at the centre of our decision making, helping everyone to use cars less and to walk, cycle and use public transport more. The aim is to make active travel safer, more accessible, and more inclusive, and to highlight the impact of outside space on EWMH.

Physical Activity

Physical activity is fundamental in promoting good emotional wellbeing. There are a range of local fun and accessible physical activity services led by Active Westminster and Active for Life across the Bi-Borough. There is a Physical Activity Referral Scheme (PARS) is delivered by everyone active. This a 12-week scheme designed to gently ease participants into physical activity. This aims to increase participants activity levels and knowledge of physical and mental wellbeing and benefits of physical activity through one-to-one support supervised

activity sessions and group exercise ore swimming. Residents with a mental health condition are eligible to access this service and are encouraged to do so. The role of sports participation in the community is stressed to also combat loneliness and give the opportunity for social connection.

Pre-Birth to 5 Pathway Redesign

Work is underway to establish a coherent pathway from pre-birth to five which develops a graduated offer in accordance with the profile of need. The project explores innovative and evidence-based approaches to meeting need that draws on insights from system leads, practitioners and service users and commissioners. This will include a focus on targeted support including an EWMH offer for this cohort of children, as well as maternal mental health support.

There is recognition that experience and development in early years (the first 1000 days) are crucial to long-term outcomes in later life, including mental and emotional wellbeing. The pandemic has had a significant impact on the early years' environment that babies and young children are growing up in. The attachment bond between a child and their primary caregiver has a long-term impact on a child's sense of self, development growth and future relationships with others. Where children have a secure attachment, it is an important preventative factor for their mental health, while insecure attachments can be a risk factor for the development of emotional and behaviour problems. Public Health commission a variety of evidence-based services to support children and families during this period such as Family Hubs and Health visiting across both boroughs.

The redesign will bring together our health visiting and early help services to jointly deliver services for families with children under five. A key part of this will involve introducing a new targeted offer for parents with additional vulnerabilities as part of the 0-19 targeted early help teams. A multi-disciplinary workforce will provide intensive support to families over a 12-month period. The delivery model will include:

- A single pathway and multi-disciplinary workforce for under 5s targeted work with a shared assessment for vulnerability.
- A trauma-informed, relational, whole family practice model.
- 21 face-to-face home visits and/or remote visits over a 12-month period.
- One practitioner with ownership over the whole family's needs, working with different specialists as necessary.
- A focus on attachment and rebuilding the relationship between a child and their caregivers where is has been fractured.

The focus on intensive support at an early age is aimed at supporting the long-term emotional wellbeing of children, as well as parental mental health during a potentially vulnerable period. The core offer is also supported by commissioned services such as Maternity Champions who work closely with midwives, health visitors and children's centre staff to ensure that new parents and children find the right support early on.

Young People's Health and Wellbeing Service

The Young People's Health and Wellbeing Service (YPHWS), delivered by Human Kind under the service name of Insight.

The Insight service is fully integrated for Young People's (YP) health and wellbeing within Kensington and Chelsea and Westminster. Insight provides wrap around support with a primary focus on drug and alcohol misuse and smoking cessation, but it also includes sexual health, coercive control and emotional and mental wellbeing support. Insight provides confidential support to YP offering advice and information alongside a range of proactive, diversionary and preventative forms of drug, alcohol and smoking interventions, targeting YP who are identified as being vulnerable and most at risk of engaging in risky behaviour. Insight works directly with children, teenagers, and young transitional adults between the ages of 13 to 25, and where appropriate their families' carer and professionals. The service seeks to enable YP to divert and stop their practice before substance use becomes addictive, heavy, and ingrained, to move away from criminal activities and to take personal responsibility in moving forward with their lives in a more positive manner.

The YPHWS service has establish clear referral pathways into services such as Child and Adolescent Mental Health Services, access to community mental health teams, Dual Diagnosis, School Nursing leads, Children's Services, Youth Offending Teams, and the Integrated Gangs and Exploitation Unit. The service is flexible and robust, providing a single point of access focused on the young person's needs, with referrals made to these services followed up and where necessary jointly worked, ensuring each young person has been seen or the necessary action has been taken.

