Richmond upon Thames
Children and Young People's
Emotional Well-being and Mental Health Strategy

The Vision

Children in Richmond upon Thames:
".. to ensure that all children and young people in Richmond upon Thames, whatever their background, lead safe, happy and healthy lives with opportunities to learn, develop and grow."
(Children and Young People's Plan, 2009-13)

Emotional wellbeing and mental health (EWMH):
"Every child and young person is supported to develop strong emotional health, psychological wellbeing and mental resilience."
(EWMH strategy, 2012)

Introduction

1. We believe that emotional wellbeing and good mental health contributes to every aspect of a person's life. It is important in helping to strengthen families, improve educational attainment, promote social inclusion, tackle antisocial and offending behaviour, expand opportunities and improve general health and well-being.

2. The purpose of this strategy is to improve the emotional wellbeing and mental health of all children and young people in Richmond and to maximise the use of available resources to provide better outcomes. The aim is to change or drive the *whole system* through partnerships and joint commissioning, ensuring integrated and timely services, and investing in preventing and intervening early in problems before they become harder and more costly to address.

What Is In This Strategy

3. This strategy outlines the strategic priorities for promoting and improving the emotional well-being and mental health of children and young people in Richmond over the next five years. It updates the previous strategy which covered the period 2008 to 2011 and is based on an updated needs assessment which includes a review of evidence based interventions, local epidemiological data, and current service provision and access. It also takes into account the views of children, young people and their families and carers gathered through extensive engagement. A summary of the key findings from the needs assessment is contained at **Appendix One** and the full needs assessment is at www.richmond.gov.uk/emotional_wellbeing_and_mental_health . It has also been developed with all key partners involved in commissioning and providing services.

4. This strategy is relevant to *all* services that contribute to the emotional well-being, resilience and mental health care of children and young people. This definition includes;
    *   Universal services, including GPs and schools,
    *   Targeted and specialist services whose primary function is not necessarily mental health such as youth workers, and
    *   Specialist mental health services (Tier 3 / Tier 4)

5. The strategy identifies five key priorities for Richmond and provides an outline of the actions which need to taken to achieve these priorities. It will also inform what services will need to be commissioned or decommissioned over the coming five years, to ensure a co-ordinated and coherent system of provision in Richmond offering timely, evidence based interventions.   The strategy has been developed at a time of economic challenge and it is essential now more than ever that commissioning priorities are systematically identified and acted upon, and that all services current and future are challenged to ensure maximum effectiveness and efficiency.

Underpinning Values & Beliefs

6. As a partnership we share an overarching vision and have agreed that the following values and beliefs will underpin our approach in the strategy and in its implementation:

- The delivery of emotional well-being and mental health is everybody's responsibility and we will work in partnership to improve it
- We will take account of equality and diversity issues and ensure equal and fair access for all
- The foundations for positive emotional wellbeing and mental health are laid in the early years of life and we will support parents and carers from pre-birth onwards to support their child's emotional development
- We will prioritise prevention and earlier intervention and wherever possible deliver services in community based settings
- We will promote choice wherever possible and provide flexible provision appropriate to a wide range of needs and accessible to the broad diversity of the population
- Good information and communication is key - we will improve pathways between and within services, and provide clear information about service's criteria
- Focusing on outcomes – doing what works to improve emotional wellbeing
- Children, young people and families will actively participate in developing solutions to their own needs and in decisions around service planning and development
- Holistic approach –we will look at the needs of the whole family, adults services and the needs of the child, within the community
- A well-trained and informed workforce underpins any good service - we will ensure that the workforce have the opportunity to develop their skills and knowledge in this area
- We will make effective use of resources and remain focused on monitoring performance and ensuring better outcomes for children and young people
- Social health approach – working together to be inclusive and address the health and social needs of the whole community

How Did We Agree These Priorities

7. The five overarching priorities were agreed by looking at the gaps that we have that were identified in the needs assessment and by what children, young people and others have told us. These were then tested out with a wider group of stakeholders. The EWMH strategy consultation process was overseen by the EWMH programme board: www.richmond.gov.uk/home/council_government_and_democracy/council/partnerships/rutcypt/quindrat_commissioning_process/emotional_wellbeing_and_mental_health.htm

Delivering the Strategy – Our Priorities

8. As this is a five year strategy there are short, medium and long term actions to deliver the priorities.   Over the next five years there will be developments that may not be included in this strategy and therefore the priorities and actions will be reviewed on an annual basis. For the shorter term actions i.e. to be delivered within one year there is a project plan and this is contained at **Appendix Five**.

