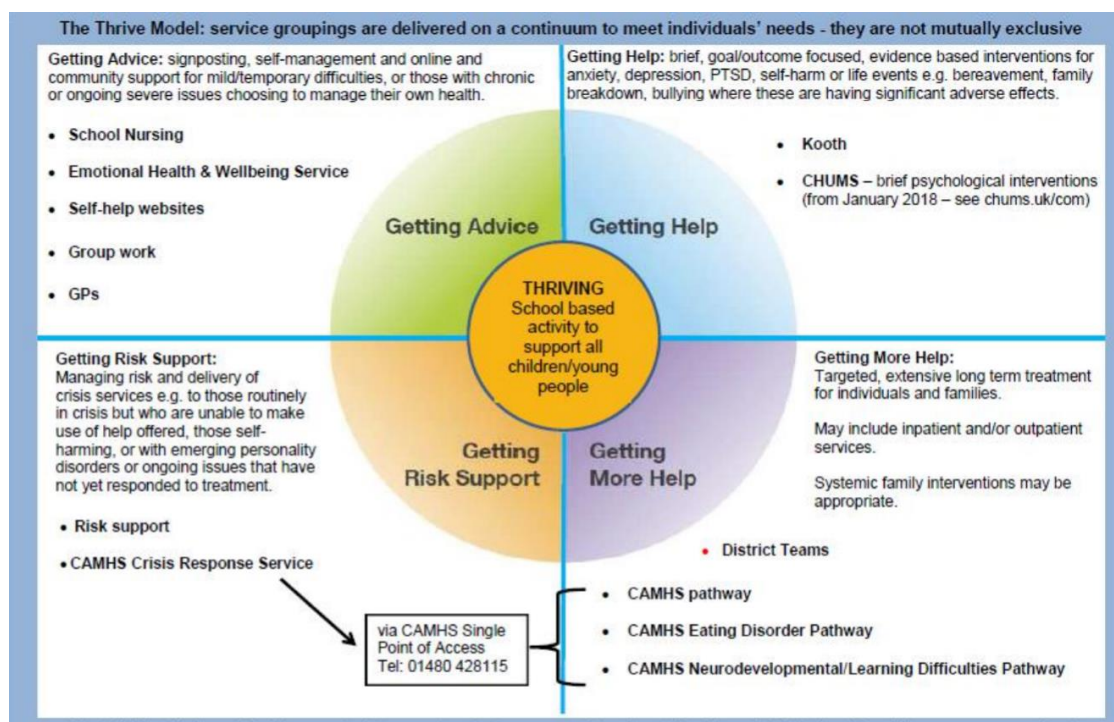


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**Network Meeting Report November 2017 – Social and Emotional Mental Health (SEMH)**

Three meetings were held across Cambridgeshire with parents, local authority commissioners, local authority managers, mental health services, schools and partner organisations. The topic for these meetings was Social and Emotional Mental Health. The aim was to give information about the new transformation in mental health services, gather feedback on this and look at where there were perceived gaps in services. Sharif Al-Rousi, Children’s Commissioner, presented about the new THRIVE model (See diagram below) CAMHS (Child and Adolescent Mental Health Services) talked about what training is available to those working with children and a representative from SEND (Special Educational Needs and Disability Team specialist services explained more about what they do in schools. In groups, we then discussed who had heard of any of the new initiatives brought about from the THRIVE model such as [www.keep-your-head.com](http://www.keep-your-head.com) and KOOOTH and what we thought the gaps in service would be. Parents were also able to raise individual concerns with service providers. The following report is a combination of the notes and discussion that took place at all three meetings with highlights of the main concerns of all parties involved.

**Presentations**



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Sharif Al-Rousi gave a presentation on the new THRIVE model for emotional health and wellbeing services including the new services and workers that have been introduced for all quadrants of the model. Rachel Ewan from the Cambridgeshire and Peterborough Foundation Trust informed the meetings of what training was available for those working with children and young people from CAMHS. This included the CAMHS foundation model and other funded training opportunities. A representative from the SEND specialist services informed parents about the roles that make up the service e.g. Educational Psychologists, specialist teachers and specialist practitioners. The criteria and thresholds for intervention were also shared.

### **Combined feedback about services and the gaps**

Below indicates what services parents and other organisations had heard of:

**Kooth.com** – 2 (Out of Cambridge City (CC), Fenland (F) and Huntingdon(H))

**Keep-Your-Head.com** – 2 (Out of CC, F and H)

**The Thrive Model** – 3 (Out of CC F and

**CAMHS** – Everyone in CC, most in F. Some in F had heard of Centre 33

The numbers attached to statements below show the times that the subject was mentioned and agreed as a gap in service in separate groups. This does NOT indicate the number of parents who raised concerns. See below for highlights.

