

Promoting the emotional health of children and young people

Guidance for Children's
Trust partnerships, including
how to deliver NI 50



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Overview for directors of children's services and PCT children's leads

The emotional health of children and young people is increasingly recognised as being fundamental to the wellbeing and future prospects of individuals and communities. Emotional health is nurtured primarily in the home, but we know that practitioners and services can and do make a difference.

This non-statutory guidance sets out to assist senior managers with leadership or commissioning responsibilities in developing a strategic approach to promoting emotional health. It considers emotional health across the age range, and how it can be supported in a number of environments. As such, it supports the delivery of National Indicator (NI) 50, which has been prioritised by some areas in their local area agreements. It is also relevant to NI 51 and Vital Signs (VSB) 12; both indicators cover the development of early intervention and prevention services within a comprehensive child and adolescent mental health service (CAMHS).

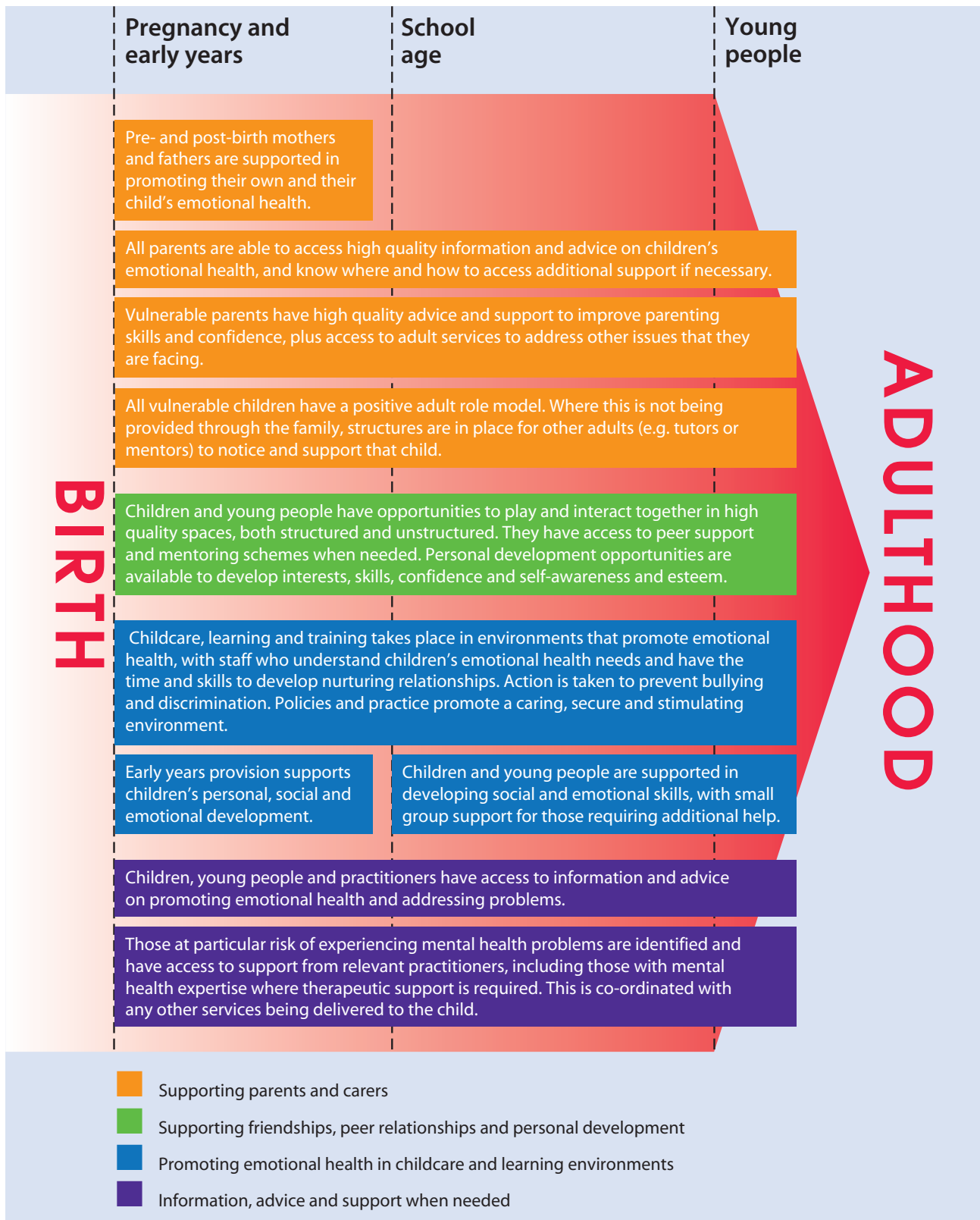
There are many opportunities for promoting emotional health, but achieving the biggest impact requires a co-ordinated, strategic approach across the Children's Trust partnership. This in turn is dependent on the vision, leadership and drive shown by the most senior managers. This summary sets out the case for action, and some steps to make it happen.

The case for action

- 1. The good emotional health of children and young people is vital to them as individuals.** Being emotionally healthy is an important end in itself; it is also linked with a range of positive outcomes in later life. It does not mean being happy all the time, but it does mean having the resilience to face the challenges that occur in life.
- 2. The good emotional health of children and young people is vital to society.** Poor mental health in children and young people is associated with teenage pregnancy, bullying, violent and criminal behaviour and substance misuse. The majority of adults with mental health problems experienced mental health difficulties in childhood. These problems not only persist through adulthood but can also have an impact on the next generation.
- 3. We know what works in improving emotional health.** The development of emotional health starts before a child is born, and the first two years of life are a critical period for laying the foundations for emotional health throughout childhood and into adult life, in particular through the parent/child relationship. We also know that for older children and young people there are interventions and approaches which are more likely than others to be effective in improving emotional health. This guidance sets out a range of evidence-based approaches which are grouped into four core areas: supporting parents and carers;

supporting friendships, peer relationships and personal development; promoting emotional health within early years, school and college settings; and providing additional advice and support if problems arise. The diagram on page five summarises the range of services and activities at the different stages of childhood.

- 4. Developing these approaches and interventions should save money later.** There is emerging evidence of the cost benefit of early intervention using evidence-based programmes and methods. For example, by the time they are 28 years old, individuals with persistent antisocial behaviour at age ten have cost society ten times as much as those without the condition. As conduct disorder is the most common mental disorder in childhood, the scale of the problem is very wide – and costly. At the same time, however, there is strong evidence to show that parent education and training for parents of young children can reduce behaviour and conduct problems, and that this can have medium to long term effects.
- 5. Developing these approaches should help meet other priorities in your local area agreement** (see table on pages 14 and 15). Research and evidence on risk and resilience demonstrates that taking steps to promote emotional health can make a positive contribution to many other national indicators that local services are being measured against.
- 6. This is not a new policy area** – but an issue that links together key policy developments in children's health and social care, early years, schools, colleges and family and parent support. A high level strategic overview is necessary to ensure that the activities of the different services are co-ordinated and complementary. This should be owned by the Children's Trust Board and any delegated governance arrangements for emotional wellbeing and mental health; and reflected in the Children and Young People's Plan as necessary.



Making it happen

We recommend that you work with your Children's Trust partners and the Local Strategic Partnership to:

1. Provide leadership around the issue of emotional health, using appropriate local partnership structures – with representation from relevant local authority, primary care trust (PCT), mental health trust and voluntary sector services – and ensure that key senior managers act as champions.
2. Produce a coherent vision for children and young people's emotional health that parents, managers, and frontline staff can understand, commit to and be part of.
3. Develop a strategic approach to commissioning emotional health services which:
 - is informed by the needs assessment undertaken for the Children and Young People's Plan, which covers the full range of a child's experience (including emotional health) and maps the population against factors that predict vulnerability to emotional health problems
 - establishes outcomes using a range of indicators to identify progress towards achieving the vision
 - identifies where and how services are currently promoting emotional health
 - incorporates relevant, evidence-based strategies and programmes
 - uses the service specification proposed in this guidance as a basis for planning how best to meet identified needs, and to benchmark the starting point
 - is reviewed regularly to identify whether and how outcomes are being met.
4. Produce a prioritised action plan to deliver significant progress by 2011, which can drive performance on NI 50 and also contribute to a range of wider local priorities.

Next steps

To support those who will be taking forward this work, this guidance provides the following:

- an outline of effective ways in which services can reinforce the work of parents, carers and the community in nurturing, promoting and supporting children's emotional health
- a universal-progressive service model to inform the development of a comprehensive CAMHS and the 'local offer' for emotional health and wellbeing
- a discussion of some of the key leadership and commissioning challenges, drawing on learning from local areas which have selected NI 50 as a priority indicator
- signposting to other resources.