9. As emotional wellbeing and mental health cuts across practically all areas of a child or young person's life some of the actions to achieve the priorities will be taken forward through other strategies.

1	We will increase the capability of all universal services, such as schools, GP's, and other professionals in contact with children and young people, to promote emotional wellbeing, to build emotional resilience and to prevent poor mental health

	Action	How	Who	When	Expected Benefits/Outcomes
1.1	Delivering the key elements relating to emotional health and well-being within The Child Health Promotion Programme and universal service offer via Children's Centres, including - increasing the focus on attachment - identifying and prioritising support for post natal and maternal depression - parenting interventions (evidence based) – both generic and targeted	To be delivered through the Early Years Strategy To be delivered through the Parenting Strategy	Rachel Turner	Mar 2013	-
1.2	Continuing to enhance the capacity within the children's workforce through a multi-agency annual training programme to provide staff with understanding of mental health and risk and resilience factors as well as the confidence to support and intervene at an early stage.	To be delivered through the Workforce Development Plan	Cathy Reynolds (Angela Caulder, Heather Matthews)	Dec 2013	• 80% of all staff having attended mental health training in year.
1.3	Working with Academies, free, state-maintained, private schools and colleges to influence and	BOND pilot	Simon James	Jan 2013	• Better understanding of EWMH needs within Richmond schools

	Action	How	Who	When	Expected Benefits/Outcomes
	support the development of evidence-based, whole school approaches to EWMH including the provision in school of high quality PHSE and access to counselling and support services.				• Joined up local delivery of EWMH approaches across Richmond in schools
1.4	Promoting resilience through evidence based programmes in universal settings including wider community action such as though promoting sports and interests.	To be delivered through the Risky Behaviour Strategy	-	-	-
1.5	Promoting diversity and respect for difference as a means of reducing risk and stigma. Campaigning within schools and other services to reduce bullying and negative stereotyping of groups such as LGBT, BME and young people with disabilities.	• BOND pilot • E&D rep for EWMH project	Henry Kilpin	Jan 2013	Completed EINA to identify need Higher levels of wellbeing for pupils in schools

2	**We will increase the capacity of targeted services in order to ensure that interventions are carried out earlier, including increasing access to specialist advice and support for parents, carers and professionals**

	Action	How	Who	When	Expected Benefits/Outcomes
2.1	To put in place an expanded Primary Mental Health Service which will be based in school and other community settings, with close working relationships with specialist CAMHS services, and with responsibility for co-ordinating a multi-agency network.	• Recruit PMHWs • Link in with BOND	Simon James	June 2012	• Enhanced join-up of Richmond EWMH services • Enhanced access to EWMH services for pupils in schools • Earlier intervention • Faster appropriate signposting
2.2	To ensure high quality counselling services are available within the community, with counsellors linked in to other professionals in the system such as PMHWs, specialist CAMHS and educational psychologists.	• Build on the SPA to continue to improve link up of all local EWMH services • Develop service specifications	Simon James	Jan 2013	• Enhanced join-up of Richmond EWMH services • Enhanced access to EWMH services for pupils in schools • Earlier intervention • Faster appropriate signposting

	Action	How	Who	When	Expected Benefits/Outcomes
		• Standardise minimum dataset • Standardise quality requirements			
2.3	To encourage schools/academies/colleges to make available quality counselling services.	• BOND pilot • Implement communication approach in schools	Simon James	On-going	• Enhanced join-up of EWMH services with schools • Enhanced access to EWMH services for pupils in schools • Earlier intervention • Faster appropriate signposting
2.4	To redesign CAMHS services offered to vulnerable groups to ensure an integrated approach whilst offering value for money (Tier 2).	TBC	Doreen Redwood	Dec 2012	• Enhanced join-up of EWMH services with schools • Enhanced access to EWMH Tier 2 services • Earlier intervention • Faster appropriate signposting

3	**We will ensure integrated services for children and families with more complex and/or wide ranging needs, including joint pathways and processes to support comprehensive assessment, planning and delivery of multi-agency care and support**

	Action	How	Who	When	Expected Benefits/Outcomes
3.1	The development of multi-agency pathway for Attention Deficit Hyperactivity Disorder (ADHD) from first query through to diagnosis and planning for holistic care and management involving family, schools and agencies.	In conjunction with local clinical specialists + in accordance with NICE guidelines	Anna Bryden	Mar 2013	• Care pathway defined • Care pathway publicly accessible • Care pathway embedded in training • 80% relevant workforce trained on official care pathway
3.2	The development of multi-agency pathway for	In conjunction with	Anna	Mar	• Care pathway defined

