

# Keeping Children and Young People in Mind

The Government's  
full response to the  
independent review  
of CAMHS

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# Ministerial foreword



We want every child and young person to be happy, enjoy life and have every opportunity to reach their potential. To meet this ambition, it is essential that we support their sense of wellbeing, build their resilience to cope with life's problems and provide the best possible services to identify and address mental health issues.

Supporting children and young people's emotional wellbeing and mental health is a critical issue for public health. Effective services in this area will not only make children's lives better, but also prevent individuals experiencing mental health problems later in life, bringing benefits for their health, education, employment and relationships. In this sense, we know that investing to support positive mental health outcomes is also cost effective.

We commissioned an independent review of child and adolescent mental health services (CAMHS) in 2007 to examine how these services could improve. The review found that local services have made significant progress in recent years, but that more can be done to improve the consistency, accessibility and suitability of services.

In responding in full to the review's 20 recommendations, we are now setting out the following:

- our commitments for high-quality services that all children and young people will receive;
- a description of the effective services we expect all local areas to be working towards; and
- a package of support from the Government to help local areas deliver these effective services.

We have listened to the views of children, young people and families. They called for clear information, access to suitable and accessible services, and to receive high-quality support at the time when they need it. We know that children and young people want to be listened to and to receive personal care and attention. And we know that parents and carers want to know where to turn when they need help. This publication describes how local areas can meet these important needs.

We have also listened to the views of professionals. The independent review of CAMHS highlighted their calls for more clarity around what an effective overall local service should look like. This publication describes how professionals can work effectively together so that everyone

in the wider children's workforce knows exactly where to turn when a child has emotional wellbeing or mental health needs.

This full response to the review is informed by existing exemplary practice that local areas are already delivering in ways that are realistic and affordable, and which other areas can adapt and use themselves. By describing what effective services look like, we can help turn best practice into common practice in every local area. This publication is intended to support both providers and commissioners of services in Children's Trusts – local authorities, Primary Care Trusts and their partners – deliver the best possible local services.

In this publication, we set out a package of support to help Children's Trusts, including:

- guidance on supporting the emotional health of children, the commissioning of services and the self assessment of local services;
- an enhanced National Support Programme for practitioners, providers and commissioners, building on the work of the National CAMHS Support Service and related field forces;
- the roll-out of the £60 million Targeted Mental Health in Schools programme;
- the allocation of approximately £58 million to support the co-location of health services incorporating mental health provision alongside schools or youth centre type settings through the Co-location Fund; and
- a programme of action to support the workforce, including the announcement of new training support in relation to children with learning disabilities and children at risk of self harming.

The independent review of CAMHS was clear that securing children and young people's emotional wellbeing and mental health must be seen as 'everyone's business'.

Everyone involved in the care of children and young people has a vital role to play and together we can ensure that every child and young person receives the support they need to enjoy life and grow up happy and healthy.



**DAWN PRIMAROLO MP**

Minister of State for Children,  
Young People and Families



**PHIL HOPE MP**

Minister of State for Care  
Services

# Executive summary

1. The Government is committed to securing the health and wellbeing of all children and young people. Children and young people's emotional wellbeing and mental health is fundamental to this ambition.
2. We want to give all children and young people the best possible chance of a happy and healthy life. By promoting their sense of wellbeing and their resilience to cope with life's problems, and by addressing any additional needs that arise in childhood, we can have a positive impact on their lifelong opportunities in terms of their health, happiness and ability to contribute to society.
3. A child and young person's chances of having a happy and healthy life are often determined by their family circumstances. We know that parents, carers and other close family members have the most influential role to play in promoting their children's sense of emotional wellbeing and mental health.
4. Sometimes children, young people and families will need support that families cannot provide by themselves. In these cases, parents and carers need to know where to go for help. This publication describes how effective local services can help parents understand who to turn to for high-quality and well-co-ordinated support.
5. Professionals in the wider children's workforce such as teachers or health visitors also need to know where they can access support for a child or young person with emotional wellbeing or mental health needs. This publication describes how local areas can support professionals to work together effectively to ensure that children and young people receive straightforward access to support from wherever their needs are first identified.

This publication uses 'emotional wellbeing and mental health' to describe children and young people having the resilience, social skills and self-awareness to form relationships, enjoy their own company and deal constructively with the setbacks that everyone faces from time to time.

## The independent review of CAMHS

6. In 2007 the Government commissioned an independent review of child and adolescent mental health services (CAMHS). The review was commissioned to see how universal and specialist support services could be improved for children and young people with mental health needs.
7. The review was published in November 2008, making 20 recommendations to improve the quality and consistency of services. The Government welcomed these

recommendations, and this publication now represents the Government's full response to the conclusions of the review.

8. While many local areas are providing high-quality services to support children's emotional wellbeing and mental health, the review highlighted that the quality and accessibility of provision needs to be more consistent across the country.
9. The independent review of CAMHS highlighted what children, young people and families believe good local services should look like. The review also showed that local providers and service commissioners would like more clarity around delivering effective services.
10. We have set up the National Advisory Council for Children's Mental Health and Psychological Wellbeing to hold the Government to account on our progress on implementing the recommendations.

### **The Government's commitments to children and young people**

11. In this publication we provide a description of effective local services for children and young people's emotional wellbeing and mental health. As part of this, we are setting out the following commitments for all children and young people:
  1. the Early Years Foundation Stage supports the personal, social and emotional development (along with other key areas of development) of children aged 0 to 5 attending registered childcare providers and maintained and independent schools;
  2. there will be at least 3,500 Sure Start Children's Centres – one for every community – providing access to joined up services for all children under 5 and their families;
  3. parents and carers are provided with the information they need to help their children lead healthy lives, with local areas setting out the services families will be able to receive in their communities;
  4. every pupil will go to a school that promotes their health and wellbeing, as part of the Pupil and Parent Guarantees;
  5. all maintained schools are now participating in the Healthy Schools Programme;
  6. personal, social, health and economic (PSHE) education will be made compulsory in schools from September 2011, subject to the passage of legislation;
  7. Children's Trust Boards must ensure clear arrangements are in place for early intervention (identifying and supporting vulnerable children) in each area through their Children and Young People's Plan;
  8. by April 2010, young people under 18 receiving specialist mental health services will be treated in an environment which is suitable, having regard to their age subject to their needs;
  9. young people under 16 years old will not be placed on an adult ward when receiving specialist mental health services; and
  10. statutory guidance will require local authorities and PCTs to provide dedicated CAMHS for looked-after children where there is an identified local need.

## An effective local offer

12. Part A (chapters 1 to 3) provides a comprehensive description of the effective services good local areas are already delivering to support children and young people's emotional wellbeing and mental health. Our ambition is for these high-quality services to become available to all children and young people in every local area.
13. The evidence gathered for the independent review of CAMHS, and the regional events held by the National Advisory Council for Children's Mental Health and Psychological Wellbeing in spring 2009, highlighted calls from local commissioners, practitioners and service users who want clarity on what works well and what level of provision children and families would expect. It called for local areas to set out a clear description of the services that are available locally.
14. Our description of a good local service offer in this publication responds to these demands and it will inform local areas in establishing what their local offers will look like. It brings together:
  - **the views of service users:** drawing on findings from focus groups and interviews with children, young people, parents and carers, conducted specifically for the Expert Group of the independent review of CAMHS;
  - **the National Service Framework for Children, Young People and Maternity Services**<sup>1</sup>;
  - **guidance on National Indicators:** the Government has published guidance to support local areas in promoting emotional wellbeing and delivering high-quality CAMH services to meet the standards set in National Indicator 50 (children and young people's mental health) and the fourth proxy measure in National Indicator 51/Vital Sign VSB 12 (commissioning early intervention support services)<sup>2</sup>;
  - **evidence-based practice:** the characteristics of a good local service are informed by evidence on effective practice, including National Institute for Health and Clinical Excellence (NICE) guidelines;
  - **self assessment tools:** our description reflects self assessment tools for CAMHS Partnerships such as the CAMHS Self Assessment Matrix and the *You're Welcome*<sup>3</sup> quality criteria; and
  - **peer review standards:** peer bodies such as QINMAC and QNIC<sup>4</sup> set their own standards for member services and review delivery against them. Our description reflects these aspirations and seeks to reinforce them.
15. In the current financial climate, service commissioners will be increasingly focused on delivering cost-effective services that are proven to provide positive outcomes for children and young people. The description of an effective local service offer provided by this document aims to help commissioners prioritise aspects of provision. It covers the

1 Department of Health (2004), *The National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People*

2 These guidance documents are listed in Annex A

3 Department of Health (2007), *You're Welcome quality criteria: Making health services young people friendly*

4 QINMAC and QNIC are described in Annex A

comprehensive range of services that can support children's emotional wellbeing and mental health, delivered by a range of partners across the Children's Trust.

### **Chapter 1. Universal Services: promoting emotional wellbeing**

16. Children and young people want to feel happy and safe and know that they have a trusted source of help and advice when it is needed. Services such as early years settings, schools, colleges, children's centres, GP surgeries and health services have an important role in building their sense of emotional wellbeing and resilience.

### **Chapter 2. Targeted services: early intervention for vulnerable children and young people**

17. When children and young people start to experience problems, they want their needs to be recognised quickly and then to receive timely and seamless support from the right professionals when needed. They also want to understand what is happening and when it will happen. Effective targeted services identify and address the needs of vulnerable children and young people.

### **Chapter 3. Specialist services: high-quality mental health provision**

18. When children and young people need to receive specialist mental health services, they want these services to be accessible, welcoming and suitable for their age and personal needs. They want to be listened to, to understand what is taking place and to receive the best possible professional support. The services offered should be evidence based and the impact on outcomes for children, young people and families should be monitored.

### **Supporting delivery**

19. The independent review of CAMHS highlighted that the Government needs to be clearer about what it expected of local commissioners and providers, and those in regional government. Part B, chapters 4 and 5, address the review's recommendations as follows:

### **Chapter 4. Improving local and regional governance**

20. Children and young people with emerging problems need integrated and effective services. These services are best integrated when they are commissioned against a shared set of local priorities, and are monitored by an integrated governance system that is open to public scrutiny. This chapter sets out the characteristics of effective local and regional governance arrangements.

## Chapter 5. National communications and support for local service improvement

21. The Government is providing a programme of national support to help ensure local services are able to promote children and young people's emotional wellbeing and mental health. This chapter gives details of an enhanced national support service for all local authorities and Primary Care Trusts, sets out the range of support and relevant guidance for service commissioners and outlines work to improve communications between local practitioners and service users.

### A clear national message

22. The Department of Health, the Department for Children, Schools and Families and other departments across Government remain committed to a joint vision and programme of work across public health and wellbeing, including children's emotional health and wellbeing.
23. This is exemplified in *Healthy Lives, Brighter Futures*<sup>5</sup>, the Government's strategy for children and young people's health, and through the Government's *New Horizons*<sup>6</sup> programme of action around mental health and wellbeing.
24. Alongside our work to support local communications, we are exploring national opportunities to raise awareness of effective local services on offer and tackle negative perceptions associated with mental health. Our ambition is that communities and professionals understand that children and young people's emotional wellbeing and mental health is 'everyone's business', and we will pursue ways to promote this message and tackle stigma in line with campaigns on adult mental health.

### What this publication means for children, young people and families

25. This publication is accompanied by a short online document which explains the implications of the Government's response to the independent review of CAMHS for children, young people and families. This document can be downloaded from: [www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth](http://www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth) and [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

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5 Department for Children, Schools and Families and Department of Health (2009), *Healthy lives, brighter futures. The strategy for children and young people's health*

6 HM Government (2009), *New Horizons. A shared vision for mental health*



# The context and case for improving services

1. Good physical and mental health are mutually reinforcing, and both are vital if children and young people are to enjoy their childhood and achieve their full potential. The benefits of good mental health stay with children throughout their lives and help them enjoy life and contribute fully to wider society.

## The case for investing in emotional wellbeing

2. There is a sound business case for investing in children's positive mental health. The potential savings from addressing mental health problems through early intervention as they first emerge in children's lives are substantial. This includes savings arising from better mental health input for physically ill and disabled children.
3. Evidence in *New Horizons*<sup>7</sup> sets out the social and financial costs of mental health problems.<sup>8</sup> Individuals, families and communities experience emotional distress, poor physical health, the social consequences of mental health problems, and significant financial and economic costs.
4. Emotional and conduct disorders in younger life can contribute to conduct disorder and criminal behaviour in adult life. Using evidence-based interventions to tackle problems like conduct disorders early, and taking action to boost children's resilience and emotional wellbeing, will improve their wider life chances and can produce much greater savings over time.<sup>9</sup>
5. Early interventions in severe mental illnesses, such as schizophrenia and psychosis, not only reduce the length and severity of the illness and disability but are also very cost effective.
6. Depression often originates in childhood and adolescence. Earlier interventions to both prevent and treat depression in young people will not only bring immediate benefits, but also reduce the burden of mental illness in adult life.

