

Livewell Southwest

Community CAMHS – Operational Policy

Version No 1.1

Review: June 2017

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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building on the National Service Framework for Children, Young People and Maternity services, in that children's emotional wellbeing improves, supported by better Child and Adolescent Mental health Services.

Youth Matters (Department for Education and Skills: 2005): sets out the vision for empowering young people, giving them somewhere to go, something to do and someone to talk to. Youth Matters promotes a stronger focus on young people's physical and emotional health.

Care Matter: Time for Change (Department for Education and Skills:2007): promotes positive mental health for children in care, to ensure the provision of targeted and dedicated provision that appropriately prioritises children in care.

A National Service Framework for Mental Health (Department of Health:1999): sets national standards and defines service models for promoting mental health and treating mental illness, addresses the issues involving safe care of 16 and 17 year olds, including transition arrangements and meeting the adult targets for Early Intervention services and Suicide.

National Standards, Local Action (Department of Health:2003): sets priorities for 2005/6 – 2007/8 for the NHS and emphasises the need to improve outcomes for individuals and to maintain the levels of service achieved the 2003-06 planning round.

Standards for Better Health (Department of Health: 2004): sets out the level of quality that organisations providing NHS care will be expected to meet or aspire to.

Our Choice, Our Care, Our Say (Department of Health:2006): sets out a vision to provide people with good quality social care and NHS services in the communities where they live.

“Working Together to Safeguard Children – (WTTSC) 2013”

Local Strategies

‘Improving the state of our minds’ Emotional Wellbeing and Mental Health of Children and Young People in Plymouth Strategy (2009 – 2014): developed in partnership across all agencies with supporting information/input from users and carers, aims to:

- Improve all children and young people’s mental health;
- Develop a shared understanding and collective responsibility for children and young people’s emotional wellbeing and mental health;
- Ensure that agencies work in partnership to promote mental health, provide early intervention, and meet the needs of children and young people with established or complex problems.
- Provide mental health care and support based upon the best available evidence, exceeds minimum core standards, is needs based and delivered by staff with the right range of skills and competencies.

The Health and Well-Being Strategy (2008 – 2020);

commits the city council and its NHS partners to continue in the mental health services for children and young people. Mental health promotion is one of five key priorities for Plymouth.

These priorities are also reflected in the Plymouth Children and Young People’s Plan (2008 – 2011) (CYPP) where improving children and young people’s mental health has been identified as a key priority. Implementation of the CYPP is overseen by the Plymouth Children and Young People’s h which, underpinned by the Children Act 2004 duty to co-operate, brings together all services for children, young people and their families to deliver better outcomes.

Implementation of the CYPP is supported by the following local strategies which in turn have a contribution to make toward achievement of this priority. These include:

A reduction in repeat assessments through coherent, efficient and shared use of common assessment framework (CAF) for children and young people around emotional wellbeing and mental health, especially with those at elevated risk of developing mental health problems.

The CAF is an holistic approach to conducting assessment of a child or young person’s additional needs which are not being met by the universal services they are receiving. A CAF provides an assessment that is common across services, and facilitates the process by which different agencies working with the same child can ‘join’.

Culture and practices within each school will strengthen with emotional literacy of school aged children and young people.

After the family, schools are the most important organisation

	<p>in the lives of the vast majority of children and young people, and as such are an ideal setting in which to nurture emotional wellbeing. Children who are emotionally or mentally healthy achieve more at school and are able to participate more fully with their peers and in school and community life. Equally, children with problems in this area have a diminished capacity to learn and benefit from their time at school. They can also adversely affect the social and academic environment for others in the school. Families will be engaged in activities that build their resilience and emotional literacy.</p> <p>Good parenting is fundamental for the development of a child's mental health and wellbeing. As children's primary carers, all parents need to be supported and helped, but especially when they are parenting in difficult circumstances or facing uncertainty about the way they are bringing up their children.</p> <p>All staff working directly with children and young people will have sufficient knowledge, skills, training and support to build and promote their emotional wellbeing.</p> <p>Parents, carers and everyone in day to day contact with children and young people need an understanding of child development, the causes of mental health problems and things they can do themselves to build resilience and deal with issues as they emerge, whatever age their child is.</p>
Supersedes document	New Policy supersedes CAMHS Infant Mental Health Operational Policy and integrates Primary Mental Health Function from the previous CAMHS Plymouth Multidisciplinary Team Operational policy.
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Document review history

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0.1	New policy	June 2014	CAMHS Service Manager	New policy.
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1.1	Extended	June 2016	City Wide Locality Manager	Extended no changes

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Community CAMHS Operational Policy

1. Introduction

1.1 Child and Adolescent Mental Health Services (CAMHS) promote the mental health and psychological wellbeing of children and young people. It provides high quality, multi-disciplinary mental health services to all children and young people with mental health difficulties and disorders to ensure effective assessment, treatment and therapeutic support for them and their families.

1.2 CAMHS is the provider of advice, consultation, assessment and therapeutic intervention at both targeted and longer term work for children and young people aged 5-18 years, across Plymouth.

1.3 The Children and Adolescent Mental Health Team consists of a range of qualified and experienced multidisciplinary clinician's covering a broad aspect of modalities including Nursing, Social Work, Psychology and Psychiatry.

1.4 Embedded in the wider CAMHS framework are additional specialist teams for particular treatment pathways:

- Primary Mental Health.
- Infant Mental Health.
- Complex CAMHS Multidisciplinary Team.
- Community Outreach Team.
- Neuro-Developmental.
- Children's Day programme.
- Children in Care (Enhanced Service 5 – 19 Yrs supporting children who are within the care of Plymouth Local Authority and placed with Carers in specified area of Devon by commissioning body).
- Severe Learning Disability.

2. Purpose

2.1 The aim of this document is to provide an operational policy which describes the framework for Livewell Southwest (LSW) employees to follow when delivering intervention and considering identification of emerging and enduring mental health problems to the children and young people of Plymouth.

2.2 This document will outline the services provided by the CAMHS Community Facing Teams (Primary Mental Health Work Team and the Infant mental Health Team) to those professionals in universal services in promoting the mental health and emotional wellbeing of children and young people.

2.3 It will outline the team processes from referral, delivery and clinical intervention to the training delivery for universal services.

3. Service Provision

3.1 CAMHS teams are based at different therapeutic sites within the geography of Plymouth as follows:

- Primary Mental Health Team – Plymbridge House, Plymouth.
- Infant Mental Health Team – Tamar Folk Children’s Centre, Plymouth.
- Complex CAMHS – Revive, Mount Gould Hospital.
- Outreach Team – Revive, Mount Gould Hospital.
- Neuro-Development Team – Terraces, Mount Gould Hospital.
- Children’s Day programme – Terraces, Mount Gould Hospital.
- Severe Learning Disability – Terraces, Mount Gould Hospital.
- Children in Care Team - Midland House, Plymouth.

3.2 CAMHS comprises of a large multi-disciplinary team with an extensive skills base including the following clinical staff groups:

- CAMHS Service Managers.
- Clinical Team Managers.
- Child and Adolescent Psychiatry.
- Child and Adolescent Psychology.
- Child and Adolescent Psychotherapy.
- Primary Mental Health Workers.
- Mental Health Practitioners.
- Occupational Therapists.
- Art Psychotherapy.
- Clinical Nurse Specialists (Mental Health).
- Family Therapists.