Chapter 1

Introduction

- 1.1** Children and young people’s emotional health is a cornerstone of all the Every Child Matters outcomes. Children and young people who are emotionally healthy achieve more, participate more fully with their peers and their community, engage in less risky behaviour and cope better with the adversities they may face from time to time. Emotional health in childhood has important implications for health and social outcomes in adult life.¹
- 1.2** Most children and young people are part of happy and healthy families, and their parents provide the primary support for their emotional development. A range of other factors can also positively influence emotional health – in particular a child’s everyday experiences in early years settings, school or college; their friendships and peer network; and their experience of participating in play, sport and other activities in the community. This means that a wide range of public and voluntary sector services have a role in promoting emotional health.
- 1.3** All children and young people have emotional health needs, and from time to time these may become problems which require support from others. Some children and young people, because of their circumstances, will be at particular risk of experiencing problems. In addition to promoting emotional health, universal service providers have an important role to play in identifying when problems arise and providing access to timely support.
- 1.4** When services work effectively together to promote and support emotional health, this can have long term benefits for children and young people and their families, parents and carers. It can also have an impact on other priorities for education, health and social care services. There is a correlation between emotional health and other issues that public and voluntary sector services are addressing, for example around school attainment, bullying, teenage pregnancy, substance misuse and participation in education, employment and training (see **Annex A**). There is also increasing evidence to suggest that improving emotional health can reduce the financial costs associated with mental ill-health and other outcomes such as anti-social behaviour and offending.²
- 1.5** At the same time, we have access to a growing evidence base on what works in promoting and supporting emotional health. This has informed the development of the service model outlined in this guidance, and an overview is provided at **Annex A**.

Audience and aims

1.6 This non-statutory guidance is for:

- directors and assistant directors of children's services
- children's leads in PCTs
- directors of public health
- chairs of local partnerships which have a remit around emotional health (for example CAMHS partnerships, sub-groups under children's trust boards and Healthy Schools partnerships)
- commissioning managers in local authorities and PCTs, including commissioners of mental health and other adult services
- regional support workers and field forces (for example for CAMHS, National Healthy Schools Programme, National Strategies and anti-bullying).

1.7 It aims to help Children's Trust partners to develop a strategic approach to improving the emotional health of children and young people, in line with the aims of NI 50, by providing:

- an outline of effective ways in which services can reinforce the work of parents, carers and the community in nurturing, promoting and supporting children's emotional health
- a universal-progressive service model to inform the development of a comprehensive CAMHS and the 'local offer' for children and young people
- a discussion of some of the key leadership and commissioning challenges, drawing on learning from local areas which have selected NI 50 as a priority indicator
- signposting to other resources.

1.8 This is not a new policy area – but an issue that links together key policy developments in children's health and social care, early years, schools, colleges and family and parent support as set out in the Government's full response to the CAMHS review.³ A high level strategic overview is necessary to ensure that the activities of the different services are co-ordinated and complementary. This should be owned by the Children's Trust Board and any delegated governance arrangements for emotional wellbeing and mental health; and reflected in the Children and Young People's Plan as necessary.

1.9 This document is firmly grounded in research and practice, in particular the emerging evidence base on promoting emotional health (see **Annex A**) and the range of work that local areas are already undertaking to promote the emotional health of children and young people of all ages. As such it is guidance that we recommend people act on now. The document will also be supplemented over time as we learn further lessons from the development work taking place in areas which have selected NI 50 as a priority target.

Action required

1.10 We recommend that directors of children's services and commissioners should work with partners in the Children's Trust and Local Strategic Partnership to:

- Provide leadership around the issue of emotional health, using appropriate local partnership structures – with representation from relevant local authority, PCT, mental health trust and voluntary sector services – and ensure that key senior managers act as champions.
- Produce a coherent vision that parents, managers, and frontline staff can understand, commit to and be part of.
- Develop a strategic approach to commissioning emotional health services which:
 - is informed by the needs assessment undertaken for the Children and Young People's Plan,⁴ which covers the full range of a child's experience (including emotional health) and maps the population against factors that predict vulnerability to emotional health problems
 - establishes outcomes using a range of indicators to identify progress towards achieving the vision
 - identifies where and how services are currently promoting emotional health
 - is underpinned by the strategies and programmes identified in this guidance, in particular the Healthy Child Programme, early years and school-based activity and family and parenting support (see **Chapters 3, 4 and 5**)
 - uses the service specification proposed in this guidance as a basis for planning how best to meet identified needs, and to benchmark the starting point
 - is reviewed regularly to identify whether and how outcomes are being met.
- Produce a prioritised action plan to deliver significant progress by 2011, which can drive performance on NI 50 and also contribute to a range of wider local priorities.

About NI 50

1.11 The Government's public service agreement (PSA) 12 sets out the Government's vision for improving the physical, mental and emotional health of all children. The focus is on prevention, early intervention and enabling children, young people and their families to make healthy choices. It has important links with PSA 13 – improving children and young people's safety – which includes indicators in relation to bullying and children's social care referrals. One of the priorities within PSA 12 is emotional health and wellbeing. Three indicators contribute to this strand:

- NI 50 – the emotional health of children and young people
- NI 51 – effectiveness of CAMHS
- NI 58 – emotional and behavioural health of looked after children.

1.12 We use the term 'emotional health' in this document because it is the term used in PSA 12. We view it as being synonymous with 'psychological wellbeing' which is the term used

in the CAMHS Review⁵ and previously in Standard 9 of the National Service Framework for Children, Young People and Maternity Services.⁶ As there is no single agreed term or definition for this concept, we draw attention to the definitions in **Box 1**, which local areas may wish to take as a starting point for local discussions.

Box 1: Definitions of emotional health

'A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.'

World Health Organization, 2004⁷

'Being able to develop psychologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; play and learn; develop a sense of right and wrong; resolve (face) problems and setbacks and learn from them.'

Mental Health Foundation, 1999²

'Self-esteem; in control; healthy; secure; stable; content; fit.'

Views of a focus group of 16-18 year olds, CAMHS Review, 2008⁵

'Skills and confidence; resilience; self-esteem; having aspirations; achieving; feeling motivated.'

Views of a group of practitioners at an NI 50 seminar, July 2009

- 1.13** As stated in the CAMHS Review these descriptions are useful because they highlight that emotional health is not about feeling happy all the time. It is about having the resilience, self-awareness, social skills and empathy required to form relationships, enjoy one's own company and deal constructively with the setbacks that everyone faces from time to time. All of us have mental health needs, and from time to time these may become problems which require support from others.
- 1.14** A strategic approach to improving emotional health should be part of an integrated approach to promotion, prevention, early intervention and treatment of mental health problems. Action across the age range, addressing risk and protective factors in a number of environments, is necessary to improve the emotional health of all children and young people. Support in the early years, driven through the Early Years Foundation Stage and the Healthy Child Programme (for pregnancy and the first five years of life), is particularly important in terms of a long term impact on the emotional health of children as they grow up.
- 1.15** NI 50 is an indicator based on children and young people's reports of the quality of their relationships with significant others. This is regarded as a proxy for children and young people's resilience, and hence their emotional health. It is made up of four statements (see paragraph 6.31) which are asked in an annual school-based survey of children and young people in years 6, 8 and 10 (Tellus). All local authorities are measured against it and 20 have currently selected it as a priority target in their local area agreement.

1.16 In the short term, improvements in NI 50 itself are likely to be driven by activity in the following areas:

- **whole school approaches to promoting emotional health**, in particular the Healthy Schools enhancement model;⁸ Social and Emotional Aspects of Learning (SEAL); personal, social, health and economic education (PSHE) and Targeted Mental Health in Schools (TaMHS)⁹
- **peer support and personal development activities outside school**, in particular initiatives to improve access to positive activities and high quality play spaces such as the Play Strategy and myplace, which is driven by the active participation of young people
- **parent support** at a range of levels, from family information and advice services and parent support advisers to Family Intervention Projects (FIPs) for families facing the most complex problems.

1.17 The Department for Children, Schools and Families and the Department of Health are currently working to develop a robust outcome measure for CAMHS, which will enable a new national indicator to be developed. Until this measure has been tested, NI 50 is an important proxy to ensure that Children’s Trust partners continue to focus on developing services and strategies to support children’s emotional health. At the same time, this guidance is intended to emphasise that action across the age range, addressing risk and protective factors in a number of environments, is necessary to improve the emotional health of all children and young people.

The policy context

1.18 There are a number of policy developments which inform and underpin the approach taken in this guidance. The most critical are the new Children’s Trust arrangements (see paragraph 1.19), which will influence how all children’s services are delivered to improve emotional health. There are a range of other developments, specific to certain settings, which highlight how different services can promote the emotional health of the children and young people they work with (see paragraphs 1.20 to 1.25). All of these developments recognise the importance of emotional health as a key outcome in its own right, and also as a critical influence on other aspects of development throughout childhood and into adult life.

1.19 The role of Children’s Trust partners in promoting wellbeing: Children’s Trust ‘relevant partners’ must have regard to the statutory duty to co-operate to promote wellbeing¹⁰. Draft new statutory guidance¹¹ emphasises that, in planning their strategy to improve services to children and young people through the Children and Young People’s Plan, the Children’s Trust Board should:

- assess the emotional health and wellbeing needs of children and young people in their area as part of the development of the children and young people’s plan
- set out arrangements for early intervention and prevention to meet the needs of children, young people and families who need extra help, including emotional health support

- set out how services delivered by Children's Trust partners for adults within a child's family should be co-ordinated to improve the wellbeing of children and young people (the 'Think Family' approach to service delivery¹²)

This will mean:

- training and supporting staff in universal services to provide effective mental health promotion, prevention and early intervention work and where necessary have the knowledge and skills that are needed to refer children and young people swiftly through to specialist services
- ensuring that, when children's needs are more serious, staff in specialist services have the appropriate range of skills and competences to deliver support that is easy to access, readily available and based on the best evidence of what works
- effectively managing the transition from children's services to adult services, for example young people receiving specialist mental health treatment who need to continue receiving support from adult mental health services.

