

Divisions Affected – N/A

**OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE**

9 JUNE 2022

**CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND
MENTAL HEALTH – ENGAGEMENT UPDATE**

Report by Corporate Director of Children's Services

RECOMMENDATION

1. **The Committee is RECOMMENDED to** acknowledge the engagement that has been undertaken with children and young people and parents and carers to shape the outputs of the Emotional Mental Health and Wellbeing Strategy and acknowledge the key milestones to publishing and implementing the strategy.

2. **Executive Summary**

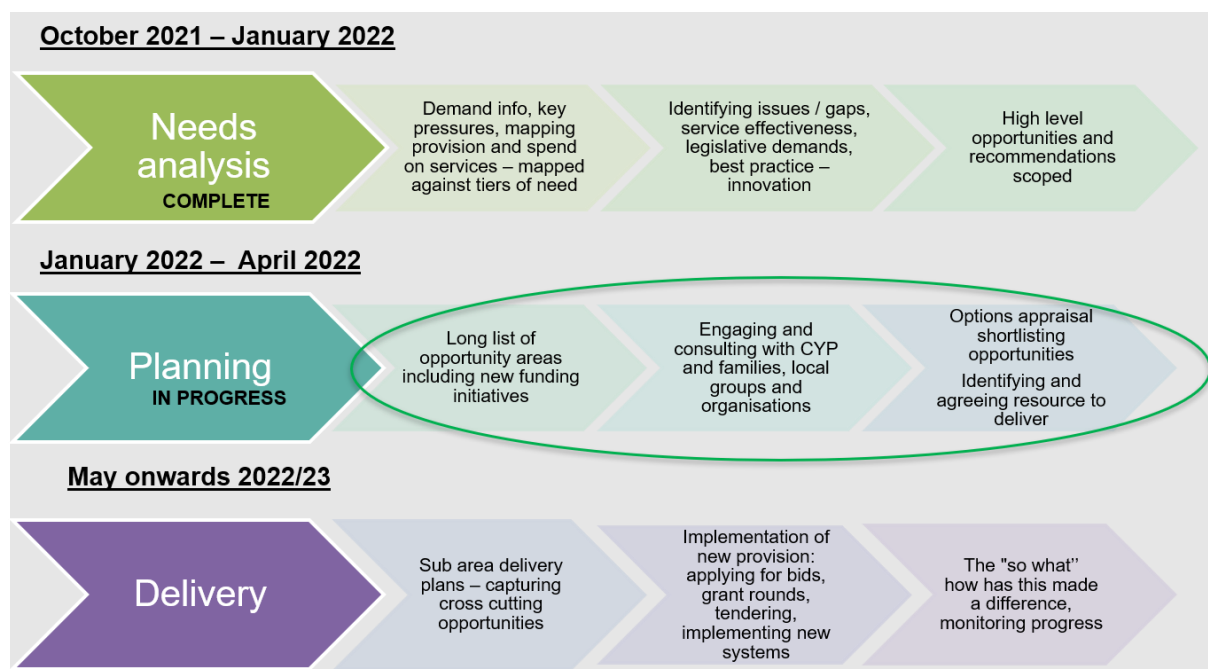
Following from the presentation on the progress made with the development of a Oxfordshire Emotional Mental Health and Wellbeing Strategy for Children and Young People in March the Lead Commissioner for Start Well within the Health, Education and Social Care Commissioning unit (HESC) is providing an update on the engagement sessions conducted with children and young people and parents and carers and the next steps to complete and publish the strategy and the development of the implementation plan.

3. **Progress to date**

At the March HOSC meeting the Lead Commissioner reported the team were part way through the 'plan phase' of the Commissioning Cycle and were about to engage with key stakeholder groups on the long list of opportunities generated to address gaps and challenges in the system to better support children and young people with their mental health and wellbeing.

Although timescales have slipped slightly, the Lead Commissioner is pleased to report that the plan phase is nearing completion and system partners, children and young people and parents and carers have made recommendations to short list options to take forward to business case stage to implement the strategy and address the gaps in the system.

Figure 1: original CYP emotional wellbeing and mental health strategy – key milestone project plan



4. The approach

4.1 Following from the longlist of opportunity areas that was developed using insight from the needs assessment, service mapping, and engagement to date the team began running focus workshops with children, young people and parents and carers to inform the short listing event that took place on the 18th May with system partners.

Five focus groups took place throughout April and May with the following groups:

- **22 April** – a focus group with 15 young people from the Sweatbox Youth Group in Wantage at the Buzz Café in Wantage.
- **5 May** – an online focus group with 5 members of the Oxford Young People Advisory Group (YPAG) co-facilitated by the University of Oxford
- **11 May** – two online focus groups with 10 members of the Oxfordshire Parent Carers Forum (OxPCF) co-facilitated by OxPCF
- **13 May** – an in-person focus group with 3 Mental Health Ambassadors, part of the Mental Wealth Academy service, co-facilitated by Oxfordshire Youth
- Another focus group with has been organised for **June 2022** with CYP who identify as LGBTQI+

All groups were asked for feedback on each option discussing both positives, negatives and any areas for improvement, if they had any other suggestions and how what options would they prioritise.