3.3 Skills available in the teams are:

- Early intervention in psychosis.
- Psychoanalytical psychotherapy.
- Supportive psychodynamic therapy.
- Solution Focussed Brief Therapy.
- Family Therapy and Family work.
- Cognitive Behavioural Therapy.
- Dialectical Behaviour Therapy.
- Behaviour Management and Parent Training programmes.
- The operation of the Mental Health Act and other legislation.
- EMDR Eye Movement Desensitization and Reprocessing
- Art Psychotherapy.
- Functional Assessment.
- Group Psychotherapy.
- Psychometric.
- Standardised assessment e.g.; ADOS, ADI, 3Di, DISCO.
- Psychotropic medication.
- Risk assessment and management.

4 Service Delivery

4.1 The Plymouth Community facing CAMHS Teams aim to deliver with the following objectives in line with the wider CAMHS Service:

- To triage referrals within 24 Hours through the Devon Referrals Support Services (DRSS).
- To operate Triage Clinics where Initial Assessment and formulations occur by way of dual practitioner assessments in a succession of three clinical sessions.
- This will produce a robust formulated assessment to ensure that children and young people come in to the appropriate service for the appropriate pathway of care.
- Our intention is to assess within six weeks of original referral and 18 weeks to treatment.
- Children and Young People will be assessed and supported within the guidelines of the Care Programme Approach (CPA) under the definitions of Care Coordination or Standard Care. This will require regular reviews and will be measured and evaluated on an ongoing basis in line with LSW policy <http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/C/CPA%20Po%20v2.doc>
- The CPA approach produces a robust and timely process for on-going review and evaluates interventions against progress by utilising and implementing outcome measures.
- We aspire to work in a multidisciplinary way, integrating with staff from a range of settings e.g. Education, Social Care, Health, Substance Misuse, Youth Offending Services and Adult Mental Health.
- We aim to increase accessibility by working in a flexible way, reaching into community settings and homes as appropriate.

4.2 Specificity to the CAMHS Community Facing Teams:

- Provision of a simple, uniform referral pathway supported by an advice line for professional users.
- Link with Specialist Community Public Health Nursing and Primary Care to meet needs identified at an early point via screening within the Healthy Child Programme.
- Provide an antenatal service for expectant mothers who have bonding issues or concerns over their unborn baby.
- Build extensive links with paediatrics, services for children with a disability and with the Child Development Centre.
- Deliver safety in number therapeutic postnatal depression group 10 week programme with Health visiting three times a year as in line with commissioning requirements.
- Deliver direct clinical work for parent, infant, child and young person 0-18yrs (19 years for a child in care).
- Protected direct clinical work for the 0-5 year age range.
- Take intensive pieces of psychotherapy into the community and meet the needs of those high-risk groups who traditionally do not access services via Children Centres.

- Build upon the existing training delivered into Early Year's Settings to provide evidential training around infant observation, building highly competent capacity in universal services for early recognition and moving the understanding away from 'the child with problem behaviour' to 'the emergence of difficulties in the infant/parent relationship'.
- The Primary Mental health Worker provides direct clinical work 6/8 session targeted with session by session outcome monitoring.
- Primary Mental health Work Consultation (as described below) to all professionals working with Parent/carers, infants, children and young people.
- The Primary Mental Health Workers, as a part of their model of working, will continue to build upon the existing training delivered by the Targeted Mental Health in Schools(TAMHS) which includes SAMHS, ELSA, Assemblies on the Mental Health 5 a day, triangular consultation as well as the delivery of the CAMHS two day training, STORM self-harm, STORM suicide prevention. Deliver into the PSCB multi agency training.
- Create a clinical system underpinned by the CPA providing enhance levels of care coordination. By using CPA early identification of a care coordinator, whose involvement will provide continuity for children throughout the clinical journey, if necessary following the pathway into the demand streams within the longer term CAMHS teams for children and young people - aged 0-18yrs.
- Use Improving access to psychological therapies session by session outcome monitoring to improve outcomes for children and young people.
- Use CPA to produce a robust and timely process for review of interventions against progress, and ultimately will hand the care of the child/young person back to the multi-agency network upon the cessation of the team's involvement using the Common Assessment Framework.
- Work jointly with staff from a range of settings e.g. Early Years settings, primary/secondary education, substance misuse, Youth Offending Services and Adult Mental Health, children centres, Health Visitors, Midwives, education, Youth Services, Social care, BME groups.
- Work in a flexible way, reaching into community settings and homes as appropriate.

4.3 Referral

- 4.3.1 All referrals for CAMHS are sent to Devon Referral Support Services (DRSS) (Appendix C). They are triaged by Senior Clinicians within the CAMHS team on a daily basis and within 24 Hours. If referrals are not accepted they will be returned to the referrer sign posting universal services that are considered appropriate. When a referral is accepted to CAMHS the case will be allocated to the appropriate pathway. (See Appendix D).
- 4.3.2 Specialist CAMHS, Neuro-Developmental and Primary Mental Health referrals go through to the triage clinics for initial assessment and formulation.
- 4.3.3 Urgent and Priority cases requiring an immediate response will go directly to the Community Outreach Team as a P2. (P2 Response will be within 7 Days, See Community Outreach Team Definition Page16).
- 4.3.4 Referrals for children that are in the care of Plymouth Local Authority and live within the specified service area will go directly to the Children in Care Team,

co-located with Social Care Teams at Midland House, Plymouth.

- 4.3.5 Referrals for children and young people with severe Learning Disability (SLD) will go directly to the SLD Team.
- 4.3.6 Referrals for children who are under five years of age will go directly to the Infant Mental Health Team (IMHT).

4.4 Triage Clinics

- 4.4.1 Triage clinics consist of dual professional formulation and assessment sessions. Within these session clinicians will undertake a thorough systemic assessment considering the presentation of the child/young person, chronology or developmental history, protective factors and supportive networks. Risk assessments will be completed alongside assessment paperwork. Three consecutive sessions are allocated for this process and will be defined on a case by case basis who attends the sessions depending on the child's age, need, context of presentation and assessment and formulation requirement. During these sessions other specialist clinicians can be requested to support the formulation such as psychiatry or nurse specialists.

4.5 Care Programme Approach (CPA).

- 4.5.1 The CAMHS team will support children and young people within the guidance of the CPA and the definitions of Care Coordination and standard care. This will be assessed at triage but is flexible allowing the needs of the child and young person to fluctuate and be indicated by the level of support the young person is deemed to require at any given time.
- 4.5.2 The CPA, assessing and care planning views a person holistically e.g. seeing and supporting the person as an individual and the needs they have including: family, parenting, relationships, housing, employment, leisure, education, creativity, spiritually, self-management and self-nurture, with the aim of optimising mental and physical health and well-being. (Refer to Care programme Approach (CPA) and Standard Care Policy – Community CAMHS <http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/C/CPA%20Pol%20v2.doc>)

4.6 Clinical Intervention

- 4.6.1 Following the outcome of the initial triage assessment and formulation an appropriate pathway of care will be identified.
- 4.6.2 The pathway of care will sit within the framework of CPA. At the beginning of treatment a care plan will be agreed in partnership with the children/young person and their family alongside an appropriate risk assessment. Review of the care pathway and the progress made should occur every 6 to 9 sessions, and will include the child/young person, their family, and relevant professionals if appropriate.
- 4.6.3 All interventions will be recorded in the form of clinical entries in to the electronic

database. Written summaries and updates will be shared with the original referrer, General Practitioner and other relevant professionals as agreed and if appropriate.