1.20 The role of schools in promoting emotional wellbeing: The contribution of schools to children and young people's wellbeing is well-established and since 2007 there has been a duty on schools to promote the wellbeing of its pupils. The White Paper *Your Child, Your Schools, Our Future and Implementation Plan*¹³ builds on this by setting the aspiration that every pupil should receive PSHE¹⁴ education and that all schools should be Healthy Schools which promote emotional health and wellbeing. This is supported by developments such as TaMHS, extended services within schools and the Healthy Schools enhancement model, which is encouraging schools to consider how they can positively contribute to the emotional health of children and young people. Schools are developing meaningful outcomes to identify improvements in this area.

1.21 CAMHS: In 2007 the Government commissioned an independent review of CAMHS. The aim was to see how universal and specialist support services can be improved for children and young people with mental health needs. The CAMHS Review⁵ found that there has been significant progress within all services contributing to children's mental health and psychological wellbeing in recent years, but that these improvements have not been as comprehensive or consistent as they should be. It stressed the role that everyone – nationally, regionally and locally – has to play in improving services. In January 2010, the Government published its full response to the CAMHS Review. This sets out a core set of commitments for all children and young people, provides clarity around an effective local service offer, and brings together a range of guidance, including this guidance on NI 50. The Government's response is designed to inform the work of practitioners and the way that local authorities and PCTs prioritise and commission services. It also describes effective local and regional governance arrangements and outlines a package of Government support for these services.

1.22 Healthy Lives, Brighter Futures and the Healthy Child Programme: The strategy for the health of children and young people¹⁵ recognises the importance of psychological health alongside physical health. It also emphasises the importance of joint leadership and stronger local accountability arrangements for children's health (for example by

improving the engagement of GPs within Children's Trust co-operation arrangements). In October 2009 the Healthy Child Programme for 5 to 19 year olds¹⁶ was published, alongside the updated programme for pregnancy to five year olds.¹⁷ The Healthy Child Programme is an evidence-based prevention programme setting out the recommended range of universal and targeted services to give children, young people and their families the best start in life by building their emotional resilience, encouraging healthy decision making and avoiding risk. The service model for emotional health which we outline in this guidance will form an important component of a universal-progressive approach to children and young people's health across the full age range.

1.23 Think Family: It is now widely recognised that co-ordinating child, adult and family services is important for everyone, and is the only effective way of working with families experiencing the most significant problems. Because children in these families are among those most at risk of emotional health problems in later life it is important that strategies for promoting emotional health take a 'Think Family' approach.¹² Since April 2008 local authorities have received funding to develop their work in this area, and it is an essential backdrop to this guidance. In addition, the DCSF will shortly be publishing a Green Paper on Families and Relationships.

1.24 New Horizons – A Shared Vision for Mental Health: This cross-government programme has the twin aims of improving the mental health and wellbeing of the population and improving the quality and accessibility of services for people with poor mental health. A consultation document² set out a vision for flourishing communities where mental health is promoted through a range of services and other factors, coupled with access to treatment and support when needs arise. It recognises that the foundations for good mental health are laid in childhood and that this can improve individual outcomes in education, employment and relationships, as well as lower the lifetime risk of developing mental health problems. It makes the economic case for early intervention in childhood to prevent mental health problems arising. It emphasises universal and targeted approaches for families, including those from high risk groups, to build mental wellbeing and resilience in infancy and childhood.

1.25 Early intervention for children, young people and families who need extra help: A forthcoming consultation document¹⁸ will set out collective knowledge about effective early intervention, drawing on practice from across the country and abroad. It aims to help local service leaders make the case for continued investment in early intervention services and programmes, based on evidence about both the impact on outcomes and the 'invest to save' return. It also considers 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.

The contribution of emotional health promotion to other national indicators

1.26 Research and evidence on risk and resilience (see **Figure 1** and **Annex A**) demonstrates that taking steps to promote emotional health can make a positive contribution to many other national indicators that local services are being measured against, in particular:

HOW EMOTIONAL HEALTH CAN CONTRIBUTE TO OTHER PRIORITIES	
NI 51 VSB 12	Effectiveness of CAMHS: NI 51 concerns the effectiveness of CAMHS, including the delivery of early intervention support services in universal and targeted settings. NI 50 complements this through its focus on promotion and prevention. Action on both indicators can help ensure the delivery of a comprehensive range of services to tackle mental health problems before they become entrenched.
NI 54	Services for disabled children: This indicator is based on parental ratings of the quality of provision available for their child. Many negative perceptions of services centre on the fact that disabled children and young people say that they are not treated with respect, that they experience bullying, that they do not have full access to community facilities, and that they do not always have their needs met in school and college settings. The service specification outlined in this guidance addresses some of the specific issues in relation to participation, bullying and support when problems arise.
NI 58	Emotional and behavioural health of looked after children: Vulnerable groups, including looked after children, require universal approaches to promote their emotional health, as well as targeted CAMHS support where necessary. Positive health outcomes for looked after children are important in relation to improved education outcomes.
NI 69	Children who have experienced bullying: School-based emotional health and peer support programmes have been shown to reduce bullying.
NI 72	Achievement across the Early Years Foundation Stage: Emotional health is a core aspect of this indicator, which focuses on personal, social and emotional development alongside communication, language and literacy. The most effective early years programmes see social development and cognitive development as complementary. Promoting emotional health can achieve a range of positive outcomes for children, in particular through work with parents and carers.
NI 73 to NI 108	Indicators relating to achievement at school and in further education: There is evidence of improvements in levels of achievement and engagement from programmes which promote emotional health (e.g. some social and emotional skills development programmes; nurture groups). Brain research shows that it is difficult for someone to learn if they are feeling angry, while other emotions (such as a sense of wellbeing and feeling valued) can promote learning.
NI 86	Secondary schools judged as having good or outstanding standards of behaviour: The characteristics associated with an emotional health promoting school also have a positive impact on behaviour – e.g. a positive ethos in which each pupil is valued and respected; good relationships between pupils and staff; an orderly and safe environment; good pastoral support systems.
NI 87	Secondary school persistent absence rate: School absence in many cases has an emotional health component – e.g. anxiety (in the case of school refusal) or conduct problems (in some cases of truancy).

HOW EMOTIONAL HEALTH CAN CONTRIBUTE TO OTHER PRIORITIES		
NI 111	First time entrants to criminal justice system	The risk factors for youth offending, substance misuse, educational underachievement and young parenthood overlap to a large degree with those for adolescent mental health problems, though causal links have not been established. Action taken to address these risk factors (and to increase levels of protection) can help to prevent a range of negative outcomes. Moreover, because these outcomes are closely related, a broad-based approach to prevention is likely to offer the greatest prospect of securing lasting reductions in negative outcomes. Because children and young people are influenced by the prevalent behaviour, norms and values held by those to whom they feel attached, there is an important role for parents, teachers and community leaders to lead by example and hold clearly stated expectations regarding young people's behaviour.
NI 112	Under 18 conception rate	
NI 114	Rates of permanent exclusions from school	
NI 115	Substance misuse by young people	
NI 116	Proportion of children in poverty: Children in families living on the lowest incomes have a higher risk of mental health problems than those living in more affluent circumstances. Early intervention helps mitigate the effects and enables children to thrive and learn effectively, reducing the risk of poverty flowing down the generations.	

The contribution of other national indicators to emotional health

1.27 At the same time, work on other national indicators can have a positive impact on children's emotional health, because they target protective factors for children's emotional health:

NI 53	Prevalence of breastfeeding at six to eight weeks from birth
NI 57	Children and young people's participation in high quality PE and sport
NI 59 to NI 70	Staying safe indicators in relation to looked after children and children in need
NI 110	Young people's participation in positive activities
NI 116	Proportion of children in poverty
NI 117	16 to 18 year olds who are not in education, training or employment
NI 126	Early access for women to maternity services
NI 199	Children and young people's satisfaction with parks and play areas

1.28 The aim of local area agreements is to support cross-cutting planning and development to deliver on the full range of indicators prioritised in a local area. Where local areas are developing structures to manage and co-ordinate this work, these structures will be

important vehicles for ensuring that there is a focus on emotional health across all aspects of the programme.

Case study: Translating policy into practice

Redcar and Cleveland identified emotional health and wellbeing as a key priority for its local area agreement and Children and Young People's Plan (CYPP) based on a number of factors, including a recognition of the influence of emotional health in relation to lifestyle behaviours. The borough's CYPP action plan for 2009 to 2012 sets out key tasks, for example a greater focus on mental health promotion and early intervention, SEAL implementation and training for practitioners in universal services.