West London Zone

West London Zone (WLZ) operates in selected schools across both RBKC and WCC. It provides early intervention services for primary and secondary school aged children within a targeted area in West London. The WLZ programme provides direct support for children and young people who are having difficulties at school in a number of key educational domains i.e. literacy, maths or, displaying behavioural problems leading to exclusions, warnings etc. The programme offers therapeutic and practical support to improve educational attainment, mental health, attendance and behaviour.

In Westminster

Early Help

Emotional Wellbeing and Mental Health is a key priority for the Early Help System in Westminster. This is articulated in the Early Help Strategy, 2019-2022, From Surviving to

Thriving, it starts with us. The Strategy recognises that our practitioners are the intervention and the behaviours they exhibit will facilitate the change for families.

The Strategy is underpinned by a relational and trauma informed approach. This is in recognition that children who develop healthy attachments with their parents/carers in the early years of life develop the foundations for healthy development into adulthood, through learning to regulate their emotions and develop the resilience to thrive despite the ups and downs of life.

There is a strong focus on providing the support to help children, young people and families to build the resilience to thrive through understanding the reasons for certain behaviour, rather than just the result of the behaviour. This approach supports families to make more sustained change. There is also a very strong emphasis on working with the whole family context to create sustainable change rather than reacting to individual 'issues'.

Key components of the offer which include a particular focus on emotional wellbeing and mental health for children, young people, and their parents/carers include:

- Three Family Hubs located in areas of significant need which bring together providers across a neighbourhood who share a single approach to working with families and their children from birth to 19 years. This offer of support is practically delivered through a range of connected services in the community, linked through the new role of a Family Navigator, as well as including CAMHS Early Intervention Workers located in each Hub
- Have developed and embedded 2 Kids Time workshops in Westminster. Kids Time, a monthly workshop for families who have a parent with a mental illness, is now in operation in the North and South of Westminster. The multi-family workshops provide a safe and supportive environment for children and young people to explore their experience of having a parent with mental ill health, through an arts-based approach. Parents engage with their child and with other parents to increase their understanding of their children's needs and develop a community of support.
- A School Inclusion Pilot in five local primary schools – plus at least 3 secondary schools – that employs a trauma informed approach. This has three components; trauma informed training (the ARC (Attachment, Regulation, Competency) model of trauma informed practice), a family intervention and a mentoring offer
- An Intensive Support Team which focuses on young people on the edge of care with the aim of preventing children and young people previously identified as 'Edge of Care' from becoming Looked After Children
- An increasing range of evidence-based parenting programmes:
 - Circle of Security - A 10-week attachment-based parenting group ideally suited to parents with children under 7 years
 - Non-Violent Resistance - A 12-week group for parents with children aged 11 years or older who are displaying challenging or risky behaviour

- Who's in Charge - A 9-week child to parent violence (CPV) programme aimed at parents whose children are being abusive or violent toward them or who appear out of parental control
- Freedom Programme - A 12-week programme for women who have experienced domestic abuse in any of its forms, providing a reflective space and tools to identify abusive behaviour in the future
- Triple P 0-12 – An 8-week positive parenting programme ideally suited to parents with children under the age of 11 years
- The service is also testing the introduction of some on-line parenting courses for parents to complete in their own at home with regular follow up from an Early Help Practitioner. Such programmes include Triple P 0-12 or Teen Online and the Freedom online programme.
- Testing and embedding new approaches to parental conflict. Building Relationships for Stronger Families Programme - this DWP funded programme offers a series of evidence-based group or 1:1 support for families experiencing conflict within their couple or co-parenting relationship. Delivered by Tavistock Relationships, these programmes are also delivered remotely
- West London Zone (WLZ) is working in four schools in the North of the borough, with a plan to expand to three more schools in the South. They are currently working with 145 students across two secondary schools and two primary schools. WLZ assign each child a Link Worker who creates a personalised programme of support for them. Link Workers are based in school, and each is responsible for a cohort of children. Link Workers build a 'trusted adult' relationship with each child, encourage each child to set goals, provide support in one-to-one meetings to help reach these goals and bring in delivery partners to provide specialist support for each child. Children work with their Link Worker to design their own phased, two-year support plan and this is constantly reviewed by the Link Worker based on feedback from the child, their family, school, partners and local data. The Impact report from WLZ evidence that most children working with a Link Worker, significantly improved their outcomes following the intervention.