4.6.4 The community facing CAMHS team provide preventative, targeted and specialist long term individual packages of care around complex mental health problems. Team definitions are described in Section 5 of this policy (page 16).

4.6.5 Children and young people will be discharged from the CAMHS service when goals and outcomes of the clinical care plan have been met. The care plan is collaboration between clinician and the child/young person and their family if appropriate. Early discharge may occur in line with LSW DNA (Did Not Attend) policy.

<http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/R/Referral%20to%20Treatment%20Access%20v6.doc>

4.7 Consultation

4.7.1 The definition of a consultation adopted here is that consultation “is an activity in which one practitioner helps another through a process of joint enquiry and exploration. The work discussed remains the responsibility of the consultee, who remains in control of its direction, decision making and methodologies,” Southall (2005).

4.7.2 “Consultation is a collaborative exercise between professionals where one of them offers their professional expertise to others in such a way as to facilitate thinking and problem solving,” Banhatti, Dwivedi in Southall (2005).

4.7.3 Consultation to all professionals in universal services is predominately provided by Primary Mental Health Workers in the team, both through individual and professional group consultations.

4.7.4 Consultation is a function of any clinician in the team and requires liaison with other professional agencies and services, encouraging a multi-professional and universal collaborative response to need.

4.8 Group Work

4.8.1 Group work is identified and tailored to our specialist population on a needs led basis and is constantly evaluated as to need and effectiveness against NICE Guidelines and service demand.

4.8.2 Antenatal Group - Some of the issues which parents often bring include:- persistent feelings of stress, anxiety and low mood; experience of miscarriage/ still birth or a previous traumatic birth and/or not feeling bonded to the unborn child.

4.8.3 Postpartum; ‘Safety and Numbers’ is the therapeutic Postnatal Depression group. It is a closed group which is commissioned for delivery three times per year. This is delivered in conjunction with Community Public Health Nurses. Referrals to this group are completed by professionals working within universal

services to CAMHS Infant Mental Health Team and those that meet the identified criteria will follow the appropriate pathway enabling them access to the group (see Appendix D). Supervision for this group delivered by Adult Mental Health on a peer group basis.

- 4.8.4 Mother - Infant Psychotherapy Group – for mother’s with mental health problems, Mothers who have had a traumatic birth, babies who are failing to thrive, (or are hypersensitive or very passive), Mothers who have suffered significant loss or bereavement; Unusually fussy babies, or those who have difficulties sleeping, or cry a lot, and Mothers who are struggling and overwhelmed by their baby This is for pre-verbal babies up to the age of 18 months so they would need to be under a year old at the point of referral. Mothers and babies referred will be seen initially for a couple of sessions on their own to see if a group would be appropriate prior to joining a group. It is hoped that other groups could run in other localities around the city if there is sufficient need to do so.
- 4.8.5 STEP BY STEP is a multiagency group for children with identified additional needs where PMHW’s, Portage Workers and other invited guests attend to support parents/carers.

4.9 Parenting

4.9.1. Incredible Years

Incredible Years is an internationally recognised parenting programme that has been shown to work in Plymouth for a wide range of families. The Incredible Years programme has joined with CAMHS Improving Access to Psychological Therapies (CYPIAPT) to jointly deliver parenting programme tailored for children and young people with a conduct disorder, ASD and ADHD presentations.

4.9.2. Strengthen Families

Primary Mental Health workers help deliver Strengthening Families; is an internationally recognised programme that has been shown to work in Plymouth for a wide range of families. It is designed for parents and young people aged 10 to 14 years.

4.10 Training

- 4.10.1 The collaborative antenatal programme:- “Great Expectations” is a group delivered within every children centre in Plymouth. The Primary Mental Health Worker delivers the session on attachment, postnatal depression and roles and relationships. The remainder of this programme is delivered by our partners who include Community Public Health Nurses, Midwives, children centre staff and others.
- 4.10.2 Introduction to Child and Adolescent Mental Health- a two day training. The PMHW’S (Primary Mental Health Workers) CAMHS training to universal services which is a collaborative training package developed with Young Minds and children and young people via the participation team. The training is a two day

programme, delivered over 10 months of the year to 300 people. It offers an Introduction to enable participants to be more confident and competent in identifying and meeting the mental health needs of children and young people and those at risk of developing mental health problems in working together with colleagues in other agencies, including those in more specialist roles.

- 4.10.3 Storm Training— a two day training programme - which can be done once the 'Introduction to Children and Young Peoples Mental Health' has been completed. It offers skills based training on Risk Management of Suicide Intent.
- 4.10.4 STORM – a one day training programme is available after this for skills based training of risk management of self injury.
- 4.10.5 Plymouth Safeguarding Children's Board (PSCB) - PMHW deliver into a two hour slot on attachment in relation to child protection and resilience.
- 4.10.6 Bespoke Training – we are able to deliver bespoke training to professionals in schools who require some form of mental health based training.
- 4.10.7 PMHW's develop bespoke training packages which can be delivered on request to partner agencies. Group work within the team is identified and tailored to our specialist population on a needs led basis and is constantly evaluated as to need and effectiveness against NICE Guidelines and service demand.
- 4.10.8 Targeted Mental Health in schools (TAMHS) is delivered via the TAMHS/ PMHW Emotional Literacy Support Assistants (ELSA's) – ELSA training and supervision model is a nationally recognised training programme designed to build the capacity of schools to support the emotional needs of their pupils by providing training for Teaching Assistants which focuses on the impact of emotional literacy on effective learning. It's delivered over 13 sessions.
- 4.10.9 Secondary Age Mental Health Supporters (SAMH's) – In response to the ELSA programme content not being age appropriate for Secondary School. The Tamhs team have written and are delivering a package designed especially to support professionals working with secondary aged young people. It's a flexible package designed to accommodate the requests of the professionals attending. It's delivered over 13 sessions (2 hrs) or over three full days.
- 4.10.11 Inside I'm Hurting (Attachment) – Training in practical strategies for supporting children with attachment difficulties in school. Designed to build knowledge and confidence in order to recognise children who need increased support from an attachment perspective. It's delivered over 2 sessions (2hrs each).
- 4.10.12 Mental Health Promotion – Assemblies-These are designed to promote the Mental Health 5 a Day to children and Young People in Schools. They are available Primary to Secondary and include the Mental Health 5 a Day as identified by children and young people:- Playing, Friends, Family, Music, Pets. They aim to reduce the stigma associated to the Mental Health term and support Children and Young People to talk about Mental Health more easily.
- 4.10.13 Mental Health Workshops – Classroom -These are Classroom based workshops

that we can come in to deliver to the students. There are three sessions:-

- 'What is Mental Health? Part One – The Feelings Fish – to begin using the word's 'Mental Health' and understand it is not a negative term. For young people to make the links between physical and mental health and to know that it is ok to have bad feelings, and that it's good to talk to others about how we feel. To assimilate that Mental Health is about feelings and that everybody has mental health.
- 'What is Mental Health? Part Two – Helping hands – For children to stop and take time to think about the people they know and trust. To identify key figures of support in their lives, both in and out of school. To help young people explore their own resilience factors.
- 'What is Mental Health? Part Three – Guess the feelings – Raising emotional Awareness with children and young people. Making links between life events and how they evoke certain feelings. Using emotional literacy and then Reflection.
- Secondary Mental Health 5 a day - Focusing on Mental Health 5 a day awareness in young people.