The action plan also prioritises work around other key objectives which explicitly impact on NI 50 (either as a primary or secondary outcome). These are:

- to provide effective, co-ordinated support and care pathways for children, young people and their families living with learning difficulties and disabilities, special educational needs, mental health needs and long term physical conditions
- to promote positive parenting
- to ensure that children and young people are safe from maltreatment, neglect, violence and sexual exploitation
- to provide support to young victims of sexual exploitation
- to ensure that children and young people are safe from bullying and discrimination
- to ensure that looked after children have security and are cared for
- to prevent youth homelessness.

Box 2: Other terminology used in this guidance

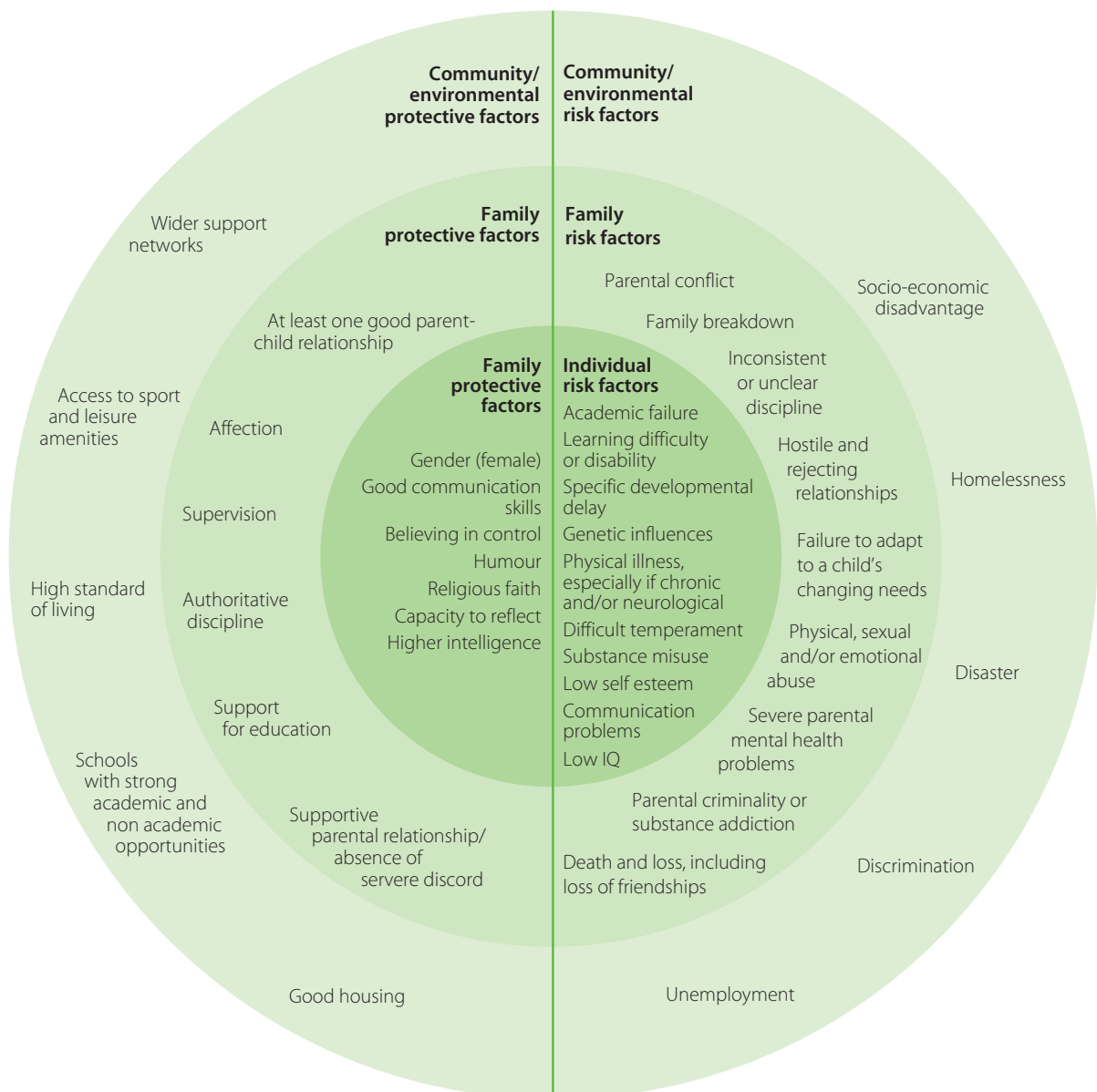
- **Universal services** refers to providers who deliver a range of support to children, young people and families but whose primary function is not mental health care. It covers children's centres, school clusters, colleges, youth services, GPs, health visiting services and paediatric services.
- **Targeted services** refers to those partnerships and services delivered through Children's Trust arrangements to improve emotional health outcomes for especially vulnerable groups, targeting support to those who need it most. See **Annex C** for a fuller description of vulnerable groups.
- **Specialist services** refers to all services which provide specialist mental health care, including specialist services provided in the voluntary sector, for children and young people with a diagnosed mental health issue.
- **Promotion** – this is about enhancing and maintaining health. In the context of emotional health, it is activity which focuses on helping people maintain good emotional health, rather than on addressing problems and disorders. It encompasses the broad range of issues and factors which promote emotional health, including environmental and socio-economic factors as well as behaviour.
- **Prevention** – this is about stopping something happening in the first place. In the context of emotional health, it is activity to avert the initial onset of a mental disorder, targeted on those at risk. In a public health context there are different levels of 'prevention' activity (see below).
- **Early intervention** – this is about taking action as soon as possible when the need for extra help has been identified. In the context of emotional health, it is activity to deliver a prompt response to the early manifestation of emotional health problems, through support which is delivered in a community setting.¹⁹ Early intervention can take place within the context of primary prevention (e.g. parenting preparation in pregnancy); secondary prevention (e.g. diversionary activities for young people involved with anti-social peer groups) or tertiary prevention (e.g. mental health treatment services within the school environment). What is tertiary prevention for one family member (e.g. a Family Intervention Project), might be primary prevention for another member (e.g. a new baby born into that family).
- **The Children's Trust:** the sum total of co-operation arrangements and partnerships between organisations from governance to frontline delivery.
- **Children's Trust Board:** a statutory body with responsibility for developing the Children and Young People's Plan and monitoring its implementation.

Chapter 2

A service model for promoting emotional health

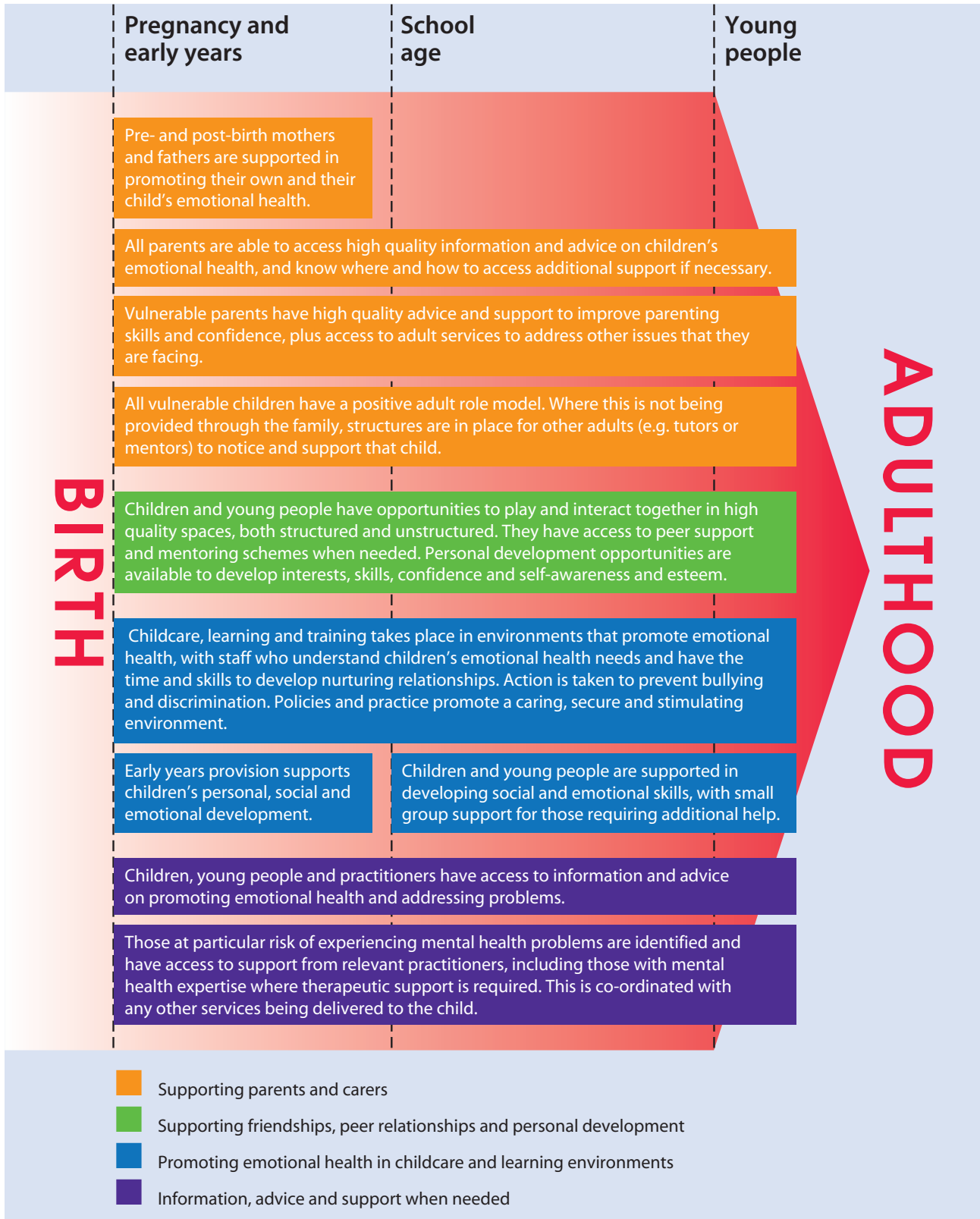
2.1 As the CAMHS Review pointed out, emotional health is affected positively and negatively by a child’s own temperament; the influence of their parents, carers, families and wider communities; and by their everyday experiences in places such as nurseries, schools and youth services.