The Early Help Partnership agreed to focus on eight priorities to help achieve the intended outcomes set out in the Strategy. A number of these have a direct impact on emotional wellbeing and mental health including; ensure the youngest (from birth to age five) in our communities get off to the best start by promoting positive attachments and systematically identifying need from pre-birth and providing support at the earliest point, promoting emotional wellbeing and build resilience for all ages through universal and targeted programmes for the whole family, developing an earlier and more targeted response to domestic violence and abuse, improving family relationships, with particular focus on helping parents who are in conflict to work better together whether they are together or separated and strengthening parents' and young people's resilience in managing their behaviour and the wider risks to children's wellbeing within their communities.

In addition, a number of the nine priorities to develop the Early Help system focus on emotional wellbeing and mental health including; developing an Early Help workforce that is relational and trauma informed, developing clear and integrated pathways with adult mental health services and progressing the integration of health and social care teams.

The Targeted Early Help Criteria includes a focus on childrens, young peoples, and parent/carer mental health including; prioritising support for children not attending school regularly where the absence and exclusions are related to parenting capacity (including mental health issues) and where parenting capacity manifesting itself in significant behavioural issues for the child/young person where the impact of the parent's mental health, domestic abuse or substance misuse issues on their behaviour and wellbeing will escalate the family into safeguarding or care entry without further intervention.

The Youth Offer

WCC has recently announced an annual £500,000 investment in Youth Services. The council believes that local youth service providers, working in partnership with the council's Family Hubs, are best placed to use this funding to achieve the biggest impact on young people's lives. Well-run youth services targeted at helping young people are key to supporting them to reach their full potential and become happy, productive members of society.

We are piloting the delivery of a Mental Health Youth Worker offer across the 5 Westminster Youth Hubs. These roles are providing EWMH support to young people (aged 11-19 years old) who access Westminster's Youth Hubs through a mixture of 1:1 work and psychoeducational sessions. They are also supporting the Hubs to develop and embed an improved whole setting approach to EWMH and are training and upskilling local youth workers as part of this.

The Young Westminster Foundation

One of the keys themes to emerge from the Young Westminster Foundation's (YWF) most recent needs analysis report, [Our City, Our Future](#), was around health and wellbeing. In particular the severe impact of Covid-19 on young people's mental health and as a result, Health and Wellbeing will continue as being a key area of focus for the YWF.

A third of young people interviewed felt that mental health issues were a significant concern amongst their peers and over 75% felt that mental health issues were common amongst their peers.

In response the YWF has brought together a partnership and a programme of work, the ultimate aim being to improve health and wellbeing outcomes for young people in areas of deprivation across Westminster. The approach is collaborative building on the strengths of statutory and voluntary services and helping shape projects that young people themselves have helped create.

Partners include Westminster's 5 main Youth Hubs as well as a wider offering of organisations and clubs based in local communities. At the heart of these organisations, often based in areas of greatest deprivation, youth workers with trusted relationships with young people are delivering a range of activities which have been co-designed by young people. The activities focus on increasing the resilience of young people, giving young people the tools to deal the challenges they have identified in their every day and helping them transition into adulthood more confidently. More specialist delivery partners such as Dream Arts are able to support youth clubs and young people and bring their professional expertise in more specialist areas around health and wellbeing sharing learning around trauma informed approaches to working with young people.

At the beginning of June two specialist Mental Health Youth Workers with a background in children and young people's mental health joined the youth workers at the five youth hubs. Working within the multi-disciplinary team at Brent, Wandsworth and Westminster Mind, they will rotate between the Youth Hubs and be responsible for providing mental health and wellbeing support for children and young people who attend youth clubs in Westminster. The new roles look to recognise some of the barriers that exist for young people accessing mental health services, such as the clinical settings and address the need for supporting young people in spaces where they feel comfortable.

With Young people most frequently identifying doing well at school and in exams (79%) as their main worry [Our City, Our Future](#), YWF is looking at programmes which can offer support. YWF worked with Dream Arts to develop a programme aimed at supporting young people in their transition from Primary to Secondary school. This programme is running across the summer in 3 locations in Westminster and aimed at children who are most likely to find this transition difficult and who are anxious and lacking confidence around this milestone. This year, following so much disruption, some children are finding the transition particularly difficult and the programme – taking referrals from a variety of partners including WCC Early Help, offer practical sessions to build confidence and resilience in young people.