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7 HM Government (2009), *New Horizons. A shared vision for mental health*

8 For further information see Sainsbury Centre for Mental Health (2003), *The Economic and Social Costs of Mental Illness*. [www.scmh.org.uk/pdfs/costs\\_of\\_mental\\_illness\\_policy\\_paper\\_3.pdf](http://www.scmh.org.uk/pdfs/costs_of_mental_illness_policy_paper_3.pdf)

9 Evidence on savings from crime reduction through early intervention in conduct problems and conduct disorders is available in Sainsbury Centre for Mental Health (2009), *The Chance Of A Lifetime. Preventing early conduct problems and reducing crime*. [www.scmh.org.uk](http://www.scmh.org.uk)

## Vulnerable children and young people

7. Vulnerable children and those from disadvantaged backgrounds are less likely to enjoy good mental health than their more advantaged peers.
8. *New Horizons* highlighted the links between poverty, social deprivation and mental health problems. Fifteen per cent of children in the lowest socio-economic group develop mental health problems, compared with just five per cent of children in the highest.<sup>10</sup> In terms of lifelong opportunities, people with mental health problems tend to have fewer qualifications, find it harder to get work, have lower incomes, are more likely to be homeless and are more likely to live in areas of high socio-economic deprivation.

## The independent review of CAMHS

9. In 2007, as part of the Children's Plan, the Government announced an independent review of child and adolescent mental health services (CAMHS).
10. The review was led by Jo Davidson, Director of Children and Young People's Services in Gloucestershire. Its final report was published in November 2008 and made 20 recommendations in relation to services that promote emotional wellbeing and mental health.
11. The three key changes proposed by the independent review of CAMHS were:
  1. everybody (from specialist mental health professionals to the wider children's workforce and parents and carers) needs to recognise the contribution they make to supporting children's emotional wellbeing and mental health;
  2. local areas have to understand the needs of all of their children and young people and engage effectively with children, young people and their families in developing approaches to meet those needs; and
  3. the whole of the children's workforce needs to be appropriately trained and, along with the wider community, well informed.
12. The review called on the Government to show how local services can work together. Our full response to the review provides a description of an effective service and shows how we will make the review recommendations a reality for children and young people.

## The National Advisory Council for Children's Mental Health and Psychological Wellbeing

13. The National Advisory Council is an independent body set up by the Government as an immediate response to a recommendation from the independent review of CAMHS. The work of the Council is initially scheduled for two years from February 2009.
14. The National Advisory Council is chaired by Dame Jo Williams and consists of 27 individuals who bring expertise from a range of organisations related to children's emotional wellbeing and mental health. The Council works in partnership with the

<sup>10</sup> Green H, McGinnity A, Meltzer H et al. (2004), *Mental Health of Children and Young People in Great Britain 2004*. London: Office for National Statistics

Government, but also holds it to account on its progress on improving emotional wellbeing and mental health services for children and young people. The remit of the Council is to:

- champion the importance of emotional wellbeing and mental health and keep it as a national priority;
  - ensure that the recommendations in the independent review of CAMHS are effectively addressed; and
  - hold Government to account for its progress on the implementation of the recommendations of the independent review of CAMHS.
15. The Council will produce an annual report, which is expected in early 2010.
  16. The Council was a key influence in highlighting the need for the description of effective services set out in this full response to the review.

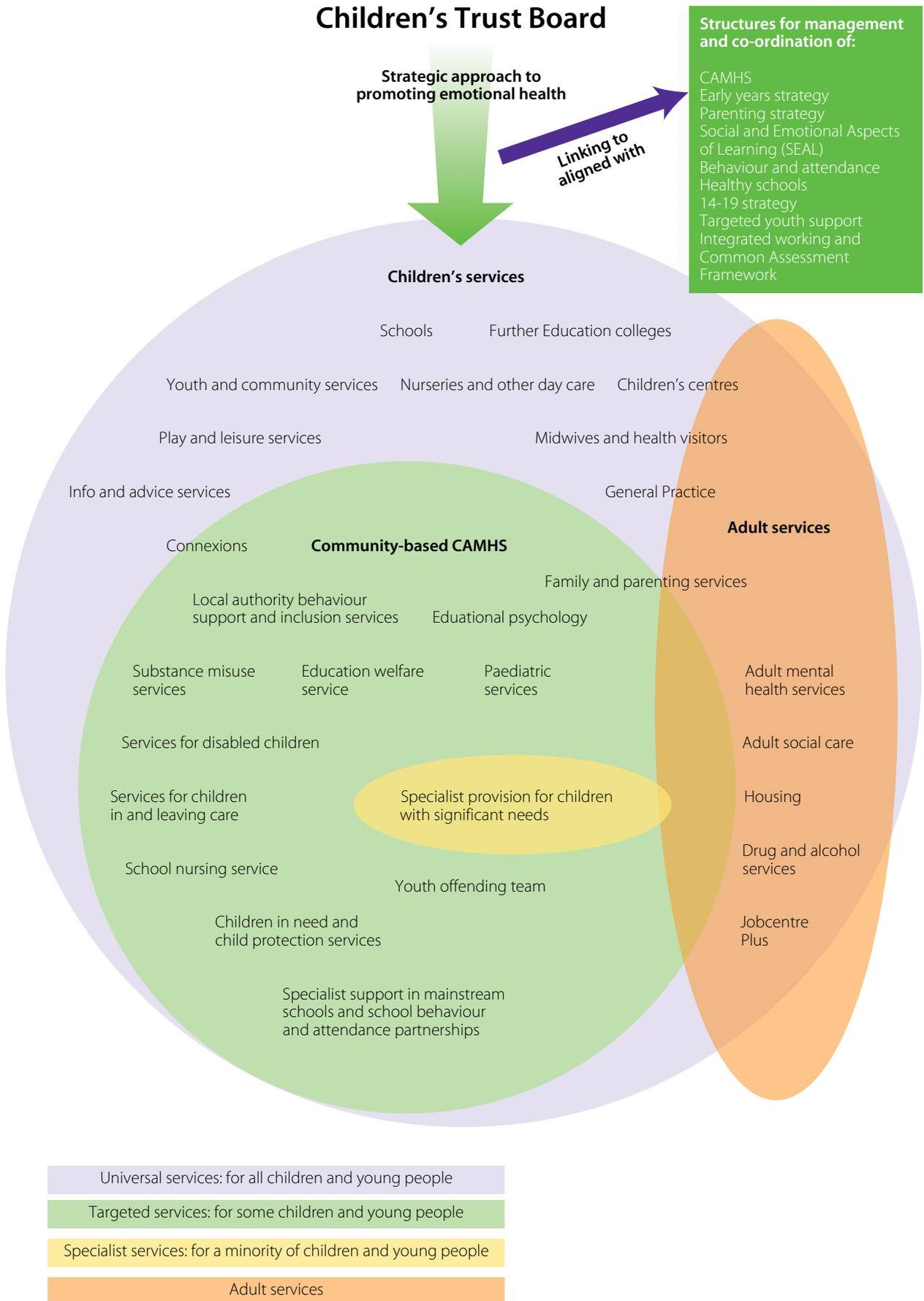


# Part A:

## An effective local offer

1. Chapters 1 to 3 describe how universal, targeted and specialist services can effectively meet the needs of children and young people, and outline the support the Government is providing to improve local services.
2. Universal services, such as schools, children's centres and GPs, play a pivotal role in promotion, prevention and early detection of emotional wellbeing and mental health issues, bringing in other professionals as appropriate. Targeted services provide additional help to particular groups such as children in care or those with learning difficulties or disabilities. Specialist services are vital in meeting the needs of those children and young people with complex, severe or persistent problems. Each element is essential to effective local provision. Areas also need to achieve the right balance and working relationships across services to secure the best outcomes for children and young people.
3. We know that there are already good examples of services to support children and young people's emotional wellbeing and mental health. However, the independent review of CAMHS highlighted that the quality of services is inconsistent throughout the country. Some specialist CAMHS in particular are finding it difficult to meet the pressures on them and deliver consistently effective services.
4. One way to improve local working and achieve consistent service quality is a local offer, co-ordinated across universal, targeted and specialist services, for local children and young people. Part A brings together a comprehensive description of the characteristics of good local services which will inform local areas as they establish what their own local offer will look like.
5. These chapters set out our good practice recommendations for services. Given the tight financial environment we are moving into, providers and commissioners will need to consider carefully how and where resources can be used most effectively, and prioritise service improvements in the light of available resources and local needs.
6. The diagram on page 16 illustrates the wide range of services involved in supporting children's emotional wellbeing and mental health.

**Figure 1. Services involved in promoting children and young people’s emotional wellbeing and mental health**



# 1. Universal services: promoting emotional wellbeing

- 1.1 We want to help all children and young people to develop their social and emotional skills and have high self-esteem. We want children and young people to be able to build good relationships and develop their resilience so they can adapt to change and cope with difficult circumstances.
- 1.2 The most significant influence on a child or young person's development and wellbeing is the nurturing and support provided by their parents, carers and close family.
- 1.3 Sometimes parents and carers will need to seek support in relation to their child's emotional wellbeing or mental health. If children, young people or their families are worried, they can seek support from universal services such as:
  - talking to their doctor or health visitor, who may refer them to special local services;
  - talking to their child's school, which may be able to help sort out difficulties, provide extra support and find the best ways to help their child enjoy and achieve at school; or
  - contacting social services to find out what support is available.
- 1.4 The *National Service Framework for Children, Young People and Maternity Services*<sup>11</sup> states that it is good practice for a local area to have agreed protocols for referral and support in place so that staff in these universal services will know who to contact if they cannot resolve a child's needs.
- 1.5 This chapter outlines how universal services such as early years provision, schools, children's centres, colleges, GPs and health services can support children and young people most effectively, both through advice and support for families and through their direct work with children and young people.
- 1.6 Building a child's wellbeing, confidence and resilience can help protect them against harm. If a child is at risk of harm or neglect, they are more likely to tell someone if they have an open and trusting relationship with an adult, for example a teacher or others working in their school. Any safeguarding concerns can then be promptly referred to the relevant local agency.

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<sup>11</sup> Department of Health (2004), *The National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People*

## How will children and young people know things are working well in their area?

- 1.7 Focus groups conducted by the independent review of CAMHS found that children and young people want to experience the following:
- to feel confident about making friends and in building relationships with adults;
  - to be protected from bullying or discrimination;
  - to go to a school or college that looks after their personal happiness and wellbeing;
  - to have a trusted adult that they feel they can talk openly with;
  - to have their parents involved in their learning and encouraging them to learn; and
  - to enjoy a range of play and leisure opportunities.

Further information on the descriptions of effective services in this chapter is available in the following Government publication as listed in Annex A:

- Promoting the emotional health of children and young people: Guidance for Children's Trust partnerships, including guidance on NI 50

### A. Health services

- 1.8 Health services have an important role to play in partnership with other services for children and young people. Families can access child and family health services through Sure Start Children's Centres, including access to primary care staff, primary mental health workers and specialist mental and physical health services. Children's centres can provide a safe and welcoming setting for families to access services, including parents and carers of vulnerable children.
- 1.9 Health practitioners such as GPs, midwives, health visitors, school health teams, community paediatricians and primary healthcare workers are often the first port of call for worried parents. Many children also pass through hospitals, Accident and Emergency departments and paediatric services. They have an important role in supporting the emotional wellbeing of children whilst addressing their physical needs.
- 1.10 Effective health services are working to meet needs in the following ways, as set out in the Department of Health's *You're Welcome*<sup>12</sup> quality criteria for health services:
- care is delivered in a safe, suitable and young people friendly environment;
  - all staff who are likely to come into contact with young people receive basic training on communicating easily with young people;
  - staff receive training on working to current Department of Health guidance on confidentiality and consent and seeing young people on their own;

<sup>12</sup> Department of Health (2007), *You're Welcome quality criteria: Making health services young people friendly*

- staff are properly trained, receiving regular continuing professional development, supervision and relevant clinical appraisal to ensure that they are competent to discuss necessary and relevant health issues with young people, make appropriate referrals and manage difficult consultations;
- appropriate supervision and support are offered to staff who provide one-to-one support to young people;
- where possible, other relevant services for young people are co-located within the service. Where this is not the case, the service should provide information about other local services for young people. All staff should be familiar with local service provision and arrangements for referral;
- young people are actively involved in service design and development; and
- appropriate staff members are trained to help young people, and their parents or carers, with the transition to adult services.

## Considerations for providers

### *Co-location of services*

- 1.11 Delivering services from the same building is an effective way to ensure that children and families can get the right help at the right time. This applies from education and health to housing, play facilities and careers advice.
- 1.12 In December 2008, the Government announced a £200 million fund to support capital projects that enable the co-location of local services. The 101 selected projects announced in June 2009 are developing new ways of working between professionals and different agencies.
- 1.13 Across the programme, around 30 projects specifically involve the co-location of health services incorporating mental health provision alongside schools or youth centre type settings. These projects account for approximately £58 million of the overall allocation. These settings will enable children and families to access the services they need as and when they need them. Referrals can be made more effectively and professionals can work together efficiently to provide more integrated support in a timely way.
- 1.14 We will be collating and disseminating good practice from these projects to enable local authorities and health trusts to consider the best way of integrating CAMHS alongside other services for children and families in their communities.

### **Birmingham: Co-location of services for young people**

The Co-location Fund is contributing £5 million to the work of Birmingham City Council and their partners, who are developing a Young People's Centre as part of the Stockland Green campus development.

Construction of the new Stockland Green Technology College, funded through Building Schools for the Future, has already commenced. A new special school will be developed to be opened in 2013.

The Young People's Centre will provide office and consultation space for a range of services, including sexual health services, Connexions and youth services. The local CAMHS team will be based at the centre, providing dedicated support and rapid referrals to both the secondary school and, in due course, the special school, as well as the wider community.