4.10.14 Bespoke Secondary Mental Health Package - Packages can be offered to work with young people around issues such as anxiety, self esteem and can be delivered in groups or to classes as a whole.

4.10.15 All training facilitation is reviewed and evaluated to ensure that its aims and objectives have been met by the required audience.

4.10.16 Any required bespoke training can be requested and delivered by CAMHS clinician's within the service framework.

5 Specific Community Facing Teams definitions

5.1 Infant Mental health Teams

5.1.1 The Infant Mental Health Team work with parents/carers and children aged 0-5 years. Infant mental health focus on parent- infant mental health, inclusive of early intervention prior to birth, in the form of professional consultation, direct work and group intervention until the age of five years. We believe that by intervening early we can support children and parents/carers by improving both infant and parental mental health. In addition to this work the team may be required to work on a longer term basis with parent/carer and infant.

5.1.2 Some of the risk factors known to adversely affect the parent-baby relationship are: Problems intrinsic to the baby, such as excessive crying; feeding difficulties; sleeping difficulties; difficult to settle/soothe; premature/traumatic birth. Problems for the parent may be an inability to sensitively attune to the baby's needs; a parent who does not interact with their infant or maltreats him or her; one or both parents struggling with a mental health or addiction problem, or with a background of abuse, neglect or loss in their own childhood; domestic violence; single teenage mother without support: Relationship factors: (usually central) referrer has concerns re 'bonding'.

- 5.1.3 The team would also work with moderate to severe presentations. This work focuses on the building of positive relationships to form strong attachments between infants and parents/carers.
- 5.1.4 Infant Mental Health provide direct clinician intervention for peri-natal mothers who have bonding/or trauma related issues which is affecting bonding with their unborn baby. Clinicians within the team include; Clinical Psychology , Senior Educational Psychologist who provide targeted and multi modal intervention and Infant Primary Mental Health workers who provide targeted intervention 8/10 sessions. The Senior Educational Psychologist who is based in IMH can support and advise about child development in addition to educational needs and identified difficulties and works as an interface between health and education which cover 0-18 years when appropriate.
- 5.1.5 Video Interactive Guidance (VIG) - delivered by the Senior Educational Psychologist in Infant Mental health- is an intervention through which a “guider” aims to enhance communication within relationships. It works by engaging clients actively in a process of change towards realising their own hopes for a better future in their relationships with others who are important to them. Guiders are themselves guided by the values and beliefs around respect and empowerment. These include a belief that people in troubled situations do want to change, a respect for what clients are managing to achieve in their current difficulties, and a conviction that the power and responsibility for change resides within clients and their situations. It is most typically used for interactions between children of any age and adults, either parents or professionals, although it can also be used within pairs (or even groups) of adults. Its aim is to give individuals a chance to reflect on their interactions, drawing attention to elements that are successful, and supporting clients to make changes where desired.
- 5.1.6 Primary Mental health Work (PMHW) work 5-18years old and consists of 5 locality based PMHW's who deliver a model of targeted direct clinical work based in community settings including homes, schools and children centres.
- 5.1.7 Primary Mental health Work- provide targeted intervention an average of 6/8 sessions and through ongoing joint review with the child/young person and family. If a longer intervention is required a transfer to multi-modal intervention can be identified (average of 20 sessions) if appropriate. Every 3 sessions a PMHW will review with the child/young person and family, including relevant professionals if appropriate. This will be recorded in both electronic clinical record keeping and through a written summary of the review that is shared with the original referrer and other relevant professionals as appropriate.

5.2 Professional Advisory Line:

- 5.2.1 Specialist CAMHS provide support to the advisory line for professionals. This is a phone helpline available to all professionals to discuss any concerns. The format of the advice that the CAMHS staff expect to give is described as:
- Information and resources on children and young peoples' mental health & emotional well-being.

- Information about comprehensive CAMHS and when this service might be helpful.
- Information on other appropriate services for children and young people
- Advice on professionals' role in supporting children and young people's mental health and emotional well-being.
- Advice on specific strategies for supporting individuals and families.

5.2.2 The professional advisory line is not a consultation service where a professional can specifically talk about named individuals, however it is to be expected that within some calls there may be confusion around this. Therefore, when there is a call from a professional and they would want to talk specifically about a child, young person and the family they must be informed of and directed to the protocols of Information Sharing and Consent to Share Information and following this should be directed to a consultation with a Primary Mental Health Worker within their locality. No details of the child or young person must be shared or documented.

5.2.3 CAMHS staff support in the delivery of advice to all professionals in universal services through the professional advisory line (Appendix B). This is in collaboration across the service. It aims to provide universal services with sufficient knowledge in recognising when a child/young person may need more support and in provision of an accessible, timely response that meets the emerging psychological needs of children and young people. This element of the team and service supports the meeting of the strategic objectives for 'Improving the State of Our Minds' 2009 – 2014.

5.3 **Triangular consultation**

5.3.1 This is arranged through TAMHS telephone number 434617 by another professional. A meeting is then held with a PMHW, professional and a parent/carer present. It is a solution focused meeting which is review 6 weeks later.

5.3.2 Group Consultation provides a setting which a high number of cases can be discussed by a team with a PMHW present with Child/ parental consent.

5.3.3 Consultation enables professionals within the community to access support from PMHW's with the written consent of parents/carers.

5.3.4 Liaison will be with all relevant agencies as required and will include:

Parents/carers, Children services, Nursery or Early Year school settings, schools, Educational Psychology, Referrer, Local Child and Adolescent Mental Health Service, Voluntary services, Ethnic community groups.

5.3.5 Where a request does not meet the criteria a consultation appointment may be offered with a Primary Mental Health Worker (PMHW) or signposting to the appropriate service. For those children and young people requiring a response within 24hours the need will be met through the CAMHS Community Outreach Team.

6 Clinician Processes

6.1 Clinical and Case Management Supervision

- 6.1.1 All individuals are required to follow the practice guidelines of their profession and the policies of their employing organisation (e.g. Nursing and Midwifery Council, April 2008). This applies to the practice of the receipt and delivery of clinical supervision referred to in <http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/C/Clinical%20Supervision%20v3.1.doc>
- 6.1.2 Clinical supervision is distinct from other forms of management and supervision. These include Line Management Supervision, Caseload Management Supervision and Professional Leadership. A number of LSW policies relate to the various forms. Clinical supervision is not a management control system and disciplinary procedures should be distinct and separate from the practice of clinical supervision. However, it is appropriate for managers to be informed that clinical supervision is taking place and that the arrangements are satisfactory, as a minimum on an annual basis at the Annual Appraisal.
- 6.1.3 Case Management Supervision is provided by the Clinical Team Manager to all clinicians in the team whom they have line management responsibility for. It is a process by which the clinician can be helped to manage their case load in an effective and safe manner that takes into consideration demand and capacity and job planning. This is provided on a monthly basis for all clinicians.
- 6.1.4 Caseload Management Supervision is:
- The process used where the Care Coordinator/Case Worker reviews each of the individual clients/service users on their caseload, with their line manager.
 - A regular, structured process, which aims to be both challenging and supportive.
 - Designed to ensure that the individual caseworker is maintaining a caseload of a suitable size, with individuals who have active needs, and that appropriate support and clinical supervision is being provided/received.
- 6.1.5 The level of supervision provided must not fall below the minimum agreed standards and arrangements must allow sufficient resources (including time and location) to support staff engagement in the practice of supervision.

