



Social Policy, Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

18 February 2021

A meeting of the **Social Policy, Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **Webex Virtual Meeting Room** on **Friday 26 February 2021 at 9:30am**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest
3. Order of Business, including notice of urgent business and declarations of interest in any urgent business
4. Confirm Draft Minute of Meeting of Social Policy, Policy Development and Scrutiny Panel held on Friday 15 January 2021 (herewith).
5. Domestic Abuse Update - Report by Head of Social Policy (herewith).
6. New Inclusion and Support Service - Report by Head of Social Policy and Head of Education (Learning, Policy and Resources) (herewith).
7. The Community Orders (Coronavirus) (Scotland) Regulations 2021 - Report by Head of Social Policy (herewith).
8. Mental Health and Wellbeing - Report by Head of Social Policy (herewith).

DATA LABEL: Public

9. Performance Report - Report by Head of Social Policy (herewith).
10. Workplan (herewith).

NOTE **For further information please contact Anastasia Dragona on 01506 281601 or email anastasia.dragona@westlothian.gov.uk**

MINUTE of MEETING of the SOCIAL POLICY, POLICY DEVELOPMENT AND SCRUTINY PANEL held within WEBEX VIRTUAL MEETING ROOM, on 15 JANUARY 2021.

Present – Councillors Angela Doran (Chair), Charles Kennedy, Dom McGuire, George Paul and Damian Timson

Apologies – Councillor Sarah King and Maureen Finlay (Senior People's Forum Representative)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTE

The panel approved the minute of its meeting held on 18 September 2020 as a correct record. The Chair thereafter signed the minute.

3 SOCIAL POLICY MANAGEMENT PLAN 2020-2021

The panel considered a report (copies of which had been circulated) by the Head of Social Policy informing the panel of the contents of the Social Policy Management Plan 2020–2021.

It was recommended that the panel note the details of the Social Policy Management Plan 2020-2021.

Decision

To note the terms of the report.

4 SOCIAL POLICY CONTRACT ACTIVITY UPDATE

The panel considered a report (copies of which had been circulated) by the Head of Social Policy providing an update on contracting activity for the provision of care and support services for the period 1 April 2020 to 30 September 2020 in accordance with the Council's Standing Orders and West Lothian HSCP's Health, Care and Support Services Procurement Procedures.

It was recommended that the panel:-

- a. Notes the contracting activity for the provision of care and support services for the period 1 April 2020 to 30 September 2020.
- b. Recognises the ongoing development of clear contractual agreements between the council and providers of care and support services.

In response to a suggestion, officers undertook to provide a separate appendix with contract performance information with future update reports.

Decision

To note the terms of the report.

5 WEST LOTHIAN CHILDREN'S SERVICES PLAN

The panel considered a report (copies of which had been circulated) by the Head of Social Policy informing of the development of the West Lothian Children's Services Plan 2020 in compliance with the requirements of Part 3 of the Children and Young People (Scotland) Act 2014.

It was recommended that the panel notes the content of the West Lothian Children's Services Plan 2020-23.

Decision

To note the terms of the report.

6. 2020/21 FINANCIAL PERFORMANCE - MONTH 6 MONITORING REPORT

The panel considered a report (copies of which had been circulated) by the Head of Finance and Property Services updating members on the financial performance of the Social Policy portfolio for the General Fund Revenue budget.

It was recommended that the panel:

1. Note the financial performance of the Social Policy portfolio as at month 6;
2. Note that the Social Policy portfolio position at month 6 was part of the overall council budget position which was reported to Council Executive on 17 November 2020; and
3. Note any actions required to be taken by Heads of Service and budget holders to manage spend within available resources.

Decision

To note the terms of the report.

7. MENTAL HEALTH AND WELLBEING - CHILDREN AND YOUNG PEOPLE

The panel considered a report (copies of which had been circulated) by the Head of Social Policy advising of the work being undertaken to support the mental health and emotional wellbeing of children and young people in West Lothian and to advise of additional funding from the Scottish Government to support this work.

It was recommended that the panel notes:-

- (a) The work that had been undertaken by partners in West Lothian to support the mental health and emotional wellbeing of children and young people; and
- (b) That additional funding that been secured from the Scottish Government to support and enhance the work.

Decision

To note the terms of the report.

8. UNACCOMPANIED ASYLUM SEEKING CHILDREN - WEST LOTHIAN POSITION

The panel considered a report (copies of which had been circulated) by the Head of Social Policy advising members of the current position in relation to Human Trafficking and Unaccompanied Asylum Seeking Children (UASC) in West Lothian.

It was recommended that the panel note the position in relation to UASC in West Lothian.

Decision

To note the terms of the report.

9. WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

DATA LABEL: PUBLIC



SOCIAL POLICY - POLICY DEVELOPMENT AND SCRUTINY PANEL

DOMESTIC ABUSE UPDATE

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To update the panel on the key issues surrounding domestic abuse in West Lothian.

B. RECOMMENDATION

1. The Social Policy PDSP notes the situation and actions being undertaken in response to domestic abuse during the COVID-19 Pandemic.

C. SUMMARY OF IMPLICATIONS

I Council Values	<ul style="list-style-type: none">– Focusing on our customers' needs– Being honest, open and accountable– Providing equality of opportunity– Making best use of resource
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	<ul style="list-style-type: none">– Social Work (Scotland) Act 1968
III Implications for Scheme of Delegations to Officers	N/A
IV Impact on performance and performance Indicators	Equally Safe Performance Framework Percentage of women and children who report feeling safer following intervention
V Relevance to Single Outcome Agreement	Making our communities safer
VI Resources - (Financial, Staffing and Property)	N/A
VII Consideration at PDSP	None
VIII Other consultations	None

D. TERMS OF REPORT

Background

Since the outbreak of Coronavirus in early 2020, one of the biggest identified risks was around an increasing likelihood of an increase in domestic violence. This was based on an understanding that households would be forced to remain indoors with each other far more than normal and that this would result in violence where this had not happened before and increased levels of violence in households where domestic abuse was already happening.

This would place pressures on Police Scotland in terms of an increased number of incidents and support services as they would need to seek to respond appropriately.

As it has transpired, West Lothian has the highest increase in domestic abuse incidents in Scotland, a 17.8% increase during the pandemic compared to the same period the year before (see table 1 below)

Area	Number for 41 weeks since 16/4/2020	Number for previous corresponding period 2019-20	Number increase	Percentage Increase
West Lothian	1824	1549	275	17.8%
Shetland Islands	102	88	14	15.9%
Dumfries and Galloway	967	870	97	11.1%
Perth and Kinross	969	876	93	10.6%
South Lanarkshire	2913	2676	237	8.9%
Fife	3440	3241	199	6.1%
North Lanarkshire	3577	3406	171	5.0%
Scotland (estimated)	44,028	43,080	948	2.2%

Table 1 (source, Vulnerable Children and Adult Protection weekly data report, Scottish Government)

Thirteen local authority areas including Glasgow, Edinburgh, Aberdeen and Renfrewshire reported decreases but West Lothian accounted for 29% of the increases for Scotland.

As the number of incidents increases, so too does the demand on support services. The Domestic and Sexual Assault Team (DASAT), the main response service saw an increase in demand too. This can be demonstrated by comparing referral rates for the main areas of service provision for women in crisis.

The total for the whole service differs as it includes some areas that have seen a dip in referrals such as the Children's Service as some areas of work haven't continued and referrals have been picked up through other areas of Children and Families. The Almond Project as also seen a dip due to the reduction in court activity and LISA has remained around the same, accommodation options having been limited by the pandemic.

Service	Q1-3 2019-20	Q1-3 2020-21	Number increase	% increase
Duty Service	359	403	44	12%
Court Advocacy	466	576	110	23.5%
Total for whole service	1216	1292	76	

Table 2 source DASAT

The table below shows January 2020 and 2021 only

Service	January 2020	January 2021	Number increase	% increase
Duty Service	37	59	22	59%
Court Advocacy	56	64	8	14%
Total for whole service	139	158	19	13.5%

Table 3 source DASAT

As anticipated, demand has increased for services. As schools were closed and many businesses shut or requiring staff to work from home, the pressure on households increased. There were increased incidences of violence from an unusual demographic. Households where the male (statistically far more likely to be violent) was at home for long periods when they would normally be at work and other places outside the home were resulting in abusive incidents being reported to the police. Households where individuals are typically in employment were under more pressures and disinhibitors were removed.

Services have received referrals from older women than would normally be expected.

The challenges for services have included the following;

- Staff requiring technology quickly to support remote working
- Lack of availability of tenancies
- Reduced capacity in refuge
- Pressures on staff dealing with difficult conversations from their own home
- Access to specialist support limited or inappropriate, counselling for example
- Digital poverty
- Safety of women when using technology

DASAT and other partners have worked to overcome these challenges whilst supporting women and children to remain safe.

DASAT Services

Women's Service (duty)

The duty service is the first port of call for women or children and young people seeking support. This will help put an immediate safety plan in place and allow for signposting to other supports and resources.

Children's Service

The children's service provides support to children and young people affected by domestic abuse. It would normally run the CEDAR Project, a groupwork programme for children and the non-abusing parent. This has however been curtailed by the pandemic and requirements for social distancing.

Court Advocacy

This service has been under particular pressure during the pandemic. Workers in this service support women through a court process. As the Courts have not been operating to full capacity, there is a backlog in trials and so the court advocacy service is not seeing cases come to a conclusion. Women are under additional strain as a consequence.

Living in Safe Accommodation (LISA)

This service would provide specialist housing advice for women either to leave a violent relationship safely or for the perpetrator to leave and allow the woman and children to remain at home. Turnover of property has been significantly reduced so alternatives limited. Similarly, West Lothian Women's Aid who operate the refuge have had to reduce capacity in that resource during the pandemic.

Sexual Violence

Specialist support for women who have experienced sexual violence, such as counselling, have tried to operate a remote service or undertake 1:1 work when safe to do so in line with public health guidance.

Other supports

Additional assistance for children especially has been provided by 'Safe Space' provision operated by Social Policy staff particularly before the end of the summer holidays and schools returned.

E. CONCLUSION

West Lothians domestic abuse response throughout the pandemic has been positive whilst placing demands on services. Recovery will place additional demands as households are able to leave lockdown.

The Violence Against Women and Girls (VAWG) Committee will oversee partnership responses to this.

F. BACKGROUND REFERENCES

Appendices/Attachments:	None
Contact Person:	Tim Ward, Senior Manager, Criminal Justice
Tel:	01506 281235
Email:	Tim.Ward@westlothian.gov.uk
Date of Meeting:	26 February 2021



SOCIAL POLICY – POLICY DEVELOPMENT AND SCRUTINY PANEL

NEW INCLUSION AND SUPPORT SERVICE

REPORT BY: HEAD OF SOCIAL POLICY AND HEAD OF EDUCATION (LEARNING, POLICY AND RESOURCES)

A. PURPOSE OF REPORT

To provide the Panel with an update on a new Inclusion and Support Service, which brings together teams from within Education Services and Social Policy to enable a holistic approach to early intervention and support for young people and their families.

B. RECOMMENDATIONS

It is recommended that the Panel:

1. Notes that the new management structure is now operational.
2. Notes that the new service is due to become operational from 19 April 2021.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on customers' needs, being honest, open and accountable, making best use of resources, working in partnership.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Children (Scotland) Act 1995 and associated regulatory Guidance. Children and Young People (Scotland) Act 2014. An EQIA was completed as part of the budget setting process in 2018. The IIA and IRA was most recently updated for the Revenue Budget 2022/23.
III Implications for Scheme of Delegations to Officers	The Depute Chief Executive Health and Social Care Partnership will be responsible for the new Inclusion and Support Service within the Scheme of Delegation.
IV Impact on performance and performance indicators	Ongoing government funding constraints will have implications for the council's budget and performance.
V Relevance to Single Outcome Agreement	Our children have the best start in life and ready to succeed.
VI Resources – (Financial, Staffing and Property)	The new Inclusion and Support Service will be financed from within existing resources and will enable delivery of TYC measures S1e and S1f.

VII Consideration at PDSP Feedback from the Transforming Your Council (TYC) consultation was considered at the Health and Care PDSP on 18 December 2017 and the Social Policy PDSP on 21 December 2017.

VIII Other Consultations There has been extensive engagement with practitioners, service users and school representatives. Multi-agency services have contributed to the project include representatives from Social Policy, Education, Health and the Third Sector.