Figure 1: Risk and protective factors²⁰



- 2.2** Research has given us a clear picture of a range of factors that are statistically associated with poor emotional health outcomes ('risk factors') as well as 'protective factors' that are associated with good outcomes. **Figure 1** illustrates these factors and the areas of a child's life in which they operate. While the relationship between risk and protective factors and outcomes is complex, we know that risk factors cluster together in the lives of the most vulnerable children, and the risk of poor outcomes increases in line with the number of risk factors. However, some children will be more resilient in the face of multiple risk factors than other children because of other, protective factors in their life.
- 2.3** **Annex C** highlights the wide range of children and young people who might be termed 'vulnerable' to emotional health problems because of the presence of particular risk factors.
- 2.4** As the Children's Plan²¹ notes, parents bring up children – not government. The immediate and wider family has a profound influence on a child's emotional health. In the majority of cases, this influence is positive and supportive. However in some families it can be a risk factor, for example where there is overt parental conflict, inconsistent or harsh discipline, or hostility or abuse. Some families face complex and multiple disadvantages which make it difficult for a child to engage with schools and other services which can support their emotional health. By definition, looked after children will have experienced a significant number of family-related risk factors which has resulted in the local authority taking on the role of the corporate parent. NI 58 (emotional and behavioural health of looked after children) recognises the importance of promotion and preventive work for these children and young people.
- 2.5** For most children, parents and carers have the central role in supporting their emotional health. Siblings, friends, kinship networks and the wider community are also influential. Children's and adult services also have important contributions to make. Our review of the evidence and discussions with local areas suggests that these fall broadly into four areas:
- 1) supporting parents and carers
 - 2) supporting friendships, peer relationships and personal development
 - 3) promoting emotional health in childcare and learning environments
 - 4) providing access to information, advice and support when necessary.
- 2.6** The rationale for focusing on these areas is set out in **Box 3**, with the supporting evidence provided in more detail in **Annex A**. The first three areas are directly related to the statements which make up NI 50, which seek to establish whether a child feels they can talk to a parent/carer, another adult or a friend if they are worried about something (see paragraph 6.31).
- 2.7** The diagram at **Figure 2** is a high level illustration of the core support and services that might be provided by a Children's Trust partnership taking a comprehensive, strategic approach to promoting and supporting emotional health. Activities broadly fall into the four areas described in **Box 1** and the different elements are described in more detail in the tables in **Chapters 4, 5** and **6**, covering different age ranges.

Figure 2: Core support and services for children, young people and families



Box 3: Rationale for focusing on the four areas of service delivery

- 1. Supporting parents and carers:** As the significant adult in a child's life, the primary caregiver – usually the parent or carer – has a major influence on a child's emotional and social development. Recent neurobiological research shows that pregnancy and the first two years of life are critical in developing a child's intellectual and social functioning, because the brain is physically sculpted by the quality of interaction between primary caregivers and the infant. A caring, supportive adult who positively influences the child's emotional and social development is a critical factor in promoting a child's resilience. Parental conflict is a key variable associated with negative outcomes, whether the family remains intact or parents have separated. As a child grows up, it is important for them to have positive adult role models inside and outside the family. Research also sheds light on the impact that parenting style can have on a child's behaviour and other outcomes – with an authoritative style more likely to have a positive impact than an authoritarian, indulgent or uninvolved approach. At the same time, research shows that poverty in childhood is the factor most clearly associated with adverse outcomes in adulthood, including poor emotional health.²²
- 2. Supporting friendships, peer relationships and personal development**

Friendships and peer relationships influence emotional health in childhood and into adult life. Rejection by peers can lead to loneliness and behaviour problems in childhood. Warm and constructive friendships can help children understand themselves and other people, provide a source of advice, reassurance and support, provide a foundation for future relationships and improve attitudes towards and involvement in school. Play, leisure and personal development activities can make an important contribution to a child or young person's emotional health. As well as providing opportunities simply to have fun, they also provide space and time for self expression, developing confidence and skills, understanding the world, developing peer relationships and learning how to co-operate.

3. Promoting emotional health in childcare and learning environments

Activity in early years settings, schools and colleges can have a significant impact on a range of social, behavioural and academic outcomes. Studies have shown that responsive institutions can reduce the risk factors associated with emotional health problems, for example through promoting good child/teacher relationships, setting high expectations and providing opportunities for children to exercise responsibility and autonomy and experience success. Such approaches are thought to be most effective when they are accompanied by specific programmes to develop social and emotional skills (attributes such as how to develop positive relationships; understanding and managing individual emotions, thoughts and behaviour; and understanding the emotions and behaviour of others). In the early years, the development of impulse control and communication skills can reduce emotional health problems in later childhood. In adolescence, social and emotional skills help to shape young people's identity, self-esteem and resilience. Research suggests that they are as important as intellectual skills for career and personal success in later life.

4. Information, advice and support when needed

Children, young people and families want information and advice on looking after their own emotional health. Sometimes they experience problems which they cannot address themselves, or with the support of universal services alone. In the first instance, they may need a skilled and trusted adult other than their parents/carers to talk to about how they are feeling. Or there may be a need for an assessment using the Common Assessment Framework (CAF) to identify additional support that may be required. This highlights the need for skilled and sensitive practitioners who have the opportunity to identify needs early, and who are part of a wider network which offers swift and easy access to additional services.

Chapter 3

Pregnancy and the early years

- 3.1** Pregnancy and the early years is a critical time for promoting children’s emotional health. Good physical and mental health in pregnancy is associated with better outcomes for children, while anxiety, depression and maternal stress – especially the experience of domestic abuse – have been linked to impaired emotional, cognitive and language development in infants.¹⁷ A child’s secure attachment to their main caregiver creates expectations in the child and provides a mental model for future relationships.²³ It promotes a child’s self-esteem and resilience, and shapes the way in which they relate to and behave with others. It gives the child an internal sense of their ‘secure base’ in the world. Unpredictable, frightening or abusive interactions can lead a child to view all relationships with uncertainty, fear, distance and distress.²⁴ Once the brain becomes accustomed to responding in negative ways, it becomes increasingly difficult as time passes to address the consequent behaviours.
- 3.2** The central role for service providers is therefore to support parents and carers. When they are working directly with children and families, it is important that this is done in environments which promote emotional health. The table below lists the key areas of service provision which the evidence has shown to be effective (column 1). It then makes suggestions (in columns 2, 3 and 4) for how this might be translated into practice.