	Action	How	Who	When	Expected Benefits/Outcomes
	Autistic Spectrum Disorder (ASD) from first query through to diagnosis and planning for holistic care and management involving family, schools and agencies	local clinical specialists + in accordance with NICE guidelines	Bryden (Nicholas English)	2013	• Care pathway publicly accessible • Care pathway embedded in training • 80% relevant workforce trained on official care pathway
3.3	Review ADHD transition to adult services and develop a shared protocol between adult and children's services to ensure better preparation and planning for transition.	In conjunction with local clinical specialists + in accordance with NICE guidelines	Anna Bryden	Mar 2013	• Care pathway defined • Care pathway publicly accessible • Care pathway embedded in training • 80% relevant workforce trained on official care pathway
3.4	The development of an eating disorders care pathway	In conjunction with local clinical specialists + in accordance with NICE guidelines	Anna Bryden (Dr. Parri Farzim)	Mar 2013	• Care pathway defined • Care pathway publicly accessible • Care pathway embedded in training • 80% relevant workforce trained on official care pathway
3.5	The development of a self harm care pathway	In conjunction with local clinical specialists + in accordance with NICE guidelines	Anna Bryden (Angela Caulder)	Mar 2013	• Care pathway defined • Care pathway publicly accessible • Care pathway embedded in training • 80% relevant workforce trained on official care pathway
3.6	The development of a depression care pathway	In conjunction with local clinical specialists + in accordance with NICE guidelines	Anna Bryden (Dr. Ann York)	Mar 2013	• Care pathway defined • Care pathway publicly accessible • Care pathway embedded in training • 80% relevant workforce trained

	Action	How	Who	When	Expected Benefits/Outcomes
					on official care pathway
3.7	The development of an attachment care pathway	In conjunction with local clinical specialists + in accordance with NICE guidelines	Anna Bryden (Julie Mikardo)	Mar 2013	• Care pathway defined • Care pathway publicly accessible • Care pathway embedded in training • 80% relevant workforce trained on official care pathway
3.8	The development of an integrated child development team that will include clinical psychologist and learning disability nurse to ensure children with a disability have access to a multi disciplinary team	Definition and commissioning of enhanced service model	Doreen Redwood	Mar 2013	Better integrated delivery of services to children with a disability
3.9	Work with adult services and within children's centres to improve family focused interventions with parents with mental health and/or substance misuse problems	To be delivered through the Hidden Harm Plan	-	-	-

4	We will ensure timely, flexible and accessible specialist CAMH services, provided in a variety of settings for children and families, and which offer specialist leadership and support to the development of the broader system.

	Action	How	Who	When	Expected Benefits/Outcomes
4.1	Review the current use of resources in specialist CAMH services (provided by West London and St Georges Mental Health NHS Trust) leading to a re-specification of the core service model and offer.	• CAMHS Health Needs assessment • Review Specialist CAMHS Service	Paul Cosens	Sep 2013	• Enhanced data reporting requirements
4.2	To develop appropriate performance and quality monitoring standards	• CAMHS service specification • IAPT dataset	Paul Cosens (Lisa Williams, Heather	Sep 2013	Better local EWMH intelligence to: • identify need • support commissioning

	Action	How	Who	When	Expected Benefit/Outcome
		• EWMH performance dashboard • ACE criteria into community service specifications	Mathews, Angela Caulder)		intentions
4.3	Implementation of Improving Access to Psychological Therapies (IAPT) within local services.	• IAPT application • Specialist CAMHS service spec • PMHS service spec	Angela Caulder/Simon James	Mar 2013	• Upskilled workforce in best evidence based practice • Systematic delivery and reporting of frequent/session by session outcome monitoring • Enhanced infrastructure for collecting / analysing data
4.4	To develop care pathways with clear protocols and criteria for specialist CAMHS	See 3.1 – 3.8	-	-	-

5	We will make it easier for everyone to understand the services available and make appropriate referrals and ensure that a system wide approach is taken when commissioning/de-commissioning services

	Action	How	Who	When	Expected Benefit/Outcome
5.1	To introduce a single point of referral for all emotional wellbeing and mental health issues that are not specific to specialist CAMHs Streamline the Single Point of Access process to effectively include mental health referrals, and ensure specialist CAMHS participation in Team around the Child meetings where required.	• To be scoped and defined by Jan 2013 • Implementation by Mar 2013	David Saunders (Simon James, Angela Caulder)	Mar 2013	
5.2	Work with all referrers to improve referral processes to mental health services.	• Define key local care pathways • SPA monitoring	Simon James (Angela	Mar 2013	