The YWF will continue to build the capacity of the partnership consulting with their team of young ambassadors and more widely with the young people attending partner' services to ensure that the partnership is able to respond to the needs of young people and has a good understanding of and links with statutory services including children's services, CAMHS and Early Help.

In Kensington and Chelsea

Early Help

Our aim is to work together across agencies and build relationships with families to support children and young people to achieve good outcomes. We want to continue to integrate services and leadership for children and young people aged 0-19 (up to 25 with SEND) and their families, providing help when difficulties first begin so that we can support them to find solutions quickly. This support will be provided through a partnership with services that families are most likely to engage with and in a range of settings including children's centres, schools and other community spaces.

The Early Help model centres around a North & South Family Hub. This model creates the ability to maximise opportunities for localising delivery and enable closer integration and alignment with wider children and family services & partners within the borough. It allows for greater flexibility of resource allocation at a locality-based family hub level, whilst recognising that there are some aspects of work where it continues to be more efficient and effective to deliver these on a borough-wide and basis.

In RBKC our family hubs:

- Provide and/or co-ordinate access to universal and targeted family support within a range of welcoming and accessible settings
- Support families to be resilient, self-reliant and independent whilst having the help when they need it in a timely and appropriate way
- Lay the foundation for future integration across the community and voluntary sector as well as collaborating with our partner agencies

The Family Hubs are underpinned by a relational and trauma informed approach. This is in recognition that children who develop healthy attachments with their parents/carers in the early years of life develop the foundations for healthy development into adulthood, through learning to regulate their emotions and develop the resilience to thrive despite the ups and downs of life.

There is a strong focus on providing the support to help children, young people and families to build the resilience through understanding the reasons for certain behaviour, rather than just the result of the behaviour. This approach supports families to make more sustained change. There is also a very strong emphasis on working with the whole family context to create sustainable change rather than reacting to individual presenting needs.

The whole family approach addresses the direct impact on emotional wellbeing and mental health including ensuring the youngest (from birth to age five) in our communities get off to the best start by promoting positive attachments and systematically identifying need from pre-birth and providing support at the earliest point, promoting emotional wellbeing and building resilience for all ages through universal and targeted programmes for the whole family.

Across Early Help there is a focus on emotional wellbeing and mental health including developing an Early Help workforce that is relational and trauma informed, and developing this approach across schools, VCS and Children's Services. The focus on child, young person, and parent/carer mental health includes; prioritising support for children not attending school regularly where the absence and exclusions are related to parenting capacity (including mental health issues) and where parenting capacity manifesting itself in significant behavioural issues for the child/young person where the impact of the parent's mental health, domestic abuse or substance misuse issues on their behaviour and wellbeing will escalate the family into safeguarding or care entry without further intervention.

Key components of the Early Help offer which include a particular focus on emotional wellbeing and mental health for children, young people, and their parents/carers include:

- A North Kensington Inclusion Pilot – that employs an intensive systemic approach. This pilot will be working with a group of primary and secondary schools across North Kensington which have higher levels of exclusion and/or a high proportion of children and young people with characteristics that are shown to be disproportionately overrepresented in data on exclusions. Workers embedded within the schools will focus on working alongside the school's leadership team to identify pupils who may be at risk of exclusion both in the short and longer term. The focus of the work will be to address underlying issues that lead to exclusions using a systemic and trauma informed whole school approach to address poor attendance, behaviour issues, and family and parental supports needs, which are often barrier to progress.
- Testing and embedding new approaches to parental conflict. This includes programmes aimed at improving family relationships, with particular focus on helping parents who are in conflict to work better together whether they are together or separated and strengthening parents' and young people's resilience in managing their behaviour and the wider risks to children's wellbeing within their communities.
- The Families Forward Team which focuses on young people on the edge of care with the aim of preventing children and young people previously identified as 'Edge of Care' from becoming Looked After Children.
- The Detached and Outreach Team whom identify and engage young people at risk of SYV, many with mental/emotional health issues.
- The Targeted Prevention Team (NEETS) working to prevent children at risk or already NEET, many with mental/emotional health issues

Children's Social Care

Additional roles in Children's Social Care teams include a Family Therapist/Psychologist supporting unaccompanied minors, care leavers and children in residential placements and a Child Psychologist in the multi-disciplinary Family Assessment Service (for Court based assessments).