D. TERMS OF REPORT

D.1 Introduction

- 1.1 As part of the Revenue Budget Strategy 2018/19-2022/23, the Council approved a review of family support and a move to community based provision as well as a refocus of the early intervention and prevention support teams. In taking forward these measures, Social Policy and Education Services have worked together to develop a revised model of service delivery for early intervention and support that takes whole family need into account.
- 1.2 Social Policy have worked with Education Services to consider a revised model of service delivery for early intervention and support. Recognising that within West Lothian there were multiple supports and services in place, the objective was to develop a new service which ensured a collaborative approach from pre-birth to early years, and through all school stages. A model that would deliver an appropriate framework of support for young people and their families and enabled a holistic view of family need to address underlying issues that would replace the partial vision of need within individual services. The fundamental objective underpinning service redesign was that successful outcomes for young people are significantly improved when their needs are met within their families and local communities.

D.2 The New Inclusion and Support Service

- 2.1 The revised service delivery model, will bring together existing teams from within Education Services and Social Policy, to form a new Inclusion and Support Service, reporting to the Senior Manager, Children's Services, within Social Policy. The new service will encompass school and outreach teaching support as well as early intervention and family support, to offer preventative interventions for young people, and their families, most at risk of disengaging from education or at risk of being accommodated. It will form one team with specialist knowledge and professional expertise on early intervention and support. The new service will become operational from 19th April 2021. It is intended that the new service will provide a clear pathway of co-ordinated support from pre-birth to early years, and through all school stages, for young people and their families. Clear governance arrangements have been developed for educational and DSM responsibilities.
- 2.2 The Inclusion and Support Service (ISS) will enable a holistic approach to early intervention and support for young people and their families to prevent escalation. The new service, with a single vision of family need, will strengthen professional links and a co-ordinated response to identified need. The new service will be supported through new systems and processes for information sharing, screening, prioritisation and service matching as well as links to wider agencies and services, that will form part of the service delivery model. Through this new model it is anticipated that there will be real impact on the direct work that is done to support children and their families. There will be a single point of access to services to ensure an integrated and co-ordinated response to identified need. One single referral pathway will prevent duplication of resources and offer a simplified customer orientated approach. Working with partner agencies, it will streamline

processes, make more efficient use of resources and ensure consistency of approach and equity of opportunity across West Lothian.

- 2.3 The new service will build on measures introduced in August 2020 in response to the Covid 19 pandemic. A Wellbeing Recovery Group brought together a range of representatives from Social Policy, Education Services, Health and the Third Sector. This centralised screening arrangement, with weekly meetings, has enabled appropriate supports to be delivered to children and their families in a timely and efficient manner. Bringing professionals together has enabled the sharing of knowledge and expertise, sharing of strategies and approaches, to ensure that the right service is allocated to the right child at the right time. It is proposed that the new Inclusion and Support Service, retains this centralised referral pathway, enabling links to wider services and agencies which will allow underlying family or wellbeing issues to be addressed.
- 2.4 The new Inclusion and Support Service, will focus on early intervention and support to school age children and their families. With regards to pre-birth to early years services, multiagency screening and support will continue through the Family Assessment and Support Service. This multiagency screening group is distinct from the Wellbeing Recovery Group, and will remain an independent process focusing on very early years. In response to the closure of Family Centres, a single pathway has been developed into Early Learning and Childcare, through eligible two placements, and work is ongoing across Health, Education and Social Policy to align professionals, to further strengthen links and support vulnerable families to give children the best possible start in life. All families or carers applying for an Eligible 2 early learning and childcare placement, are offered the opportunity to request a referral to the Financial Inclusion Service.

D.3 Governance Arrangements

- 3.1 With regards to governance arrangements, the Depute Chief Executive, Health and Social Care Partnership, will be named within the Scheme of Delegation as responsible for new service. The ISS will be managed by the Senior Manager, Children's Services, Social Policy who will have a dual reporting responsibility to the Head of Service Social Policy, and Education Services (Policy, Learning and Resources) on all operational aspects (see Appendix 1). The Head Teacher will continue to be responsible for functions defined within the council's scheme of Devolved School Management, and in line with all other Head Teachers, there will be a direct line of accountability from the Head Teacher to the Depute Chief Executive (Education, Planning, Economic Development and Regeneration) for matters relating to professional learning, curriculum development and quality improvement as well as engagement with Education Scotland (HMIE).
- 3.2 In relation to future reporting arrangements, updates on operational activities or performance will be reported to the Social Policy, Policy Development and Scrutiny Panel; Education Scotland reports or Validated Self-Evaluation reports on Connolly School Campus or the Skills Centre, Burnhouse will be submitted to the Education (Quality Assurance) Committee, as appropriate.

E CONCLUSION

- 4.1 This report provides an update on the new Inclusion and Support Service, which brings together teams from across Education and Social Policy, while retaining professional lines of accountability. While the identification of need will be based on the Getting it Right for Every Child assessment, planning and review process; the new integrated approach will ensure that a holistic approach is adopted to consider and address wider family need.
- 4.2 The new Inclusion and Support Service will be responsible for the co-ordination and delivery of all early intervention activities from pre-birth, through early years and all relevant stages until young people leave school. The new service will be supported by a

streamlined referral pathway for those with multiple needs, supported by a multi-agency screening group.

- 4.3 It is anticipated that bringing early intervention teams together with outreach teaching and school support into a new service with a single vision, shared values and purpose, will strengthen professional links and build capacity through shared knowledge and expertise. Working together from pre-birth, early years, and through all school stages will give our young people the best possible start in life, while work with families will enable underlying issues to be addressed. The Wellbeing Recovery Group has demonstrated that an integrated approach to support has enabled a streamlined, customer orientated pathway to deliver the right support, at the right time, for the child and their family. The new service delivery model will ensure consistency of approach across West Lothian and ensure equity of opportunity for all our young people.

F BACKGROUND REFERENCES

- Transforming Your Council 2017 Consultation - Report to Social Policy, Policy Development and Scrutiny Panel 21 December 2017.
- Revenue Budget 2018/19-2022/23 – Report to West Lothian Council, 13 February 2018.
- New Inclusion and Support Service –Report to Education, Policy Development and Scrutiny Panel 2 March 2021.

Appendices/ Attachments: 1. Inclusion and Support Service Management Structure

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Tel No. 01506 281347

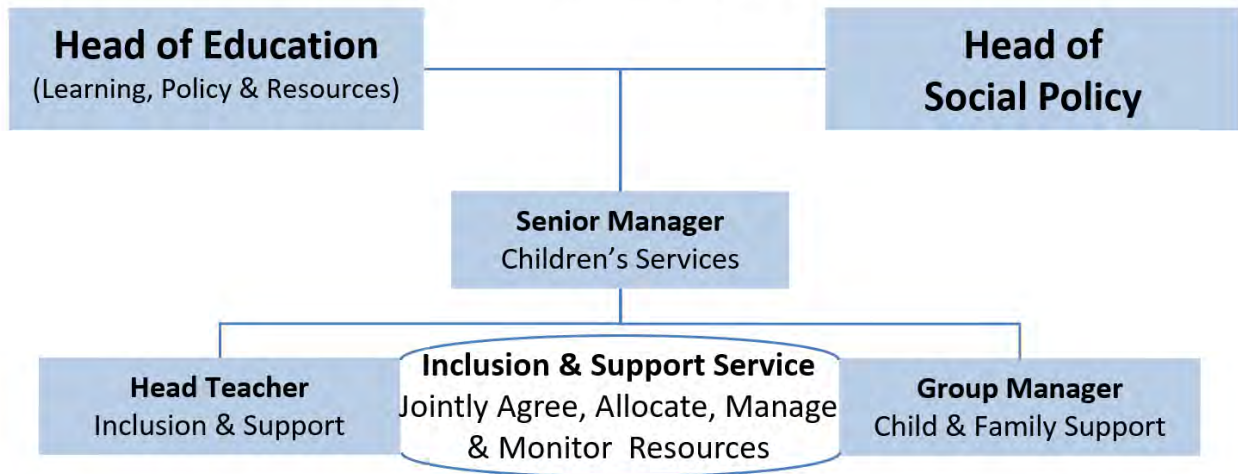
Jo MacPherson,
Head of Social Policy

James Cameron,
Head of Education Services (Learning, Policy and Resources)

26 February 2021

APPENDIX 1
INCLUSION AND SUPPORT SERVICE MANAGEMENT STRUCTURE

New Structure



DATA LABEL: PUBLIC



SOCIAL POLICY - POLICY DEVELOPMENT AND SCRUTINY PANEL

THE COMMUNITY ORDERS (CORONAVIRUS) (SCOTLAND) REGULATIONS 2021

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To update the panel on The Community Orders (Coronavirus) (Scotland) Regulations 2021

B. RECOMMENDATION

1. The Social Policy PDSP notes the pending actions being considered by Scottish Government in response to pressures on the Scottish Courts and Criminal Justice Services across Scotland.

C. SUMMARY OF IMPLICATIONS

I Council Values	<ul style="list-style-type: none">– Focusing on our customers' needs– Being honest, open and accountable– Providing equality of opportunity– Making best use of resource
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	<ul style="list-style-type: none">- Social Work (Scotland) Act 1968
III Implications for Scheme of Delegations to Officers	N/A
IV Impact on performance and performance Indicators	Successful completion of court orders
V Relevance to Single Outcome Agreement	Making our communities safer
VI Resources - (Financial, Staffing and Property)	N/A
VII Consideration at PDSP	
VIII Other consultations	

D. TERMS OF REPORT

Since the impact of the COVID-19 Pandemic began to impact on services in March 2020, Justice services have felt the impact most on the ability to complete Unpaid work.

Unpaid Work is one of the conditions of a Community Payback Order and an individual can be required to complete up to 300 hours of such work.

In March 2020, the unpaid work order scheme was 'paused' due to necessary COVID-19 prevention measures. Much of the work depended on group activity and this was not possible due to social distancing measures. In August 2020 the scheme was recommenced albeit with greatly reduced capacity.

The return of lockdown measures in December 2020 has meant that the scheme has been suspended again. This has been re-enforced by correspondence from Scotland's Chief Medical Officer, Gregor Smith who confirmed this necessity as necessary. This was reported to the Council Executive on 9 February 2021.

On 28 January 2021, Scottish Government announced that as a result of concerns around back logs in trials and an accumulating pressure on the level of uncompleted unpaid work hours a required action to be taken.

Scottish Government analysis suggests that if court business was to return to pre-covid levels in March while the capacity to deliver unpaid work remained very constrained, there could be in excess of 1 million hours outstanding by July if no other action is taken.

The Scottish Government is laying regulations to reduce the unpaid work element imposed in existing CPOs by 35%, with the exception of those imposed for domestic abuse, sexual offences, or stalking.

The Coronavirus (Scotland) Act allows for variations to community orders where necessary.

Regulations will be put to the Scottish Parliament by the end of March to enable local authorities to take required action.

In 2019-20 there were 281 Community Payback Orders with an Unpaid Work condition amounting to 37,989 hours.

As at 31 December 2020, there were 29,694 outstanding hours of unpaid work involving 269 individuals.

E. CONCLUSION

The Criminal and Youth Justice Service has operated an Unpaid Work Order scheme since 1978 with a great number of positive outcomes for West Lothian communities.

This measure is welcomed as a step towards ensuring the service in West Lothian is not overwhelmed when the courts resume in due course.

F. BACKGROUND REFERENCES

Appendices/Attachments: None

Contact Person: Tim Ward,

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Email: Tim.Ward@westlothian.gov.uk

Date of Meeting: 26 February 2021

DATA LABEL: PUBLIC



SOCIAL POLICY - POLICY DEVELOPMENT AND SCRUTINY PANEL

MENTAL HEALTH AND WELLBEING

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

The purpose of the report to inform the Social Policy Development and Scrutiny Panel of the referrals currently being received by the Wellbeing Recovery Group (WRG) and the partnership with CAMHS.