		Action		How	Who	When	Expected Benefit/Outcome
			•	Implement T2 network	Caulder)		
			•	Communication strategy			
5.3		Provide a consultation model through the Single Point of Access (SPA) for all mental health referrals	•	To be scoped and defined by Jan 2013	David Saunders (Simon James, Peter Moorcock)	Mar 2013	Enhanced service user feedback from: • Carers • Professionals • Children and young people
			•	Implementation by Mar 2013			
5.4		Improving quality and access to information, advice and guidance, and clarity about what and how to access to local services.	•	Review EWMH website	Fran Wylde (Chloe Hunter)	Dec 2012	• Higher level of referrals to local services • Higher proportion of appropriate referrals to local EWMH services
			•	Redesign EWMH website			
			•	Link EWMH website with all key EWMH information			
5.5		Increasing engagement of children, young people, parents, carers and families in evaluating service experience and identifying improvement requirements	•	IAPT programme • BOND	Angela Caulder (Peter Moorcock)	Jan 2013	
5.6		A multi-agency dashboard of service activity data and outcome measures will be developed to aid the planning and monitoring for a whole system approach to EWMH.	•	EWMH dashboard monitored by EWMH programme board	Paul Cosens (Maria Grogan)	Sep 2012	

Please note: the action plan above is a high level representation of the EWMH programme plan. The latest version is held by the EWMH programme manager

Other Strategic Links

10. This strategy deals only with a broad but still quire specific issue and there are many other issues that may impact on a child/young person and their family. Therefore, this is one of a suite of strategies and plans that will be linked across and have been referenced above. Where these are available electronically they can be accessed from the website [insert a EW&MH page here].

   - Children and Young People's Plan
   - Reducing Risk Taking Behaviour
   - Supporting Productive Parenting
   - Early Years
   - *Managing Behaviour*
   - *Children with Disability*
   - Reducing Hidden Harm in Children and Young People
   - Cultural Partnership Plan
   - Healthy Weight Strategy
   - Health Promotion
   - Carers (all ages)
   - Child Poverty Needs Assessment
   - Anti-Bullying Strategy and Guidance

Enabling the Priorities to be Delivered

11. To ensure that the priorities within this strategy are delivered a number of other things need to be in place - these are called enablers.

Safeguarding

12. Emotional Wellbeing and Specialist Mental Health services are integral to the wider safeguarding network in Richmond for children and young people. All staff within providers must be part of the wider safeguarding support system, subscribing fully to the need to train staff to be aware of the indicators of possible abuse, sharing information more readily with the statutory and other agencies working with children and contributing to multi-disciplinary discussions of vulnerable children.

Transition

13. Transition planning for young people should be in place from the age of 14. The Richmond Transition Protocol will need to be followed to ensure a smooth transition for young people who will require mental health support from adult services beyond the age of 18.

14. Strong links with adult mental health services to be built into operational processes, governance and engagement approach.

Workforce

15. All professionals in contact with children should be at a minimum trained through a multi-agency training programme to have an understanding of mental health and risk and resilience factors as well as the confidence to support and intervene at an early stage. All professionals to demonstrate evidence of national competencies in mental health.

Organisations will use the CHiMAT tool:
www.chimat.org.uk/default.aspx?QN=CAMHSTOOL There is also a model workforce report on the site.

16. All staff providing emotional wellbeing and mental health services to children and young people need to be trained to Target Group 3 Safeguarding, and have the appropriate qualifications and up to date professional registration.

Information Technology and data sharing/confidentiality

17. Data sharing protocols across agencies are in place and need to be followed. Where safeguarding issues are raised then all relevant information can be shared.

18. All providers of Emotional Wellbeing and Mental Health Services have to ensure that data is stored securely and is kept confidential.

Data collection and reporting / Information Technology

19. IAPT, CAMHS PBR, National CAMHS Dataset are going to require specialist CAMHS to collect and report differing datasets. Adequate IT systems must be planned for in advance and in place to ensure that these data requirements can be realised.

20. All CAMHS services will share anonymised data for the purposes of creating a community EWMH dashboard. The community EWMH dashboard will help Richmond as a community to work together to fulfil local need.

