

Positive Responses- Children and Young People with Emotional and Behavioural Difficulties

Sub Theme	Agency	Comment
Support development of the group	NIRDP	
Support the promotion of infant mental health and the perinatal relationship between child and parent	PHA, Eamon McMahon, Early Years, 6 th Sense	<p>PHA- Welcome development of infant mental health strategy</p> <p>Eamon McMahon- if we do it properly it will have significant implications in terms of future commissioning and restructuring services</p> <p>Early Years- particularly support the importance of training and awareness</p>
Support Early Intervention	Craigavon Borough Council, WAFNI, SBSS, Early Years	
School as a community resource	Craigavon Borough Council	

Support shift in policy towards infant mental health	BHSCT Community Child Health,	
Support development of Full Service Schools concept	CCMS, WAFNI	CCMS- particularly beneficial for speech and language development- willing to engage further
Supports engagement of schools with parents and community	CCMS, 6 th Sense	CCMS- Been highly involved and will continue to be 6 th Sense- School as a community resource will alleviate anxiety for children and young people with disabilities as they are familiar with school environment
Agree with concern about accessing CAMHS (p20-21) and the need to map and include community and voluntary sector	NIRDP	
		6 th Sense- A review of Tier 2 CAMHS may mean improved access to

Support the review of Tier 2 provision	WAFNI, 6 th Sense	the service for children and young people with disabilities and will highlight the need to work with these children and young people, particularly those with a learning disability
Welcome greater cohesion between PHA and all agencies	SBSS	
Welcome roll out of infant mental health training involving community and voluntary sector	SBSS	

Constructive Suggestions for Change- Children and Young People with Emotional and Behavioural Difficulties

Respondent	Comment	Action
General Issues		
Probation Board Northern Ireland (PBNI)	<ul style="list-style-type: none"> • Overlap between EBD and CYPO action plans- need to cross reference to avoid duplication • More coordination between criminal justice and CAMHS with perhaps a specific strategy for young people interfacing with criminal justice system 	The group will link with the Children and Young People and Offending sub group to work on the issues that cross both remits
NIACRO	<ul style="list-style-type: none"> • Synergy between this action plan and children , young people and offending. Need to track connections to ensure a continuity that is not disrupted by a young person's change in status 	The group will link with the Children and Young People and Offending sub group to work on the issues that cross both remits
Public Health Agency (PHA)	<ul style="list-style-type: none"> • Is 'Tier 2 emotional health and well being' the same as Tier 2 CAMHS services? • Need to reference developing resilience in children and young people 	<p>No, it refers to all mental health professionals across all agencies working at a Tier 2 level</p> <p>Noted, agree that developing resilience is important</p>
Children's Palliative Nursing Special Interest Group	<ul style="list-style-type: none"> • Ambiguous and lacks clarity in definitions e.g. Infant mental health 	Noted, the plan is a strategic document, the detail will be provided in implementation
Craigavon Borough Council	<ul style="list-style-type: none"> • More to link the Neighbourhood Renewal Areas and the partnerships • Council delivers a 10 week personal development 	Noted as an issue for the outcomes groups

	<p>programme for 13-17 year olds referred for behavioural issues</p> <ul style="list-style-type: none"> • Feel that support should be provided before statutory thresholds are reached 	<p>Noted</p> <p>Agree, this is an objective of Family Support Hubs</p>
Belfast Health and Social Care Trust (BHSCT) Community Child Health	<ul style="list-style-type: none"> • More focus on services that target the whole family such as family therapy so not just seen as the young person who has the problem • More emphasis on how to engage with 'hard to reach' families 	<p>Agree, the work of the CYPSP emphasizes a whole child approach</p> <p>Noted</p>
Northern Ireland Rare Disease Partnership (NIRDP)	<ul style="list-style-type: none"> • The plan seems to rely on medical and education models of intervention and should consider social models used by the community and voluntary sector • Risk of a 'lost generation' by focussing almost exclusively on infants and families- need to also consider older children and young people, especially those with limited family contact • Question the focus of 'families' for family support hubs and need to recognise those young people who are disconnected from their families • Risk that the plan is simply a justification for existing initiatives rather than having a wider scope that includes the most marginalised in society and opens creative engagement to the community and voluntary sector • More generally, the strategy seems to undervalue the role of community, voluntary and faith based organisations- perhaps this is due to membership of the group 	<p>The group consists of representatives from the community and voluntary sector</p> <p>Infant mental health constitutes one action area, others consider early intervention in terms of early stages of difficulty as well as early age</p> <p>Noted, young people can self refer</p> <p>Group consists of community and voluntary agencies working in partnership</p>
North Eastern Education and Library Board (NEELB)	<ul style="list-style-type: none"> • Use SEBD instead of EBD, EBD is a medical model and ignores the contextual and societal nature of some young people's difficulties 	<p>Group emphasizes a whole child approach, in partnership with the community and voluntary sector</p>