B. RECOMMENDATIONS

It is recommended that the Panel notes the partnership work that has been undertaken by partners in West Lothian to support the mental health and emotional wellbeing of children and young people.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs. Being honest, open and accountable. Making best use of our resources. Working in partnership.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Children and Young People (Scotland) Act 2014 Looked After Children (Scotland) Regulations 2009 United Nations Convention on the Rights of the Child
III Implications for Scheme of Delegations to Officers	No implications.
IV Impact on performance and performance Indicators	None
V Relevance to Single Outcome Agreement	Our children have the best start in life and are ready to succeed We live in resilient, cohesive and safe communities People most at risk are protected and supported to achieve improved life chances

VI Resources - (Financial, Staffing and Property)	<ul style="list-style-type: none">Existing service budgets <p>Additional Scottish Government Funding:</p> <ul style="list-style-type: none">£1,021,750 has been awarded to West Lothian Council to deliver new and enhanced community based mental health and emotional wellbeing supports and services for children, young people, their families and carers. This will also incorporate support required to young people as a result of the pandemic.
VII Consideration at PDSP	None
VIII Other consultations	Wellbeing Recovery Group Children and Families Strategic Planning Group

D. TERMS OF REPORT

Following the return of the schools in August 2020, the Wellbeing Recovery Group expanded its remit to prepare for the demand on mental health services and an anticipated increase in referrals following lockdown and Covid-19 restrictions. There is a large professional membership of approximately 20 participants which comprises Social Policy, Health, Education, and Third sector partners. In the period 18th August - 29th December 2020, they have processed 351 referrals. 10% of these referrals are for children and young people with a Looked After status.

This group meets weekly, however has no specific allocated funding.

The demand for support from the WRG has increased 100% over that period compared to referrals to Mental Health Mental Wellbeing Group (MHMW). This has been managed by creating capacity in our own areas by standing down core business and servicing this group. The demand shows no signs of decreasing and therefore there is an urgent need to increase resources and our capacity.

The major presenting issue is Covid-19 related Anxiety. There is also an increasing number of referrals where children and young people with Autism have exacerbated anxiety as a consequence of the lockdown restrictions. Many of these referrals need a prompt, but low-level response to avoid escalation into higher tariff resources such as CAMHS. Many relate to social anxiety and isolation.

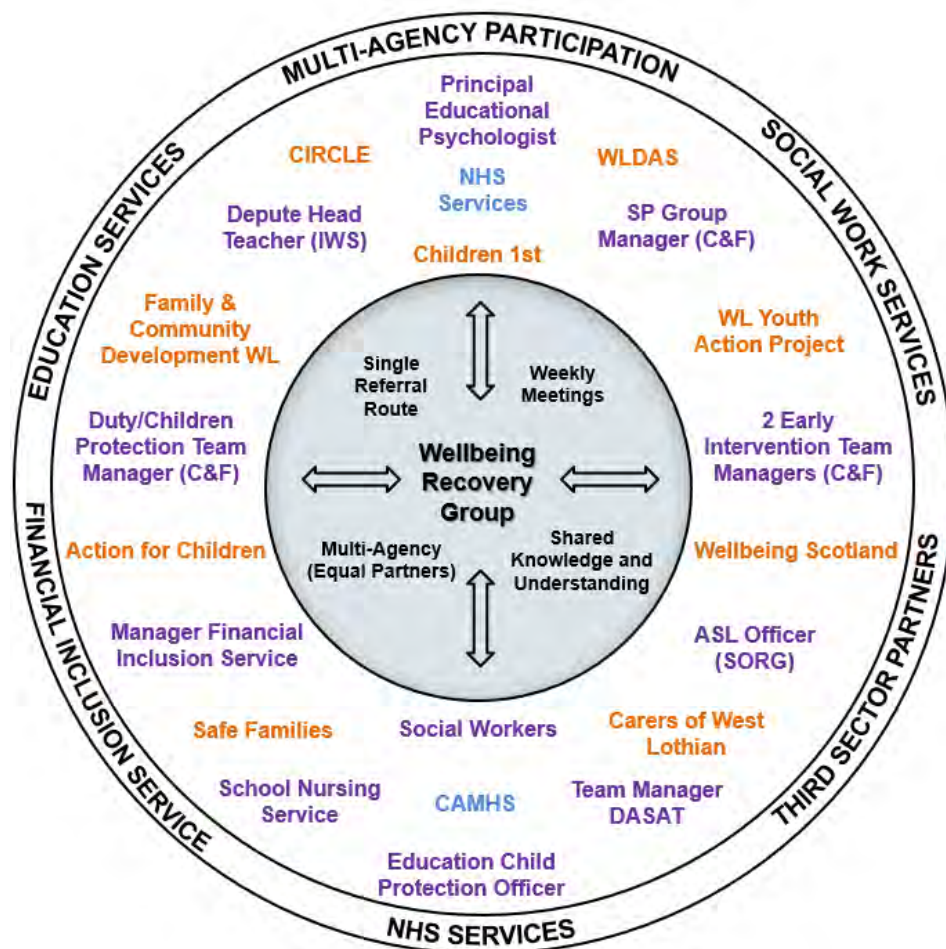
The Wellbeing Recovery Group's (WRG) multi-agency approach, which is overseen by the C&FSPG uses the data from our existing approach to ensure we deliver the required services to meet the needs of children and young people.

Wellbeing Recovery Group

The group meet weekly and consider on average around 30 referrals which come predominantly from Education and Health services. We are able to analyse the referrals and presenting issues from the children, young people and families who come through the group to ensure we have the correct members and services available through this group.

Services offered through this group include:

• Counselling (Generic & Bereavement)	• Self-Harm Pathway Guidance
• Resilience Work	• Play Therapy
• 1-1 Individual Support / Advocacy	• Family Support
• Parenting Programmes (Group or 1-1)	• Mental Health Groupwork Programmes
• Anxiety Management	• Direct Referrals to CAMHS
• Signposting to Autism based service, Financial Inclusion etc	• Cognitive Behavioural Therapy
• School Nursing Support	• Drug & Alcohol Supports (WLDAS)
• Domestic Abuse & Sexual Assault Support (DASAT)	• Child Protection / Duty Assessments
• Educational Psychology Support	• Young Carers Support



Presenting Themes

This table outlines the referrals made to the WRG and the presenting themes from 18/08/20 – 26/01/2021

Count of Main Presenting Referral Theme	
Main Presenting Referral Theme	Total
MENTAL HEALTH	128
FAMILY	109
ATTENDANCE	73
BEHAVIOUR	59
FAMILY/MENTAL HEALTH	23
ANXIETY	18
BEREAVEMENT	10
ATTENDANCE/BEHAVIOUR	10
BEHAVIOUR/MENTAL HEALTH	4
PHYSICAL HEALTH	2
PHYSICAL HEALTH/MENTAL HEALTH	2
FAMILY/SUBSTANCE MISUSE	2
SEXUAL ASSUALT	1
Total referrals	441

The above categories are high level referral reasons and can be broken down further as follows; mental health covers general malaise, distress, depression, self- harm issues.

Family / Mental Health would be where there is parental mental health / behaviour issues that are impacting on family functioning.

Behaviour mental health could be something like ADHD, ASD where the individual child young persons behaviour is affected by the child's own issues (and not parent / family influences)

Appendix 1 - The attached table details the main presenting theme but also includes any supplementary themes linked to each referrals main theme.

For example, there were 109 referrals with a main presenting theme of Family issues but of these 109 75 of them also cited mental health as a supplementary theme in the referral.

Child and Adolescent Mental Health Service (CAMHS)

This service works with children and young people (from age 5 to their 18th birthday), and their parents or carers. NHS Lothian CAMHS provides specialist assessment/intervention as part of a tiered system, which can include consultation and advice prior to referral, and assessment appointment to establish clinical need and priority status.

CAMHS operates within Getting it right for every child (GIRFEC) principles using a tiered model of intervention that includes the established staged approach which ensures that children receive both a stepped care approach (the idea that as a problem becomes more severe in nature the type of help that is available becomes more specialised) and matched care approach (the idea that there should be an accurate and properly informed match of need to provision at the earliest stage of a child or young person's presentation).

CAMHS Tiered Model of Service

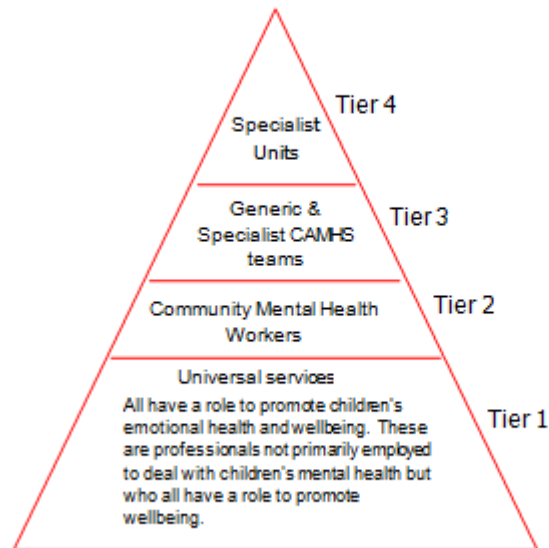


Figure 1. 4- Tiered model of provision for Child and Adolescent Mental Health

Tier 1: Also referred to as "universal level" or (Level 1 of GIRFEC) the child's needs are addressed through normal classroom/nursery management/by Public Health Nurse, School Nurse, Health Visitor, social worker. CAMHS has no direct involvement at Tier 1 but remains committed to building capacity and confidence within universal services via training.

Tier 2: Also referred to single agency (Level 2 of GIRFEC). Concerns continue. My World Assessment undertaken in community and need/risk analysed. Other staff may be involved: child may be receiving some specific support. CAMHS provide face-to-face and/or telephone consultation.

Tier 3: Also referred to as single agency (Level 2 of GIRFEC). Concerns continue but targeted support is requested. Specialist CAMHS involved at this tier, where required (referral may have been recommended by CAMHS consultation).

Tier 4: Also referred to as multi agency plan or Stage 4 intervention (Level 3 of GIRFEC). Significant support from one or more agencies is required and the child may require a Co-ordinated Support Plan (CSP). A small minority of children may enter at this tier if their mental health deteriorates and are likely to receive inpatient care & may also require a multi agency response. Generic and/or Specialist CAMHS teams are always involved at this stage. Day programme, intensive treatment team or in-patient care may be required.

CAMHS within West Lothian

Within West Lothian, CAMHS currently have around 160 Young People waiting over 52 weeks for treatment and in total around 400 Young People on their waiting list.

The waiting list varies from ASD assessment (Autistic Spectrum Disorder), Depression, Anxiety, OCD and Young People with complex mental health needs. The referral criteria (attached as Appendix 2) includes the kinds of Mental Health issues we accept, self-help guidance whilst waiting, and they may on occasion refer to CYPT (Children & Young Person's Team) if there is a role for other interventions during the time waiting.

CAMHS operate a Duty process, where they have a Duty Person on every day to take calls from professionals and contact families to try to offer support whilst waiting for treatment. Often requests are received from GP's or other professionals to expedite young people on our waiting list, however they would only be prioritised if they meet specific criteria, in the interests of equity for all on the waiting list. The Young Person would perhaps be seen once, to risk assess and follow criteria as per urgency.

CAMHS focus on:

Psychosis, eating disorders where there is confirmed weight loss, Psychiatric illness (diagnosed). They will also consider ASD and ADHD assessments but have a restricted age range (may be over 12)

Appendix 2 – CAMHS Referral Criteria

E. CONCLUSION

In West Lothian we believe that every child, young person and their families or carers should get the help they need, when they need it, from the people with the right knowledge, skills and experience to support them. Partners in West Lothian are committed to working together to ensure that they are able to access local community services which support and improve their mental health and emotional wellbeing.