Integrated Working

21. Integrated working is key to ensure that appropriate provision is in place to support the emotional development of children and young people. Success in achieving this important outcome is dependent on practitioners across the board collaborating and responding to needs in a coordinated way. The Common Assessment Framework (CAF) is the tool utilised in Richmond upon Thames to assist integrated service delivery.

22. "It is important to recognise that supporting children and young people with mental health problems is not just the responsibility of specialist CAMHS. In many cases, the intervention that makes a difference will come from another service. For example, a child presenting with behavioural problems may make better progress if his/her literacy problems are also addressed, in which case an input is required from education… partnership working is an essential requirement of high quality service." (Department of Health, 2004)

23. We recognise and value the service provided by Specialist CAMHS to manage mental health disorders and support partner services to work with mental health problems identified within the community.

Equality Impact Needs Assessment (EINA) on strategy

24. The EWMH EINA was signed off by Richmond Council Equalities Working Group in July 2012 (see appendix 3).

25. The main findings relate to the systematic recording of faith data and embedding equality and diversity monitoring into the core EWMH strategy governance processes.

Appendix One – Summary of CAMHS Needs Assessment (2012)

Summary of findings:

"1. Whilst the prevalence of mental disorder does not appear to be increasing, Richmond's 0-19 population is set to increase and consequently the actual number of young people with mental health needs is likely to increase also. Services commissioned will need to be able to cope with a possible increase in numbers with little increase in the financial envelope.

2. Services commissioned should focus on the key areas where there is robust evidence that they can improve children and young people's emotional and mental wellbeing at an early stage. Key areas include:

- Maternity and early years - promoting maternal mental health and reducing depression; early years education programmes; particular focus on disadvantaged families
- Parenting - supporting parents and carers to parent effectively; particular focus on vulnerable / disadvantaged families. Continuing protective and family focused interventions to support parents through children's centres should be explored at a strategic level.
- School based interventions - promoting mental health and developing social and emotional skills in schools and colleges; early identification of children and young people with mental health problems; reducing risk taking behaviour and identifying early signs of alcohol and substance misuse; whole school approach; appropriate training and support to teachers. More utilization of PSHE as a tool to promote diversity, equality and mental health should also be considered.

3. Early identification of those at risk is vital in order for appropriate support, diagnosis and treatment pathways to be implemented. Services commissioned should ensure that early identification / intervention is a significant component of their work.

4. Where possible standardised assessment and clear referral processes should be in place to ensure consistency in relation to identification and appropriate onward referral where necessary. Pathways should include the roles of expected referral criteria at each level of the CAMHS service, a description of services available and routes of access. The care pathway should be widely distributed through all services in contact with children and young people.

5. There are key groups of young people, who are particularly at risk of the onset or persistence of mental disorder, including:

- Those with SEN
- Young people excluded from school (either permanently or fixed period)
- Young people looked after
- Young offenders

Services commissioned should ensure that these key groups of young people are prioritised. Due to the likely small numbers, particularly in relation to LAC, young offenders and exclusions; it may be advisable to pool resources and have one service, which covers both these areas.

6. There are likely to be a large number of young people with ADHD and there is a need to ensure that those young people reaching transition who are already known to services have access to appropriate support as they move over to adult services. There are currently no adult services available for those with ADHD and this should be addressed.

7. Similarly there are likely to be a large number of young people with emotional disorders

such as anxiety and depression. Services commissioned should focus on the IAPT model, which is being further developed to be used with young people.

8. The prevalence of eating disorders, particularly amongst older girls, is high. Appropriate services should continue to be commissioned in this area.

9. Services commissioned at targeted service level will need to be able to support those with low level mental health needs who are not at the stage where referral to more intensive interventions are required. Thresholds and pathways should be clear to young people, parents, carers and professionals to ensure that young people get the right support at the right time.

10. There should be improved communication between CAMHS, schools and General Practitioners. Schools and General Practitioners need early advice before referring to CAMHS as well as feedback about young people during their treatment. There should be a named person of contact to advise on cogitative and clinical matters.

11. The corporate assessment highlighted that universal service staff require more training. CAMHS specialist services should be commissioned to increase training opportunities for all services on how to identify and support children and young people with emotional, behavioural and mental health problems/and where to get help.

12. Parents, carers, children and young people need to understand what services and support is on offer locally and how they can self refer and access advice. Considerations should be made on how to make service information more accessible and better targeted.