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>1) Supporting parents and carers</p> <p>1A. Information, advice and support for all parents and carers, including fathers</p> <p>1B. Promoting maternal mental health</p> <p>1C. Specific support for fathers, in particular young fathers</p>	<p>All parents and carers are able to access high quality information and advice on how to nurture their child's emotional health and know where and how to access additional support if necessary</p> <p>Pre- and post-birth all mothers receive support that promotes their own and their children's emotional health</p> <p>Targeted services are available for young mothers and young fathers</p>	<p>Information and advice on nurturing emotional health, including opportunities to discuss concerns</p> <p>Antenatal screening for depression and experience of abuse</p> <p>Breastfeeding promotion and support (including activities with fathers to encourage their support)</p> <p>Specific programmes for fathers, for example around caring and interacting with infants</p> <p>Information and advice on maintaining positive relationships, including support when relationships break down</p> <p>Support for placement stability for looked after children</p>	<p>Families Information Services</p> <p>Healthy Child Programme (HCP) team</p> <p>Midwifery and health visiting services</p> <p>GPs</p> <p>Children's centres</p> <p>Voluntary and community sector provision</p> <p>Online/helpline services</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>1D. Early, relationship-focused support for those at risk</p> <p>1E. Parenting education and training programmes</p>	<p>Practitioners can identify parents and carers who are struggling to provide a nurturing home environment and there are processes in place to offer support</p> <p>Parents experiencing multiple and complex problems ('at risk parents') have access to high quality advice and support to improve parenting skills and confidence, plus access to adult services (or young people's services if appropriate) to address other issues that they are facing</p>	<p>Training and processes to identify mothers and children who are at risk, in universal settings and on an outreach basis</p> <p>Relationship-focused programmes to build bonds between parent and child (for example Solihull Approach, Sunderland Infant Programme and Watch, Wait and Wonder)</p> <p>Intensive home visiting programmes for vulnerable young first time parents (for example the Family Nurse Partnership Programme)</p> <p>Access to adult services (including adult mental health services)</p>	<p>Family workers (including Think Family workers), with support and supervision from health visitors, midwives or perinatal professionals</p> <p>HCP team</p> <p>Teenage pregnancy co-ordinators and teenage parent support services</p> <p>Voluntary and community sector provision</p> <p>Community development workers</p> <p>Family Nurse Partnership teams (in designated pilot areas)</p> <p>Adult services</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>2) Supporting friendships, peer relationships and personal development</p> <p>2A. Access to opportunities for physical activity and active play (and time for families to play together)</p>	<p>Families can access positive play, leisure and personal development opportunities at home and in a range of structured and unstructured settings</p>	<p>Learning through high quality play</p> <p>Balance between adult-led and freely chosen or child-initiated activities</p> <p>Access to and opportunity for free, inclusive, local play provision and safe play spaces</p>	<p>Early Years Foundation Stage</p> <p>Play provision in the community and early years settings</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>3) Promoting emotional health in early learning and childcare environments</p> <p>3A. High quality, sustained pre-school provision</p> <p>3B. Promoting social and emotional development alongside cognitive development</p>	<p>Every aspect of the childcare and early learning environment promotes emotional health and wellbeing</p>	<p>Accessible childcare</p> <p>Policies and practice promote a caring, secure and stimulating environment</p> <p>Staff receive training and support so they understand the contribution they can make to children’s emotional health in partnership with parents</p> <p>Staff have the time and skills to develop nurturing relationships</p> <p>Cognitive and social development are seen as complementary</p> <p>Provision addresses:</p> <ul style="list-style-type: none"> – language development – impulse control – other aspects of social and emotional development 	<p>Children’s centres and other early years settings</p> <p>Early Years Foundation Stage – in particular the theme of ‘Enabling Environments’</p> <p>Early years professionals (e.g. through Early Years Professional Status)</p> <p>Training programmes to develop the Common Core of Skills and Knowledge</p> <p>Early Years Foundation Stage – in particular the themes of ‘Positive Relationships’ and ‘Learning and Development’</p> <ul style="list-style-type: none"> – Social and Emotional Aspects of Development (SEAD) <p>Evidence-based programmes for early years development (e.g. High Scope)</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>4) Access to advice and support</p>	<p>Children at particular risk of experiencing mental health problems are identified and have access to support from relevant practitioners, including those with mental health expertise where therapeutic support is required</p>	<p>Action to identify at-risk children and families</p> <p>A timely and co-ordinated response when a child or family has a range of needs, using a Think Family approach</p> <p>Referral mechanisms and care pathways in place to facilitate access to targeted and specialist support where necessary</p>	<p>Mental health specialists via:</p> <ul style="list-style-type: none"> – HCP team – children's centre – CAMHS – perinatal professionals in adult mental health services <p>Joint working with other agencies as appropriate – including adult services</p> <p>Integrated working via children's centres where appropriate:</p> <ul style="list-style-type: none"> – CAF – lead professional <p>Workforce development programmes – e.g. around integrated working and associated tools for needs identification and early intervention</p>

Case study: Promoting emotional health from birth to five

Portsmouth's emotional health and wellbeing strategy was developed jointly by the local authority and the PCT. It aims to ensure there is an agreed programme of effective interventions, to identify early signs of difficulties, to assess need and to introduce children, young people and their families to appropriate services. As part of its joint commissioning approach it has put in place a range of services to support the emotional health of children under five and their families:

Intensive home visiting: Health visitors have been trained in the Solihull Approach, a well-evaluated approach which can be used by a range of practitioners working with the parents of infants and young children. The approach helps parents understand their child's needs and reciprocate, which in turn builds attachment between the parent and child.

Infant mental health service: Little Minds Matter has been operating since 2005 and is for nought to two year olds and their families. Three infant mental health workers work with families and with other practitioners to address a range of risk factors within a managed network of care. They are an interface between the universal services that infants and families first come into contact with, and CAMHS.

SEAD: Portsmouth is implementing the SEAD (Social and Emotional Aspects of Development) programme in all early years settings – 90 private nurseries, 40 LEA schools and each children's centre. The implementation is being supported through termly cluster meetings where practitioners can seek support and advice.

Parenting support: As a Parenting Early Intervention authority, Portsmouth chose the Triple P programme. Parents have now been trained and the programme is rolling out. There is also a long-established programme called Parent Power based on the Webster-Stratton model which runs over six sessions and is targeted at parents of early years and primary school children. Within the local authority a team of three train the trainers, who include health visitors, children's centre staff and teachers. In addition Portsmouth offers a wide range of parenting programmes including Speakeasy, Incredible Years, Mellow Parenting and Strengthening Families.

Support through children's centres: 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.

Workforce development: All of these elements are supported by a strong emphasis on training for practitioners in universal services and for those who provide targeted and specialist 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. All staff undertake this training at some point, to cover core competencies at the relevant level. Additional training in specific aspects of emotional health is also available from a range of agencies who are involved in this area.

Chapter 4

School age

- 4.1** As children grow up the role of their parents and carers remains central. At the same time, children increasingly interact with services such as schools, health and community services in a more autonomous way. These services can help promote a child’s emotional health in a number of ways. In addition to supporting parents, examples include helping children develop social and emotional skills, creating environments for them to spend time constructively with friends, and providing information, advice and support if things start to go wrong.
- 4.2** The table below lists the key areas of service provision which the evidence has shown to be effective (column 1). It then makes suggestions (in columns 2, 3 and 4) for how this might be translated into practice. For young people aged 14 to 16 who are learning or training outside the school setting, the relevant provisions from **Chapter 5** apply.

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>1) Supporting parents and carers</p> <p>1A. Information, advice and support for all parents and carers</p>	<p>All parents and carers are able to access high quality information and advice on how to nurture their child’s emotional health and know where and how to access additional support if necessary</p>	<p>Information and advice on supporting their child’s emotional health</p> <p>Information and advice on maintaining positive parental relationships, including support when relationships break down</p>	<p>Families Information Services</p> <p>Parenting support via extended services</p> <p>GP surgeries/health centres</p> <p>Voluntary and community sector provision</p> <p>Online/helpline services</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>1B. Information and support for fathers</p> <p>1C. Parenting education and training programmes</p>	<p>Practitioners can identify parents and carers who are struggling to provide a nurturing home environment and there are processes in place to offer support</p> <p>Practitioners engage and include fathers in work with child</p> <p>Fathers are involved in parenting/ educational interventions</p> <p>Parents experiencing multiple and complex problems ('at risk parents') have access to high quality advice and support to improve parenting skills and confidence, plus access to adult services to address other issues that they are facing</p>	<p>Action to identify at risk parents, in universal settings and on outreach basis</p> <p>Help with accessing information and advice (including adult services)</p> <p>Parenting support programmes (focusing on parent/child relationships and behaviour)</p> <p>'Think Family' approach</p>	<p>Parenting support via extended services or other local provision</p> <p>HCP team</p> <p>Adult services (mental health, drug and alcohol, probation, jobcentre plus, Think Family/ Family Intervention Projects etc)</p>
<p>1D. Ensure vulnerable children have a positive adult role model</p>	<p>Positive relationships between adults and children within school setting</p> <p>Positive role models for those at risk</p>	<p>Each child and young person is known by at least one adult in the school setting</p>	<p>Personal tutor system</p> <p>Mentoring approaches</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>2) Supporting friendships, peer relationships and personal development</p> <p>2A. Peer support opportunities</p> <p>2B. Interventions to address bullying/prevent racism</p> <p>2C. Opportunities for personal development</p> <p>2D. Access to opportunities for physical activity, active play and sport</p>	<p>Children are supported in developing friendships and constructive relationships with peers and appropriate adults</p> <p>Action is taken to prevent bullying and discrimination</p> <p>Children and young people access positive play, leisure and personal development opportunities in a range of structured and unstructured settings</p>	<p>A comprehensive social and emotional skills programme</p> <p>Peer mediation; peer mentoring and other forms of peer support</p> <p>Anti-bullying interventions</p> <p>Pupil participation activities</p> <p>After school activities and other personal development and play/leisure opportunities</p> <p>Opportunities for recognition and reward</p> <p>Access to and opportunity for free, inclusive, local play provision and play space</p>	<p>SEAL (including SEAL silver set)</p> <p>PSHE</p> <p>National Healthy Schools Status</p> <p>Anti-bullying strategy (delivering provision in and out of school)</p> <p>Extended services (including voluntary sector provision)</p> <p>School councils and youth parliaments</p> <p>Extended services (including links with voluntary sector)</p> <p>Youth and community services</p> <p>Progress File/awards schemes</p> <p>Play provision in the community, e.g. through Playbuilder programme and voluntary sector play associations</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>3) Promoting emotional health in schools</p> <p>3A. An explicit programme of social and emotional learning within a whole school approach</p> <p>3B. A whole school approach to behaviour management</p> <p>3C. Access to extra-curricular activities</p>	<p>Children and young people are educated in an environment that promotes their emotional health</p> <p>Children and young people are supported in developing social and emotional skills, with small group support for those requiring additional help</p> <p>Children and young people have access to a range of opportunities for personal development</p>	<p>A comprehensive, 'whole school' approach to children's social and emotional wellbeing</p> <p>Policies and practice promote a caring, secure and stimulating environment</p> <p>Staff receive training and support so they understand the contribution they can make to children's emotional health</p> <p>Staff have the time and skills to develop nurturing relationships</p>	<p>Healthy Schools programme, in particular the Healthy Schools enhancement model</p> <p>SEAL</p> <p>Behaviour and Attendance Strategy</p> <p>TaMHS</p> <p>CAMHS consultancy and support to schools via extended services</p> <p>Nurture groups</p> <p>HCP team/school health team</p>
<p>4) Access to advice and support</p>	<p>Children have access to information and advice</p>	<p>Access to information, advice and guidance on a range of issues relevant to emotional health</p>	<p>Connexions</p> <p>Connexions Direct</p> <p>FRANK</p> <p>Other online/helpline services</p> <p>Other youth information, advice and counselling services (YIACS)</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
	<p>Children at particular risk of experiencing emotional health problems are identified and have access to support from relevant practitioners, including those with emotional health expertise where therapeutic support is required</p> <p>This support is co-ordinated with any other services being delivered to the child</p>	<p>Action to identify at-risk children, in universal settings and on an outreach basis</p> <p>A timely and co-ordinated response when a child has a range of needs</p> <p>Referral mechanisms and care pathways in place to facilitate access to targeted and specialist support where necessary</p>	<p>School pastoral support</p> <p>National Healthy Schools Status and Healthy Schools enhancement model</p> <p>HCP team/school health team</p> <p>Integrated working via extended services where appropriate using:</p> <ul style="list-style-type: none"> – CAF – lead professional <p>Workforce development programmes – e.g. around integrated working and associated tools for needs identification and early intervention</p> <p>TaMHS</p> <p>Targeted youth support (13+)</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
		Provision of appropriate mental health support for vulnerable children	SEAL silver set Other in-school provision e.g. nurture groups, pyramid clubs, school counselling services CAMHS interventions via TaMHS, school health team, extended services or other targeted services (e.g. for looked after children)