F. BACKGROUND REFERENCES

Appendices/Attachments: Appendix 1 Supplementary Themes

Appendix 2 CAMHS Referral Criteria

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Date: 26th February 2021

Appendix 1

Wellbeing Recovery Group – Supplementary Referral Themes

Main Presenting Referral Theme	SUPPLEMENTARY REFERRAL THEMES																			Grand Total Main Presenting Theme			
	ANXIETY	ATTENDANCE	BEHAVIOUR	BEREAVEMENT	BEREAVEMENT/MENTAL HEALTH	FAMILY	FAMILY/MENTAL HEALTH	FAMILY/PHYSICAL HEALTH	FAMILY/SUBSTANCE MISUSE	FINANCIAL/MENTAL HEALTH	MENTAL HEALTH	MENTAL HEALTH/GENDER	MENTAL HEALTH/PHYSICAL HEALTH	MENTAL HEALTH/SEXUAL ASSUALT	PHYSICAL HEALTH	PHYSICAL HEALTH/MENTAL HEALTH	POVERTY	SEXUAL ASSUALT	SUBSTANCE MISUSE		SUBSTANCE MISUSE/MENTAL HEALTH	NO SUPPLEMENTARY THEME (blank)	
MENTAL HEALTH	4	15		5		8			1						4		1	3	1			86	128
FAMILY					1					5	75	4	3	3	1	1				3		13	109
ATTENDANCE						5	13				42											13	73
BEHAVIOUR						4	21				16									1		17	59
FAMILY/MENTAL HEALTH		23																					23
ANXIETY		1				4					1											12	18
BEREAVEMENT	1		1			1																7	10
ATTENDANCE/BEHAVIOUR						2	7								1								10
BEHAVIOUR/MENTAL HEALTH		2						1	1														4
PHYSICAL HEALTH						1					1												2
PHYSICAL HEALTH/MENTAL HEALTH		1																1					2
FAMILY/SUBSTANCE MISUSE		2																					2
SEXUAL ASSUALT											1												1
Grand Total	5	44	1	5	1	25	41	1	2	5	136	4	3	3	6	1	1	4	1	4	148	441	

Main Presenting Referral Theme	SUPPLEMENTARY REFERRAL THEMES																						
	ANXIETY	ATTENDANCE	BEHAVIOUR	BEREAVEMENT	BEREAVEMENT/MENTAL HEALTH	FAMILY	FAMILY/MENTAL HEALTH	FAMILY/PHYSICAL HEALTH	FAMILY/SUBSTANCE MISUSE	FINANCIAL/MENTAL HEALTH	MENTAL HEALTH	MENTAL HEALTH/GENDER	MENTAL HEALTH/PHYSICAL HEALTH	MENTAL HEALTH/SEXUAL ASSUALT	PHYSICAL HEALTH	PHYSICAL HEALTH/MENTAL HEALTH	POVERTY	SEXUAL ASSUALT	SUBSTANCE MISUSE	SUBSTANCE MISUSE/MENTAL HEALTH	NO SUPPLEMENTARY THEME (blank)	Grand Total Main Presenting Theme	
MENTAL HEALTH	4	15		5		8			1						4		1	3	1			86	128
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ANXIETY		1				4					1											12	18
BEREAVEMENT	1		1			1																7	10
ATTENDANCE/BEHAVIOUR						2	7								1								10
BEHAVIOUR/MENTAL HEALTH		2						1	1														4
PHYSICAL HEALTH						1					1												2
PHYSICAL HEALTH/MENTAL HEALTH		1																1					2
FAMILY/SUBSTANCE MISUSE		2																					2
SEXUAL ASSUALT											1												1
Grand Total	5	44	1	5	1	25	41	1	2	5	136	4	3	3	6	1	1	4	1	4	148	441	

Referral Guidance Child and Adolescent Mental Health Service (CAMHS)



Introduction to this Guidance

This guidance document is intended to assist those in front line services to know when to refer to CAMHS NHS Lothian, as well as offering suggestions for advice or where to go to get more information. The guidance is designed to improve access to CAMHS for those children and young people who need it most, whilst at the same time making sure that other sources of help have been tried where appropriate. Referrals are accepted from GPs, Health Visitors, Paediatricians, Other Hospital Doctors including Dentists, Allied Health Professionals, Educational Psychologists, Social Workers, Reporters to the Children’s Panel and Schools (except in West Lothian, where schools refer to a centralised point).

NHS Lothian CAMHS

NHS Lothian CAMHS provides specialist assessment/intervention as part of a tiered system, which can include consultation and advice prior to referral, and assessment appointment to establish clinical need and priority status. A full explanation of our tiered system is attached (p29)

Referrals to NHS Lothian CAMHS

CAMHS accept referrals from a variety of sources and those wishing to refer should send a written referral to the appropriate team address below or via secure email or via SCI gateway (GPs).

CAMHS South Edinburgh	CAMHS North Edinburgh	CAMHS Midlothian	CAMHS East Lothian	CAMHS West Lothian
3 Rillbank Terrace Edinburgh EH9 1LL	Pennywell All Care Centre (PACC), 1D Pennywell Gardens, Edinburgh EH4 4UA	Eastfield Medical Practice Eastfield Farm Road Penicuik EH26 8EZ	The Esk Centre Ladywell Way Musselburgh EH21 6AB	OPD5 St John’s Hospital Howden West Road, Livingston, EH54 6PP
0131 536 0534	0131 286 5059	01968 671 356	0131 446 4880	01506 523 785
CAMHSSouthreferrals@nhslothian.scot.nhs.uk	CAMHSNorthEdinReferrals@nhslothian.scot.nhs.uk	CAMHSMidlothianreferrals@nhslothian.scot.nhs.uk	CAMHSEastLothianReferrals@nhslothian.Scot.nhs.uk	WestlothianCAMHS@nhslothian.scot.nhs.uk

NHS Lothian

In deciding how to proceed we will consider whether there is evidence of specific mental health difficulties, whether there is any risk of harm to self or others and also the severity of the symptoms and the degree of impairment. If the CAMHS team assesses that the difficulties noted represent mild to moderate mental health issues then the referral can be signposted to appropriate community resources and/or direct professional consultation with members of the CAMHS team where possible.

Those referrals that describe moderate, severe, complex and enduring mental health difficulties will be offered the opportunity to opt-in to an initial assessment appointment with the local CAMHS service. Child and Adolescent Mental Health Services are focused on children and young people presenting with moderate (where there is significant risk of deterioration), severe and complex difficulties.

NHS Lothian currently provides Child & Adolescent Mental Health Services to children and young people from birth to eighteen years of age. For referrals in those children under the age of five years we find it is best to meet with the Health Visitor, Public Health or School Nurse in the first instance and we offer regular consultation sessions for colleagues in primary care. These professionals can refer without necessarily having to involve the GP in the process.

Referrals to our service are considered URGENT if there are:

- a) Concerns that a child/young person is actively suicidal
- b) Concerns that a child/young person has an acute psychosis
- c) Concerns that a child/young person has rapid weight loss and/or is significantly underweight for their age and stage of development and/or presents with serious medical complications associated with an eating disorder
- d) Concerns that a young person is pregnant/up to 12 months post-partum and experiencing mental health difficulties.

Referrals of an urgent nature out with normal working hours and at weekends

Should be directed to **A&E (RIE, RHSC or SJH as appropriate) or Mental Health Assessment Service (MHAS) at the Royal Edinburgh Hospital (0131 537 6000; for all areas apart from West Lothian).**

What Makes a Good Referral?

It is important that those referring have met with the parent(s)/carer(s) and the referred child/children and they are in agreement with the referral being made. Referrals need to include basic information such as the name and date of birth of the referred child, current address and current confirmed telephone number/mobile and parental surnames if different to the child's. Referrers should also indicate who has parental responsibility for the child.

When making a referral to CAMHS please ensure that you include the information listed below. This will allow us to determine the most suitable course of action in as timely a fashion as possible. Without this information we may be unable to triage the referral.

What are the current mental health concerns?

Include: Symptoms, duration, severity, risk, level of associated distress. Why seeking help now?

What else has been tried already and with what outcomes?

Include: Initial advice given, strategies tried, resources/websites recommended, other services/agencies accessed and what the outcome of these interventions was.

What are the specific difficulties that you would like CAMHS to address?

Include: What outcomes are hoped for?

What is the impact of the difficulties described on the young person's day to day functioning across settings?

Include: Impact on performance at home, school and socially.

Any other relevant information about the young person's circumstances?

Include: Any triggers for the difficulties emerging, whether the problem is situation specific or more generalised, any relevant history/family history, current family circumstances, particular risk factors, any statutory measures e.g. child protection register.

What protective factors are there?

Include: strengths in the family, community supports, young person's strengths.

Is anyone else involved or have other agencies been involved previously?

NHS Lothian

Please attach any reports from other professionals.

Telephone Consultation

CAMHS Clinicians are available for telephone consultation and advice. The purpose of telephone consultation is to make information on children’s mental health accessible to all professionals working with children within Lothian. CAMHS will accept calls from ALL child care professionals including, Guidance Teachers, Head Teachers, Public Health Nurses, Family Support Workers, Social Workers, Voluntary Organisations etc.

The telephone consultation offers advice, guidance and can provide access to our resources gathered to work with children. It is NOT an emergency or crisis line, nor is it there to discuss aspects of child protection. The telephone consultation does not accept referrals, but may advise if a referral is needed. There is also scope for subsequent email discussion, where indicated.

The telephone consultation operates for the following teams:

CAMHS South Edinburgh	CAMHS North Edinburgh	CAMHS Midlothian	CAMHS East Lothian	CAMHS West Lothian
0131 536 0534	0131 286 5059	01968 671356	07580 788 090	01506 434274
Monday to Friday 12.30pm to 2.30pm	Monday to Friday 3.00pm to 4.30pm	Monday to Friday 9am to 11am	Monday to Friday 12.30pm to 1.30pm	Monday 1pm to 3pm Tues to Friday 9am to 11am

Community Consultations

All five teams offer face to face consultation slots with CAMHS clinicians that can be booked into by professionals. Please contact the appropriate team using the numbers above to book into a slot. Similar to telephone consultation, this service offers advice, guidance as well as discussion around potential referrals.

Referrals Accepted by CAMHS

When a referral is accepted we write to the child or young person and their family providing information about the service and asking them to contact the team to make an appointment that is convenient for them. A range of appointment times are available. A reminder will be sent if they do not contact us and if we don't hear anything we will write to the original referrer to advise that we have discharged the child unseen. The initial attendance (assessment appointment) is an opportunity for us to hear more about the problem, to assess whether further input is required. Referrers will be copied into all correspondence assuming the family gives consent to do so. Please see information below about referrals that are not appropriate for a specialist mental health service. In these circumstances, referrals are signposted back to the referrer with helpful information about more appropriate resources. Some referrers will be contacted to provide more information as the triage team were unable to progress the referral further due to lack of relevant information.

Specialist Teams within CAMHS

There are a number of specialist teams which are a part of the wider CAMHS service in Lothian. These include:

- The Meadows and No.54 (for children, young people and their families affected by issues relating to child sexual abuse)
- PPALS (Paediatric Psychology and Liaison Service)
- The Learning Disabilities team.

These teams may have slightly different access points and referrals criteria than outlined above. Please see further details below.

Referral Criteria to Generic out-patient CAMHS team

Problem	Description	Referral Pathway	Advice
Anxiety: anxiety disorders are the most common type of mental health disorder in children	Anxiety is a normal and common part of childhood. In most cases, anxiety in children is temporary, and may be triggered by a specific stressful event e.g. young child may experience separation anxiety when starting school.	Children who show persistent or severe symptoms of anxiety, which interfere with daily function, should be referred to CAMHS. Specialist services should be involved:	For children who do not meet the criteria for CAMHS you may wish to direct them to: Locality based mental health information/resources http://edspace.org.uk/ (Edinburgh)