The options listed were as follows:

1. A digital mental health platform for children and young people
2. Enhanced integrated Single Point of Access (SPA)
3. Interactive directory of mental health and wellbeing services
4. Whole-school wellbeing and resilience programme
5. 16-25 transition service(s) to support young people with their mental health who are being discharged from CAMHS and are not eligible for Adult Mental Health Services
6. Family learning and support programme(s) to support children with neuro diverse conditions pre and post diagnoses
7. Training programme(s) for children and young people workforce in how to better support CYP mental health and wellbeing
8. Young person's preventative mental health and wellbeing support – community Youth Offer

4.2 The key feedback across the CYP groups were as follows:

4.2.1 General feedback

- CYP did not feel that there was anything missing from the long list however emphasised that the services would need to have enough capacity to meet need, they did not want to be transferred from the CAMHS waiting list to then sit on another waiting list elsewhere.
- In general, young people use a number of strategies to maintain and improve their wellbeing from a wide range of sources, including solo activities (accessing nature and green spaces, journaling), taking part in clubs/activities with others, and spending time with friends and family.

4.2.2 Access

- They wanted easy access to all services including any new services, felt that one place to access all provision was the right thing to do to reduce confusion and be triaged and referred to the right service according to their needs.
- Young people would like to see physical and/or digital signposting resources in schools and other places they go.
- Young people would seek support for their wellbeing and mental health from their trusted relationships with e.g. teachers, parents or peers, and would go to different people with different needs.
- Young people sometimes do not seek support because they do not think their issues are serious enough.
- Another barrier to accessing support is long waiting lists particularly with CAMHS.

4.2.3 Schools

- Support for mental health at school is essential, CYP gave examples of where they felt schools had failed them and were not putting in strategies to support CYP mental health and were only listened too during a crisis or when doing something extreme such as self harm to an extent that needed medical treatment. They explained that any resilience programmes needed to be delivered by well trained people and not necessarily from their teachers. CYP stated that they would prefer to hear from those who have been through the same experiences e.g. other young people or adults who have learned to manage their mental health to give support and advice.

- Young people would like distinct spaces for mental health that are confidential and good quality, separate from school, including online spaces. Schools and youth groups should be supportive and positive spaces for mental health, where staff, children and young people are empowered and have the skills to spot signs, give advice, and signpost to relevant services outside of the school environment.

4.2.4 Family and learning support

- Support for parents and families was really well supported, CYP reported that they felt that they were burdening their parents with issues that they knew they did not have any knowledge about or would not discuss their worries with their parents at all. If they knew their parents had training to support or could access joint training this would be of great benefit to help manage triggers and be given help, support and strategies to better manage their mental health at home.
- Support should ideally be offered to parents for their own wellbeing and mental health, where they need it, and for parents of children who are experiencing mental ill health on specialist topics.

4.2.5 Digital support

- Digital support they felt was essential as that is how CYP like to communicate is through their phones and tablets but said this should not replace face to face contact but be offered as well as to support those who prefer to communicate via texting often anonymously. CYP also offered a number of ways apps could be designed and promoted. They felt that the instant support is of great benefit so CYP could access help when they needed it without the need for an assessment or a long wait.
- Young people want to access an online platform that was anonymous, moderated, and safe, available 24 hours that provides both ad-hoc and scheduled counselling.
- The online platform ideally would provide bespoke support and content to its users, covering topics relevant to them, with safe peer support.
- Material should cover a broad age range, each age group seeing material appropriate to their age on the platform, and the platform should be welcoming, validating and of a good quality.

4.2.6 16-25 transitions

- Transition was very important and CYP felt there was a need for the 16-25 transition service however not many young people knew about it and felt this wasn't very well promoted. A young person had recently turned 18 and was not eligible for adult mental health services so thought this service is very much needed and we need to continue to fund and promote to ensure all those being discharged from CAMHS are offered this service if they have on-going mental health requirements.

4.3 Key highlights from parent / carer engagement session:

4.3.1 General feedback

- Services and support should be evidence-based and adapted to be welcoming and appropriate to support a wide range of needs, including children and young people who are neuro divergent.
- Language and terminology are important when trying to engage parents, e.g. mental health prevention should be mental ill health prevention or mental health protection, wellbeing promotion and resilience. e.g., support services at the prevention level could use terms like 'wellbeing' over 'mental health'. This might help reduce stigma and increase engagement.

