

Special educational needs and disabilities (SEND)

Emotional wellbeing and mental health Kingston upon Thames

Parent Carer Forum / Parent Consortium
14 September 2020



**achieving
for children**



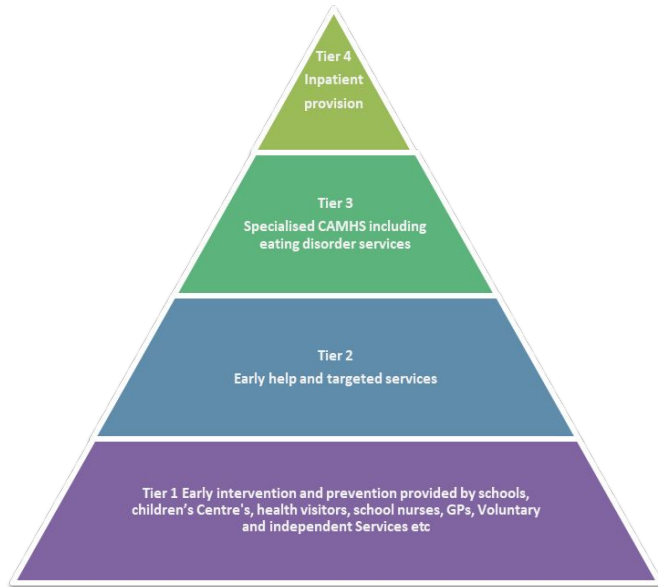
South West London
Clinical Commissioning

What will we cover?

- Information / description of tiers, threshold and available services and who delivers what
- Process and criteria for moving between tiers/adding levels of help
- Two service models are still concurrently in use (see next slide)
- Services are explained on 'local system of care' slide
- Services available for children and young people with SEND in a differentiated/specialist form
- Planned service development: Local LD* Psychology/PBS service with access to consultation and more help from SWL LD CAMHS

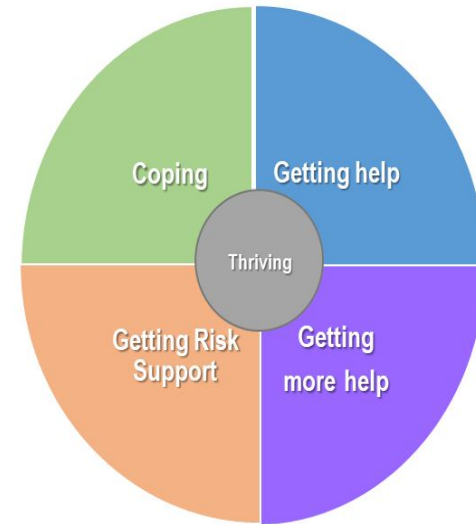
*LD = learning disability

CAMH Service Models



The Tiered Model

- Introduced in 1995
- Basis for planning, commissioning and delivery of CAMHS
- The Tiers represent the different levels of service responses to severity of need

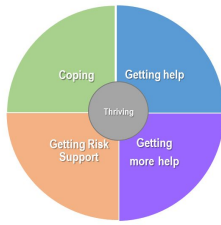


The Thrive Model

- Developed in 2014 by The Anna Freud Centre Consortium
- Developed in consultation with young people and parents
- Promotes coping and self management
- Prevents problems becoming entrenched
- Defines self management brief intervention and treatment
- Complements the Children and Young People- Improving Access to Psychological Therapies model