	<p>In some cases, anxiety in children can be persistent and intense, interfering with a child's daily routines and activities. Anxiety disorders include phobias, general anxiety, panic or persistent unexplained physical symptoms, e.g. headache or stomach-ache.</p> <p>Attachment disorders may also present with anxiety symptoms which may include refusal to partake in daily activities, such as school.</p>	<ul style="list-style-type: none"> • Where the child's development or level of functioning has been seriously affected or there has been a sudden deterioration • Where it appears to be out of proportion to the family circumstances • Where there is a significant impact on the parent / carer / child relationship-please describe in referral. <p>CAMHS will not accept referrals for school truancy only and referrers should consult with education in the first instance. Schools and education departments have their own protocol/resources (e.g. inclusion support workers, educational psychologists and behavioural support services) which will need to be exhausted prior to referral.</p> <p>Where a child is experiencing severe physical symptoms, initial referral to a paediatrician is recommended.</p>	<p>http://midspace.co.uk/ (Midlothian) http://eastspace.org.uk/ (East Lothian) http://www.westspace.org.uk/ (West Lothian)</p> <p>Health Opportunities Team 1a Queens Walk EH16 4EA Tel 01314684600 info@healthopportunities.org.uk</p> <p>Healthy reading scheme, available in some Lothian libraries.</p> <p>Crossreach Counselling Services Edinburgh 0131 552 8901 East Lothian 01368 865218</p> <p>MYPAS (Midlothian young people's advice service includes counselling and family counselling services) 0131 454 0757</p> <p>West Lothian: The Mental Health and Mental Wellbeing Screening group offers a wide variety of support for children young people and their families. Please contact the Children and Young Peoples team on <i>Tel. 01506 282948</i> or email cypt@westlothian.gov.uk</p> <p>Resources and Links https://www.rcpsych.ac.uk/healthadvice/parentsandyoungpeople/youngpeople.aspx</p> <ul style="list-style-type: none"> • https://www.anxietybc.com/anxiety-PDF-documents
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			<p>And both sites have useful patient information too</p> <p>Helpful websites for young people:</p> <ul style="list-style-type: none"> • www.moodjuice.scot.nhs.uk • www.youngminds.org.uk • www.stressandanxietyinteenagers.com • www.anxietybc.com/ <p>Helpful websites for parents:</p> <ul style="list-style-type: none"> • http://handsonscotland.co.uk/ • https://www.anxietybc.com/anxiety-PDF-documents
Problem	Description	Referral Pathway	Advice
<p>Autism Spectrum Disorder</p>	<p>Children with ASD (or who require assessment) will likely present with significant and pervasive difficulties in social interaction and understanding, social communication, inflexibility of thinking and repetitive behaviours/interests.</p> <p>These difficulties must be viewed within the context of a child's circumstances.</p> <p>Evidence of the following issues impacting significantly on everyday functioning would support a referral for an ASD assessment:</p> <ul style="list-style-type: none"> • Significant delay in acquiring appropriate communication and social skills 	<p>Early assessment and intervention with neurodevelopmental disorders is helpful. In Edinburgh Speech & Language Therapy (SALT) & CCH coordinate to provide these assessments and inputs for children under 7yrs.</p> <p>Once of school age, Edinburgh CCH, SALT & CAMHS coordinate to meet assessment and intervention needs. CAMHS leads some of these assessments.</p> <p>However, families with children with developmental and behavioural problems may already receive assessment, advice and intervention</p>	<p>Children and young people with ASD may present with increased worries and at times may show challenging behaviours throughout their development. If a mental health disorder is not the cause, the child/YP is often best supported by those who know them best e.g. parents, family members and teaching staff. It is helpful to remind those involved, to review any ASD informed parenting, self-coping and teaching support strategies which were previously helpful, particularly at times of transition and change.</p> <p>For children and families with ASD who do not meet the criteria for CAMHS you may wish to direct them to:</p> <p>Healthy reading scheme: Available in some Lothian Libraries</p>

	<ul style="list-style-type: none"> • Significant difficulties with the child's peer relationships in normal settings • Unusual or very fixed interests and bizarre or unusual behaviours impacting on function • Marked preference for detailed routine and difficulties in adapting to everyday change • Difficulties must be significantly impacting on functioning at home or school <p>CAMHS also see children and young people who have an existing diagnosis of ASD and require assessment or treatment for mental health disorders such as depression, anxiety, ADHD, OCD.</p> <p>These referrals should come after consultation with the existing professional network (see next column).</p> <p>RESOURCES And LINKS: SIGN 145: Assessment, diagnosis and interventions for Autism spectrum disorders</p>	<p>from other professionals, such as CCH, SALT and education.</p> <p>Therefore CAMHS referral should come after liaison / consultation with any existing professional network (e.g. GIRFEC).</p> <p>Lothian CAMHS follows a multi-disciplinary framework agreed by NHS Lothian when assessing ASD.</p>	<p>National Autistic Society: www.autism.org.uk</p> <p>Scottish Autism: www.scottishautism.org</p> <p>The Yard: www.theyardscotland.org.uk adventure playground in Edinburgh but open to all of the Lothians)</p> <p>Autism Initiatives & No6: www.autisminitiatives.org & www.number6.org.uk Support service (Age 16+)</p> <p>Lothian Autistic Society: http://lothianautistic.org</p> <p>Tailor Ed Foundation: 0131 624 8970 contact@tailoredfoundation.co.uk</p> <p>FAIR Advice: 0131 662 1962 Family advice for people affected by ASD</p>
Problem	Description	Referral Pathway	Advice
ADHD/ADD:	Attention Deficit Hyper-activity Disorder is characterised by pervasive lack of attention, impulsivity, and hyperactivity across more than one situation and	Families with children who display difficulties in these categories should have already received significant advice and intervention from other	www.adhdtraining.co.uk/ www.boxofideas.org/

	<p>setting – at home, school, and in public – which began before 7 years of age. Children with ADD present with symptoms other than hyperactivity.</p> <p>Please note children and adolescents present differently.</p>	<p>professionals such as paediatricians, health visitors, social workers and educational support services before referral to CAMHS is made.</p> <p>For children under 5 the normal route to assessment would be via Community Child Health.</p> <p>CAMHS would not normally assess a child for ADHD until they have completed at least one term of primary school.</p> <p>If concerns exist an assessment will be offered if the child has significant difficulties with hyperactivity (although not in ADD), impulsivity, inattention in more than one setting.</p>	<p>https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/</p> <p>Healthy reading scheme, available in some Lothian libraries.</p> <p>West Lothian</p> <p>The Mental Health and Mental Wellbeing Screening group offers a wide variety of support for children young people and their families. Please contact the Children and Young Peoples team on <i>Tel. 01506 282948</i> or email cyp@westlothian.gov.uk</p> <p>The Yard: www.theyardscotland.org.uk adventure playground in Edinburgh but open to all of the Lothians)</p> <p>The ADULT ADHD resource pack provides further useful background and may be helpful for older adolescents (and parents / carers)</p>
Problem	Description	Referral Pathway	Advice
Bereavement:	<p>Grief is the normal response to the loss of a loved one.</p> <p>Children’s response to grief can be varied, dependent on age and cognition. Quite often it can be the subsequent change in circumstances or other family members’ reactions that can prove difficult for the child.</p>	<p>You may want to consider referral to CAMHS services when the loss has had an extreme impact on the child and their functioning, or when the child is experiencing difficulties after bereavement support.</p>	<p>Although painful for everyone including professionals, you may wish to give the child & family some time to experience a normal grief process. Referrals can be made when difficulties exceed an expected grief response.</p> <p>West Lothian: The Mental Health and Mental Wellbeing Screening group offers a wide variety of support for children young people and their</p>

			<p>families. Please contact the Children and Young Peoples team on <i>Tel. 01506 282948</i> or email cyp@westlothian.gov.uk</p> <p>Edinburgh & Midlothian: Richmond's Hope: -http://www.richmondshope.org.uk which provides support to those aged 4-18 who have experienced a significant bereavement. Tel: 0131 661 6818 Email: info@richmondshope.org.uk</p> <p>Online resources can be found: www.winstonswish.org.uk – charity for bereaved children and their families after death of parent or sibling www.childbereavement.org.uk - supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. http://www.crusescotland.org.uk/ - does support children and young people who are experiencing bereavement – the target youth-specific website from Cruse is www.rd4u.org.uk</p> <p>Resources and Links: Marie Curie has resources about understanding normal bereavement including information for those supporting a child - on the funeralzone and https://www.mariecurie.org.uk/help/support/bereaved-family-friends/supporting-grieving-child/grief-affect-child (which has links to yet more resources).</p>
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			The MAGGIE'S CENTRE including at Crewe Road also has resources (https://www.maggiescentres.org/cancerlinks/supporting-someone/bereavement-support/bereavement-support-children/)
Problem	Description	Referral Pathway	Advice
Care experienced children and young people (Looked After or Looked After Away from Home):	<p>Children and young people are looked after at home and looked after away from home for varied reasons. Their legal situations are also varied.</p> <p>In the context of care environment changes, possibly difficult family relationships or previous trauma; the experience of distress, emotional and behavioural variation is common.</p> <p>Risks can be very changeable.</p> <p>Difficult or complex behaviour is not always a sign of mental health disorder, but a timely mental health opinion can be crucial.</p>	<p>Referrers should first consult with CAMHS teams before referring. This helps match varied individual needs with a range of direct and indirect CAMHS options.</p> <p>Urgent referrals for children and young people in this category will commonly be to identify if they present with a mental health disorder or an associated risk of serious harm to themselves or others.</p> <p>Routine assessment may be warranted if there are persistent symptoms of psychological distress and/or a serious and persistent impairment of their day to day social functioning across time and setting.</p> <p>CAMHS will usually liaise with the allocated Social Worker to ensure a co-ordinated approach, confirm who has parental responsibilities and consider support for attendance.</p>	<p>CAMHS offer consultation to foster parents to support them in partnership with the local authorities. Please contact Edinburgh Connect to discuss this (0131 537 6364).</p> <p>If concerns exist they will have been discussed in multi agency groups. Local authority and CAMHS aim to work together to provide a common, coordinated framework across all agencies that support the delivery of appropriate, proportionate and timely help to all children as they need it. This includes not subjecting children to multiple assessments or to repeat information that other agencies hold. Therefore it is important that information is shared and accessed e.g. the Integrated Assessment Framework or Staged Intervention process and Child Protection processes. Given these principles (GIRFEC) it is important that professionals who are concerned about children utilise their existing referral protocols into our Service rather than suggest to the family that they attend their GP.</p> <p>We would need to know how the child is affected by their symptoms i.e. how is their day to day functioning affected.</p>

		This guidance is in line with national policy drivers e.g. CAMHS national priorities, Getting it Right for Every Child and the local authorities Integrated Assessment Framework.	
Problem	Description	Referral Pathway	Advice
Depression:	<p>Feelings of sadness are a normal part of childhood/adolescence and in most cases are temporary and often resolve on their own. Depression is characterised by disturbances of mood, sleeping, irritability, decrease in energy, social isolation, school performance is affected and thoughts of self-harm and suicidal ideation may be expressed.</p> <p>In order for referral to CAMHS to be appropriate difficulties should be more than age appropriate variation of mood. There should be a significant change from previous levels of functioning and an impact on daily living. Bipolar disorder is rare in children and relatively uncommon in adolescents. The initial presentation is usually a depressive episode.</p>	<p>We recommend GPs should advise and review prior to referral as often difficulties can resolve without other intervention.</p> <p>For persistent symptoms, or if concerns exist regarding suicidal thoughts then refer to CAMHS.</p> <p>Specialist services should be involved:</p> <ul style="list-style-type: none"> • Where the child's development or level of functioning has been seriously affected or there has been a sudden deterioration • Where it appears to be out of proportion to the family circumstances • Where there is a significant impact on the parent / carer / child relationship-please describe in referral. <p>Should the GP consider that an antidepressant is warranted, this should involve a discussion with a psychiatrist.</p>	<p>For children who do not meet the criteria for CAMHS you may wish to direct them to:</p> <p>Healthy reading scheme, available in some Lothian libraries Self help books on low mood available. Contact the local library for more info or go online to local libraries.</p> <p>Locality based mental health information/resources http://edspace.org.uk/ (Edinburgh) http://midspace.co.uk/ (Midlothian) http://eastspace.org.uk/ (East Lothian) http://www.westspace.org.uk/ (West Lothian)</p> <p>Helpful websites: www.moodjuice.scot.nhs.uk/depression.asp www.depressioninteenagers.com www.beatingtheblues.co.uk www.breathingspacescotland.co.uk (Telephone helpline: 0800 83 85 87)</p> <p>Telephone/computerised CBT for age 16+</p> <ul style="list-style-type: none"> • www.nhs24.com/usefulresources/livinglife/ • www.beatingtheblues.co.uk

			<p>NICE Guidelines:</p> <ul style="list-style-type: none">• https://www.nice.org.uk/guidance/cg28 <p>Crossreach Counselling Services Edinburgh 0131 552 8901 East Lothian 01368 865218</p> <p>MYPAS (Midlothian young people's advice service includes counselling and family counselling services) 0131 454 0757</p> <p>Health Opportunities Team 1a Queens Walk EH16 4EA Tel 01314684600 info@healthopportunities.org.uk</p> <p>Young Minds: Parent helpline. Information and advice on young people's emotional wellbeing and mental health. Tel: 0808 802 5544 www.youngminds.org.uk</p> <p>West Lothian: The Mental Health and Mental Wellbeing Screening group offers a wide variety of support for children young people and their families. Please contact the Children and Young Peoples team on <i>Tel. 01506 282948</i> or email cypt@westlothian.gov.uk</p>
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Problem	Description	Referral Pathway	Advice
<p>Early Years : Significant emotional or behavioural difficulties 0 – 5 years</p>	<p>With this age group it is unusual for CAMHS to directly intervene.</p> <p>Problems within this age range can take many forms :</p> <ul style="list-style-type: none"> • Parent/child relationship • Factors affecting capacity to parent • Developmental concerns or illness 	<p>Refer to health visitor or to Paediatrician in first instance.</p> <p>Phone consultation or pre-referral enquiry. CAMHS involvement with this age range should be secondary not primary. Consequently, families with young children with development and/or behavioural problems should have already received significant advice and intervention from other named professionals such as paediatricians, health visitors, social workers and educational support services including within Nursery.</p> <p>Therefore referrals should include information on what has been attempted and who is involved.</p>	<p>Local parenting groups (0-16) Includes PEEP, Incredible Years, Triple P and Raising Children with Confidence as well as Teen Triple P and Raising Teens with Confidence</p> <p>http://www.parentingacrossscotland.org/info-for-families/resources/free-parenting-classes-and-courses/ www.joininedinburgh.org/parenting-programmes/ https://www.edinburgh.gov.uk/ https://www.westlothian.gov.uk/ https://www.eastlothian.gov.uk/ https://www.midlothian.gov.uk/</p> <p>Locality based online mental health information/resources http://edspace.org.uk/ (Edinburgh) http://midspace.co.uk/ (Midlothian) http://eastspace.org.uk/ (East Lothian) http://www.westspace.org.uk/ (West Lothian) www.firststepmusselburgh.co.uk (Whitecraig and Wallyford)</p> <p>Healthy reading scheme: self-help parenting books available in some Lothian libraries.</p> <p>General websites www.incredibleyears.com www.triplep.net/glo-en/home/</p>