6.2 Group Supervision

- 6.2.1 Staff groups are encouraged to partake in group supervision. This may be led by modality or thematic need such as CPA supervision groups that are run on a weekly basis for all team members. Modality group supervision may take place on a monthly basis for particular professional groups such as Psychology, Nursing, Family Therapy, Psychodynamic.

6.3 Continued Professional Development

6.3.1 All individuals are required to follow the practice guidelines of their profession and the policies of their employing organisation (e.g. Nursing and Midwifery Council, UKCP BACP). Professional registration will require identified CPD to their professional registration which must be adhered to by registered staff in line with LSW professional registration policy.
<http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/P/Professional%20Registration%20v1.3.doc>.

6.3.2 Plymouth CAMHS also facilitate in- house Continued Professional Development (CPD) events every month. The context of these will vary and can cover specialist themes facilitated by members of the team or invited guests/speakers from external agencies.

6.3.3 Staff members will be expected to attend a minimum of 6 CPD events per year and will be recorded by attendance signatures.

6.4 Appraisals/PDPs

6.4.1 CAMHS staff will undertake an annual appraisal in line with LSW Appraisal policy and procedures. This is undertaken by staff team line manager.
<http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/A/Appraisal%20mgt%20supervision%20v2.9.doc>

6.5 Staff Induction/Mandatory Training

6.5.1 All newly appointed staff undergo a comprehensive induction programme. The programme will be designed around the area of work and the team designation. This will include an introduction to all the teams within the CAMHS service and the wider universal services.

6.5.2 All staff will undertake the LSW's Induction and mandatory training.
<http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/C/Corp%20Ind%20mand%20Trng%20v2.doc>

6.6 Safeguarding

6.6.1 CAMHS safe guarding procedures will be defined by the LSW Policies and Procedures
<http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/S/Safeguarding%20Children%20Policy%20v1.1.doc> and the South West Safe Guarding and Child protection procedures. [Reconstruct Online Procedures - South West Safeguarding and Child Protection Procedures | South West Safeguarding and Child Protection Procedures](#) . LSW is signed up to south west regional child protection procedures. These can be accessed at www.swcpp.org.uk.

6.6.2 Safeguarding supervision is provided by the Clinical Team Lead trained in safe guarding supervision as directed through the LSW CAMHS Safeguarding Children Supervision Policy
[http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/C/Child%20Protecti on%20Supervision%20Policy%20Version%201.docx](http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/C/Child%20Protection%20Supervision%20Policy%20Version%201.docx) (LINK)

7 Monitoring Compliance and Effectiveness

- 7.1 All CAMHS teams are required to complete a minimum data set collection identified by the CAMHS Outcome Research Consortium (CORC). These measures identified are Strengths and Difficulties Questionnaire (SDQ), Clinical Global Assessment Scale (CGAS), Health of the Nation (HoNosCA) and Goals Outcome Sheet.
- 7.2 All CAMHS clinicians will be required to undertake routine outcome measures, including session by session, goal based or modality specific. Further information can be seen at <http://www.corc.uk>
- 7.3 The CAMHS team is accountable to CAMHS Patient Safety and Quality Committee (PS&Q) for its quality assurance and clinical effectiveness. The team adheres to Clinical Governance outlines as defined in LSW Policies and Procedures and CAMHS.

8 Representation and Complaints

- 8.1 Representation and actions relating to team decisions should be brought to the attention of the Clinical Team Manager in the first instance and then shared with the customer services department in line with LSW policy and procedures. <http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/C/Complaints%20Policy%20v9.6.doc>
- 8.2 Where a complainant is dissatisfied with the actions/decisions of the team this will be referred to LSW customer services department as per LSW policies and procedures.
- 8.3 Copies of the complaints procedure are available for professionals through the team and service, as is information for children/young people and their families.

All policies are required to be electronically signed by the Lead Director. Proof of the e-signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

Signed: North West Deputy Locality Manager

Date: 19/09/2014

Appendix A

CAMHS referral Template V1 Criteria

Plymouth CAMHS provides specialist mental health assessment and treatment to children and young people registered with a Plymouth GP who have significant, complex or enduring emotional or mental health difficulties.

What CAMHS Provides:-

CAMHS deliver services for CYP aged 0-18 years (19 years if within the care system) these range from:

Early Intervention

This involves early detection and provision of preventative support to children and families in need. Intervention at this stage is provided to children and young people who are experiencing early difficulties; and/or mental health and emotional difficulties; or engaging in risk behaviours which are progressively impacting the child's young person's and and/or families psychological/social/educational functioning.

Longer term work

This can involve specialist diagnostic assessment and the provision of the psychological, systemic and/or pharmacology therapy. Intervention at this stage is provided to the children and young people who are experiencing moderate to severe mental health and emotional difficulties which are having a significant impact on daily psychological/social/educational functioning.

Exceptions to this will be considered on an individual basis and will not apply to those responses that are required to be rapid – i.e. same day, next day, 7 day requests for assessment due to escalating risk.

CAMHS clinicians are appropriately qualified and have experience in a variety of fields including Child and Adolescent Psychiatry, Clinical Psychology, Occupational Therapy, Psychotherapy, Family Therapy, Mental Health Nursing, Creative Therapies, Social Work Paediatric nursing.

Following acceptance of referral CAMHS clinicians will decide the appropriate clinical pathway for that individual.

Prevention

Consultation needs to happen with consent from the parent/carer/YP.

Professional to Professional consultation can be used to discuss a case, where there are concerns about a YP mental health.

Triangular consultation can be arranged via the school, a member of school staff needs to present alongside a parent and primary mental health worker. To arrange a Triangular consultation contact the PMHW on 01752 431601.

Group consultation where teams of professional can meet with a member of CAMHS to discuss multiple cases they may be concerned about.

Professional advisory line 01752 431613. Available weekdays 12-1pm. Cases can be discussed anonymously with a primary mental health worker, this service is available to all professionals that work with CYP the YP doesn't need to be known to MH services.

Rapid Response

Contact the practitioners within the CAMHS rapid response pathway on 01752 435122 to determine whether response is required within 24 hours maximum. This may include;

- CYP that are an imminent risk to themselves or others due to a deterioration in their mental health.
- Have active thoughts and plans of suicide with intent.
- Are suffering acute psychotic symptoms.
- Those who are severely depressed and/or in need of crisis assessment and intensive home treatment to prevent admission to hospital.

Referral Criteria

Complex Developmental Problems/Attention Deficit Hyperactivity Disorder & Autistic Spectrum Disorder

Difficulties may include:

Impaired social communication

Unusual or very fixed interests

Marked preference for routine and difficulties adapting to change or rigid behaviours

- Complex ADHD cases with mental health disturbance should be referred to specialist CAMHS.
- ASD cases with mental health disturbance should be referred to specialist CAMHS.