<p>Early Years</p>	<ul style="list-style-type: none"> • Urge the significant role that the private, voluntary and community sector can play in the action plan • Promote the participation of children and young people • In linking with other relevant strategies to promote consistency of message, also need to link with 0-6 Strategy and the DHSSPS Minimum Standards for Childminding and Day Care settings for Children under Age 12 • Need to link with Sure Starts • Stress that pre-schools are equally as important as schools in the development of the child • As excellent examples of parental engagement, consider the Media Initiative for Children (MIFC), the MIFC Respecting Difference and the Toy Box project 	<p>Group consists of community and voluntary agencies working in partnership</p> <p>Agree</p> <p>Noted, agree</p> <p>Noted, agree</p> <p>Noted, agree</p> <p>Noted, Parenting NI undertakes the participation of parents on behalf of the CYPSP</p>
<p>Eamon McMahon</p>	<ul style="list-style-type: none"> • Change name of the group to Infant, Children and Young People with EBD. • Important to have appropriate care pathways from Tier 1 to Tier 2 and Tier 3 • Include this comment from the USA National Research Council and Institutes of Medicine (2000): ‘Research on early biological insults provides fundamental insights into the vulnerability and resilience of the developing central nervous system. This area of research also offers a compelling illustration that plasticity cuts both ways, leaving the developing foetus and young child simultaneously vulnerable to harm and receptive to positive influences. It also suggests that the current emphasis on the years from birth to age 3 may have unwittingly bypassed an important stage of development: the prenatal period is when damaging environmental conditions may have some of the most devastating effects on development 	<p>Noted, group felt that the current name was more appropriate</p> <p>The group agreed to widen the scope of infant mental health to include pre-natal period therefore focussing on the peri-natal period</p>

	and, consequently, is when preventative efforts may have the greatest benefits.’ (P198)	
South Belfast Sure Start (SBSS)	<ul style="list-style-type: none"> • Important to know numbers accessing core universal services • The other 4 outcomes rely on the Family Support Hubs which is a concern as they are in varying stages of development, with some areas without any. • Most indicators aimed at the 0-4 age group- is this the only focus of the plan? 	<p>Noted, it is more important to know the outcome for children and young people as a result of accessing core universal services</p> <p>Noted however Family Support Hubs is a only one identified area in the plan</p> <p>No, in line with our definition of early intervention, focus is on early stage of difficulty and early years</p>
Disability Action	<ul style="list-style-type: none"> • Measures/actions too vague for comment- requires specific actions, outcomes, performance indicators and timescales 	Noted, the action plan is of a strategic nature, the detail will be forthcoming in the implementation
<i>Healthy</i>		
Public Health Agency (PHA)	<ul style="list-style-type: none"> • Reference to NI Perinatal mental health care pathway • Need to work with vulnerable mothers in the ante natal period • Consider midwife representation on the group 	Agree, the scope of the group has been widened to include the peri-natal period
Belfast Health and Social Care Trust (BHSCT) Community Child Health	<ul style="list-style-type: none"> • More emphasis on the importance of the relationship between child and parent in the peri-natal period • Pg 4- need to include children with parents who misuse substances and children who experience living with domestic abuse 	<p>Agree, the scope of the group has been widened to include the peri-natal period</p> <p>Agree, added to the action plan</p>
Northern Ireland Rare Disease Partnership (NIRDP)	<ul style="list-style-type: none"> • Under ‘Healthy’ children and young people with rare diseases, or living in families impacted by a rare disease, 	Agree, added to the action plan