			<p>Parentline Scotland: Helpline providing support and information Tel: 0800 028 2233</p> <p>Useful websites for parents:</p> <ul style="list-style-type: none"> • http://handsonscotland.co.uk/ • www.BoxOfIdeas.org <p>West Lothian CAMHS offers Early Years Consultation. Please contact Early Years Links to discuss further.</p> <p>Early Years support also available via sure start, POPP and incredible years. Please contact the Children and Young Peoples team on <i>Tel. 01506 282948</i> cyp@westlothian.gov.uk</p> <p>The Yard: www.theyardscotland.org.uk adventure playground in Edinburgh but open to all of the Lothians)</p>
Problem	Description	Referral Pathway	Advice
Eating Disorders	<p>Eating disorders affect both boys and girls, can be very secretive and not everyone with an eating disorder is underweight.</p> <p><u>Anorexia Nervosa</u>: is characterised by a restriction of nutritional intake leading to a very low body weight; an intense fear of gaining weight and disturbances in the</p>	<p>Most eating disorders are extremely secretive and a "watch and wait" approach in this population is not recommended due to the serious physical complications that can occur. Providing clear information about physical parameters within the referral, and updates if the young</p>	<p>www.b-eat.co.uk http://www.rcpsych.ac.uk/files/pdfversion/CR168nov14.pdf</p> <p>Junior MARSIPAN Guidelines (for management of patients under 18 with anorexia nervosa):</p> <ul style="list-style-type: none"> • http://www.rcpsych.ac.uk/files/pdfversion/CR168nov14.pdf

	<p>way that a young person see's their weight and shape.</p> <p>Bulimia Nervosa: is characterised by recurrent episodes of eating large volumes of food in one sitting (bingeing); a feeling of loss of control in that episode and associated compensatory behaviour to prevent weight gain such as vomiting, misusing laxatives, diuretics or other medication and excessive exercise.</p> <p>Binge Eating Disorder: is characterised by people bingeing but without the compensatory behaviours.</p> <p>Atypical Eating Disorders or EDNOS (Eating Disorder Not Otherwise Specified) present in those young people who may have symptoms of the categories above but who do not meet all the required diagnostic criteria. They can be just as severe and complex in presentation.</p> <p>Avoidant Restrictive Food Intake Disorder (ARFID): is characterised by an eating or feeding disturbance (extreme lack of interest in eating/food, severe avoidance based on sensory characteristics, distress about aversive consequences of eating) leading to significant and severe weight loss /absence of expected weight gain, nutritional deficiency, with no evidence of disturbance in experience of body shape or weight.</p>	<p>person is deteriorating, allow us to consider prioritising referrals.</p> <p>Where there is concern in relation to an eating disorder it is advisable to discuss with the GP in the first instance to consider initial medical investigations (bloods, weight, height etc - please see the Junior Marsipan guidance for risk factors). Sometimes the school nurse is also a good source of support in helping the physical monitoring of a child you suspect may have an eating disorder. If a young person is significantly underweight for their age and stage with no physical cause; is experiencing rapid weight loss; has consistent binge and/or purge behaviours; and/or is experiencing medical complications as a result of their eating disorder then please refer urgently to CAMHS. If there is concern that a young person has bulimia, EDNOS, distorted thinking or body image then you may still refer. If there is concern that a young person may have ARFID, it is likely that a multi-disciplinary approach may be needed in partnership with mental health.</p> <p>It is essential that a young person has a medical examination from their GP. Providing clear medical parameters e.g. weight, height, rate of weight loss, blood results and frequency</p>	<p>An online platform for parents and cares of a young person with a recent onset eating disorder: www.caredscotland.co.uk</p>
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		of binge/purge behaviours, allows us to prioritise those at greatest risk.	
Problem	Description	Referral Pathway	Advice
Enuresis and Encopresis or complex soiling:	Both are categorised as elimination disorders and are the inability to control urination or defecation in those deemed old enough to exercise control.	<p>Initial screening and treatment should be undertaken by paediatrician to rule out physical causes.</p> <p>Refer to paediatrician in the first instance.</p> <p>Referrals to CAMHS will only be accepted from this specialist service or the Continence Nurse.</p>	<p>You may wish to find out more information from www.eric.org.uk which includes a free downloadable toolkit for parents and professionals</p> <p>Guidance can be sourced on the intranet: 'NHS Lothian Children and Young People Continence Assessment and Management Guidelines'</p>
Problem	Description	Referral Pathway	Advice
Obsessive Compulsive Disorder (OCD):	<p>Children often experience obsessions and compulsions as part of normal childhood behaviour and it is important to recognise they can often disappear without intervention.</p> <p>OCD involves both obsessions (intrusive repetitive thoughts) and compulsions (repetitive, ritualistic, unwanted actions) that take a lot of time and get in the way of activities.</p> <p>These will be either distressing or disabling and interfere with the child's functioning and across settings e.g. school and home.</p> <p>This behaviour can also be as the result of anxiety or a change in circumstances.</p>	<p>Therefore when considering specialist referral the situation has to be distressing, disabling and interfere with the child's day to day functioning.</p> <p>Symptoms are present over a significant period of time, and have a pattern of continual worsening. OCD can initially be difficult to detect as rituals may be covert.</p> <p>It is important to differentiate between younger children having normal magical thinking / transient obsessions and adolescents as the developmental expectations are different.</p> <p>It is important to be aware of the possible co-existing presence of OCD within the population diagnosed with ASD as it frequently missed.</p>	<p>This behaviour can often be due to a change therefore establishing normal routines may effect a positive change.</p> <p>In addition to advice given under anxiety, please see the Maudsley Hospital OCD site, which has useful information for young people and children, families and clinicians;</p> <p>www.ocduk.org</p>

Problem	Description	Referral Pathway	Advice
Psychosis:	Rare in children and younger adolescents but may involve the person to perceive or interpret things differently from those around them, this will often include; short episodes of delusions, hallucinations, thought disorder, disorganised speech or behaviour.	If a young person presents with psychotic symptoms an urgent referral to CAMHS is indicated. Contact CAMHS within normal working hours. Outside this time contact out of hours mental health services if emergency assessment is required.	Helpful guidance: https://www.rcpsych.ac.uk/healthinformation/parentsandyoungpeople/parentscarers/psychosis.aspx
Post Traumatic Stress Disorder / Acute stress disorder	PTSD is linked with an extreme traumatic stress involving direct personal experience of an event that involves actual or threatened death or serious injury. The event is re-experienced in one or more of the following ways: flashbacks, nightmares related to the event, re-enactment through play, intense emotional arousal, numbness around memories and physical symptoms such as tummy aches and headaches.	It is important to know whether there are legal proceedings pending and to establish who wishes to know the severity of the symptoms (For example is someone asking for help or is the main concern a wish to support some legal case). For information and advice contact/refer to CAMHS. Specialist services should be involved: <ul style="list-style-type: none"> • Where the child's development or level of functioning has been seriously affected or there has been a sudden deterioration • Where it appears to be out of proportion to the family circumstances • Where there is a significant impact on the parent / carer / child relationship-please describe in referral. 	Where children and young people are currently experiencing trauma such as domestic violence a referral to other agencies such as Police, Social Work or local domestic abuse services are urgently required. Psychological intervention is unlikely to be possible where the child's living situation continues to be insecure and traumatic. Helpful websites: <ul style="list-style-type: none"> • https://www.cedarnetwork.org.uk/cedar-projects/cedar-edinburgh/ • https://www.womensaid.org.uk • www.shaktiedinburgh.co.uk <p>West Lothian: The Mental Health and Mental Wellbeing Screening group offers a wide variety of support for children young people and their families. Please contact the Children and Young Peoples team on <i>Tel. 01506 282948</i> or email crypt@westlothian.gov.uk</p>

Problem	Description	Referral Pathway	Advice
<p>Self Harm</p>	<p>Self harm without suicidal intent takes many forms and can be seen as a way of dealing with difficult feelings that build up. Self harm here would have the absence of suicidal intent.</p> <p>Self harm with suicidal intent should always be taken seriously. However the decision to attempt suicide is often a hasty one – following arguments with family, friends and partner. Therefore it is important to establish if the intent was to end one’s life.</p> <p>Self-harm is rare in children under 12 years of age, but all must remain alert to the possibility.</p>	<p>It is often difficult to establish whether a CAMHS referral is appropriate or necessary for this group. We would encourage discussion prior to referral.</p> <p>Patients who have taken overdoses or otherwise seriously self-harmed should be sent directly to A&E in the first instance, where they will be assessed, often by liaison services who will consult with CAMHS and decide whether or not a referral for further treatment is indicated.</p> <p>Referrals from hospital will be prioritised (in case of emergency presentations or overdose) & those protocols are already in place.</p> <p>Please let us know if there are any likely difficulties in getting the young person to attend follow up appointments.</p>	<p>Self harm can be very anxiety provoking for professionals. CAMHS are committed to providing training and development opportunities to Tier 1 professionals to assist them to deal with self harm. This is accessed via</p> <p>Self harm and Suicide Pathway</p> <p>https://www.selfharm.co.uk/ www.harmless.org.uk/downloads</p> <p>Choose Life offer free training e.g. Safe Talk, ASSIST & MH First Aid</p> <p>Locality based mental health information/resources</p> <p>http://edspace.org.uk/ (Edinburgh) http://midspace.co.uk/ (Midlothian) http://eastspace.org.uk/ (East Lothian) http://www.westspace.org.uk/ (West Lothian)</p> <p>Edinburgh: Penumbra service for 16 and over and advice for parents. Penumbra self harm project 5 Leamington Terrace Edinburgh EH10 4JW Tel 0131 229 6262</p> <p>Young Minds: Parent helpline. Information and advice on young people’s emotional wellbeing and mental health. Tel: 0808 802 5544</p>

			<p>www.youngminds.org.uk</p> <p>Systemic Family Sessions: Free service to help families deal with difficult problems. Email: cf.systemicfamilytherapy@edinburgh.gov.uk</p> <p>West Lothian The Mental Health and Mental Wellbeing Screening group offers a wide variety of support for children young people and their families. Please contact the Children and Young Peoples team on <i>Tel. 01506 282948</i> or email cypt@westlothian.gov.uk West Lothian have a clear self harm pathway. Please see for further advice</p> <ul style="list-style-type: none">• For information and advice: http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/PIREAS/Documents/Self-Harm.pdf <p>Midlothian MYPAS (Midlothian young people's advice service includes counselling and family counselling services) 0131 454 0757</p> <ul style="list-style-type: none">• Rowan alba – support service for YP's with/from chaotic backgrounds (need to travel to Edinburgh) <p> suicideAndSelfharm. pdf</p>
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			<p>www.midlothian.gov/self-harm</p> <p>This document provides detailed information on the management of self-harm and suicide.</p> <ul style="list-style-type: none"> For information and advice: http://intranet.lothian.scot.nhs.uk/Directory/pir_eas/Documents/Self-Harm.pdf <p>East Lothian</p> <ul style="list-style-type: none"> Crossreach (East Lothian young people's counselling service includes individual counselling and family counselling services) - 01368 865218 <p>Helpful websites:</p> <ul style="list-style-type: none"> www.harmless.org.uk/downloads https://www.selfharm.co.uk/ www.samaritans.org/ www.breathingspacescotland.co.uk (Telephone helpline: 0800 83 85 87)
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Referral Criteria to Specialist CAMHS out-patient teams