### **Think Family**

1.15 Since April 2009 all local authorities have received increased funding, totalling over £170 million in 2009 to 2011, to support the introduction of the following:

- Think Family practice – making sure that the support provided by children's, adults' and family services is co-ordinated and takes account of how individual problems affect the whole family. The Government is providing additional funding to 15 Think Family Pathfinders which are testing models for services to work more closely together where parents have complex needs, with a particular focus on substance misuse and mental health problems; and
- targeted support for parents and families – such as Family Intervention Projects (FIPs) and Parenting Early Intervention programmes designed to provide evidence-based support to families experiencing problems.

1.16 The Think Family Toolkit<sup>13</sup>, published in September 2009, contains many examples of local practice, research findings, sources of reference and contributions from a range of Government departments and local agencies.

1.17 For further information, please visit: [www.dcsf.gov.uk/ecm/thinkfamily](http://www.dcsf.gov.uk/ecm/thinkfamily)

## **B. Pregnancy and early years**

1.18 Effective antenatal and postnatal services, health services, children's centres and childcare and early years providers for 0 to 5-year-olds are working together to meet needs in the following ways:

- pre- and post-birth, all mothers receive information support that promotes their own and their children's emotional health, and know how to access additional support such as counselling or mental health services where necessary;

<sup>13</sup> Department for Children, Schools and Families (2009), *Think Family Toolkit*

- effective screening programmes for developmental problems are provided, with particular reference in this context to those impacting on mental wellbeing and health – the Healthy Child Programme 5-19<sup>14</sup> clarifies roles, priorities and timetables;
- services provide interventions or programmes to strengthen attachment bonds between child and caregiver, including information and advice on nurturing emotional health;
- vulnerable families receive parenting support such as consultation and advice, counselling, programmes focusing on attachment and interaction and, in some cases, intensive home visiting;
- early learning and childcare settings provide high-quality environments with highly-qualified staff, high levels of parental involvement and a complementary focus on cognitive and social development;
- early learning and childcare provision addresses language development, impulse control and other aspects of social and emotional development; and
- children can access positive play, leisure and personal development opportunities in a range of structured and unstructured settings.

## Considerations for providers and commissioners

### *Sure Start Children's Centres*

- 1.19 Children's centres bring together child and family support and health services, and provide a range of advice and support for parents and carers. With over 3,000 centres operational, providing access to services for over 2.5 million children and their families, we are on track to deliver our target of at least 3,500 centres by March 2010.
- 1.20 Working effectively with health services is an integral part of the core offer which all children's centres must deliver in order to achieve designation. Services may include: antenatal advice and support for parents and carers; support for healthy lifestyles; information and guidance on breastfeeding; speech and language and other specialist support; promoting positive emotional wellbeing and mental health; and help in stopping smoking.
- 1.21 The Apprenticeships, Skills, Children and Learning Act 2009 requires local authorities – so far as is reasonably practicable – to arrange sufficient provision of children's centres to meet local need. In addition, a duty is now placed on local authorities, Primary Care Trusts and Jobcentre Plus to consider whether each of their services for young children and their parents should be provided through children's centres.
- 1.22 We are currently consulting on draft statutory guidance which says that each Children's Trust's Children and Young People's Plan should provide the strategic direction for the local area's approach to the delivery of children's centres.

<sup>14</sup> Department of Health and Department for Children, Schools and Families (2009), *Healthy Child Programme. From 5-19 years old*

### Gloucestershire: Supporting perinatal and infant mental health in children's centres

Secure Start is a service funded by Gloucestershire PCT which provides an evidence-based approach to addressing mental health issues early, supporting early attachment and healthy emotional and intellectual development in babies. The provider is the 2gether NHS Foundation Trust.

The service was developed by Robin Balbernie, a child psychotherapist working in Cheltenham, in 2004, and is based in a number of children's centres across Gloucestershire. The programme provides therapeutic interventions with families, informs practitioners about relevant research and delivers a training programme for professionals on attachment.

Robin says Secure Start is based in children's centres because they work preventatively in non-stigmatising, universal settings and can provide continuity of care for families through immediately-accessible support. They are well integrated with other local resources and work with vulnerable families.

### Early Years Foundation Stage

- 1.23 The Early Years Foundation Stage (EYFS) is a new quality framework which sets the standards for the welfare, learning and care for children aged birth to five. All registered childcare providers and maintained and independent schools are required to implement the EYFS so that parents can be sure their children will receive a high-quality experience regardless of the type of setting they choose.
- 1.24 Practitioners are expected to support children by using sensitive observational assessment of their needs, abilities and interests to help support them in taking the next steps in their development at their own pace.
- 1.25 EYFS places a focus on personal, social and emotional development and practitioners working closely with parents and keeping them updated on their child's progress.

### Family Nurse Partnership programme

- 1.26 This evidence-based, preventive programme provides intensive support from highly-trained nurses for the most vulnerable young first-time mothers. The nurses build close, supportive relationships with families and guide young first-time parents so that they adopt healthier lifestyles for themselves and their babies, provide good care for their babies and plan future life goals.
- 1.27 The child health strategy, *Healthy Lives, Brighter Futures*<sup>15</sup>, set out the Government's plans to expand the testing of this programme by April 2011, with a view to rolling out this support across England over the next decade if research findings continue to be positive.

<sup>15</sup> Department for Children, Schools and Families and Department of Health (2009), *Healthy lives, brighter futures. The strategy for children and young people's health*

## C. Schools and colleges

1.28 Effective schools and colleges are working to meet needs in the following ways:

- a comprehensive, whole school approach to children's social and emotional wellbeing;
- small group support for those children and young people who need additional help to develop their social and emotional skills;
- managers take a strong lead in curriculum and planning, having a strong educational focus, valuing the importance of adult-child interaction, and supporting their staff to develop better ways of engaging children;
- teachers engaged in such work receive support and a suitable space to talk to children and young people one to one if necessary, with due attention to consent and confidentiality issues;
- schools and colleges have explicit confidentiality statements, preferably short and in child or adolescent-friendly language;
- children and young people are supported in developing friendships and constructive relationships with peers and appropriate adults;
- action is taken to prevent bullying and discrimination;
- formative assessment is used to meet the needs of children and ensure that activities are appropriate and cognitively challenging for individual children and young people;
- children and young people have access to information and advice relating to services to support their wellbeing, and feel able to share worries with trusted adults without the fear of stigma; and
- children and young people can access positive play, leisure and personal development opportunities in a range of structured and unstructured settings.

### Considerations for providers and commissioners

#### *Pupil and Parent Guarantees*

1.29 The Government White Paper, *Your child, your schools, our future*<sup>16</sup>, sets out the school experience to which all children, young people and families will be entitled, including how every school will support children's health, safety and wellbeing.

1.30 The White Paper proposes a 21st century school Pupil Guarantee and a Parent Guarantee, which include guarantees that every pupil will go to a school that promotes their health and wellbeing: every school is a Healthy School; every child at secondary school has a personal tutor who knows them in the round and can support them through school and with difficult times and choices; every child has the chance to express their views; and they and their families are welcomed and valued. In addition, every parent will have access to extended services including support and advice on parenting.

<sup>16</sup> Department for Children, Schools and Families (2009), *Your child, your schools, our future: building a 21st century schools system*

- 1.31 The Government published a *Timetable for Action*<sup>17</sup> in December 2009, setting out how the commitments in *Your child, your schools, our future* will become a reality.

### **Schools as commissioners of services**

- 1.32 The Apprenticeships, Skills, Children and Learning Act 2009 adds, among others, maintained schools, Academies, City Technology Colleges and City College for the Technology of the Arts to the list of 'relevant partners' for Children's Trust boards. This is consistent with the role for schools set out in the White Paper *Your child, your schools, our future*, where schools work in partnership to enable every child to succeed.
- 1.33 As well as being the main universal providers of services for children, schools can also be commissioning bodies. Where schools commission services individually or in partnership they will use their own budgets and expertise to identify what their pupils need most. However, they must also have regard to the Children and Young People's Plan and ensure that their commissioning fits into the wider strategic commissioning strategy of the Children's Trust Board.
- 1.34 Schools already have a duty to promote the wellbeing of their own pupils and should expect support from other Children's Trust partners to meet it. During inspection, schools will be assessed by Ofsted on the effectiveness of partnerships in promoting learning and wellbeing. Within this, inspectors will take account of the effectiveness of the school's work with service providers, commissioned or brokered by the local authority to promote the safety and health of all learners.

### **Healthy Schools Programme**

- 1.35 The Healthy Schools Programme is a joint initiative between the Department for Children, Schools and Families and the Department of Health which promotes a whole school and whole child approach to health. All maintained schools are now participating in the Healthy Schools Programme.
- 1.36 The programme launched its enhancement model in September 2009, designed to help schools, as well as Pupil Referral Units and other forms of alternative education provision, develop the wider thinking and planning they will need to do in order to achieve better outcomes around health and wellbeing for children and young people. It has also been designed to help schools to strive for lasting health and wellbeing behaviour changes in children and young people, with particular focus on providing targeted support for those who are most at risk. To achieve enhanced status, schools will work closely with key partners towards achieving locally-agreed health and wellbeing outcomes.

### **Compulsory PSHE education**

- 1.37 Following Sir Alasdair Macdonald's recent review, personal, social, health and economic (PSHE) education will be made compulsory in schools from September 2011, subject to the passage of legislation. PSHE education lays the foundations for ensuring all pupils have the skills to make positive choices in their lives, including issues such as nutrition, emotional health, sex and relationships, personal finance and making career choices.

<sup>17</sup> Department for Children, Schools and Families (2009), *Your child, your schools, our future: building a 21st century schools system. Timetable for action*

### **Social and Emotional Aspects of Learning (SEAL)**

- 1.38 Social and emotional aspects of learning (SEAL) is the national voluntary programme designed to develop the social and emotional skills of all pupils using a whole-school approach across all elements of the curriculum.
- 1.39 Further information and downloadable resources are available on the Behaviour, Attendance and SEAL section of the National Strategies website:  
[www.nationalstrategies.standards.dcsf.gov.uk/seal](http://www.nationalstrategies.standards.dcsf.gov.uk/seal)

### **Tackling bullying inside and outside schools**

- 1.40 It is compulsory for schools to have measures in place to encourage good behaviour and respect for others on the part of pupils, and to prevent all forms of bullying.
- 1.41 The Department for Children, Schools and Families supports schools in designing their anti-bullying policies and their strategies to tackle bullying, by providing comprehensive, practical guidance documents. Regional advisers with expertise in the field of bullying are also on hand to help schools implement the guidance and draw on best practice.
- 1.42 For further information, please visit [www.teachernet.gov.uk/bullying](http://www.teachernet.gov.uk/bullying)

## **D. Supporting the children's workforce**

- 1.43 The *Common Core of Skills and Knowledge for the Children's Workforce*<sup>18</sup> sets out the basic skills and knowledge needed by people (including volunteers) whose work brings them into regular contact with children, young people and families.
- 1.44 The *2020 Children and Young People's Workforce Strategy*<sup>19</sup> sets out a plan to look over the six areas of the Common Core and explore whether they are the right ones. It will also review how to make sure that everyone who works with children and young people knows about the common core and how to use it. The Children's Workforce Development Council (CWDC) are leading this work and consulted on the Common Core in autumn 2009.
- 1.45 We are working with CWDC to ensure that the refreshed Common Core supports the ambition that everyone working with children and young people will support their emotional wellbeing and mental health.

<sup>18</sup> HM Government (2005), *Common Core of Skills and Knowledge for the Children's Workforce*

<sup>19</sup> Department for Children, Schools and Families (2008), *2020 Children and Young People's Workforce Strategy*

### **Portsmouth: Supporting practitioners in universal services**

Portsmouth's children's centres provide opportunities for both universal and targeted support for emotional health. All parents can access initiatives such as home economy and healthy eating projects. Additional health visiting and midwifery services have been commissioned to provide more targeted support within the centres.

All of these elements are supported by a strong emphasis on training for practitioners in universal services. The children's workforce induction programme for local authority and voluntary sector staff was developed by staff from across the city and includes training on emotional health and wellbeing. Effective multi-agency working helps to ensure that topics do not overlap, and agencies will often deliver training on a joint basis to ensure that messages are consistent and comprehensive.

## 2. Targeted services: early intervention for vulnerable children and young people

- 2.1 Where children and young people experience mental health problems or difficulties, we must identify and address these as soon as possible to help ensure they do not get worse and that problems do not become entrenched.
- 2.2 Some children's problems are mild and need minimal input, whereas others represent a high risk to an individual's health, development or safety. Some problems are short term, and others are longer term. Therefore systems should be in place to ensure the children's workforce, from universal to specialist services, has the capability to meet these different levels of need.
- 2.3 We know that some children and young people are at greater risk of developing mental health problems because of their background, life experiences, family history or individual developmental history. Annex B provides examples of groups of children and young people who may be considered vulnerable, in line with those identified in the independent review of CAMHS. In assessing mental health needs, targeted services have a crucial role to play in identifying and referring any concerns about children's safety.

### What does effective early intervention feel like to children and young people?

- 2.4 Focus groups conducted by the independent review of CAMHS showed that children and young people want to feel the following:
  - their needs are identified accurately and as early as possible by professionals;
  - they receive help from the right people, who have a high level of expertise and skills; and
  - they understand what is happening and receive information and support in a way that suits them.