Eating Disorders

- Anorexia – At least 10-15% deficit from ideal weight.
- Bulimia – Engaging in binge and purge behaviour.
- Eating Disorders Not Otherwise Specified (EDNOS).

Psychotic Illness

- Positive symptoms – Paranoia, delusional beliefs, abnormal perceptions (hallucinations on all sensory modalities).
- Negative, symptoms – deterioration in self care and daily personal, social and family functioning.
- Disinhibited behaviour, hyperactivity, risk taking, with pressure of speech and Agitation.
- Severe depression with psychomotor retardation, social withdrawal, suicidal

Ideation.

Anxiety Disorders

Where it is affecting the CYP development or level of functioning.

Where it is out of proportion to the family circumstances.

Where there is an impact on the parent/carer/child relationship.

Where there is a sudden change or deterioration.

- Anxiety panic attacks
- Separation anxiety
- Phobias including phobic anxiety related to school

Depression

- Cognitive symptoms – negative thoughts about self /others /world
- Suicidal ideation – level of intent, current thought, plans etc.
- Co-morbidity – depression often occurs concurrently with other presenting mental health problems.

Where the difficulties are beyond age -appropriate mood variation.

Where there is a significant impact on daily living e.g. sleeping, eating and/or school attendance.

Where there is positive family history of mental illness or suicidal ideation.

Post Traumatic Stress Disorder

- Symptoms occurring more than 3 months after a recognised traumatic event.
- Intrusion and avoidance of thoughts and memories about the trauma.
- Hyper-vigilance, hyper-arousal and emotional numbing.

Where a child continues to demonstrate hyper-vigilance, avoidance, flashbacks, or a marked increase in unexplained temper tantrums or episodes of other distress 6 months post the trauma.

Obsessive Compulsive Disorder & Tourettes

- Obsessions and/or compulsions with functional impairment.
- Tourettes Syndrome with complex motor and vocal tics, particularly with co-morbidity with OCD and rage.

Deliberate Self Harm

- If accompanied by significant suicidal ideation.
- If presenting with a pattern of emotional deregulation, interpersonal difficulty and maladaptive coping strategies.

Any CYP who reports they have recently taken an overdose should be sent to Derriford Hospital for physical testing. They should not be referred to the Child and Adolescent Mental Health Service.

Attachment Disorders

Antenatal attachment / bonding mother and unborn intervention

Insecure attachment behaviours .

- If presenting with a persistent pattern of abnormal functioning in interpersonal relationships.

Specialist CAMHS will also see individuals with the following presentations if there is evidence of comorbidity with a serious mental health condition.

- Drug and alcohol problems.
- Conduct disorder.
- Children with severe learning disabilities.
- Obesity.
- Enuresis/Encopresis.
- Chronic fatigue /somatisation syndrome.

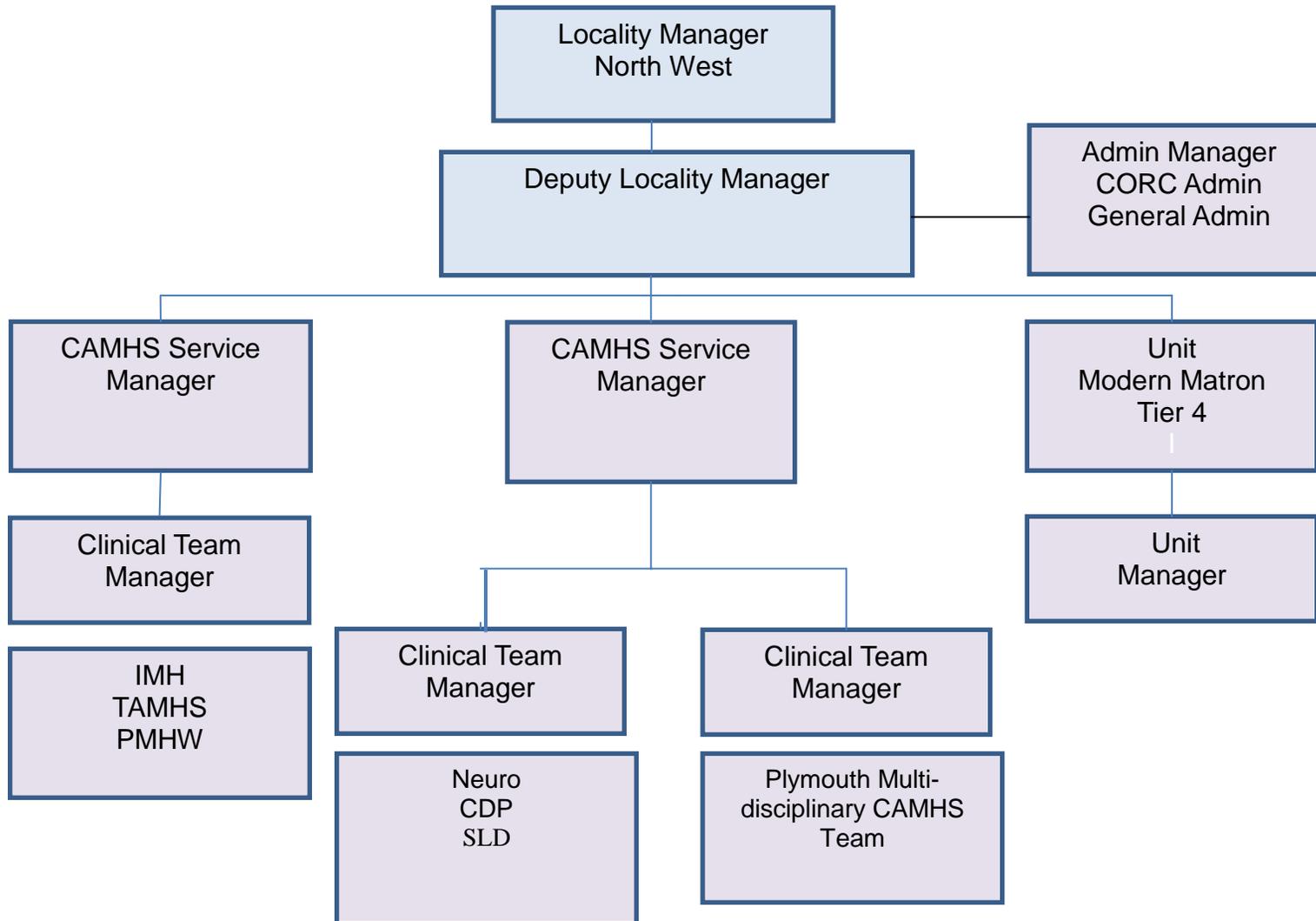
Specialist CAMHS Services in Plymouth is part of a wider network of service provision to support CYP who have emotional, behavioural and mental health difficulties. The provision of services ranges from prevention to in-patient care.