Specialist Team	Description	Referral	Advice
Learning Disability:	A learning disability and an intellectual disability are the same thing. This is a lifelong condition that	CAMHS do not conduct initial diagnostic assessments for learning disability. Paediatricians	Information about positive ways of managing behaviour can be found at:

	<p>means a young person has significantly reduced ability to understand new or complex information or to learn new skills; reduced ability to cope independently; which starts in childhood with a lasting effect on development.</p> <p>Global Developmental Delay (GDD) is used to describe delay in development of a preschool child, when a child has not reached key milestones of development in a number of areas such as communication, motor skills, social interaction, processing information, and remembering skills.</p> <p>If development continues to be delayed after 5 years of age, this would be suggestive of a learning/intellectual disability.</p> <p>Children and young people with a learning disability can present with any of the mental health problems described in this document but their presentation will be complicated by factors such as communication difficulties and sensory sensitivities</p> <p>Examples of presenting difficulties that may be referred to the CAMHS LD team include:</p>	<p>and pre-school assessment teams provide developmental assessment for pre-school children. School age assessments will involve a multidisciplinary approach taken forward within the GIRFEC framework.</p> <p>CAMHS sector teams will consider referrals for young people with a mild/moderate learning disability within mainstream schools.</p> <p>CAMHS LD are a specialist team working across Lothian work with children and young people (0-18 years) who have significant developmental delay or a learning disability (with or without autism) and who additionally have mental health or complex behavioural problems.</p> <p>Typically children are within special schools.</p> <p>Within the CAMHS LD team there is an Intensive Treatment Service providing the flexibility to work alongside parents and carers at home and across settings to implement positive behaviour support plans.</p>	<p>www.challengingbehaviour.org.uk</p> <p>Information about learning disability can be found at:</p> <p>www.mencap.org.uk</p> <p>The following organisations provide support and advice to carers:</p> <p>www.kindred-scotland.org</p> <p>www.vocal.org.uk</p> <p>www.cafamily.org.uk</p> <p>The Yard: www.theyardscotland.org.uk adventure playground in Edinburgh but open to all of the Lothians)</p>
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	<ul style="list-style-type: none"> challenging behaviours (e.g. significant self-injury, harm to others) concerns about activity levels (over or under) behavioural problems that indicate mental health difficulties Mood e.g. low mood, persistent fluctuations psychosis (including diagnostic queries) 	<p>CAMHS LD may offer one or all of the following:</p> <ul style="list-style-type: none"> individual work with the young person work with parents and carers brief intervention sessions for parents and carers of children under five years old with developmental delay Intensive treatment which may involve daily contact in mornings, evenings or at the weekend continuing consultation with other professionals and agencies. referral to, and liaison with, other agencies staff training for those working with the young person consultation service for professionals 	
Specialist Team	Description	Referral	Advice
Meadows/ No. 54	There are two sexual trauma teams within CAMHS, Meadows and No54. Meadows cover Edinburgh, Mid and East Lothian; and No54 cover West Lothian. Both teams work with children, young people, and their families who are experiencing emotional, behavioural and mental	<p>Referrals are accepted from a number of sources, e.g. GP, Social Worker, health visitor and community paediatrician.</p> <p>Allegations must have been reported in line with child protection procedures.</p>	<p>Links to information about the service for referrers, parents and young people</p> <p>http://www.nhslothian.scot.nhs.uk/Services/A-Z/CAMHS/Documents/MeadowsEarlyInterventionService.pdf</p> <p>http://www.nhslothian.scot.nhs.uk/Services/A-Z/CAMHS/Documents/MeadowsInfoForParentsRePSB.pdf</p>

	health difficulties following sexual abuse. They also provide a service for children who display problematic sexual behaviour. Referrals for these services can be made directly to either team.	If you would like to discuss making a referral please telephone on (0131) 451 7400.	http://www.nhslothian.scot.nhs.uk/Services/A-Z/CAMHS/Documents/MeadowsInfoForReferrers.pdf http://www.nhslothian.scot.nhs.uk/Services/A-Z/CAMHS/Documents/MeadowsInfoForYoungPeople.pdf Link to additional information for parents https://www.kidscape.org.uk/
Specialist Team	Description	Referral	Advice
PPALS Paediatric Psychology and Liaison Service	<p>We work with children and young people who:</p> <ul style="list-style-type: none"> • Are under the care of an RHSC consultant • And have a physical health condition; • And are experiencing psychological or behavioural issues related to their physical health condition • And the difficulties impact significantly on day-to-day functioning <p>Examples of presenting difficulties that may be referred to our team include:</p> <ul style="list-style-type: none"> • Difficulties adjusting to a physical health condition or diagnosis • Behavioural issues that are impacting on physical health and wellbeing (e.g. adherence to treatment) 	<p>Referrals are accepted from professionals based within the RHSC or CAMHS.</p> <p>If other professionals would like to make a referral to our team, this should be made via a paediatrician.</p>	<p>http://www.kindred-scotland.org/</p> <p>http://www.childrenshealthscotland.org</p> <p>http://www.alliance-scotland.org.uk/</p> <p>http://www.vocal.org.uk/</p> <p>https://www.whatwhychildreninhospital.org.uk/</p> <p>http://www.neurokid.co.uk/</p> <p>Useful apps:</p> <ul style="list-style-type: none"> - Hospichill - Mindshift - What's up - Stop, Breath, Think

	<ul style="list-style-type: none"> • Psychological issues (e.g. low mood, anxiety) related directly to or compounded by a physical health condition • Specific anxieties affecting medical care (e.g. procedural distress) 		
Specialist Team	Description	Referral	Advice
Edinburgh Connect	<p>Edinburgh Connect is a specialist CAMHS team for Looked After & Accommodated Children & Young People in Edinburgh.</p> <p>Services include: -Consultations to Foster Carers/ kinship carers & residential staff. Direct work with Children and young people who are in residential care.</p>	<p>Referrals are accepted from social workers and kinship care workers. Occasionally other professionals actively working with the family may refer e.g. Health Visitors. Referral forms can be obtained by contacting the team – a phonecall about the referral is required initially. (0131 536 0534).</p>	<p>Kinship carers can also receive support through Mentor and The Big Heart Foundation.</p>

Inappropriate Referrals to CAMHS

In order to improve accessibility for children and young people, we also need to clarify which types of problem it is not appropriate to refer to specialist CAMHS.

Description	Advice
<p>(a) Children/Young People with Behavioural Difficulties as a Response to Normal Life Events</p> <p>These are sometimes called “normal adjustment reactions”. Unfortunately, we are unable to provide a service to children and young people whose behaviours are associated with a normal reaction to recent life events (e.g. bereavement, parental separation). Although challenging these are often within developmental and cultural norms. Some indication of mental health disorder needs to be evident in the behaviour for a referral to be appropriate.</p>	<p>The primary route for behavioural difficulties as a response to normal life events should always be through universal and primary care services that can support families within their own home.</p> <p>If unsuccessful or specialist support required, it would then be appropriate to involve CAMHS.</p> <p>Local parenting groups (0-16) Includes PEEP, Incredible Years, Triple P and Raising Children with Confidence as well as Teen Triple P and Raising Teens with Confidence http://www.parentingacrossscotland.org/info-for-families/resources/free-parenting-classes-and-courses/ www.joininedinburgh.org/parenting-programmes/ https://www.edinburgh.gov.uk https://www.westlothian.gov.uk/ https://www.eastlothian.gov.uk/</p>

	<p>https://www.midlothian.gov.uk/</p> <p>Locality based online mental health information/resources http://edspace.org.uk/ (Edinburgh) http://midspace.co.uk/ (Midlothian) http://eastspace.org.uk/ (East Lothian) http://www.westspace.org.uk/ (West Lothian)</p>
<p>(b) Children/Young People whose Difficulties Occur only at School Please note that specialist CAMHS does not provide a service for children and young people whose problems are solely related to specific learning or behavioural difficulties within the classroom. Schools have their own referral route and protocols for supporting such children.</p>	<p>For these children/young people it is usually more appropriate for schools to raise concerns with their educational services, which may include Educational Psychology. If a referral to CAMHS is appropriate it is best made in consultation with the school's Educational Psychologist in these circumstances.</p>
<p>(c) Children/Young People Whose Parents are in Dispute within Legal Proceedings Children of separated / divorced parents who are in legal dispute about residence and /or contact arrangements or other issues are not specifically excluded in these guidelines though the decision to refer needs to be carefully considered on a case by case basis.</p>	<p>If there are ongoing legal proceedings then it is usually better to consider a referral after the legal proceedings have been concluded and legal agreements or Order(s) have been made regarding the matters which are in dispute. Please note that it is for the Courts to order independent reports on the child, not the separate parties to the proceedings, and these reports cannot be obtained via a referral to the specialist child and adolescent mental health service. Please note that specialist CAMHS does not mediate residence and contact arrangements for the child/young person. The parent(s) could instead be advised to approach the Family Mediation Service or discuss with their solicitor, as appropriate.</p> <p>Cyrenians Amber: Mediation and Support for 14-24 year olds and their families.</p>

	Tel: 01314752493
<p>(d) Children/Young People Whose Primary Difficulty is Substance Misuse, including alcohol</p> <p>AND</p> <p>(e) Children/Young People Whose Difficulty is Described as Offending Behaviour</p>	<p>In both of these circumstances it is important that a coordinated integrated assessment to the child or young person’s situation is undertaken. This is the responsibility of the local authority social work department in the first instance.</p> <p>NHS Lothian provides a separate specialist service for young people, delivering holistic treatment and support to young people experiencing difficulties related to their substance use. ASUS (Adolescent Substance Use Service) provides 1 to 1 interventions for young people aged 18 and under. ASUS accepts referrals from any source and for young people using any psychoactive substance, if it is negatively impacting on the young person’s life Referrals for young people whose primary difficulty is mental health would not be appropriate. Referrals can be made in writing to: ASUS, Level 6, City Chambers, 249 High Street, Edinburgh, EH1 1YJ. By telephone on: 0131 529 6700. Or by email at: ASUS@nhslothian.scot.nhs.uk. (Dec 2018 – awaiting further detail)</p>

CAMHS operates within *Getting it right for every child* (GIRFEC) principles using a tiered model of intervention including the established staged approach. This ensures children receive both:

- a stepped care approach
 - as a problem becomes more severe in nature the type of help that is available becomes more specialised
- and a matched care approach
 - that there should be an accurate and properly informed match of need to provision at the earliest stage of a child or young person's presentation

Tier 1: Also referred to as “universal level” or (Level 1 of GIRFEC) the child's needs are addressed through normal classroom/ nursery management/by Public Health Nurse, School Nurse, Health Visitor, social worker. CAMHS has no direct involvement at Tier 1 but remains committed to building capacity and confidence within universal services via training.

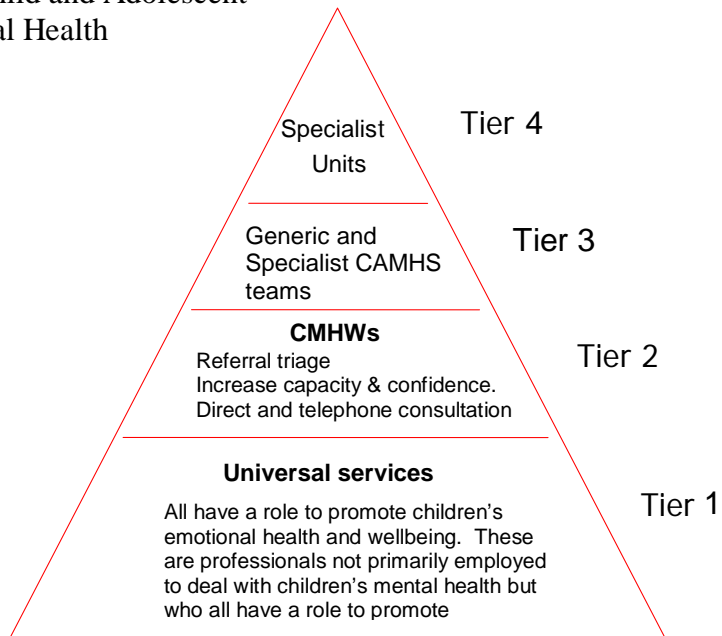
Tier 2: Also referred to single agency (Level 2 of GIRFEC) - concerns continue. My World Assessment undertaken in community and need/risk analysed. Other staff may be involved: child may be receiving some specific support. CMHW provide direct and telephone consultation. Training can also be offered.