	need to be acknowledged as a distinct 'at risk' group (pg 5)	
WAFNI	<ul style="list-style-type: none"> • Include domestic and sexual violence as one of the causes of emotional and behavioural difficulties and include an indicator for this under 'healthy' • Also under 'healthy' on pg 6 '<i>recognising that there are particular difficulties with certain children and young people</i>' should include children and young people living in families where domestic and sexual violence is present • Ensure that there is consistency between the '<i>what we will do</i>' section and the table which follows. Infant Mental Health is a panacea and no actions for those of particular difficulties. • Response needs to be wider than a new strategy. Children and young people often suffer due to societal response to them. Actions should incorporate mechanisms that challenge that • Regarding '<i>develop a range of robust indicator tools for infant mental health including attachment and resilience</i>' see Scottish progress that may be useful e.g. '<i>Establishing a core set of national, sustainable mental health indicators for children and young people in Scotland (Parkinson 2012)</i>' • Should recognise the impact of adverse childhood experiences and specific actions to deal with neglect • By concentrating on Infant mental health, risk ignoring others who also need help • Include the following indicator on obesity from the action plan for children and young people with disabilities for consistency '<i>% of children (with disabilities) who are</i> 	<p>Agree, added to the action plan</p> <p>Noted</p> <p>Recognising the timeframe of the action plan, the group recognises that this is a long term issue and has highlighted initial actions to take</p> <p>Noted and useful</p> <p>Noted, with a focus on early intervention the group will aim to influence this</p> <p>Noted, however the group have identified other areas for action besides infant mental health</p> <p>Agree and amended</p>

	<i>identified at age 8/9 as obese or underweight</i>	
Eamon McMahon	<ul style="list-style-type: none"> • Important to link Infant Mental Health with ongoing work to achieve coherence for planning and commissioning including, Bamford/Healthy Child, Healthy Futures/ Service Framework Standards/ Draft Mental Health Promotion Strategy/ work undertaken by PHA Child Development Board/ The Maternal Mental Health Strategy/ Adult Mental Health Services/ and Education's 0-6 Strategy- with all this work can regional coherence be achieved? • Pg5 last line- refer to supporting greater awareness and practitioner skills' • Pg6 emphasize the importance of integrated care pathway from Tier 1 to Tier 3. One attached. • Concerned that there is a dearth of resource with specialist CAMHS at a Tier 3 level for infant mental health- recommend the establishment of specialist CAMHS Infant Mental Health teams • Pg 6 additional point about the psychological trauma associated with the troubles our history of conflict • Pg6 Recommend that a regional training strategy is essential and includes Infant Mental Health leads strategically in its development • Pg6 Also recommend using the Solihull Approach rolled out for all practitioners- currently only health visitors and school nurses- and both Foundation and Solihull Plus levels are needed. The Solihull approach model of delivery should be used to deliver the training. This should be linked to a workforce competency approach, which is also important to reference • Under the 'healthy' outcome it is important to recognise developmental vulnerability and developmental risk and associated training needs for the workforce • Another key aspect is parental mental health and this should be accounted for 	<p>The group will aim to achieve regional coherence by linking with ongoing work elsewhere- essential to avoid duplication</p> <p>The document is a high level strategic plan, this level of detail will prove extremely useful when the group begins implementation</p>