13. Promoting resilience through community based initiatives should be further explored. This should include joint up working with youth services and leisure centres to promote social and emotional development and a break from high risk activities. Services will need to work with a wide range of stakeholders i.e. GP's, adult mental health, children/family services if they are to target those that require the support the most.

14. School nurses and Primary Mental Health Workers are in unique positions to support school children with their numerous needs and contribute to the early identification process. While school nurses predominately work within the behavioural clinics, more capacity and interfaces between these two schools services could enable children presenting with more complex issues to be streamlined through PMHW community and CAMHS network and provide a more integrated, timely and appropriate referral. Considerations on increasing PMHW capacity has been identified below.

15. There should be improved communication between the different community based counselling provisions as current services are fragmented and misunderstood. Better links between these services and Targeted CAMHS should also be developed in order to ease the referral process into CAMHS as well as ensure that children are not being batted between services. Service providers should be encouraged to demonstrate how and to what standard they are supporting children and young people with their emotional needs.

16. There has been good evidence to demonstrate the ease in which children, young people and parents can access school counselling services. Considerations should be made towards increasing the number of primary schools that are currently providing children with counselling services as well as encouraging current private and public providers to provide a consistent and high quality service.

17. There has been positive feedback on appropriate referrals within Children's services through the Single Point Access (SPA). It is recommended that commissioners agree how

referral pathways can be better aligned and managed to encompass all CAMHS services. This would streamline and create opportunity for greater information collection and planning. It would also ensure that vulnerable referrals are flagged.

18. The multiagency team should be able to demonstrate how they are meeting the needs of vulnerable children (learning disabilities, youth offending teams, substance misuse and children looked after). Interventions should be evidence based with outcomes clearly specified and monitored. More robust interfaces between multidisciplinary teams for vulnerable children and young people, and other CAMHS services should continue to be developed to maximise on capacity and support for vulnerable children and their families.

19. It is clear that the Specialised services would require an increase in capacity in order to meet the core service model requirements stated by the National Service Framework. Similarly increases in PMHW capacity are recommended by the Royal college of Psychiatrics.   However due to the demographic variation and affluence in Richmond, commissioners need to consider a capacity for both specialism based more specifically on reflection of the local population.

20. There is a need for a more detailed range of processes and outcome data that should be required from specialist CAMHS. This will allow commissioners to better understand the service quality, but also plan for 'upstream' services and improve accessibility. The information should include: presenting issues, referral routes, information on assessed and redirected referrals, DNAs.

21. For those children and young people accessing specialised services, service providers should be able to demonstrate how they have improved support and information for parents/carers/children and how they are included in the development of services."

For the latest version of the CAMHS Health Needs Assessment 2012 (p. 125 – 127), please visit the Richmond EWMH programme board webpage:
www.richmond.gov.uk/emotional_wellbeing_and_mental_health/ewmh_programme_board.htm

Appendix Two – Project Briefs

For the latest version of EWMH project briefs, please visit the Richmond EWMH programme board webpage:
www.richmond.gov.uk/emotional_wellbeing_and_mental_health/ewmh_programme_board.htm

Appendix Three - EINA

EINA Summary of findings;

- Planned E&D monitoring needs to be built into **CAMHS provider monitoring**. In particular, with community counselling, CWD counselling, DV intervention and Specialist CAMHS services being specified for Jan / Apr 2013.
- E&D can be built into the EWMH programme board as a **standard agenda item** so that E&D is systematically built into the thinking / planning / monitoring and implementation process of the EWMH strategy in Richmond.
- **Faith / religion** information needs to be systematically recorded, reported and monitored.
- **Transition of children with disabilities** to accessing adult services (from EINA consultation with CVS representative).

- Children and young people and their families for whom **English** is a **second language**, particularly at primary level we have significant numbers of people needing language support and particularly for adults the services available to them are very limited as you have to be a certain standard to get on to college courses, and many don't meet the standard. The needs of children and young people to be mapped within schools and set of recommendations produced.

EINA document – July 2012:

EWMH EINA - Jun 12

Appendix Four – EWMH service specifications

For the latest version of EWMH service specifications, please visit the Richmond EWMH programme board webpage:
www.richmond.gov.uk/emotional_wellbeing_and_mental_health/ewmh_programme_board.htm

Appendix Five– EWMH Programme Plan 2012/13

EWMH Programme Plan 2012-13

Appendix Six – EWMH Webpage

For the latest information on EWMH in Richmond, with information on how to refer, local support and EWMH training, please visit the Richmond EWMH webpages:
www.richmond.gov.uk/emotional_wellbeing_and_mental_health