Further information on the descriptions of effective services in this chapter is available in the following publications, as listed in Annex A:

- Improving the psychological wellbeing and mental health of children and young people: Commissioning early intervention support services: Guidance for Commissioners on the requirements of PSA 12, indicator 4, 4th proxy measure;
- National Service Framework for Children, Young People and Maternity Services; and
- Promoting the emotional health of children and young people: Guidance for Children's Trust partnerships, including guidance on NI 50

## A. Parenting support and targeted help for families at risk

2.5 Effective local authorities and Primary Care Trusts are working to meet needs in the following ways:

- all children, young people, parents and carers have access to information, preventative advice and support appropriate to their needs;
- parents and carers have easy, non-stigmatising access to parenting support programmes;
- services with specialist expertise work with those local community services, especially early years services, that work with infants, young children and their families to promote parent/child relationships and address attachment difficulties and early problems;
- parenting groups are available, focusing on children's more difficult behaviour; and
- vulnerable parents have access to adult services that can help them address other issues that they are facing.

## B. Identification of needs and access to support

2.6 Effective local authorities and Primary Care Trusts are working to meet needs in the following ways:

- local strategic needs assessments identify children in special circumstances who have emotional wellbeing or mental health problems and ensure that services are in place to meet their needs;
- local priorities and investment are informed by these local strategic needs assessments;
- where an identification of a child or young person's individual needs raises safeguarding concerns these must be referred immediately using procedures set out by the local authority and local safeguarding children board;
- mental health services with specialist expertise are available to provide assessment and therapeutic support for infants/young children and their families to promote parent child relationships and address attachment difficulties;

- services prioritise children and young people who are vulnerable to mental health problems using the Common Assessment Framework as appropriate; and
- effective assessment includes support from relevant practitioners, including those with mental health expertise where assessment and appropriate therapeutic intervention is required. This support will be co-ordinated with any other services being received by the child or young person and their family.

2.7 The *National Service Framework for Children, Young People and Maternity Services*<sup>20</sup> states that it is a marker of good practice for protocols for referral, support and early intervention to be agreed between all agencies. This would mean, for example, that children's workforce professionals in universal services (such as teachers, children's centre staff, GPs or health visitors), would know where to seek support if a child had emotional wellbeing or mental health needs.

## Considerations for targeted services

### *The Common Assessment Framework and effective specialist assessments*

- 2.8 It is important for practitioners to work together to minimise the risk of duplication in assessments of children and young people and to minimise any possible delay in providing support.
- 2.9 The Common Assessment Framework (CAF) is a standardised approach to conducting assessments of children's additional needs and deciding how these should be met. The Children's Workforce Development Council (CWDC) is examining the impact of the CAF as part of its work to explore the extent to which local areas are embedding integrated working practices and processes.
- 2.10 Each year the CWDC carries out a self assessment evaluation of local areas' progress towards integrated working which focuses on specific processes and tools such as the CAF, the lead professional role and the team around the child.
- 2.11 The Local Authorities Research Consortium is looking at the impact of the CAF process in achieving better outcomes for children and young people and at the key factors that promote the effectiveness of the CAF process in different contexts.

<sup>20</sup> Department of Health (2004), *The National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People*

### **East Norfolk: Effective assessments and information sharing**

Great Yarmouth, as part of a collaboration between Norfolk Children's Trust, Norfolk and Waveney Mental Health Partnership Foundation Trust and NHS Great Yarmouth and Waveney, have introduced arrangements to improve the sharing of information between practitioners. This includes information gathered from assessments of children and young people. The work is based around the Common Assessment Framework, which is well embedded in the area.

They aim to provide a one-stop point of access and a seamless pathway to services for users, as well as building even closer links with services such as schools and children's centres.

The single point of entry, supported by a single governance structure and information sharing protocol, has helped reduce the risk of young people and families becoming lost in the system. Sharing information effectively between professionals where appropriate means that families do not need to repeat their experiences to different practitioners.

## **C. Providing effective targeted services**

### ***Pregnancy and early years***

2.12 Effective targeted services for pre- and post-birth parents and for 0 to 5-year-olds provide the following:

- effective targeted services will act to identify vulnerable parents during pregnancy and throughout their children's early years, in universal settings and on an outreach basis; and
- help for parents to access information and advice and provide parenting support programmes, focusing on attachment and interaction.

2.13 These services may be provided by family workers, with support and supervision from primary mental health workers, and the local Healthy Child Programme team, comprising a range of practitioners working across general practice and Sure Start Children's Centres.

2.14 These services may also be delivered through voluntary sector providers or community development workers. The local authority parenting support strategy will be involved in overseeing the delivery of these services. Family Nurse Partnership teams also offer evidence-based preventive support in pilot areas (see chapter 1).

### ***School age children and those aged 16-18***

2.15 Effective targeted services for school-age children and those aged 16-18 will provide the following:

- targeted services, including voluntary sector providers, will act to identify at-risk children and young people, in universal settings and on an outreach basis, using the Common Assessment Framework;

- vulnerable groups should receive appropriate mental health support and access to information and advice from other services (including adult mental health services) to address a range of risk factors; and
- children and families should expect to receive a timely and co-ordinated response when a child has a range of needs.

2.16 These targeted services may be provided by mental health practitioners working in and with universal and targeted services, in particular:

- looked after children's teams;
- child protection teams;
- children in need services;
- services for refugees and asylum seekers;
- behaviour support and inclusion services;
- ethnic minority support services;
- youth offending teams;
- pupil referral units and behavioural, emotional and social difficulties (BESD) provision;
- targeted youth support teams and other multi-agency locality-based teams;
- residential children's homes; and
- the three types of secure setting: Young Offenders Institutes, Secure Training Centres and secure children's homes.

2.17 Targeted services are often delivered through multi-agency locality-based teams working to a 'team around the child' model, or provided through community development workers.

2.18 Vulnerable children and young people of school age should have access to problem-focused small group support, which can be provided through Social and Emotional Aspects of Learning (SEAL) small group work, delivered by school staff with training and support from relevant specialists.

2.19 Evidence-based therapeutic interventions should be available for children and young people requiring more intensive support, working in conjunction with the family where possible. This can be provided by practitioners with mental health expertise based in or working with a range of universal and targeted services.

### ***Targeted help for children and young people at risk***

2.20 Effective local authorities and Primary Care Trusts are working to meet needs in the following ways:

- children at particular risk of experiencing emotional and behavioural problems are identified by professionals, including through effective assessment arrangements, and have access to support from the right practitioners;

- this will include access to evidence-based treatment approaches when required. This support will be co-ordinated with any other services being received by the child or young person and their family;
- staff working with children and young people with a physical illness have an understanding of how to assess and address the emotional wellbeing of children and are able to identify significant mental health problems and make appropriate referrals for specialist help;
- hospitals receiving and treating children and young people have liaison arrangements in place, including psychiatric advice, to deal with the management of overdoses and deliberate self harm; and
- disabled children have equal access to child and adolescent mental health services.

## Considerations for targeted services

### *Targeted Mental Health in Schools programme*

- 2.21 In July 2007, the Government announced £60 million funding, from 2008 until 2011, for targeted work in and close to schools for children and young people at risk of and/or experiencing mental health problems.
- 2.22 The Targeted Mental Health in Schools (TaMHS) programme aims to improve emotional wellbeing and mental health outcomes for children and young people through evidence-based interventions.
- 2.23 The programme is developing a range of models of integrated early intervention and targeted support delivered through schools and building better links with specialist CAMHS for those children, young people and their families who need it most. Third sector and other providers are also working with schools participating in TaMHS to deliver some of this early support. From April 2010, TaMHS will be operating in clusters of schools in all local areas.
- 2.24 All local areas involved in TaMHS are receiving grant funding to support implementation at local and school level. Local areas also receive implementation and improvement support from the National CAMHS Support Service, Strategic Health Authorities and Government Offices.
- 2.25 The programme has a strong focus on learning about what works and on embedding and sustaining the approaches across each local area beyond 2011. To achieve this, an independent national evaluation has been commissioned to study the impact of TaMHS. The evaluation will inform Government, local authorities and schools about the range of mental health support approaches that can be successfully delivered through schools.
- 2.26 To help local authorities and Primary Care Trusts learn from the TaMHS approach, the Government has published the following documents:
- *TaMHS Using the Evidence to Inform your Approach*, guidance which aims to summarise existing knowledge about effective interventions to help children with mental health problems;

- *Learning from Targeted Mental Health In Schools Phase 1 Pathfinders*, examining the learning from the 25 TaMHS phase 1 pathfinders; and
- *Targeted Mental Health in Schools: Commissioning targeted mental health and psychological well-being services in schools* (to be published in early 2010)

2.27 These documents are available from: [www.dcsf.gov.uk/everychildmatters/healthandwellbeing/mentalhealthissues/tmhsproject/tmhs](http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/mentalhealthissues/tmhsproject/tmhs)

### **Leicester: Improving behaviour through TaMHS**

Leicester Specialist Education Centre, part of the Leicester TaMHS school cluster, is for young people at imminent risk of permanent exclusion. This case study describes how the Centre supported a Year 7 child on the verge of permanent exclusion for physical violence towards students and staff.

TaMHS staff worked with the child through observations, consultations with staff and individual meetings with the child to build up a psychological profile. From this profile preparations were made with an Assistant Educational Psychologist to help assess the child's situation, needs and strengths.

The child was then supported to plan for the success of his placement. The child's profile and the work of the TaMHS team were also confidentially discussed with staff at the Specialist Education Centre to help develop strategies for support. During the placement, the child achieved positive changes in behaviour. The Centre provided valuable information for a range of professionals and family members and particularly for staff assessing his needs.

The child is not now at risk of permanent exclusion. Relevant staff are being given follow-up guidance to help the child, and time from the psychology service through TaMHS is being provided to establish and maintain the long-term positive emotional functioning of the child within a stable group setting and support an extended period of planned assessment at one of the local authority's Emotional and Behavioural Disorder (EBD) placements.

### **Luton: Working with third sector providers**

The Luton TaMHS pathfinder covers 13 schools: three secondary schools and the majority of their feeder primary schools.

The pathfinder set aside a percentage of its funding to allocate to third sector providers which could offer a range of services as part of its provision. Four voluntary organisations were informed that they had been successful in January 2009; Relate Bedfordshire and Luton, Parentline Plus, Place2Be and Luton Churches Education Trust (LCET).

Relate now provides one-to-one counselling in a secondary school and facilitates group work on how to cope with change in three primary schools.

The third sector agencies complement other TaMHS work by providing training for school staff on transitions (Place2be), group work for children and young people to build resilience (LCET), and support for parents through individual and group work (Parentline Plus). This has supported the Luton project by providing a broader range of interventions, most of which are already tried and tested, but also allowed some newer interventions to be developed with the schools.

### **Supporting looked after children**

- 2.28 Looked after children are significantly more likely to experience mental health problems than the general population, and the majority of looked after children have experienced some form of abuse and neglect. We also know that looked after children can sometimes miss out on some universal and targeted local services as they are less likely to attend mainstream schools, often have a history of poor basic healthcare and many are frequently moved from one area to another.
- 2.29 We have published guidance<sup>21</sup> on the health of looked after children, which is statutory on both local authorities and Primary Care Trusts (PCTs). This guidance makes it clear that local authorities and PCTs should provide dedicated CAMHS for looked after children where there is an identified local need. Targeted services for looked after children will help ensure that looked after children receive the support they need.
- 2.30 In October 2009, we published the first ever national data collection on the emotional and behavioural health of looked after children. This data was collected from local authorities who are asked to carry out Strengths and Difficulties Questionnaires for those children who have been in their care for a year, as part of their annual health check.
- 2.31 The local authority data from these returns forms the substance of National Indicator 58; the first National Indicator to measure the emotional health of this group of children. While National Indicator 50 applies to all children and includes a focus on vulnerable children, National Indicator 58 reflects the fact that looked-after children have additional specific needs.
- 2.32 We recommend that the data is used to inform commissioning decisions and to inform decisions on diagnosis and treatment for individual children.

<sup>21</sup> Department of Health (2009), *Promoting the health of looked after children*

### **Supporting children and young people in contact with the youth justice system**

2.33 The Government has published *Healthy children, safer communities*<sup>22</sup>, a strategy to promote the health and wellbeing of children and young people in contact with the youth justice system.

2.34 This strategy sets out how the Government is taking action to:

- ensure that this group of vulnerable young people can access the health and mental health services that they need at all stages through the youth justice pathway, including, where possible, through mainstream services; and
- ensure that those who come into contact with this group are appropriately trained to recognise where they may have additional needs such as a mental health problem or learning disability.

2.35 Children and young people in contact with the youth justice system are also being supported through the following:

- pilot schools in some areas in the Targeted Mental Health in Schools programme are exploring ways of integrating their work with youth offending teams and youth inclusion and support panels;
- pilot programmes in police custody suites are testing ways of providing early screening and assessment of children with a broad spectrum of need and vulnerability, to provide them with appropriate services at the earliest stage possible;
- The Department of Health has carried out a review of all health screening and assessment tools in use across the youth justice pathway. This review has identified the gaps and overlaps in collecting information about the health needs of children and young people in contact with the youth justice system; and
- The Department of Health and Youth Justice Board are conducting a review of screening and assessment tools used across the youth justice system, to help develop a clear understanding of the health and social care information necessary for effective care planning and treatment. The findings of these reviews will inform the development of a robust assessment process that covers each stage of the youth justice system pathway.

### **Supporting young people who are victims of violence or abuse**

2.36 The taskforce on the health aspect of violence against women and girls is considering what more all healthcare professionals could do to identify and address the needs of those who have been subject to sexual violence or abuse. The taskforce is due to report early in 2010.