4.3.2 Access

- Parent/carers are 'time-poor' and so want to be able to find relevant support and services quickly, ideally from a single source. They would ideally want a single point of access for wellbeing and mental health support services.
- In general parent/carers said that children and young people go to a wide range of sources for help or support for their emotional wellbeing and mental health, including their friends, parents, school staff, websites, youth leaders.
- Parent/carers highlighted the importance that children and young people would seek support from their trusted adult relationships.

4.3.3 Schools

- Parents/carers suggested that children and young people should be taught emotional wellbeing literacy in schools, and that schools should be a supportive environment for wellbeing and mental health, e.g. including evidence-based wellbeing interventions, such as forest schools, walks, nurture rooms, and staff dedicated to student wellbeing (e.g. Pastoral Support Workers).
- Parents/carers felt that school staff and youth workers should be trained to spot signs of poor wellbeing and mental health and given the confidence to help make adaptations, provide options for appropriate onward support – outside of school – and communicate this early to parents/carers.

4.3.4 Digital support

- Parent/carers were largely supportive of an online platform that could support children and young people's wellbeing and mental health, including peer support, a range of media content (including peer articles and podcasts), that was anonymous, available 24 hours, and with counselling sessions available via video or a chat function.
- Any digital platform would need to be embedded within the current health, care and safeguarding pathways to ensure it was safe and that appropriate onward referrals could be made.

4.3.5 Family and learning support

- Parents/carers said they would like to access a strengths-based programme of support that was expert-led either in a peer group or as a one-to-one, either online or in-person.
- Specific support should be made available to parent/carers of children/young people who are neuro-divergent or who are awaiting diagnosis.
- The language used in these programmes will be important in effectively engaging parents, e.g., use more positive language such as 'Family and









Learning Support Programmes' rather than 'Parenting Programmes or Lessons', which can come across as stigmatising or condescending.

4.4 Shortlisting

Priority opportunities that were short listed by CYP and Parents and carers include:

- Teacher training in MH and autism/ADHD training – needs to be mandatory
- Digital support for CYP mental health
- 16-25 transitions services
- Family and Learning Support programmes
- Single point of access (SPA) for all services

The feedback was shared with the system partner short listing session on the 19th May which informed the opportunities that were short listed to business case stage which are the following

| Number | Option | Overall score | Option taken forward? | Commentary |
|--------|---|---|-----------------------|---|
| 1 | Digital platform |  | Yes | <ul style="list-style-type: none"> • Need further evaluation on the product we wish to purchase/recommend/endorse – Digital evaluation conducted by OHFT • Need to secure funding |
| 2 | Enhanced integrated Single Point of Access (SPA) |  | No | <ul style="list-style-type: none"> • Felt this needs to be wider than just a CAMHS SPA • Needs to be looked wider across all CYP services e.g. Family Hub (Early Help) |
| 3 | Interactive directory of services |  | No | <ul style="list-style-type: none"> • This needs to be part of the Local Offer work across CSC, ASC, Health and SEND so the directory across al CYP services is in one place |
| 4 | Whole-school wellbeing and resilience programme |  | Merge with option 7 | <ul style="list-style-type: none"> • Felt this has overlaps with MHST's and school in reach, health visitors, lots of duplication • Could form part of the training with workforce |
| 5 | 16-25 transition service(s) |  | Yes | <ul style="list-style-type: none"> • Could be joined up with option 8 • Need to source funding from April 2023 |
| 6 | Family learning and support programme(s) |  | Yes | <ul style="list-style-type: none"> • Need to understand how this fits in with existing parenting programme delivered by the SENDS team to understand what is lacking • Possible research study with NIHR |
| 7 | Training programme(s) for children and young people workforce |  | Yes | <ul style="list-style-type: none"> • Need to map out the existing training offer, take up, engage with schools about the Impact and delivery • Overlaps with VRU possibly • Need to be specific about training – Trauma informed etc |
| 8 | Young person's preventative mental health and wellbeing support – community Youth Offer |  | Yes | <ul style="list-style-type: none"> • Funding assigned • Possibly look at a joint service with option 5 • Need to agree next steps |

5. Next steps

The following table shows the key milestones for finalising the strategy and action plan:

| Activity | Timeline |
|--|--------------|
| Sign off strategy at the Health and Wellbeing board | 7 July 2022 |
| Publish strategy | 30 July 2022 |
| Finalise the action plan and deliverables for the strategy | July 2022 |

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|---|--|
| Create business cases for the opportunities to be taken forward | August 2022 |
| Identify funding sources for opportunities | August – September 2022 |
| Develop evaluation and impact measures | September 2023 |
| Deliver actions in the strategy including starting procurement activity | From September 2022 |
| Implementation and mobilisation of new services | From September 2022-23 |
| Review impact | Ongoing, and on an annual basis, August/September 2023 |
| Set year 2 priorities | August/September 2023 |

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