Case study: Promoting the emotional health of school age children

Leicester City is moving towards locality-based services for children and young people. A major plank in this plan is the delivery of services through integrated service hubs in its children’s centres and eight secondary schools. The vision is to build on its Targeted Mental Health in Schools (TaMHS) approach to develop a school and community mental health team offering access to a range of services and support for school age children, in particular:

Parenting support: Parents of school age children can access parenting support through two routes. Family support workers deliver the Family Support Through Schools approach in primary schools. The city also delivers the Strengthening Families, Strengthening Communities programme through a range of agencies, including probation and drug and alcohol services, to target the most vulnerable parents and families, in line with the emphasis on Think Family.

Child Behaviour Intervention Initiative: CBII is a long-running multi-agency service promoting emotional health in children from birth to 11 years of age. It primarily works in the community, but also delivers programmes of training and group work in schools. Each school has a named link worker which helps ensure the unique requirements of each school are understood.

SEAL: SEAL has been running in the city’s primary schools for a number of years. The programme started with four lead practice secondary schools. A further ten are now engaged through specific consultancy support and attendance at Behaviour and Attendance and SEAL leader network meetings.

Nurture groups: Nurture groups are a school-based intervention to promote the emotional and social wellbeing of vulnerable and disadvantaged children. Leicester established its first nurture group in 2001 and there are now 24 primary schools and 4 secondary schools with them. Research has shown that children in schools which have nurture groups all benefit socially and emotionally. All staff in nurture groups access training and ongoing support from the primary behaviour support team and undertake four-day training run by Leicester University.

Healthy Schools and anti-bullying: Leicester has a well-established Healthy Schools programme which is linked to the citywide anti-bullying strategy. A range of activity has been developed in school and in the wider community, including the 'ABC' – an anti-bullying community award for schools, who have to demonstrate that they are championing the issue, have a policy on it and are delivering training. Assessment for this award includes interviews with children.

Evidence-based group work in schools: TaMHS has facilitated the following approaches:

- Seasons of Growth: an education programme for young people aged six to 18 years to help them learn about the effects of significant change in their lives such as death, separation or divorce.
- SEAL group work: psychologist-run group sessions for seven to 11 year olds.
- Penn Resiliency Programme (PRP): for eight to 11 year olds, this teaches cognitive-behavioural and social problem-solving skills to challenge negative perceptions and develop coping strategies.

Workforce development: An important aspect of TaMHS has been to look at the way in which practitioners in universal services respond to emotional health issues. When TaMHS first started, a psychologist on the team worked with the five secondary schools to carry out an audit of emotional health. This looked at a range of issues including staff resilience and staff needs.

Case study: Introducing peer support in a special school for 11 to 18 year olds

Between 2007 and 2009, Coventry City Council and CfBT Education Trust funded a collaborative anti-bullying project which involved eight Coventry schools, a local authority adviser and an educational researcher.²⁵ Each of the schools carried out 'development & research' (D&R) on a particular aspect of their school's anti-bullying work. The emphasis was on taking time to design an intervention which was right for the individual school, rather than implementing something 'off-the-shelf'. One-day workshops were held each term to share emerging developments and gain input from external speakers. Between these events participants took part in structured tasks to document the activities and findings. The eight projects spanned four different aspects of bullying prevention: peer support, improving lunchtimes, in-lesson bullying and girls' bullying.

One of the projects was developed by the Corley Centre in Coventry, a special school for 11 to 18 year olds with complex social and communication difficulties. Staff were becoming increasingly aware that conflict between pupils was a barrier to learning within the school. They wanted to improve pupil relationships through a system of peer support but were aware that there were few documented examples of peer support in special school settings. The anti-bullying project gave them time for planning, development and discussion which led to the following approach:

- The school's deputy director and a graduate trainee teacher led the project. They introduced the idea to school staff and then worked with Childline in Partnership (CHIPS), who trained three members of staff in a course on 'Opening the doors to peer support'. They also addressed a whole school staff meeting and helped to shape the broad approach that would be used.
- At the same time the idea was introduced to a group of key stage 4 students, after which 12 put themselves forward to be trained as peer supporters. These students (with parental permission) then took part in two half-day training sessions also run by CHIPS. The sessions focused on developing students' communication skills, particularly listening and responding appropriately and maintaining confidentiality.
- After this training there were further discussions with staff and pupils which led to some additional developments (such as creating a secure postbox for those who wanted to raise issues in writing rather than in person).
- After this the scheme was launched as part of a whole school assembly, with follow-up discussions during tutorial time.

The project leaders believe that their experience so far has shown that peer support can be used very beneficially with students with complex social and communication difficulties. There have been many examples of older pupils working calmly and sensitively with younger pupils to sort out problems, and reports from parents of increased empathy and confidence among those trained as peer supporters. All the peer supporters are supported in their role by an adult. The project leaders are conscious of the need to embed the work further within the culture of the school. As they commence their second round of peer supporter training, there are signs this is beginning to happen, with a number of younger students aspiring to become involved when they reach key stage 4.

Chapter 5

Young people

- 5.1** Young people’s emotional health makes a significant contribution to their personal and social development. It is the foundation upon which many other choices depend – for example about learning and work, sex and relationships, alcohol, smoking and drugs. Promoting emotional health and providing early intervention support for them and their families is therefore crucial. *Aiming High for Young People*²⁶ recognises the importance of promoting social and emotional skills and resilience. Its aim is that all young people should have access to opportunities and support that enable them to have enjoyable and fulfilling teenage years and to be emotionally and physically healthy.
- 5.2** This chapter focuses on young people aged 16 to 19. The table below lists the key areas of service provision which the evidence has shown to be effective (column 1). It then makes suggestions (in columns 2, 3 and 4) for how this might be translated into practice. For young people aged 16 or more who are still at school, the relevant provisions from **Chapter 4** apply.