### **Young people who sexually abuse**

2.37 A strategy on the needs of young people who sexually abuse, many of whom will require treatment from mental health services, is under development and will be published in early 2010.

<sup>22</sup> Department of Health (2009), *Healthy children, safer communities*

### Early Intervention

- 2.38 In early 2010, the Government will publish a consultation on early intervention for children, young people and families who need extra help.
- 2.39 This will draw together the evidence on effective early intervention with the aim of helping service leaders make the case for continued investment in early intervention services and programmes. It will highlight what we know about effective practice at the frontline in terms of the way practitioners engage with children and families.
- 2.40 It will also focus on how Children's Trust Boards can meet the challenge of designing a strong system for early intervention in which roles and responsibilities are clear and programmes and services are coherent and effective.

### Positive activities for young people

- 2.41 Engaging young people in structured activities can support their development of social and emotional skills and resilience to the pressures they can face and can create a sense of belonging for these young people within their communities.
- 2.42 The Government is investing £679 million over 2008–11 to improve services, activities and opportunities for young people including £221 million to support local authorities in providing positive activities all year round for young people who are facing the most challenging circumstances.
- 2.43 In 2009, the Department for Children, Schools and Families published the guidance documents *Creating a sense of belonging* and *Expanding Friday and Saturday night provision* on the commissioning and the provision of positive activities for young people.

## D. Supporting the children's workforce

- 2.44 Local authorities and Primary Care Trusts should be working towards the following characteristics:
- staff in all services working with children and young people recognise the contribution they can make to emotional wellbeing, social skills development and mental health and understand their responsibilities for supporting children and young people in difficulty;
  - training and supervision should address strategies for establishing trusting therapeutic relationships and ensuring the high-quality relationships necessary for successful intervention;
  - all staff who are likely to be called upon to carry out an initial social and mental health assessment receive specific training;
  - training and support are provided for staff in universal services in identifying and responding to children's and young people's emotional wellbeing and mental health needs, including through referral to other services; and
  - staff have the capability to meet different levels of need, for example short or long-term needs, and intensive or less frequent levels of support.
- 2.45 The following professionals are involved in delivering these targeted services:

### **New workforce training to support children with learning disabilities**

- 2.46 The independent review of CAMHS found that children with learning disabilities and behavioural, emotional and social difficulties can be particularly in need of support from emotional wellbeing and mental health services. We share this view and have a specific measure within National Indicator 51 and the PCT Vital Signs on the availability of services for children with learning disabilities.
- 2.47 To further support local improvements in this area we will build on the existing work of the National CAMHS Support Service to:
- by April 2010, help staff in universal settings identify problems early and enable them to make effective interventions, in partnership with other professionals, through development of a new, consolidated package of training materials that complements SEAL and the Inclusion Development Programme; and
  - between now and March 2011, provide additional expert support and resources to local and regional partners so that those Children's Trusts who need help most can improve the early identification of needs and accessibility of emotional and mental health services for children with challenging behaviour and learning disabilities.
- 2.48 Over £200,000 will be allocated to ensure extra help is available for every region.

### **New workforce training to support children at risk of self harming**

- 2.49 Deliberate self harming due to emotional and mental health problems is an issue we want to ensure is thoroughly addressed by preventative and early intervention work locally. New training materials scheduled to be published by April 2010 for staff in universal settings will help them understand:
- self harm and its causes, including from the child and young person's perspective;
  - how to identify those at risk of self harming;
  - how to adopt effective preventative programmes, including how to tackle stigma around self harm;
  - how to act on identified self harm with confidence; and
  - when, how and to whom to refer a child or young person for specialist services.



## 3. Specialist services: high-quality mental health provision

- 3.1 The services described in this chapter focus on specialised mental health provision for children and young people with more severe, complex or persistent disorders. If these disorders are not treated effectively, children and young people, as well as their families, can experience serious difficulties, including social, development and economic problems, which could persist into adulthood.
- 3.2 Specialist services for children and young people may be provided by a multi-disciplinary team or individuals who are part of a team of specialists, working from a variety of settings including community clinics, other community settings and hospital based settings. For the most severe and complex cases, these services may also be provided through day units, highly specialised out-patient teams, intensive support services, and in-patient units. Specialist services also have an important role in helping universal and targeted services to spot problems early and deliver appropriate support to children, young people and families.

### What do high quality mental health services feel like to children and young people?

- 3.3 Children and young people told the independent review of CAMHS that they expect to experience the following from effective specialist mental health services:
  - services are located in convenient places;
  - services feel welcoming and comfortable;
  - services are appropriate for their age, gender, sexual orientation, physical and developmental ability and cultural background;
  - services are available when their needs are first identified;
  - to feel that they are listened to, given individual attention and have opportunities to discuss the services they are receiving;
  - to have regular contact with the same staff, and for services to stay in touch after their treatment has finished;
  - where they have various different needs, including physical health needs, these are recognised and treated in a co-ordinated way;
  - to feel confident that the people that help them are highly skilled and have excellent resources at their disposal; and
  - to understand how the confidentiality arrangements affect them.

Further information on the evidence base for the following description of an effective service and the interventions that providers can make is available in the National Service Framework<sup>23</sup>.

## A. Accessibility of services

3.4 Effective Primary Care Trusts, NHS providers, local authorities and other Children's Trust partners are working to meet needs in the following ways:

- offering services as near to home as possible and in a number of settings to take account of the different needs and choices of children, young people and their parents or carers;
- in deciding where to provide services, taking account of the fact that locations such as schools, homes and family centres can carry less stigma than traditional clinic settings. A range of options is essential as service users can also prefer settings away from schools and some interventions are most safely and efficiently carried out within clinics and community mental health centres;
- allowing for the additional travel times necessary to deliver such services with implications for workforce capacity;
- establishing flexible arrangements, including a balance of direct and indirect services, in order to meet the needs of children, young people and their families who are reluctant to seek help;
- Primary Care Trusts, local authorities and schools (often working in clusters) work together under local Children's Trust governance arrangements for emotional wellbeing and mental health to establish agreed protocols around care pathways, accessing specialist support and referrals. This includes agreeing a clear understanding around when and how universal staff can access extra advice and services; and
- ensuring arrangements are in place for 24-hour cover to meet children's urgent needs and that a specialist mental health assessment is undertaken within 24 hours or during the next working day where indicated.

## Considerations for providers and commissioners

### Reducing Waiting Times

3.5 Many services have taken action to improve access to services by reducing the time children, young people and families have to wait for support. The guide *Improving Access to Child and Adolescent Mental Health Services*<sup>24</sup> aims to help services deliver this by showing how to achieve a low-wait CAMHS using methods that have been effective for other services and providing good practice examples.

<sup>23</sup> Department of Health (2004), *The National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People*

<sup>24</sup> Department of Health and Department for Children, Schools and Families (2009), *Improving Access to Child and Adolescent Mental Health Services*

### Service improvement approaches

- 3.6 One way in which services have addressed waiting times, within existing resources and while bringing about wider services improvement, is through a redesign of services such as implementing the Choice and Partnership Approach (CAPA), lean and six sigma principles and demand and capacity methodologies.
- 3.7 The Government and NCSS have recently received a report commissioned from the Mental Health Foundation evaluating the impact of CAPA on services. The report's findings will inform work to develop support for those services that would like to implement CAPA.

### B. Personalised, age-appropriate and joined-up services

- 3.8 Effective Primary Care Trusts, NHS providers, local authorities and other Children's Trust partners are working to meet needs in the following ways:
- ensuring that children, young people and families have an identified professional who knows them, relates effectively to them, knows how to identify and respond to their mental health needs and knows how to access wider services as needed;
  - ensuring that children, young people and families are fully involved in the development of personalised action plans;
  - ensuring that where a child, young person or family needs services from more than one professional they will receive support from the professionals best able to meet their needs, acting as a co-ordinated team and co-ordinated by a lead professional;
  - ensuring that children and young people who require admission to hospital for mental health care have developmentally appropriate care in an environment suited to their age, gender, sexual orientation, ability, development and background;
  - making every effort to find inpatient places close to the child or young person's home and family; and
  - ensuring provision of a range of services (including assertive outreach, domiciliary, community and day services) that support children and young people at home so that they may not need to be admitted to inpatient units.

### Considerations for providers

#### *You're Welcome quality criteria*

- 3.9 The Department of Health has published the *You're Welcome*<sup>25</sup> quality criteria, setting out principles that will help health services become young people friendly and work in partnership with children, young people and families.
- 3.10 The content of *You're Welcome* is based on good practice in both community and hospital-based health services. The aim is to improve acceptability, accessibility and quality of all health services for young people and therefore increase the choice of services available.

<sup>25</sup> Department of Health (2007), *You're Welcome quality criteria: Making health services young people friendly*

3.11 CAMHS have a dedicated chapter in *You're Welcome* and are also included in the main body of *You're Welcome* to ensure all health services consider young people's emotional health and wellbeing as part of their 'core offer'. To help commissioners and service providers interpret and implement *You're Welcome* consistently the Department of Health has published support materials and guidance. These are available from the Department of Health website listed in Annex A.

### **Promoting the participation of children and young people**

3.12 The Department of Health has commissioned the National CAMHS Support Service to carry out a project promoting the participation of children and young people. The project promotes user participation standards for CAMHS, maps the extent and level of user participation activity in CAMHS, and will develop an online tool for commissioners and providers to improve interaction with children and young people.

### **Age appropriate care**

3.13 The Government has stated that no young person under 16 years old should be placed on an adult psychiatric ward.

3.14 Above this age an adult psychiatric ward may be, for a minority of young people, the most appropriate environment. In recognition of this, and to ensure that all young people are treated in an age-appropriate environment, the Government is committed to commence Section 31(3) of the Mental Health Act 2007, by April 2010. This places a duty on hospital managers to ensure that patients under 18 are treated in an environment in the hospital which is "suitable having regard to their age (subject to their needs)" having consulted a person who has relevant knowledge or experience.

3.15 The National Mental Health Development Unit (NMHDU) have produced a number of products and tools to inform providers and commissioners about the new duty and to help them get their services ready for its implementation. These are available on the NMHDU website:  
[www.nmhdu.org.uk](http://www.nmhdu.org.uk)

## **C. Effective transitions to adult services**

3.16 Effective Primary Care Trusts, NHS providers, local authorities and other Children's Trust partners are working to meet needs in the following ways:

- ensuring that children, young people and families have the information they need to deal with the transition at age 18 to appropriate local adult services;
- ensuring a smooth transition of care between young people's and adult services; and
- ensuring continuity of care following transition from young people's to adult services through the use of the Care Programme Approach.

## Considerations for providers and commissioners

### *Improving transitions to adult services*

- 3.17 The transition from CAMHS to adult mental health services is a critical point for young people with complex mental health needs. Work is planned to help young people's and adult services improve these transitions to ensure that both the processes and the models of care meet the needs of young people and their families.
- 3.18 *New Horizons*<sup>26</sup> announced that we will be working with the Social Care Institute for Excellence to develop good practice guidance on the process of transition and to examine what it takes to implement it at a local level. The Department of Health will also be working with the National Mental Health Development Unit and the National CAMHS Support Service to develop support for commissioners across children and adult services.
- 3.19 In addition the CAMHS National Support Team will consider issues around transition arrangements as part of their wider work to support service improvement in the areas they visit.

## D. Effective outcomes

- 3.20 Effective Primary Care Trusts, NHS providers, local authorities and other Children's Trust partners are working to meet needs in the following ways:
- ensuring services are based upon the best available evidence (including best practice and National Institute for Health and Clinical Excellence guidelines where these exist);
  - using service-level and individual outcome measures as a tool for driving up the quality of services for children, young people and families;
  - ensuring that the specialist services and multi-disciplinary teams supporting children and young people with mental health needs are of sufficient size and have appropriate skill-mix training and support to function effectively; and
  - building the underpinning evidence base for specialist, and indeed universal and targeted provision, by making best use of existing evidence and information and emerging insights from the evaluation of interventions.

## Considerations for providers and commissioners

### *Using information on outcomes*

- 3.21 Outcome measures are an important tool for understanding and improving services for children, young people and families. Using a variety of measures such as the Strength and Difficulties Questionnaire (SDQ), Goal Based Outcomes and the Chi Experience of Service Questionnaire supports clinical audit and gives providers, commissioners and practitioners the range of information they need in order to develop services effectively.

<sup>26</sup> Department of Health (2009), *New Horizons: towards a shared vision for mental health*

- 3.22 The Department of Health supports the use of outcome measures and has commissioned the CAMHS Outcomes Research Consortium (CORC) to undertake a one year project to support the collation and analysis of outcome data from CAMHS using the parent and child SDQ.
- 3.23 The project will run from October 2009 to September 2010, and at the end of the project CORC will provide information on the use of the SDQ in the services taking part. This will inform decisions on how best to support services in implementing such outcome measures and whether outcome data could form a useful element in the information used to monitor service improvement at a national level.

### *Improving data*

- 3.24 To support providers and commissioners in working together to deliver improvements for children and their families, the Government will promote better use of data. To that end, the Government is testing, with a view to beginning roll-out, NHS datasets for CAMHS, child health and maternity. Such datasets would support improvements in clinical practice and also help to inform those planning or commissioning services locally to focus on local priorities and needs.

### *Monitoring and research*

- 3.25 Local areas will want to make best use of existing evidence and emerging insights to help them improve services for children, young people and families. The Government will explore options for identifying and addressing significant gaps in the evidence base where new research may be needed.