What the CAMHS service does not accept:

- Referrals about apparent mild or transient concerns.
- Referrals requiring court reports or consultation for civil proceedings (e.g. custody issues) (Court proceeding will however not affect eligibility for a service for a child who normally qualifies for help by our service).
- Referrals for school based problems without mental health or family based issues.
- Referrals where social and environmental factors dominate without any mental health or psychological needs.
- Referrals where there are current child protection concerns under investigation, or pending the outcome of legal proceedings (unless the mental health needs of the child/ young person are paramount).
- Severe behavioural disturbance or conduct disorder, in the absence of a treatable psychiatric disorder.
- Moderate to severe learning difficulties, in the absence of a primary diagnosis of mental health difficulties.
- Autism spectrum disorders, in the absence of a primary diagnosis of mental health difficulties.
- A primary diagnosis of substance misuse in the absence of severe and acute mental health difficulties.

Signposting – If not appropriate for CAMHS

Jeremiah's Journey – 01752 424348
 NSPCC – 0808 800 5000
 Eklipse Counselling – 07891028960
 Twelve's Company -08458 12 12 12
 Harbour Young People's Service – 01752 434 295
 The Zone Icebreak – 01752 206626
 Communication and Interaction Team – 01752 308751
 Child Development Centre – 0845 155 8155
 Plymouth City Council Social Care – 01752 308600
 MAST Team – 01752 307761
 Family Matters – 01752 606826
 Strengthening Families – 01752 258933
 Plymouth Parent Partnership – 01752 258933
 Eating Disorder Service (17 and 6 months up) – 01752 228027
 Streetwise – 01752 308730





Children & Adolescent Mental Health

The Team

DRSS Business Manager	Steve Matson	01752 307751
Operational Support Manager	Naomi Maddick	01752 398748
Team Leader	Sarah Blackmore	01752 398667
Assistant Team Leader	Lucy Cartwright	01752 398700
CAMHS Lead Patient Choice Co-ordinator	Donna Friend	01752 398805 (<i>Wed, Thurs, Fri</i>)
CAMHS Patient Choice Co-ordinator	Angela Newman	01752 398742
CAMHS Patient Choice Co-ordinator	Joanna Bennetts	01752 398813
CAMHS Patient Choice Co-ordinator	Fiona Cartlidge	01752 398992

Contact us



Office hours **Monday - Friday, 08:30 - 17:00**

*For urgent referrals outside of these hours, please contact the Outreach Team on **01752 435122***



All enquiries: **01752 398 992**

Calls from a landline are charged at the usual local rate; however calls made from a mobile phone may cost significantly more



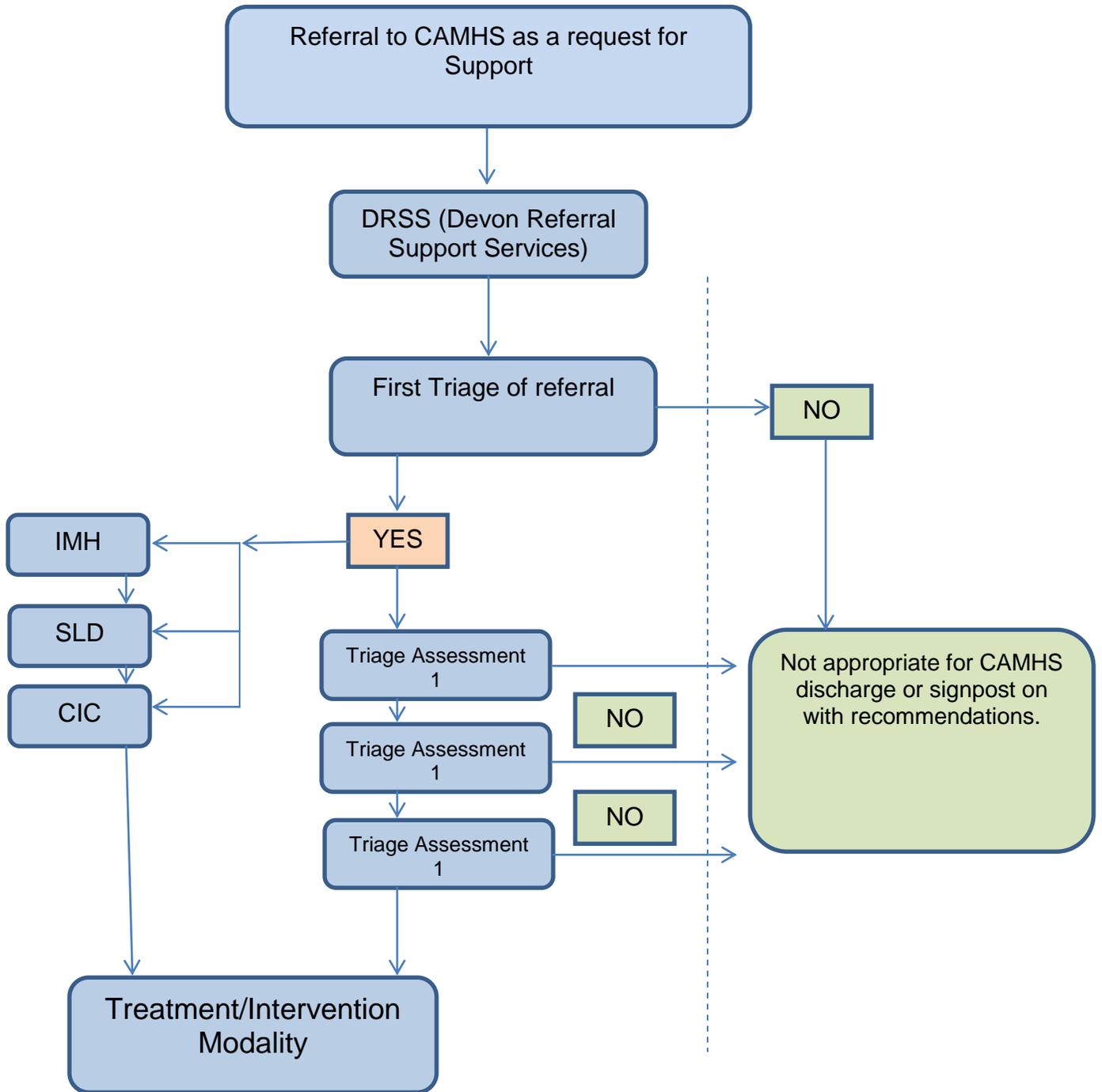
Email: **crt.plymouth@nhs.net**

To maintain patient confidentiality, please ensure that you are using a secure N3 connection prior to sending any patient information



Devon Referral Support Service
Ground Floor Windsor House
Tavistock Road
Plymouth
PL6 5UF

Appendix D. Triage Pathway



Appendix E

Safety In Numbers Postnatal Depression Group

Referral Criteria

Postnatal depression is a mild to moderate non-psychotic depressive illness occurring in the first year postnatally. It is characterised by some or all of the symptoms listed below, which are persistent and pervasive and have a significant effect on day to day life.

- Loss of pleasure or interest.
- Low mood.
- Loss of energy, tiredness.
- Psychomotor agitation or retardation.
- Feelings of self-reproach.
- Poor concentration, memory.
- Sleep disturbance.
- Suicidal thoughts.

This is not a group for women who have an ongoing depression who have just had a baby. However women with a previous depression can be referred for assessment. Referrals will not be accepted for women with severe and enduring mental health problems that are or should be in adult mental health services. No long term history of drugs or alcohol misuse or active self harming. Baby should be not more than 24 months old.