Tier 3: Also referred to as single agency (Level 2 of GIRFEC) Concerns continue but targeted support is requested. Specialist CAMHS involved at this tier, where required (referral may have been recommended by CMHW consultation).

Tier 4: Also referred to as multi agency plan or Stage 4 intervention (Level 3 of GIRFEC). Significant support from one or more agencies is required and the child may require a Co-ordinated Support Plan (CSP). A

CAMHS Tiered Model of Service

4 tiered model of provision
for Child and Adolescent
Mental Health



DATA LABEL: PUBLIC



SOCIAL POLICY - POLICY DEVELOPMENT AND SCRUTINY PANEL

PERFORMANCE REPORT – FEBRUARY 2021 – QUARTERLY INDICATORS

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To report the current level of performance for the quarterly indicators up to quarter 3 of 2020-21 that support the Corporate Plan and are the responsibility of Social Policy and reportable to the Policy Development and Scrutiny Panel.

B. RECOMMENDATIONS

It is recommended that the Panel note the performance information and determine if further action or enquiry is necessary for any of the performance indicators in the report.

C. SUMMARY OF IMPLICATIONS

I Council Values	<ul style="list-style-type: none">• Focusing on our customers' needs• Being honest, open and accountable• Providing equality of opportunity• Developing employees• Making best use of resources• Working in partnership
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	In compliance with the Code of Corporate Governance
III Implications for Scheme of Delegations to Officers	No implications.
IV Impact on performance and performance Indicators	This report is an evaluation of current/historic performance
V Relevance to Single Outcome Agreement	The indicators support the outcomes in the Single Outcome Agreement
VI Resources - (Financial, Staffing and Property)	N/A
VII Consideration at PDSP	N/A
VIII Other consultations	N/A

D. TERMS OF REPORT

D1 Background

The Policy Development and Scrutiny Panel (PDSP) oversee and challenge council performance. They are a key element of the scrutiny of performance by elected members and form part of the council's wider scrutiny and public performance reporting arrangements. To support this, each PDSP is allocated areas of the Corporate Plan, strategic priorities and key council performance indicators, relevant to the focus areas of the Panel. They receive both quarterly and annual performance reports.

D2 Quarterly Performance Report

The quarterly performance scorecard report for the Social Policy PDSP contains a range of relevant service performance information for scrutiny. A summary report of the 13 performance indicators in the Social Policy PDSP scorecard is contained in Appendix 1. The scorecard report contains the most up to date quarterly data. The 13 performance indicators are categorised as follows:

Summary of Performance Indicator status (RAG)	
Status (against target)	Number of PIs
Green	8
Amber	1
Red	3
Unknown	1

The RAG status is against the performance target that has been set by the service in consultation with the relevant stakeholders.

Each indicator in Appendix 1 is accompanied by trend chart commentary, which provides an explanation of the current performance levels (against the target). This information also highlights any performance below target and outlines the measures that our services are taking to improve their performance.

D3 Amber and Red Performance Indicator

P:SPCC041_6b.4 Percentage of complaints received by the Community Care Service that were upheld or partially upheld against the total complaints closed in full.

Current performance – 90%

Target – 40%

There is a significant month on month variation in performance during the reporting period. However, there has been no change in, procedure or approach and it is concluded that this reflects simply the diversity of complaints received.

The number of formal Social Work complaints is relatively small (from 2 - 11 per month over the last year) so performance expressed as a percentage tends to appear as a very wide variation

In 2020/21, the performance has been variable; in Q1 the result was 75%, Q2 - 53% and in Q3 it was 90%.

Over the past 12 months 56% of complaints on average have been upheld or partially upheld. The target will therefore remain at 40% for the following year.

P:SPCF008_6a Percentage of children and young people who participate in Looked After (LAC)

Current performance – 18.62%

Target – 55%

The result for quarter 1 of 2020-21 has been recorded as "N/A"; due to the measures put in place because of Covid 19 and new ways of working, no children and young people are attending LAC reviews just now, hence the "N/A" entry for the PI.

In quarter 2 of 2020-21, only 9% of children and young people were present, with very few able to attend as a result of the new ways of working. 79 reviews (80%) were affected by Covid 19, as the reviews were conducted over the phone. In quarter 3, there was a slight improvement to 18.62%, with 27 attending and 28 categorised as "C19", where the review was held via phone/video. Work is underway to explore how to improve attendance and contribution by children and young people. Close consultation will also take place with the Children's rights service and Champions Board (consultative group for children).

It should be noted that in Q3 of 2020/21, the data supplied for this indicator changed and now includes all reviews for Positive Progress, not only 6 Month and CDS Reviews. This change started in Q3 and may have some impact on the reported figures.

In quarter 4 of 2019-20 performance reduced to 44% (50/113). This was affected by actions required due to the COVID-19 pandemic as 12 young people did not attend due to self-isolating or social distancing measures. It's expected that this will impact further into the first quarter of 2020-21.

The target will remain at 55% for 2021-22 to test whether improvements can be found. The aim is to increase the target gradually over the next two years, however the impact of COVID may require that targets change in coming years.

P:SPCF097_9b.1a Number of Children supported in Residential Schools out with West Lothian.

Current performance – 22

Target – 16

Considerable work has taken place to manage numbers to target.

In quarter 3 of 2020-21 there were 22 young people in residential schools. This is in part caused by pressures resulting from COVID-19 but also because the ability to move children back from external resources has been hampered.

At the end of quarter 4 of 2019-20, 17 young people were in external residential schools. It is anticipated that there will be a small number of summer leavers that will bring the number down by the end of quarter 1 of 2021-22.

Social Policy are currently undertaking a review of children's services in order to provide alternatives within our own internal resources which will aim to help avoid young people being placed in residential schools as far as risks to those children allow.

The 2021-22 target will reduce to 16 to reflect service expectations around reducing use of external provision.

P:SPCF045_6b.4 Percentage of complaints received by the Children and Families Service that were upheld or partially upheld against the total complaints closed in full.

Current performance – 57%

Target – 40%

In 2020/21, performance has been variable, with 38% in Q1, 50% in Q2 and then 57% in Q3.

Most complaints tend to be partially rather than fully upheld. There are also a relatively small number of complaints.

The main issues where complaints were upheld included:

- attitude of staff
- accuracy of information provided
- speed of communication

Complaints have been continually reviewed and resolutions included staff training, reminders about relevant processes and individual sessions with staff to highlight where improvement in practice was required.

The target will remain at 40% for 2021/22 as the service felt that upholding more complaints was reflective of a service that aims to improve from feedback.

E. CONCLUSION

The performance scorecard shows that the majority of indicators are achieving targeted levels of performance. Where performance is not at the expected level details are provided in section D.3 to advise the Panel of the improvement action taken by services to improve performance.

F. BACKGROUND REFERENCES

None

Appendices/Attachments Appendix 1 – Social Policy PDSP Performance Scorecard Report

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Jo Macpherson
Head of Social Policy

Date: 26th February 2021

_08 PDSP - Social Policy PIs - Quarterly (Detail)

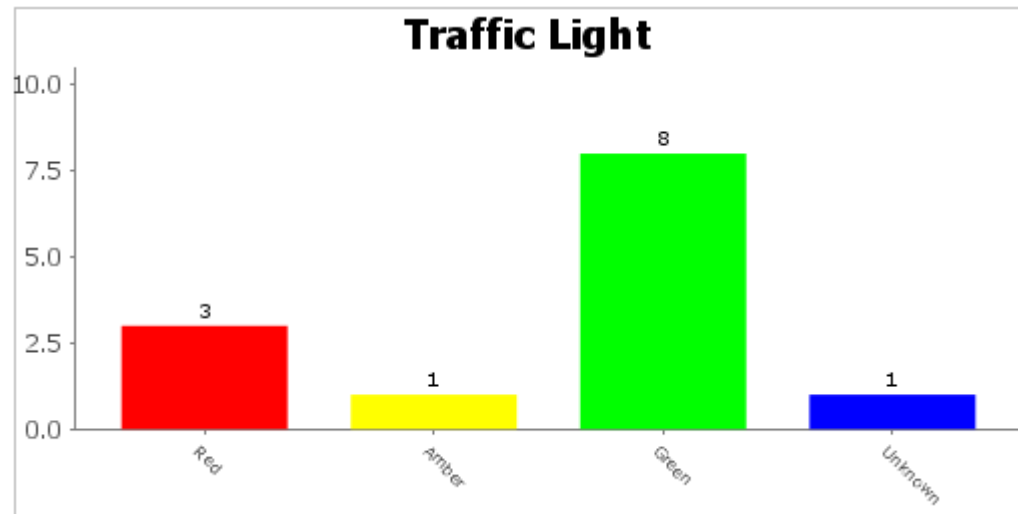
Data Label : OFFICIAL

(Data source=PDSP Social Policy scorecard only)










Report Author: Stephen Forrest

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Report Layout: .PDSP_PIs_All(Summary,Objective)_T



Status	Performance Indicator	Current Target	Current Value	Last Update	Service Area	Explanation / Comment
✓	P:SPCC006_9b.1a Percentage of adults with a severe and chronic alcohol misuse issue maintaining or improving their health and wellbeing.	80%	79%	Q3 2020/21	SPCC_Community Care	27-Jan-2021 This is a good result.
✓	P:SPCC038_6b.3 Total number of complaints received by the Community Care Services	18	10	Q3 2020/21	SPCC_Community Care	
⬮	P:SPCC041_6b.4 Percentage of complaints received by the Community Care Service that were upheld or partially upheld against the total complaints closed in full.	40%	90%	Q3 2020/21	SPCC_Community Care	
⬮	P:SPCF008_6a Percentage of children and young people who participate in Looked After (LAC)	55%	18.62%	Q3 2020/21	SPCF_Children and Families	25-Jan-2021 Remove N/A, so calculation is $27 / (27+90+28) = 18.62\%$. 28 were held over phone/Webex due to COVID.

	reviews.					
	P:SPCF040_6b.3 Total number of complaints received by Children and Families	15	14	Q3 2020/21	SPCF_Children and Families	
	P:SPCF045_6b.4 Percentage of complaints received by the Children and Families Service that were upheld or partially upheld against the total complaints closed in full.	40%	57%	Q3 2020/21	SPCF_Children and Families	
	P:SPCF090_9b.1b Current Number of Looked After Children (LAC)	430	400	Q3 2020/21	SPCF_Children and Families	
	P:SPCF097_9b.1a Number of Children supported in Residential Schools out with West Lothian.	16	22	Q3 2020/21	SPCF_Children and Families	
	P:SPCF201_9a Percentage of first review child protection case conferences held within 3 months of the initial child protection case conference.	90%	100%	Q1 2020/21	PPC_Public Protection - Children; SPCF_Children and Families	
	P:SPCJ040_6b.3 Total number of complaints received against the Criminal and Youth Justice Service	4	0	Q3 2020/21	SPCJ_Criminal Justice	
	P:SPCJ043_6b.4 Percentage of complaints against the Criminal and Youth Justice Service upheld or partially upheld	0%	N/A	Q3 2020/21	SPCJ_Criminal Justice	
	P:SPCJ125_9b Percentage of women who are charged with further offences during intervention or re-referred within six months following their engagement with the Almond Project	2%	3%	Q3 2020/21	SPCJ_Criminal Justice	04-Feb-2021 1/36 - 3%. From Lynne Withnell.
	P:SPCJ148_9b.1a Percentage of Criminal Justice Social Work reports resulting in a custodial sentence of less than 6 months.	3%	1.47%	Q3 2020/21	SPCJ_Criminal Justice	04-Feb-2021 It is the % of reports submitted with a custodial sentence of less than 6 months should be straight forward 203/3 = 1.47%

Social Policy – Policy Development and Scrutiny Plan – Workplan

Title	Responsible Officer	Date of PDSP	Notes/Comments
Social Policy Performance Report	Tim Ward	4th June 2021	
Care Inspectorate Grades – Older People’s Services	Pamela Main	4th June 2021	
Social Policy Management Plan 2021-22	Jo MacPherson	4th June 2021	
Social Policy Contracts Activity Report	Pamela Main	4th June 2021	
Financial Performance Report	FMU	4th June 2021	
Children’s Social Work Statistics	Susan McKenzie	4th June	