### *Supporting psychological therapies*

- 3.26 Evidence shows that adults benefit from improved access to psychological therapy and that this can help them feel better and get back into work or remain in their job. An Improving Access to Psychological Therapies (IAPT) programme has been established by Adult Mental Health Services, with the aim of supporting Primary Care Trusts (PCTs) in implementing the National Institute for Health and Clinical Excellence (NICE) guidelines. As part of this programme, IAPT pathfinders were set up in 2007 to explore how a range of specific patient groups can access services.
- 3.27 Drawing on lessons learned from the pathfinders, the Department of Health is working with the NHS to determine how best to support PCTs in improving quality and levels of access to evidence-based psychological therapies across the CAMHS network. As part of this work it will:
- consider commissioning an independent research study;
  - collect data to assess the capacity and structure of training in evidence-based psychological therapies; and
  - create plans for the development of guidance and other tools for CAMHS therapeutic services.

## E. Teaching, training, liaison and consultation

3.28 Effective Primary Care Trusts, NHS providers, local authorities and other Children's Trust partners are working to meet needs in the following ways:

- providing teaching and training by specialist mental health services to help develop, upgrade and maintain the skills and competencies of the broader children's workforce; and
- ensuring specialist CAMHS help universal services manage their caseload appropriately through agreed processes of liaison, consultation and agreed referral pathways when this becomes necessary.

### Considerations for providers and commissioners

#### *Supporting the specialist workforce*

3.29 An adequately resourced, trained and motivated workforce is essential if we are to respond to the need for improved outcomes for children and young people. To support local services in taking forward the recommendations of the independent review of CAMHS, the Government and national CAMHS workforce programme within the National CAMHS Support Service (NCSS) have worked to develop a number of resources and guidance to support workforce modelling and planning (available on the NCSS website: [www.cypf.org.uk/camhs](http://www.cypf.org.uk/camhs)).

3.30 In addition, in 2010, we will:

- publish a set of practice guidelines for specialist CAMHS on consultation, supervision and training. These would inform modules which will be disseminated as training on a CD Rom and as e-learning;
- trial and launch training materials for the induction of staff in specialist CAMHS; and
- receive the outputs from an evaluation of CAMHS leadership programmes. The findings will inform the development of future training and development in relation to CAMHS leadership.

**East Midlands: Sharing information between specialist mental health services**

The National CAMHS Support Service Regional CAMHS Programme team in the East Midlands supports a Regional CAMHS Forum and a specialist clinical network. The network – a combination of clinicians and managers – shares good practice, develops regional expertise and supports the development of standards for the provision of highly-specialised (Tier 4) services.

The team have developed standardised regional documentation to support care pathways in and out of highly-specialist CAMHS provision, creating a clearer and more efficient journey for children and young people.

In developing the new regional documentation, the team analysed all the documents used across the region and based their work on regional and national best practice where available. They sought feedback from service users on whether the documentation was clear, accessible and useful and found their views invaluable.

# Part B:

## Supporting delivery

### 4. Improving local and regional governance

- 4.1 To provide the effective universal, targeted and specialist support for children and young people set out in chapters 1, 2 and 3, there will need to be co-ordinated and integrated working across Children's Trust partners and services. For example, those leading on the provision of universal services will often need support such as training and advice from those working in targeted and specialist services.
- 4.2 The independent review of CAMHS concluded that a comprehensive local offer to children, young people and their families is not possible unless there is effective local and regional leadership and governance. The review also recommended that the Government should set out clearer expectations of local and regional organisations, given the evidence it found of uncertainty amongst delivery partners on their respective roles and responsibilities.
- 4.3 The review proposed that local boards be set up to ensure effective commissioning and oversight of the delivery of the full range of services locally. It also recommended that regional boards be set up to deliver the performance management and 'support and challenge' functions needed to ensure strong and equitable service improvement across the country.
- 4.4 Local and regional delivery partners have given us a clear message that they would like further clarity on how to develop their existing governance processes around emotional wellbeing and mental health, and they would also like to see examples of best practice.
- 4.5 We are clear that there needs to be flexibility in how local and regional partners create their governance arrangements, whilst ensuring that important specific functions are delivered. Chapter 5 sets out how central government is supporting local service improvement and how regional partners can support this local work.
- 4.6 This chapter therefore draws on the existing guidance, standards and current best practice in order to describe the characteristics of effective governance and leadership at local and regional levels. These characteristics can drive a strategic local approach on improving emotional wellbeing and mental health outcomes for children.

- 4.7 Governance of this nature will help every Children's Trust partnership deliver on the specific National Indicators relating to emotional wellbeing and mental health:
- **National Indicator 50** – the emotional health of children and young people, which is drawn from TellUs survey data;
  - **National Indicator 51 and Vital Signs Tier 2 Indicator** – effectiveness of child and adolescent mental health services (CAMHS), as drawn from annual returns from local authorities and quarterly returns from Primary Care Trusts to a consistent set of questions; and
  - **National Indicator 58** – emotional and behavioural health of looked after children, based on Strength and Difficulties Questionnaires for looked after children as part of their annual health check.

## Local partners – the characteristics of effective local governance and leadership

### Children's Trusts

- 4.8 Children's Trust co-operation arrangements are the means by which key local services for children come together in partnership to improve children's wellbeing. They will be the main vehicle for partnership working at every organisational level, and are key to improving the emotional wellbeing and mental health outcomes for all children and young people in the local area.
- 4.9 The Apprenticeships, Skills, Children and Learning (ASCL) Act 2009 strengthens Children's Trusts by requiring every local area to have a Children's Trust Board, which includes the relevant local authorities and Primary Care Trusts (PCTs) as members. The Children's Trust Board (rather than the local authority as before) is given responsibility for preparing and monitoring the implementation of the Children and Young People's Plan (CYPP).<sup>27</sup> However, responsibility for implementing the CYPP remains with the individual partners, who are under a duty to have regard to the Plan.
- 4.10 New statutory Children's Trust guidance (currently out for consultation) sets out the role of the Children's Trust Board in regard to early intervention through the CYPP.<sup>28</sup> This describes the Board's role in establishing:
- *Governance and strategic organisation* – who should take responsibility and be accountable for early intervention; how the workforce will be developed and equipped with the knowledge, skills and understanding to deliver early intervention; how staff will know what is expected of them; and how services will be monitored and held to account.

<sup>27</sup> The ASCL Act 2009 requires all areas to have a Children's Trust Board in place by April 2010. Areas will be required to publish their 'jointly owned' CYPP by 1 April 2011.

<sup>28</sup> Note: at time of publication the *New Statutory Children's Trust Guidance and New Children and Young People's Plan Regulations* were open for consultation (closes 29 January 2010) [www.dcsf.gov.uk/consultations](http://www.dcsf.gov.uk/consultations)

- *Operational organisation* – the structures for delivering early intervention; how vulnerable children, young people and families will be identified; a clear framework of roles and responsibilities of universal services, multi-agency teams, and specialist services; and how services will work together, through which forums and when.
- *The public face of early intervention* – how all this will look to the child, young person or family navigating the system; and what the Children's Trust partners will provide (their 'offer') to children, young people and families.

### Joint working by local authorities and PCTs

- 4.11 The partnership between the local authority and the PCT is the driving relationship of the Children's Trust. Neither a PCT nor a local authority can deliver its priorities in this area without the active co-operation of the other.
- 4.12 Since 1 April 2008, local authorities and PCTs have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). The new draft statutory guidance on Children's Trusts reiterates that it is essential that the CYPP, the Local Area Agreement and PCT operational plans are fully aligned. The NHS Operating Framework for 2010/11 also emphasises the importance of this, making clear that PCT operational plans need to take into account the need for consistency with the JSNA and the CYPP.
- 4.13 PCTs and local authorities therefore need to work in partnership to ensure that both plans have strong links to shared priorities for children, young people and families. For example, the CYPP should be developed in line with local CAMHS strategies.
- 4.14 The CYPP should include how Board partners will contribute to the achievement of any local priorities for improving outcomes for children and young people which do not appear in the Local Area Agreement. For example, those from the *NHS Operating Framework Vital Signs* (which includes the compulsory indicator VSB12 on comprehensive CAMHS). The annual review of the CYPP should consider progress towards all targets and priorities set out in the relevant PCT plans, along with the implications for future action.<sup>29</sup>
- 4.15 *Healthy lives, brighter futures*<sup>30</sup> sets out how children's Trust co-operation arrangements can enable PCTs and local authorities to make a reality of their partnership to deliver improved health outcomes for children and young people. The key actions include:
1. using the JSNA for establishing a **shared vision of local service needs**;
  2. reflecting these needs in **clear, transparent local plans** for children's health as part of the CYPP;
  3. establishing a **joint focus on progress** on key children's health issues in the area, with joint scrutiny of feedback from children, young people and parents;
  4. developing an **agreed approach to commissioning** at local authority/PCT level, which includes practice-based commissioning and commissioning by schools; and

<sup>29</sup> Department of Health (2009), *The NHS Operating Framework for England for 2010-11*

<sup>30</sup> Department for Children, Schools and Families and Department of Health (2009), *Healthy lives, brighter futures. The strategy for children and young people's health*

5. a joint approach to **providing accessible and comprehensive information** to children, young people and families about what health services, advice and support are available locally to meet their needs.

4.16 PCTs are already expected to set out what children and families can count on from their health services locally – through local service directories and PCT prospectuses. Similarly, local authorities are required under the Childcare Act 2006 to provide a range of information that parents may need to support their children up to the age of 20.

### Delivering good practice – the characteristics of effective local governance

4.17 Current good practice from around the country shows us how Children’s Trusts are able to deliver these key actions in relation to emotional wellbeing and mental health. We have set out below some of the key markers of good practice for the critical areas of joint work identified in *Healthy lives, brighter futures* (as set out in the previous page). This should not be seen as an exhaustive list.

#### 1) A shared vision of local service needs

- The development of a thorough needs assessment which is fed into the CYPP.

#### 2) Clear, transparent local plans

- Local partners and providers agree a clear vision for improvement, a strategic approach to emotional wellbeing and mental health and clear individual roles for improving outcomes.
- Plans are built on a shared understanding of data across the local authority and PCT including, for example:
  - National Indicators 50, 51 and 58 (as described at the front of this chapter);
  - Vital Signs indicators for PCTs with associated quarterly reporting to Strategic Health Authorities;
  - Information from related indicators such as teenage pregnancy, bullying, substance misuse, healthy schools and wider public health data; and
  - School wellbeing indicators, as appropriate.
- Partners establish how universal, targeted and specialist services work together and ensure that protocols for referral, support and early intervention are agreed between all agencies. This would include agreeing the process through which universal settings such as schools can access additional advice and support, and how referrals will be managed if necessary. Partners should work together to ensure that practitioners working in universal settings are clear when advice and support should be given, and what their role in assessing and meeting needs should be.
- Plans include a shared approach to prioritising vulnerable groups, for example looked after children, those in contact with the criminal justice system and disabled children, including those with learning disabilities, and ensuring plans are in place to meet their needs.

- Partners also consider plans for workforce development, for example the development of the wider children's workforce by ensuring that teachers, social workers, youth workers and early years staff have access to mental health awareness training and can play their part in a system that promotes emotional wellbeing.
- Partners consider plans to enable evidence-based training for all relevant staff in treatments such as psychological therapies, and the use of NICE guidelines.
- The NHS Operating Framework 2010-11 states that in developing high quality child and adolescent mental health services, PCTs should have regard to this full Government response to the CAMHS Review. The new Statutory Guidance for Children's Trusts will also reference the full Government response to the CAMHS review.

### Gloucestershire and Camden: emotional health and wellbeing plans

The CAMHS Review page of the Department for Children, Schools and Families website provides links to Gloucestershire county council and Camden local authority, who have each produced emotional health and wellbeing plans, with indicative spend and targets relating to children and young people's psychological wellbeing and mental health.

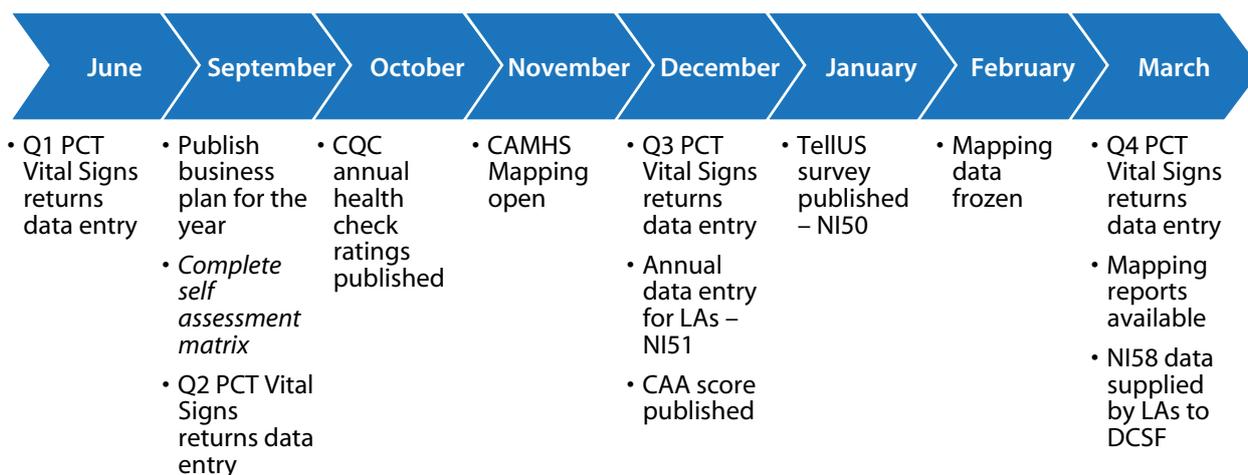
Please visit [www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth](http://www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth) to find out more.