South Belfast Sure Start (SBSS)	<ul style="list-style-type: none"> • Caution that many children and young people still fall through the net due to service deficiencies such as specialist services for attachment disorders • Under healthy, indicators should include access to CAMHS in each Trust area, broken down by age so that early intervention progress can be measured. • Recommend developing targeted interventions for the ante natal period 	<p>Noted</p> <p>This is a service indicator rather than an outcomes indicator</p> <p>Agree, the scope of the group has been widened to include the peri-natal period</p>
Northern Ireland Hospice	<ul style="list-style-type: none"> • Under healthy, include children with physical learning disabilities as a group most at risk of EBD • The paragraph commencing 'Research suggests...the prenatal period or earlier' doesn't make sense • Infant mental health not defined, how is it measured and what is the age limit? Who are the experts in this and who will conduct training to whom? 	<p>Agree, amended</p> <p>Amended</p> <p>The group will develop a glossary to define key terms, including infant mental health</p>
<i>Enjoying, learning and achieving</i>		
Public Health Agency (PHA)	<ul style="list-style-type: none"> • What is a 'community school?' • Concept of full service schools unclear- does it include school health and other universal services? • Unclear what health visitors on pg 11 refers to 	<p>The group will develop a glossary to define key terms, including full service schools</p>
Children's Palliative Nursing Special Interest Group	<ul style="list-style-type: none"> • Clarity needed on pg 11- the Health visitors in schools 	<p>Amended accordingly</p>
Belfast Health and Social Care Trust (BHSCT) Community Child Health	<ul style="list-style-type: none"> • Clarify building on progress such as health visitors in schools 	<p>Amended accordingly</p>
Craigavon Borough Council	<ul style="list-style-type: none"> • Stress the importance of education in allowing children and young people to fulfil potential 	<p>Yes, agree</p>

	<ul style="list-style-type: none"> Schools as a community resource already happens in areas of Craigavon 	Noted
Belfast City Council (BCC)	<ul style="list-style-type: none"> More emphasis on child's need to play and the associated positive benefits 	Noted
Council for Catholic Maintained Schools (CCMS)	<ul style="list-style-type: none"> Willing to engage further with the CYPSP in implementing Full Service Schools in the future 	Noted and welcome
Northern Ireland Rare Disease Partnership (NIRDP)	<ul style="list-style-type: none"> Question the concept of full service schools as being too academic and ignoring the wealth of community based, informal settings including faith based settings that also able to contribute As children and young people experience with rare diseases may experience long absences, it is important to recognise the importance of participation in non-school environments- not make full service schools the only focus of the group 	<p>Emphasis is on the school as a community resource rather than an academic model</p> <p>Group consists of community and voluntary agencies working in partnership</p>
Women's Aid Federation Northern Ireland (WAFNI)	<ul style="list-style-type: none"> Full service school development should include involvement of children and parents in line with the Whole Child Model It should also prioritise schools in deprived areas and Sure Start areas because of potential additional barriers faced by those children No implementation milestones to reflect the positive action of <i>'to ensure the school ethos is focused on emotional nurturing through available universal programmes and ensuring intervention services are available when required in schools (p10)</i> Recommend the inclusion of relationship education so children and young people understand a healthy relationship and also know where to get help. Women's Aid is happy to share expertise in this regard 	<p>Yes, agree</p> <p>Noted</p> <p>Noted and amended</p> <p>Noted, The group will link with other CYPSP groups to work on the issues that cross both remits</p>
South Belfast Sure Start (SBSS)	<ul style="list-style-type: none"> Under enjoying, learning and achieving , statistics suggested 	Noted

	<p>may not be good enough as many children who require speech and language will not be referred or not be referred early enough- suggest that, instead, use the assessment performed on children on entry to Primary 1 perhaps at ward level</p> <ul style="list-style-type: none"> • Information on expulsions and suspensions would be more useful at local levels and should have some information for the equivalent in preschools. • Disappointed that there are no actions outside of the school settings, focused on full service schools, even though it is school settings that may cause the distress to some children and young people. 	<p>Noted</p> <p>Group consists of community and voluntary agencies working in partnership</p>
Northern Ireland Hospice	<ul style="list-style-type: none"> • Under Enjoying, Learning and Achieving, available universal services should be defined • What is a full service school? Findings from pilots need to be scrutinized for positive impact and to inform implementation. What will early intervention in schools consist of? Are school nurses included in a full service school 	The group will develop a glossary to define key terms, including full service schools
NEELB	<ul style="list-style-type: none"> • Need to include specific knowledge and experience from educational background in developing full service schools 	Agree, Education Library Boards represented on the group
6 th Sense	<ul style="list-style-type: none"> • When doing the mapping on existing resources, are children and young people with disabilities going to be asked their opinion? 	Yes
<i>Living in Safety and with Stability</i>		
Craigavon Borough Council	<ul style="list-style-type: none"> • Support in signposting to relevant services regarding Domestic Violence 	Noted for CYPSP Sub Group on Domestic and Sexual Violence
Women's Aid Federation Northern Ireland (WAFNI)	<ul style="list-style-type: none"> • Provide a wealth of useful research information on domestic and sexual violence. Given this research and the indicators, 	