The Thrive Model

GETTING ADVICE

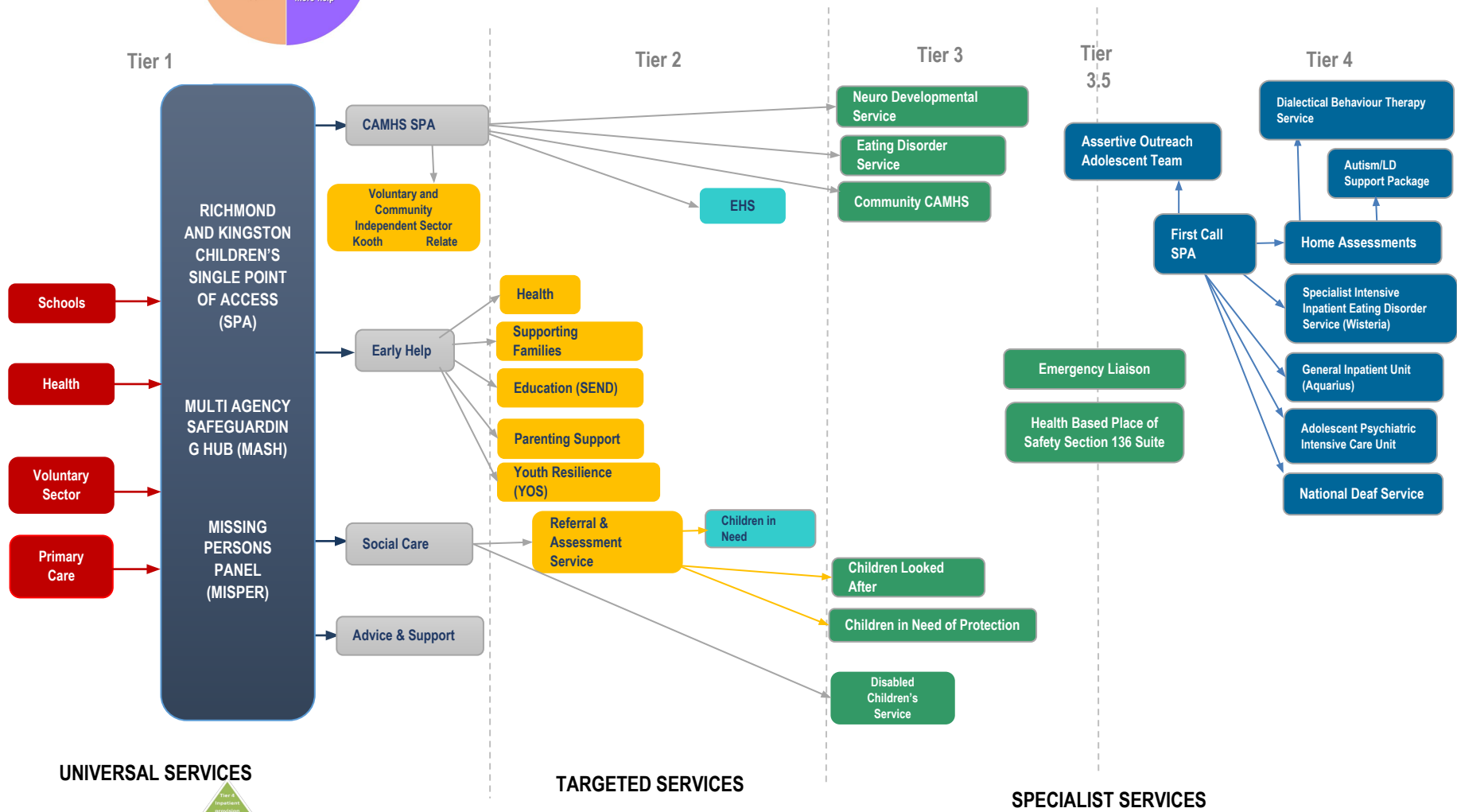


Local System of Care

GETTING HELP

GETTING MORE HELP

GETTING RISK SUPPORT

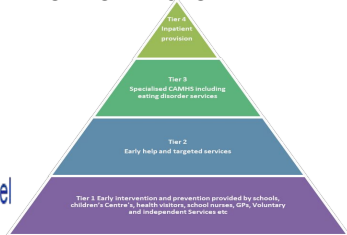


UNIVERSAL SERVICES

TARGETED SERVICES

SPECIALIST SERVICES

Tiered Model



What is working well?

- Mental Health Support Teams in schools
 - 12 Kingston schools led by Tolworth Girls
 - Approx 12 more to be added in January 2021
- New online resource hub
 - Helping families help themselves
- When families are seen by CAMHS / EHS, feedback is overall positive about the experience
- CAMHS SPA self referral option



What are we worried about?

- Demand for services continues to increase
- Recruitment of some staff can be challenging, due to national issues
- Waiting times for choice appointments and treatment
 - EHS wait for choice 5wks (Rich) & 8wks (Kingston)
 - EHS waits for treatment 6-9 months
 - Tier 3 choice 2-5 weeks (from opt in date)
 - Therapy 6-9 months
 - Psychiatrist 1-3 months

What are we doing about it?

- raising the profile of SEND within the wider CCG agenda
- a number of improvements are being discussed at senior levels eg SEND specific expertise within CAMHS
- dynamic support register
- tbc further survey on mental health via PCF database

Specific questions

What happens if useful intervention is in the "wrong tier"?

- Both services have a range of evidence based interventions which are appropriate for the client group
- If a child needs Art Therapy (only available from EHS) but is under the care of Tier 3, then local discussion would need to take place

Specific questions

What mental health support is available to parents and carers / could we arrange a webinar?

- Adult services e.g. icope
- Voluntary sector e.g. Express CIC have counselling for parents
- EHS will consider creating a pre-recorded webinar to add to our resource hub

Specific questions

What is the process when a child / young person is "discharged" from the system where needs are same as when they entered the system

- Referral to Social Services care support and alternative interventions, support services, peer support groups and local community initiatives. Shared Care arrangements with GP's
- Time is sometimes needed for change to take place, we do ask for therapy breaks and periods of consolidation

Specific questions

Outcomes following a choice appointment?

- EHS - Choice plus, waiting list for therapy (group / individual) at EHS, step up to Tier 3, voluntary sector, NDT screening, resources provided, refer to other agency e.g Ealy help
- T3 - Allocation to psychiatrist, Psychological interventions (waiting list), Step down to Tier 2 or voluntary sector, NDT screening or transfer back to referrer with advice as required.

Specific questions

How are cases supported in a coordinated way between different teams, between tiers, but also between social care / youth resilience and health teams?

- regular Team Around the Child / Family meetings
- now able to join meetings via video link
- EHS embedded / co-located with social care teams



Questions and discussion