### 3) A joint focus on progress

- Partners review progress, drawing on trends in the key data outlined above and other important sources, such as:
  - CAMHS mapping data on workforce trends, spend and local activity against local, regional and national comparators;
  - Relevant inspection data and findings, for example Comprehensive Area Assessment, Ofsted, Care Quality Commission and the annual health check data for PCTs and mental health provider trusts; and
  - Local service assessments, for example via the Self-Assessment Matrix and through review frameworks such as those offered by QNIC, QINMAC and CORC.<sup>31</sup>

4.18 The timeline below highlights the key milestones that local data managers and commissioners in local authorities and PCTs will be familiar with, and where a joint focus on progress is vital. This includes the optional (but recommended) use of the Self Assessment Matrix to benchmark local delivery and plan service improvement.

<sup>31</sup> As listed in Annex A



#### 4) An agreed approach to commissioning

- Partners agree a strategic approach to commissioning from the various budgets available for services that can impact on emotional wellbeing and mental health across the spectrum of need. For example, bringing in schools who have increasing flexibility around use of funds and who may need to commission support on wellbeing and behaviour.
- Partners develop local or regional protocols for commissioning services for children with complex needs, to prevent recurrent, emergency spot-purchasing of expensive placements for 'high cost, low volume' cases.

#### 5) Providing accessible and comprehensive information

- Partners ensure that children and families are provided with accessible and comprehensive information about the services, advice and support available locally.
- As stated in the statutory guidance relating to Family Information Services,<sup>32</sup> local offer descriptions should set out any service that contributes to the mental health care of children and young people, whether provided by health, education, social services, the voluntary sector or other agencies on all types of provision and intervention, or on how to access this information, including:
  - mental health promotion and primary prevention;
  - how to access local services, including, emergency out-of-hours arrangements, provided by, for example, hospitals, GP surgeries and educational settings;
  - arrangements for identifying early warning signs of deterioration of mental health so that effective early intervention can take place; and
  - specialist community-based services and very specialist care as provided by inpatient units for young people with mental illness.

<sup>32</sup> Department for Children, Schools and Families (2008), *Duty to provide information, advice and assistance guidance for local authorities* (as listed in Annex A)

***Making it happen – governance through dedicated emotional wellbeing and mental health sub groups***

- 4.19 As noted by the independent review of CAMHS, many local areas have already developed CAMHS partnerships or emotional health boards to bring delivery partners together and steer commissioning decisions. Children's Trust Boards should consider carefully how they involve these partnerships, where they exist, in the preparation of the CYPP. Draft statutory Children's Trust guidance sets out the expectation that Boards should create a sub-group underneath the main Board to drive and oversee the key actions necessary to improve emotional wellbeing and mental health outcomes, including those described above.
- 4.20 The membership of the sub-group needs to cover the spectrum of services necessary for emotional health promotion, the building of resilience, early intervention and delivery of high-quality specialist services, informing commissioning and promoting provider development.

**Typical members of effective emotional wellbeing and mental health sub groups, based on current practice**

Sector	Role
Local Authority	Educational Psychology representative PSA Manager for National Indicators Children with disabilities representative Youth Offending Team representative Parenting support services Commissioner for looked after children Connexions representative Youth Services representative TaMHS representative Representative for schools, including Pupil Referral Units and alternative provision
Primary Care Trust	CAMHS commissioner Adult mental health commissioner Child health commissioner Specialist commissioner Maternity commissioner Public Health representative
NHS Provider Trusts	Paediatrics representative Community Children’s Nursing representative School Nursing representative Health visiting representative Maternity services representative Allied health professionals, e.g. occupational therapists, representative CAMHS service manager Clinical lead Adult service lead
Voluntary Organisation	School support representative Counselling services representative Family support and pre-school representative Young people and carers

## Regional partners – the characteristics of effective regional governance

### Roles and responsibilities

- 4.21 Government Offices (GOs)<sup>33</sup> and Strategic Health Authorities (SHAs)<sup>34</sup> together support and performance manage local organisations' delivery of progress on national priorities for health and wellbeing, including emotional wellbeing and mental health for children, as set out in Public Service Agreement (PSA) 12 to 'improve the health and wellbeing of children and young people'.
- 4.22 The local authority National Indicator (NI) Set and NHS Vital Signs (Tier 2) indicator set include indicators that relate to emotional health and wellbeing and CAMHS. These will be covered by GO and SHA arrangements for overseeing progress on all national priorities in line with local targets. GOs and SHAs will therefore want to work together to quality assure the consistency and validity of the following data:
- Vital Signs (VSB12) data and NI 51 data, as reported to Children's Services Mapping;
  - NI 50 data (from the TellUs survey); and
  - NI 58 data (Strengths and Difficulties Questionnaires for looked after children).
- 4.23 GOs and SHAs will want to ensure that they have effective arrangements to work collaboratively on their engagement with local authorities and PCTs, and to collect all relevant data to inform this process. The Child and Maternal Health Observatory (CHIMAT) can support with this task, as can CAMHS Regional Development Workers.
- 4.24 SHAs will monitor PCT performance in line with agreed plans and trajectories for Vital Signs Tier 2 data, and work in partnership with GOs to engage strategically with Children's Trusts. They will want to ensure with GO colleagues that links are made around the profile and delivery of emotional wellbeing in PCT and local authority priorities and plans.

### Regional governance – the markers of good practice

- 4.25 Consultation with GOs and SHAs around proven current arrangements shows clear markers of effective regional governance, in terms of both support and challenge for local areas that enables and drives service improvement. These are often being developed in the context of wider regional arrangements to support PSA 12 on child health and wellbeing.

<sup>33</sup> Government Offices bring together Government departments' interests in the regions. They work with localities, especially local authorities and local strategic partnerships, to support delivery of high quality local services. Central to that is negotiating Local Authority Agreements and ongoing monitoring and performance management in the context of the local performance framework

<sup>34</sup> SHAs are the regional headquarters of the NHS and are accountable for the performance and management of the healthcare system. SHAs hold PCTs to account and are themselves directly accountable to the Department of Health

4.26 Factors that prove particularly helpful in promoting a joined-up approach to improving children and young people's emotional wellbeing and mental health include:

- joint work on **performance review**: work with partners across the region on data, monitoring and benchmarking Children's Trust data returns, sometimes linked to joint GO, SHA and NCSS visits to local partners. This model has been used in the West Midlands and is being shared through the NCSS;
- a **leadership and strategy** function that brings together the GO and SHA in partnership with Directors of Children's Services and PCT Chief Executives and their representatives and ensures oversight of local work on emotional wellbeing and mental health;
- **alignment with GO and SHA-wide processes** such as *High quality care for all*<sup>35</sup> and Regional Improvement and Efficiency Partnerships;
- overall brokerage of **improvement support**, captured in the Joint Improvement Support Prospectus discussion and agreement, to include input from service improvement support organisations. This means being able to coordinate support from available resources at a regional level in line with a shared understanding with local areas on their priorities across the full spectrum of services; and
- some regions have found it helpful to develop specific **regional boards** around children and young people's emotional wellbeing and mental health to take forward these functions. In the East of England, for example, a regional board with the following membership co-ordinates support and challenge:
  - SHA children's lead;
  - Children's Services Advisor health lead;<sup>36</sup>
  - CAMHS Regional Development Worker;
  - Director of Children's Services representative;
  - PCT commissioner;
  - local authority commissioner;
  - provider representative;
  - Regional Public Health lead;
  - Targeted Mental Health in Schools programme lead; and
  - Healthy Schools lead.

<sup>35</sup> Department of Health (2008), *High quality care for all: NHS Next Stage Review final report*

<sup>36</sup> This post will no longer exist post 31 March 2010, with the function then being delivered through the new Children and Learners Strategic Advisors

# 5. National communications and support for local service improvement

- 5.1 In addition to the specific support outlined in the previous chapters, the Government is providing a programme of national support and communications to ensure local areas are able to commission and provide services that promote children and young people's emotional wellbeing and mental health.

## Joint working

### Duty on Children's Trust partners to co-operate to promote wellbeing

- 5.2 Following the revision of Department for Children, Schools and Families guidance in 2008, all Children's Trust partners must have regard to this statutory duty to co-operate to promote children's wellbeing.
- 5.3 The Government will strengthen statutory guidance to include exemplars to show how we expect partners to work together to consider emotional wellbeing and mental health needs among young people and commission and deliver services accordingly.

## Support for commissioners

### Commissioning Support Programme

- 5.4 The Government has put in place various support for commissioners, including to help them develop local service models that promote emotional wellbeing and mental health across the age ranges and delivery against National Indicator (NI) 50 and NI 51/Vital Sign 12. This includes support to enable the Department of Health's aim that all health commissioners become world class commissioners.
- 5.5 The Department of Children, Schools and Families and the Department of Health are making significant investment available through the joint Commissioning Support Programme (CSP) for Children's Trusts. The Programme is actively compiling and disseminating examples of good CAMHS commissioning, including the development of a set of 'Actions for Better Outcomes' all commissioners might use to deliver more effective universal, targeted and specialist mental health services.
- 5.6 The 'Actions for Better Outcomes' were identified in consultation with commissioners who have recently and successfully demonstrated real improvements in these services. They will be published as an interactive, online resource through the CSP's website

([www.commissioningsupport.org.uk](http://www.commissioningsupport.org.uk)). These actions will be linked to case studies of innovative and emerging good practice, and commissioners will be directed to more resources and key contacts.

- 5.7 In addition, the web resources will identify the points along the commissioning cycle where commissioners can have the greatest impact on transforming services, whilst ensuring World Class Commissioning and joint commissioning principles are fully embedded.<sup>37</sup>
- 5.8 Use of the online commissioning resources will be promoted through the CSP's and its network that focuses specifically on providing support to commissioners of emotional wellbeing and mental health services.

### **Guidance for Children's Trusts on promoting the emotional health of children and young people**

- 5.9 The description of effective universal services in Chapter 1 is based on the Government's new guidance to help Children's Trusts to develop a strategic approach to promoting the emotional health of children and young people, in line with NI 50. The guidance sets out a universal service model to support Children's Trusts in developing their local offer for emotional wellbeing, drawing on evidence about what works and learning from local areas that have selected NI 50 as a priority indicator. It supports Children's Trusts by:
- outlining what a comprehensive approach to promoting emotional health looks like;
  - highlighting some of the key planning and implementation challenges for directors of children's services and commissioners; and
  - providing guidance on funding streams to support emotional health promotion.
- 5.10 NI 50 is a measure for children and young people's emotional health based on the quality of their relationships with adults. It is made up of four statements which are asked in an annual school-based survey of pupils in years 6, 8 and 10, conducted by TellUs. All areas are measured against it and a number of areas have selected it as a priority target in their local area agreement.
- 5.11 The guidance is available to download from: [www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth](http://www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth)

### **Guidance for local authorities and PCTs on commissioning effective early intervention support services**

- 5.12 The Government has published guidance for commissioning managers in local authorities and Primary Care Trusts (PCTs). It is also for their contacts in Government Offices and Strategic Health Authorities.
- 5.13 It aims to enable local authorities and PCTs to assess their progress in working in partnership to commission a full range of early intervention support services, delivered in universal settings and through targeted support, for children experiencing mental health

<sup>37</sup> As set out in Department of Health (2009), *Securing better health for children and young people through world class commissioning*

problems. This is assessed through Public Service Agreement (PSA) 12/indicator 4/proxy measure 4 (for their specific returns via the CAMHS Mapping and Vital Signs respectively).

- 5.14 The guidance is available to download from: [www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth](http://www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth)

### **Guidance for local authorities and PCTs on delivering effective CAMHS**

- 5.15 In early 2010 we will publish further guidance to help local authorities and PCTs assess their progress in delivering effective CAMHS as measured by NI 51/Vital Sign 12. This will focus on how to measure the provision of CAMHS for children and young people with learning disabilities; the provision of age-appropriate services for 16- and 17-year olds; and arrangements for 24-hour cover to meet children's and young people's urgent mental health needs.

### **Better commissioning for specialist mental health services**

- 5.16 To support those commissioning all mental health services, including CAMHS, the Government will publish a new standard three-year NHS contract for mental health and learning disability services for use from April 2010 onwards. This will build on the NHS and local authorities learning from the initial standard contract published in 2008.

### **National Support Programme**

- 5.17 The National Support Programme (NSP) provides support to all local authorities and PCTs. The existing National CAMHS Support Service (NCSS) is now being complemented by the launch of a National Support Team (NST) focusing help on those local areas that need it most.
- 5.18 The NSP will be a key vehicle for supporting delivery of the service offer set out in this document. Children's Trusts, benchmarking themselves against expectations in the context of local needs, will be able to work closely with service improvement partners to move towards the ambitions for services set out here.

### **National CAMHS Support Service (NCSS)**

- 5.19 The National CAMHS Support Service (NCSS) will continue their vital work supporting service improvement across all PCTs and local authorities in order to embed best practice and support the delivery of sustainable services.
- 5.20 The purpose of the programme is to support commissioning and provision of emotional wellbeing and mental health services in the regions, promoting the delivery of a comprehensive CAMHS and its markers of best practice, and the five outcomes in Every Child Matters. The programme is delivered by CAMHS Regional Development Workers (RDWs) in each region, most of whom are based in Strategic Health Authorities, but who may also work from regional improvement centres or Government Offices.
- 5.21 Each RDW works collaboratively with colleagues in the regions to ensure that targeted support, challenge and service improvement is delivered in a co-ordinated way. The annual National CAMHS Support Service business plan incorporates priorities relating to

early intervention and mental health promotion as well as those dealing with complex and specialist provision. The business plan is interpreted regionally to ensure that resources are targeted efficiently.