Referral Process

Referrals should be sent by letter or using the referral form to:

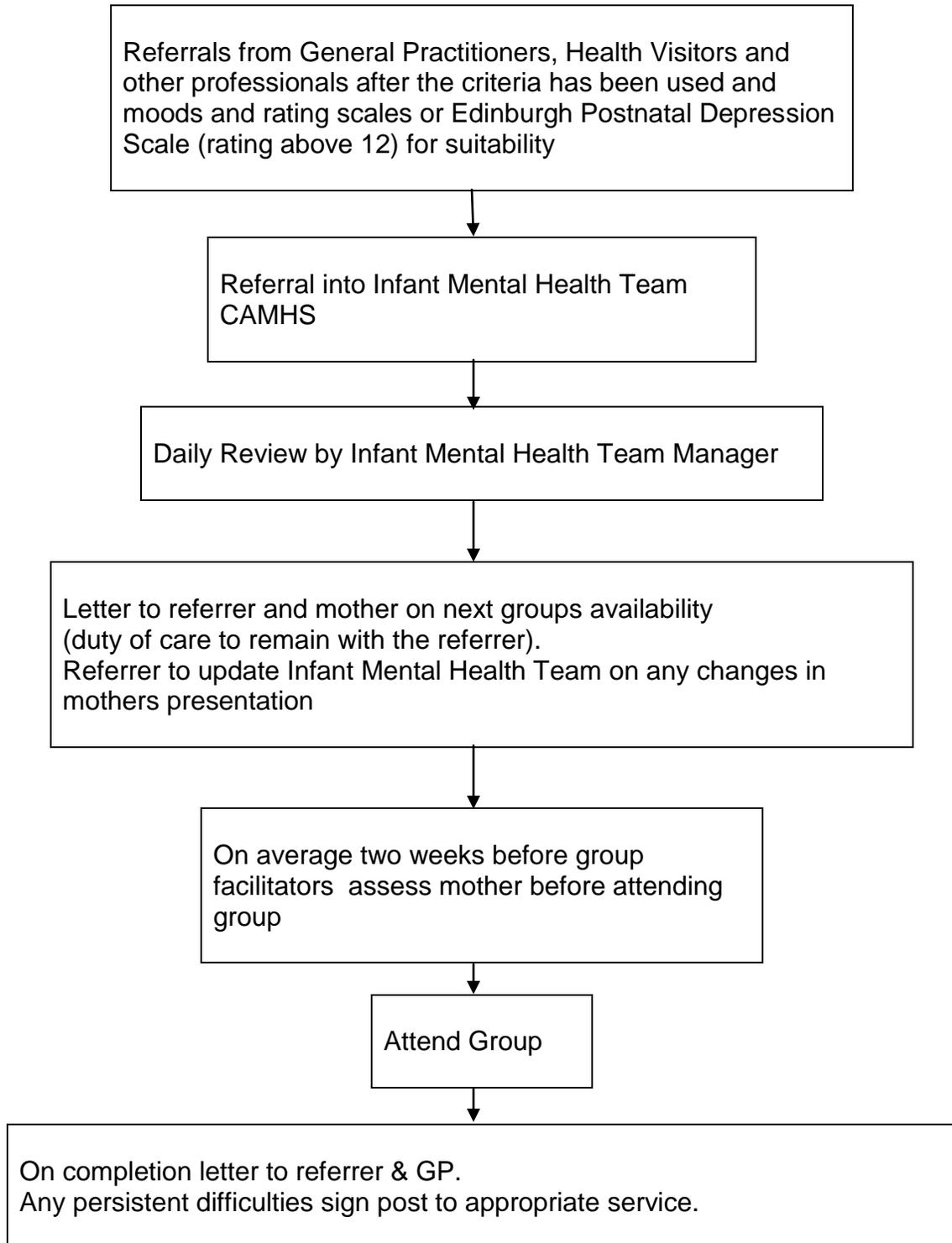
Infant Mental Health Team CAMHS
Tamar Folk Children's Centre
Victoria Rd Primary School
Trelawny Avenue
St Budeaux
Plymouth
PL5 1RH

If you have any concerns or queries regarding the suitability of the group for a client the team are available for consultation: 01752 434616

Appendix F

Infant Mental Health Team CAMHS - Safety in Numbers

Therapeutic Postnatal Depression Group Referral Pathway to Discharge



Glossary of terms/abbreviations

PMDT	Plymouth Multi-Disciplinary Team
CAMHS	Child and Adolescent Mental Health Services
DOH	Department of Health www.dh.gov.uk
HAS	Health Advisory Service
DFES	Department of Educational and Skills – The Department of Education was formed on 12 May 2010 and is responsible for education and children’s services
EMDR	Eye Movement Desensitisation and reprocessing. Eye movement desensitization and reprocessing (EMDR) is a form of psychotherapy that was developed to resolve symptoms resulting from disturbing and unresolved life experiences.
ADOS	Autism Diagnostic Observation Schedule The Autism Diagnostic Observation Schedule is the gold standard instrument for diagnosing and assessing Autism.
ADI	Autism Diagnostic Interview
3DI	Developmental, Dimensional and Diagnostic Interview (3DI)
DISCO	Diagnostic Interview Social and Communication Disorders
ADHD	Attention Deficit Hyperactive Disorder
ASD	Autistic Spectrum Disorder
COT	CAMHS outreach team
NICE	National Institute of health and Clinical Excellence NICE is an independent organisation responsible for providing national

	<p>guidance on promoting good health and preventing and treating ill health.</p> <p>www.nice.org.uk</p>
PALS	<p>Patient Advice and Liaison Service</p> <p>The Patient Advice and Liaison Service, known as PALS, has been introduced to ensure that the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible.</p> <p>www.pals.nhs.uk</p>
SDQ	<p>Strengths and Difficulties Questionnaire</p> <p>The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists</p> <p>www.sdqinfo.com</p>
CGAS	<p>Children's Global Assessment Scale</p> <p>The Children's Global Assessment Scale (CGAS) is a numeric scale (1 through 100) used by mental health clinicians and doctors to rate the general functioning of children under the age of 18.</p> <p>www.cgas.co.uk</p>
HoNos Ca	<p>Health of the Nation Outcome Scales For Children and Adolescents</p> <p>HoNOSCA is a routine outcome measurement tool that assesses the behaviors', impairments, symptoms, and social functioning of children and adolescents with mental health problems.</p>
CYPP	<p>Children and Young Peoples Plan</p> <p>The Children and Young People's Partnership is a group of organisations working together to improve the lives of children and young people</p> <p>www.dcsf.gov.uk/everychildmatters/strategy/managersandleaders/planningandcommissioning/cypp/cypp</p>
CAF	<p>Common Assessment Framework</p> <p>The Common Assessment Framework (CAF) is a standardised approach to conducting assessments of children's additional needs and deciding how they should be met</p> <p>www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/</p>
DNA	Did Not Attend - Appointment
ELSA	<p>Emotional Literacy Support Assistant</p> <p>ELSA is an initiative developed and supported by educational psychologists</p>

	who apply psychological knowledge of children's social and emotional development to particular areas of need and to specific casework.
SAMHS	Secondary Age Mental Health Supporters. SAMHS is an initiative to train and educate school staff who can give on-going support to children and young people on a daily basis.
PSCB	Plymouth Safeguarding Children's Board
BME	Black and Minority Ethnic
CPD	Continue Professional Development