- Lack of support and advocacy. For families and schools. Family/parent support isn't recognised as a need. Peer to peer works best x 18
- Parents want training. Do not send us on parenting courses!. X 18
- Co-production of services and individual plans. More please. Parents should be paid for this like any other worker. They are the expert in their child x 16
- Lack of information. Need packs of info available. Families don't know about it and schools aren't all taking it up X 12
- Lack of training. Families and workers. Need skilling up. X 12
- Lack of adequate assessment and recognition of needs. Who is responsible? Please believe the CYP or family x 10
- Lack of communication between services (Including schools) and families and each other as well as other areas x 9
- Lack of early intervention. Early intervention works needs to be joined up with health x 8
- Specialist services lacking neurodiversity understanding and treatment x 8

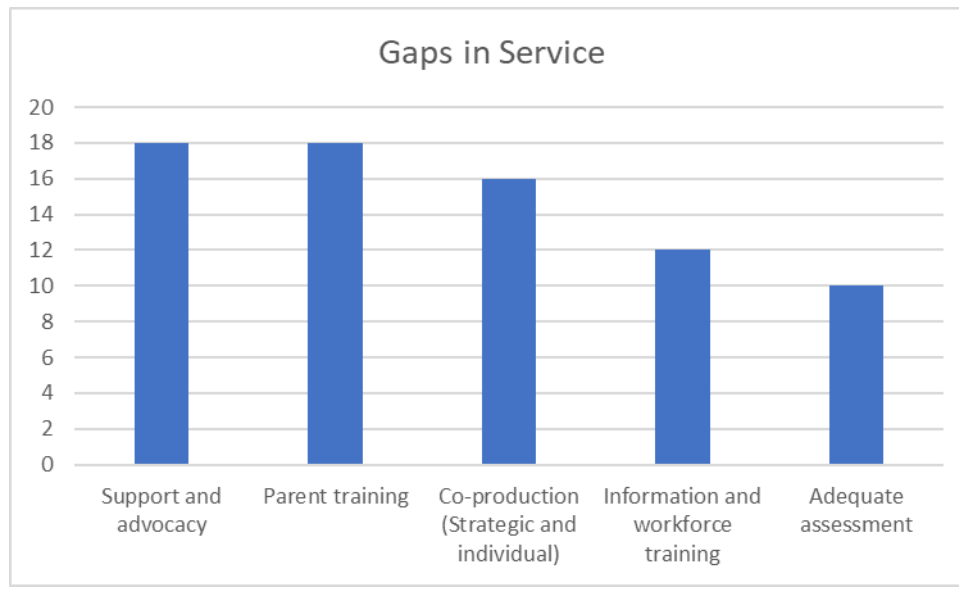
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- Under 11s x 7
- More mental health funding and trained workers x 5
- If issues are in school support is there. If at home no support x 6
- The waiting times for families whilst referrals get sent and sent back. The system is too complicated x 4
- Diagnosis – Neurodevelopmental issues are not being recognised and leading to mental health conditions. It is essential for acceptance and to help the child x 3
- Too much power in the hands of schools around referrals. What do parents do if relationship breaks down? x 3
- THRIVE – Risk is the most needed and has the least provision. Add ‘parent’ to the THRIVE circle. More info needed about this in schools. X 3
- Cross border issues x 3
- Behaviour is communication, this isn’t always recognised x 3
- Advice is not consistent. GPs are not all aware of age limits for services and which service is running from what area x 3
- Lack of community understanding and support x 2
- Home educated pupils’ x 2
- Travel issues and location issues to access camhs x 2
- Too much focus in schools on academic subjects. Need more drama, art, music to express themselves and promote wellbeing/mindfulness x 2
- Transitions from Primary to secondary.
- Any intervention for the young person should have parallel support for the family.
- Identified successful therapies such as play therapy have been withdrawn from lack of funding.
- CAMHS should link with existing parent groups like Little Miracles to meet the children who can’t engage.
- CBT may not work. Please explore alternatives through the Psychological Wellbeing Service, which is part of the Improving Access to Psychological Therapies (IAPT) services.

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### **Highlights of the main areas of concern**



Other questions that came out of discussion were:

- THRIVE – Does it work? Can parents access it?
- What pathway are children with ASD on when they have mental health difficulties?
- How do you access the emotional health and wellbeing practitioners?

The individual reports from the three meetings can be found here  
<https://www.pinpoint-cambs.org.uk/improving-services/pinpoint-reports/>

This report will be fed back to managers and commissioners of local authority and health to help improve services.

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