- 5.22 The programme runs a series of projects aimed at identifying and sharing best practice in specific areas such as commissioning, inpatient care, user participation, perinatal and infant mental health, and the health of children in care.

### **National Support Team**

- 5.23 The National Support Team on Children and Young People's Psychological Wellbeing and Mental Health (NST) will form the targeted element of the National Support Programme for children and young people's emotional wellbeing and mental health. It will provide additional time limited and intensive support to local areas who most need to make improvements in services and outcomes.
- 5.24 The NST will work with Children's Trust partners and other relevant organisations to diagnose issues relating to the commissioning and delivery of a comprehensive range of services relating to children's emotional health and wellbeing. In looking at these issues the NST will take account of a range of relevant supporting information.
- 5.25 Its work will link to the other sources of improvement support by identifying which regional or national programmes are best placed to include in a collaborative approach to service improvement for the local area. The NST will share its findings with regional partners in order that an integrated and co-ordinated support package can be offered.
- 5.26 The criteria for NST involvement will be based on how a PCT or local authority scores against National Indicators. This, along with liaison with Government Offices and Strategic Health Authorities, will help to ensure that NST is most focused on areas which most urgently need support.

### **Wider field force work**

- 5.27 We will be working with field forces, both around Joint Improvement Support Plans and in developing the post-2011 field force model, to ensure that their work is well co-ordinated and that they are aware of the effect that their programmes could have on emotional wellbeing and mental health.

### **Self assessment**

#### **The CAMHS Self Assessment Matrix**

- 5.28 The CAMHS Self Assessment Matrix (SAM) is an online tool which was launched following the publication of the National Service Framework for Children, Young People and Maternity Services. It is widely used by local partnerships to assess their progress in implementing policy and guidance. It was commissioned by NCSS and has subsequently been developed by the Health and Social Care Advisory Service and Cernis.
- 5.29 This year the SAM has been refreshed to reflect the recommendations of the independent review of CAMHS and policy initiatives including Targeted Mental Health in Schools. The

SAM is aligned with the description of effective local services outlined in this full response to the review. A link to the SAM is provided in Annex A.

## Inspection

- 5.30 The Care Quality Commission (CQC), as the independent regulator for health and adult social care, works closely with partner inspectorates to ensure a focus on physical and emotional health throughout all inspections of services, including secure settings, education and social care.
- 5.31 CQC have used the data gathered on the CAMHS Vital Sign as the basis for an indicator of their own on commissioning in CAMHS. CQC has also developed an indicator for CAMHS providers. Together these indicators are used in assessment of the services provided by CAMHS providers and commissioners.
- 5.32 CQC's inspection work with Ofsted on the inspection programme of safeguarding and looked after children includes a focus on access to and provision of child and adolescent mental health services, particularly for children who are looked after. The programme considers the effectiveness of partnership working and commissioning of services at all levels.
- 5.33 The joint CQC/HMIPrisons inspection programme includes an assessment of the quality of commissioning and provision of mental health services for offenders.
- 5.34 Inspectorates will have regard to the description of an effective local offer for children and young people's emotional wellbeing and mental health, as set out in this publication, as well as the guidance signposted in this publication, when making their judgements within existing frameworks.

## Improving communications

- 5.35 The independent review of CAMHS highlighted the importance of effective communications around children's emotional wellbeing and mental health. This relates to both how professionals communicate with each other, as well as how we can ensure that children, young people and families are aware of current best advice and practice in mental health. This is especially important for vulnerable children and their families.
- 5.36 There is already much underway to raise the understanding about mental health issues among the general public, including:

- *Targeted Mental Health in Schools*

The programme involves training for teachers so they can better identify children at risk of developing emotional health problems and ensure they receive appropriate support.

- *Tackling Stigma pilots*

Anti-stigma pilots have been developed based on Dr Fiona Gale's Tackling Stigma Framework for children's emotional wellbeing and mental health. These pilots will test approaches to tackling stigma related to mental health.

### Explaining the Mental Health Act 2007

The Mental Health Act 2007 and its accompanying Code of Practice introduced important changes that affect how children and young people may be admitted and/or treated for mental disorders, either with or without their consent. The National Institute for Mental Health in England (now the National Mental Health Development Unit), working with NCSS commissioned a programme to highlight the issues arising from the changes for under 18s.

This work was supported by a virtual Expert Working Group of parents, young people, professionals, clinicians and lawyers. One of the key products was a leaflet which was distributed free of charge to services and downloaded from the internet which answered parents' questions, and signposted them to other help. Parents and young people told us that it was important that they had information from someone independent, and from an organisation with a track record of offering support to parents and young people.

The Programme commissioned the leaflet from Rethink, which took advice from its own user and care's panel, and from the expert working group. One of the most important things that parents told us was that for many of them, this was the first time that they had heard about the Mental Health Act, and were worried and frightened for their children about the whole concept of detention.

It was important that the leaflet didn't just explain the changes, but gave basic information to parents about what the law contained, and what they and their children could expect from services. It was also important that the design reflected the wide range of young people who may need inpatient care and that the designs could be printed easily from the internet.

### Materials to support local communications

- 5.37 We know that the effectiveness of local communication strategies varies from area to area. We are therefore producing materials to support the quality of communication between professionals and with the public.
- 5.38 These materials will be developed in partnership with local field forces and local partners. The tools will respond to the recommendation in the independent review of CAMHS for the Government to help local providers and families understand the range of services that are available.
- 5.39 The materials will provide 'how to' guidance on setting out a local offer of services to the community, based on customer insight into how children, young people and families can be reached most effectively, especially those most at risk. They will also provide clarity around the use of language and how terms are understood differently by both the public and professionals.
- 5.40 We will also be providing additional materials which will be aimed at and developed in consultation with practitioners, setting out what the full government response will mean for them.

**Thurrock: Communicating with children, families and communities**

In Thurrock Unitary Authority and the South West Essex Primary Care Trust area, emotional health and wellbeing is an integral part of the 0-19 strategy for all children and young people. Children and Young people have an open forum prior to every Children's Trust board meeting and have met with Board members in local community settings to raise issues. Such meetings are arranged outside of school times to make it easier for children and young people to attend.

The area seeks to engage children and young people through a variety of routes including focused sessions on specific themes, such as the availability of counselling close to where service users live. It has also made arrangements to gather the views of excluded groups such as those attending Pupil Referral Units and children attending special schools, making provisions to support children with learning difficulties.

Services have been developed in response to children and young people's views, including new, age-appropriate self referral counselling provision within localities, coterminous services which function as one-stop shops and services for younger children and their parents within children's centres. In addition, specialist mental health services are developing a focus on impact and improved outcomes as reported by children, young people and families.



# Annex A:

## Further information

### What this publication means for children, young people and families

This publication is accompanied by a short online document which explains the implications of the Government's response to the independent review of CAMHS for children, young people and families.

This document can be downloaded from: [www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth](http://www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth)

### Related Government publications

Department for Children, Schools and Families and Department of Health (2009), *Healthy lives, brighter futures. The strategy for children and young people's health.*

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094400](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400)

Department for Children, Schools and Families and Department of Health (2009), *Improving the psychological wellbeing and mental health of children and young people: Commissioning early intervention support services: Guidance for Commissioners on the requirements of PSA 12, indicator 4, 4th proxy measure*

[www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth](http://www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth)

Department for Children, Schools and Families and Department of Health (2010), *Promoting the emotional health of children and young people: Guidance for Children's Trust partnerships, including guidance on NI 50*

[www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth](http://www.dcsf.gov.uk/everychildmatters/emotionalwellbeingandmentalhealth)

Department of Health (2004), *The National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People*

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4089114](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089114)

HM Government (2009), *New Horizons. A shared vision for mental health.*

[www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/index.htm](http://www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/index.htm)

Department of Children, Schools and Families (2008), *Duty to provide information, advice and assistance guidance for local authorities.* [www.dcsf.gov.uk/everychildmatters/strategy/parents/workingwithparentscarersandfamilies](http://www.dcsf.gov.uk/everychildmatters/strategy/parents/workingwithparentscarersandfamilies)

## Economic evidence base for children's mental health and wellbeing and services to support it

Action for Children and New Economics Foundation (2009), *Backing the Future: why investing in children is good for us all*

Foresight Mental Capital and Wellbeing Project (2008), *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century*

Scott, S., Knapp, M., Henderson, J. and Maughan, B. (2001), "Financial cost of social exclusion: follow-up study of antisocial children into adulthood", *British Medical Journal*, 323, 28 July, 1-5

Scott, S. (2005), "Do parenting programmes for severe child anti-social behaviour work over the longer term, and for whom? 1-year follow-up of a multi-centre controlled trial". *Behavioural and Cognitive Psychotherapy* 33

### Other resources

#### **Child and Maternal Health Observatory (CHIMAT)**

Information and intelligence to improve decision-making for high quality, cost effective services.

[www.chimat.org.uk](http://www.chimat.org.uk)

#### **Children's Services Mapping**

An online data collection and reporting system that aims to provide information about services for children and young people in England.

[www.childrensmapping.org.uk](http://www.childrensmapping.org.uk)

#### **CAMHS Outcome Research Consortium (CORC)**

A collaboration between child and adolescent mental health services across the UK with the aim of instituting a common model of routine outcome evaluation and analysing the data derived.

[www.corc.uk.net](http://www.corc.uk.net)

#### **CAMHS Self Assessment Matrix**

This self assessment tool is used by most CAMHS partnerships to help review and plan their priorities, investment and services.

[www.childhealthmapping.org.uk/self.assessment/guidance.php](http://www.childhealthmapping.org.uk/self.assessment/guidance.php)

#### **Commissioning Support Programme**

This programme was launched in November 2008 to help Children's Trusts achieve better outcomes for children and young people through improved strategic commissioning.

[www.everychildmatters.gov.uk/strategy/planningandcommissioning/commissioningsupport/](http://www.everychildmatters.gov.uk/strategy/planningandcommissioning/commissioningsupport/)

#### **The Hub**

The Hub provides a secure, one-stop data interchange for central government departments and local strategic partnerships to help with collating and monitoring of National Indicators, including local area agreement priorities.

[www.hub.info4local.gov.uk](http://www.hub.info4local.gov.uk)

**National Advisory Council for Children's Mental Health and Psychological Wellbeing**

The independent body set up following the publication of the independent review of CAMHS.

<http://nationaladvisorycouncilcmh.independent.gov.uk>

**National CAMHS Support Service (NCSS)**

The NCSS supports service improvement across all Primary Care Trusts and local authorities in order to embed best practice and support the delivery of sustainable services.

[www.cypf.org.uk/camhs](http://www.cypf.org.uk/camhs)

**National Institute for Health and Clinical Excellence (NICE)**

The independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

[www.nice.org.uk](http://www.nice.org.uk)

**Oneplace**

An independent overview of public services in England. The site includes a wide range of information on how public services are performing in each local area.

<http://oneplace.direct.gov.uk>

**Quality Improvement Network for Multi-Agency CAMHS (QINMAC)**

A quality improvement programme bringing together professionals from health services, social services, education and the voluntary sector, in order to improve the specialist provision of CAMHS.

[www.rcpsych.ac.uk/researchtrainingunit/centreforqualityimprovement/qinmaccamhs.aspx](http://www.rcpsych.ac.uk/researchtrainingunit/centreforqualityimprovement/qinmaccamhs.aspx)

**Quality Network for Inpatient CAMHS (QNIC)**

A quality network for inpatient child and adolescent mental health services.

[www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qnic.aspx](http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qnic.aspx)

**You're Welcome**

Department of Health quality criteria for making health services young people friendly.

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_097571](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097571)



# Annex B:

## Vulnerable children and young people

The list below provides examples of the children and young people who would be included in the term 'vulnerable'. It builds on the description of vulnerable children identified in the independent review of CAMHS.

This is not intended as a definitive list. Although evidence shows that the children and young people in these groups are more vulnerable it does not mean they will definitely have mental health issues, only it is more likely. If the right protective factors can be put in place and/or risks to their emotional and mental wellbeing diminished then the likelihood can be decreased.

The term 'vulnerable children and young people' may include those:

- with behavioural, emotional and social difficulties;
- with learning difficulties and disabilities;
- with special educational needs (SEN);
- with life threatening conditions (such as cancer);
- with chronic illness (such as diabetes);
- with physical disabilities;
- with specific genetic conditions (such as neurofibromatosis);
- with sensory disorders (such as those who are deaf);
- with autistic spectrum disorder;
- with other communication difficulties;
- with Down's Syndrome;
- who are looked after;
- who are at risk of suicide;
- who self harm;
- who are being abused;
- who misuse substances;
- who have been bereaved;
- who are in contact with youth justice system;

- who are lesbian, gay, bisexual or transgender;
- who are from black and minority ethnic groups;
- who are experiencing housing difficulties;
- who are experiencing domestic violence; and
- whose parental circumstances make them vulnerable, for example because they are in poverty, separating, are in prison, have learning difficulties, have mental health problems or misuse substances.

Vulnerable young people may include:

- those not in education, training or employment;
- young carers; and
- young runaways.







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