The Youth Offer

Following the RBKC Youth Services Review in 2018, the new offer requires that all providers embed emotional wellbeing and resilience into their delivered youth activities. This will support the development of these skills in young people through a breadth of interesting, engaging and non-stigmatising activities. Youth Providers will be required to report on how they deliver outcomes relating to young people's improved wellbeing, participation in physical activity and adoption of healthy behaviours.

The continued implementation of the RBKC Youth Strategy will also see the development of Youth Networks to encourage local youth providers to collaborate and share best practice, training, and resources. Particularly in relation to staff capacity and training to support young people to live happy healthy lives, which was identified as a key priority for the Borough's youth provision following the review.

Key Cross-cutting Themes

Our Joint Strategic Priorities above help us to explain and focus our delivery in defined areas of activity. They generally align with a particular type of need, cohort, or component of service offer. There are however a number of themes that are very important and span across multiple Strategic Priorities. These are:

Collaboration and coproduction

We need to continue to develop and imbed our approach to most effectively ensuring that the voice of children and young people (including those who are more vulnerable) and their parents/carers are heard in informing and developing our offer. This will give us the best possible chance of delivering an offer that children and young people are able and willing to access and that most effectively improves their EWMH.

Communication

There is an overarching sense that the offer we have available isn't as effectively communicated as it could be. This includes how children, young people, parents/carers, partners and professionals understand what is available, for whom, how it can be accessed and how it differs from other parts of the offer.

Coordination

The offer is necessarily broad and overlapping, spanning service and organisation boundaries. We need to coordinate the offer ever more effectively to reduce duplication, overlap and gaps, and increase our efficiency and effectiveness. This needs to include easily understood pathways, service alignment and effective interfaces.

The significance and impact of parental poor mental health

We know that this has an enormous impact on children and young people's EWMH and their ability to access and be supported by appropriate services. Provision is in place focused on this, including ante-natal and postnatal support, as well as our early help offers. There is however a strong sense that we need to be doing more here to lessen the significant impact this is currently having.

Equipping staff across the partnership with the knowledge and confidence to support children and young people's EWMH

We know what an important role professionals working with children and young people can have in spotting the signs of poor mental health and providing support. We are supporting staff in this area through the delivery of training (including Youth Mental Health First Aid) and through the Mental Health Support Teams, but more needs to be done to increase the levels of knowledge, confidence and capability across the workforce.

Appendix 6 - Glossary of Key Abbreviations

ACT Team-	Adolescent Community Treatment Team
ADHD-	Attention Deficit Hyperactivity Disorder
APs-	Alternative Provision
ASD –	Autism Spectrum Disorder
BiB-	Bi Borough
CAMHS –	Children and Adolescent Mental Health Services
CBT-	Cognitive behavioural Therapy
CCG –	Clinical Commissioning Group
CNWL-	Central North West London
CWP-	Child Welfare Practitioners
CYP-	Children and Young people
DofE –	Department of Education
ED-	Eating disorders
ELSA –	Emotional Literacy Support Assistant
EPs –	Educational and Child Psychologists
EWMH-	Emotional Wellbeing and Mental health
FYFVMH –	Five Year Forward View Mental Health
IAPT National programme –	Improving Access to Psychological Therapies
LA-	Local Authority
LAEP-	Local Area Emergency Protocol
LTP-	Long Term Plan
MAP-	Making Action plans
MHST-	mentally healthy school teams
NEETs-	Not in Education, Employment, or training
NICE Guidance –	National Institute for Health and Care Excellence
NWL ICP –	North West London Integrated Care Partnership
NWLCCG-	North West London Clinical Commissioning Group
PSHE-	Personal Health Social and Economic Education sessions
PMLD-	Profound Multiple Learning Difficulties

RBKC- Royal Borough of Kensington and Chelsea

SEN- Special Educational Needs

SEND- Special Educational Needs and Disability

SEMH- Social Emotional and Mental Health

SYV – Serious Youth Violence

UASC – Unaccompanied Asylum-Seeking Children

VERP - Video Enhanced Reflective Practice

VIG - Video Interaction Guidance

WCC- Westminster City Council

WLZ- West London Zone

YMHFA Youth Mental Health First Aid Training

YOT- Youth Offending Team

YPHWS - Young people's health and wellbeing service