	<p>concerned about the lack of actions in this section</p> <ul style="list-style-type: none"> • Suggest the inclusion of the following: <ul style="list-style-type: none"> ○ Reference to the various research studies referred to in this response ○ Number of children in households where a parent has been referred to MARAC ○ The number of children and young people identified by Family Support Hubs as experiencing domestic and sexual violence • Would welcome the development of other links such as benchmarking against ‘Families Matter’- this puts parents in a central position and emphasizes the importance of universal services • How will they link with Domestic Violence Partnerships, Child Protection Panels, Safeguarding Board, Childcare Partnerships, Police and Community Safety Partnerships and the Children and Young People’s Sub Group of the Regional Strategic Group of Tackling Domestic and Sexual Violence and Abuse 	<p>The group will link with the Children and Young People affected by Domestic and Sexual Violence Sub Group to work on the issues that cross both remits</p>
Northern Ireland Hospice	<ul style="list-style-type: none"> • Under Living in Safety and with Stability, Family Support Hubs mentioned on 12 but not defined until page 19. The actions do not reflect issues listed. 	<p>The group will develop a glossary to define key terms, including full service schools</p>
<i>Experiencing Economic and Environmental Wellbeing</i>		
Northern Ireland Rare Disease Partnership (NIRDP)	<ul style="list-style-type: none"> • Families, children and young people experiencing rare diseases face economic hardships due to the associated medical costs 	<p>Noted for the Children and Young People with Disabilities Sub Group</p>
Women’s Aid Federation Northern Ireland (WAFNI)	<ul style="list-style-type: none"> • Link with child poverty strategy to greater recognise a role in the reduction of poverty • Need to address supporting families who experience domestic and sexual violence and work directly to improve 	<p>Agree, will link with child poverty</p>

	environmental and economic well-being- given the research that highlights the link between the two	
Northern Ireland Hospice	<ul style="list-style-type: none"> Under Experiencing Economic and Environmental Wellbeing, actions do not state how they will improve outcomes, and fails to address outcomes in any specific way 	The impact on children and young people is demonstrated given the holistic nature of the outcomes
6 th Sense	<ul style="list-style-type: none"> Young people with disabilities reluctant to find work because they fear losing benefits- impacts on their emotional and economic wellbeing- as does the potential to work but not being encouraged or supported to do so 	Noted, The group will link with the Children and Young People with Disabilities Sub Group to work on the issues that cross both remits
<i>Contributing Positively to Community and Society</i>		
Women's Aid Federation Northern Ireland (WAFNI)	<ul style="list-style-type: none"> Concerned about the lack of actions under this outcome Include specific actions for engaging children and young people as well as parents- e.g. link with participation network 	There are existing mechanisms for the participation of children, young people and parents.
Eamon McMahon	<ul style="list-style-type: none"> Pg17 Look at the provision of attachment training in schools as part of preparation for parenting 	Noted
<i>Living in a Society which Respects their Rights</i>		
Women's Aid Federation Northern Ireland (WAFNI)	<ul style="list-style-type: none"> Feel there should be an evaluation of the outcomes for children and young people who have been referred to CAMHS (for Family Support Hub developers) 	Yes, agree
Eamon McMahon	<ul style="list-style-type: none"> Pg12, 14 and 16 Believe that a review of Tier 3 provision is just as important as Tier 2 When reviewing Tier 2 need to consider innovative approaches, like the SET New Parent Project and also evidence regarding interventions such as 'Best Practices in Early Childhood Mental Health Programmes for Pre-school aged Children' from the University of Kansas Children's Mental Health Research Group 	Noted and useful Noted and useful

Northern Ireland Hospice	<ul style="list-style-type: none"> Under Living in a Society which Respects their Rights, what is the CAMHS criteria for Tiers 1, 2 and 3? 	Clarify
6 th Sense	<ul style="list-style-type: none"> When developing standards for Tier 2, ensure that children and young people with learning disabilities are catered for, as the service should be open to all who require it regardless of what disability they have 	Agree