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>1) Supporting parents and carers</p> <p>1A. Information, advice and support for all parents and carers</p> <p>1B. Information and support for fathers</p>	<p>All parents and carers are able to access high quality information and advice on their child’s emotional health and know where and how to access additional support if necessary</p>	<p>Information and advice</p> <p>Help with accessing support (including adult services)</p> <p>‘Think Family’ approach</p>	<p>Families Information Services</p> <p>Parenting support via extended services</p> <p>GP surgeries/health centres</p> <p>HCP team</p> <p>Voluntary and community sector provision</p> <p>Online/helpline services</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
1C. Vulnerable young people have a positive adult role model	At risk young people have positive adult role models	<p>Each young person is known by at least one adult in the college/training/community setting</p> <p>Well-structured mentoring schemes</p>	<p>Personal tutor system</p> <p>Mentoring approaches</p> <p>Statutory and voluntary youth services</p> <p>Think Family/Family Intervention Projects etc</p>
	Teenage parents have access to the support and services outlined in Chapter 3	See Chapter 3	See Chapter 3
<p>2) Supporting friendships, peer relationships and personal development</p> <p>2A. Peer support opportunities</p> <p>2B. Interventions to address bullying/prevent racism</p> <p>2C. Opportunities for personal development</p> <p>2D. Access to opportunities for physical activity, active play and sport</p>	<p>Young people are supported in developing friendships and constructive relationships with peers and appropriate adults</p> <p>Action is taken to prevent bullying and discrimination</p> <p>Young people access positive play, leisure and personal development opportunities in a range of structured and unstructured settings</p>	<p>Social and emotional learning programmes</p> <p>Peer mediation; peer mentoring and other forms of peer support</p> <p>Anti-bullying interventions</p> <p>Personal development opportunities</p> <p>Positive Activities for Young People</p> <p>Access to and opportunity for free, inclusive, local play provision and play space</p>	<p>College tutorial system; pastoral support; anti-bullying strategies</p> <p>Peer support / mentoring programmes</p> <p>Statutory and voluntary youth services</p> <p>myplace</p> <p>Youth parliaments</p> <p>Progress File/awards schemes</p> <p>Other leisure, sport and youth facilities in the community</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
<p>3) Promoting emotional health in college and other settings</p> <p>3A. Embed a whole-college approach to promoting emotional health</p>	<p>Young people receive education/training in an environment that promotes their emotional health</p>	<p>A comprehensive, 'whole college' approach to young people's social and emotional wellbeing</p> <p>Colleges provide a comprehensive social and emotional skills programme</p> <p>Personalised learning programmes</p> <p>Policies and practice promote a caring, secure and stimulating environment</p> <p>Staff receive training and support so they understand the contribution they can make to young people's social and emotional wellbeing</p>	<p>Healthy Further Education programme</p> <p>HCP team</p> <p>Apprenticeships and traineeships</p> <p>Work-based schemes and programmes</p> <p>Links with integrated youth support services</p>

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
4) Access to advice and support	Young people have access to information and advice	Access to information and advice from other services (including adult mental health services) to address range of risk factors	Youth information, advice and counselling services (YIACS) College counselling services Youth workers Connexions Connexions Direct FRANK Other online/helpline services

Theme and evidence (see Annex A)	Aspiration	What this might look like in practice	Delivery vehicles
	<p>Young people at particular risk of experiencing emotional health problems are identified and have access to support from relevant practitioners, including those with mental health expertise where therapeutic support is required</p> <p>This support is co-ordinated with any other services being delivered to the young person</p>	<p>Action to identify at-risk young people, in universal settings and on an outreach basis</p> <p>Referral mechanisms and care pathways in place to facilitate access to targeted and specialist support where necessary</p> <p>A timely and co-ordinated response when a young person has emotional health needs</p> <p>Provision of appropriate mental health support</p> <p>A planned transition to adult services where necessary</p>	<p>College pastoral support systems</p> <p>HCP team</p> <p>CAMHS interventions via TaMHS, HCP team or other targeted services (e.g. for looked after children)</p> <p>Integrated working via targeted youth support (in particular CAMHS/adult services involvement), using:</p> <ul style="list-style-type: none"> – CAF – lead professional <p>Workforce development programmes – e.g. around integrated working and associated tools for needs identification and early intervention</p> <p>Transition planning services involving health, education and social care</p>

Case study: Promoting emotional health in a further education setting

Walsall College is a large further education college with four main campuses within Walsall Metropolitan Borough Council. About one third of learners study at NVQ Level 1 and one fifth at NVQ Level 3. Just over a third of learners at the college are aged 16 to 18, and they come from schools with relatively low GCSE pass rates.

Young people at the college are encouraged to aim high. They are supported in identifying career goals and plans for how they can achieve them. They work towards achieving mastery of their discipline, professional and employability skills, and the ability to manage change. All of these help raise aspirations and self esteem, both of which are beneficial for long term emotional health. An enrichment programme supports the delivery of learning outcomes. This offers a wide range of activities for students to explore their aptitudes and talents and the contribution they can make to their society. It includes opportunities for volunteering, making new friendship groups and sport, as well as programmes designed to tackle poor body image, assertiveness and healthy relationships. Learners record their involvement through the Walsall College graduate passport which supports them in achieving certification with 'v' – an independent charity aiming to inspire a new generation of volunteers aged 16 to 25. The passport also provides a starting point for discussions with tutors, UCAS applications and CV writing.

In 2005 at the college's first student conference, learners reported feeling frightened and intimidated. As a result policy and procedure were changed, social areas were developed with staff recruited to run them and a learner-led anti-bullying forum was set up. A 'respect' agreement was devised by learners, which all new students now sign up to as the agreed way of being together in the learning community. At the 2009 conference, 100% of learners reported that the college has a great atmosphere and that they feel very safe there.

The work of the anti-bullying team has played a big part in this success. It consists of 15 students trained by Childline to mentor and support those feeling bullied and those accused of bullying. The students represent the full cross section of the diverse college population. Two of the students who have learning difficulties and disabilities have been particularly effective in raising awareness and supporting others. The theme of the anti-bullying week in 2008 was 'being different – belonging together'. A video diary room gave students a fun opportunity to talk about what made them different and to embrace individuality. Media students edited the results into a short film which was shown in tutorials and had a really positive impact on attitudes and behaviours. For example a small group came forward to ask if they could set up a group for lesbian, gay, bisexual and transgender learners, which is now proactive in college. The college has received the gold charter standard for anti-bullying in the region.

As part of an overall ambition to prepare students to be self-determining adults, the student conference has progressed from being an opportunity to give learners a voice inside the college, to an opportunity to influence local service providers and politicians. For example, at the 2008 conference a 'speed dating' style session gave a wide range of external organisations (such as the police, the drugs support agency, the PCT and Walsall safeguarding board) five minutes at every table of students to find out what the young people thought about their service, how it met their needs and how it could be improved.

Case study: Providing integrated information, advice and counselling to young people

No Limits is a youth information, advice and counselling service in Southampton which has been running since 1993. It was developed as a multi-agency initiative and currently receives funding from the PCT, CAMHS, a variety of charitable trusts and Southampton City Council. It offers a range of services for young people delivered from three centres across the city centre, as well as eleven satellite services in a variety of settings including schools and further education colleges. It is open six days a week, with additional access for counselling appointments and groups.

In addition to short and long-term counselling using a solution-focused approach, No Limits provides a tier 2 and 3 substance misuse service; sexual health information and advice; support workers for young people who are homeless or who have housing issues; access to targeted youth groups for young people with mental health issues and access to specialist staff in other agencies such as a contraception and sexual health clinic; a homeless health care nurse and the local authority housing department.

No Limits has 15 counsellors, 13 of whom are volunteers. Of these, 11 are qualified to diploma level and four are working towards a diploma. There is a part-time mental health link worker funded by CAMHS, who also works within a local adolescent mental health service. This helps to link the statutory and voluntary sector together.

A youth group called Teen Safe House is run for young people aged 13 to 18 who need support and may have mental health issues. This group enjoys the support of many local agencies including CAMHS, MIND and Rethink as well as the social care and youth support services.

No Limits sees its strengths as being the ability to offer practical help alongside advice and counselling, as well the structures which have been established which enable the voluntary and statutory services to work better together. The range of services using the No Limits' premises (for example the substance misuse service and the housing support workers) means that referrals can be made very smoothly. The service is highly rated by the young people who use it, in particular because they feel listened to and welcome the fact that it is confidential.

Extracted from *Commissioning Counselling Services for Young People: A guide for commissioners*, Youth Access, 2008.

Chapter 6

Developing your strategic approach

6.1 Promoting emotional health requires a cross-cutting, strategic approach to ensure that a wide range of activity is co-ordinated and focused on shared aims and outcomes. Many of the challenges associated with such an approach are challenges which are common across the children's services agenda – in particular around partnership working and strategic commissioning. Therefore, the key documents that form a critical backdrop to this chapter include:

- *Children's Trusts: Statutory guidance on co-operation arrangements*¹¹
- *Achieving Better Outcomes: Commissioning in Children's Services*²⁷
- *Think Family Toolkit: Improving support for families at risk – strategic overview*¹²
- Guidance on early intervention for children, young people and families who need extra help¹⁸
- White Paper *Your Child, Your Schools, Our Future* and Implementation Plan¹³
- *Keeping Children and Young People in Mind: The Government's full response to the CAMHS Review*¹⁴

This chapter assumes that readers are already familiar with the policies and principles outlined in these documents.

6.2 This chapter also recognises that a strategy for promoting emotional health should be integral to an overall approach to promotion, prevention, early intervention and the treatment of mental health problems. This document focuses on activities to promote emotional health and intervene early, but we assume that these will be planned and developed alongside intervention and treatment services.

6.3 In this chapter we draw on the learning from areas which have identified NI 50 as a priority indicator in their local area agreement to provide some specific guidance on:

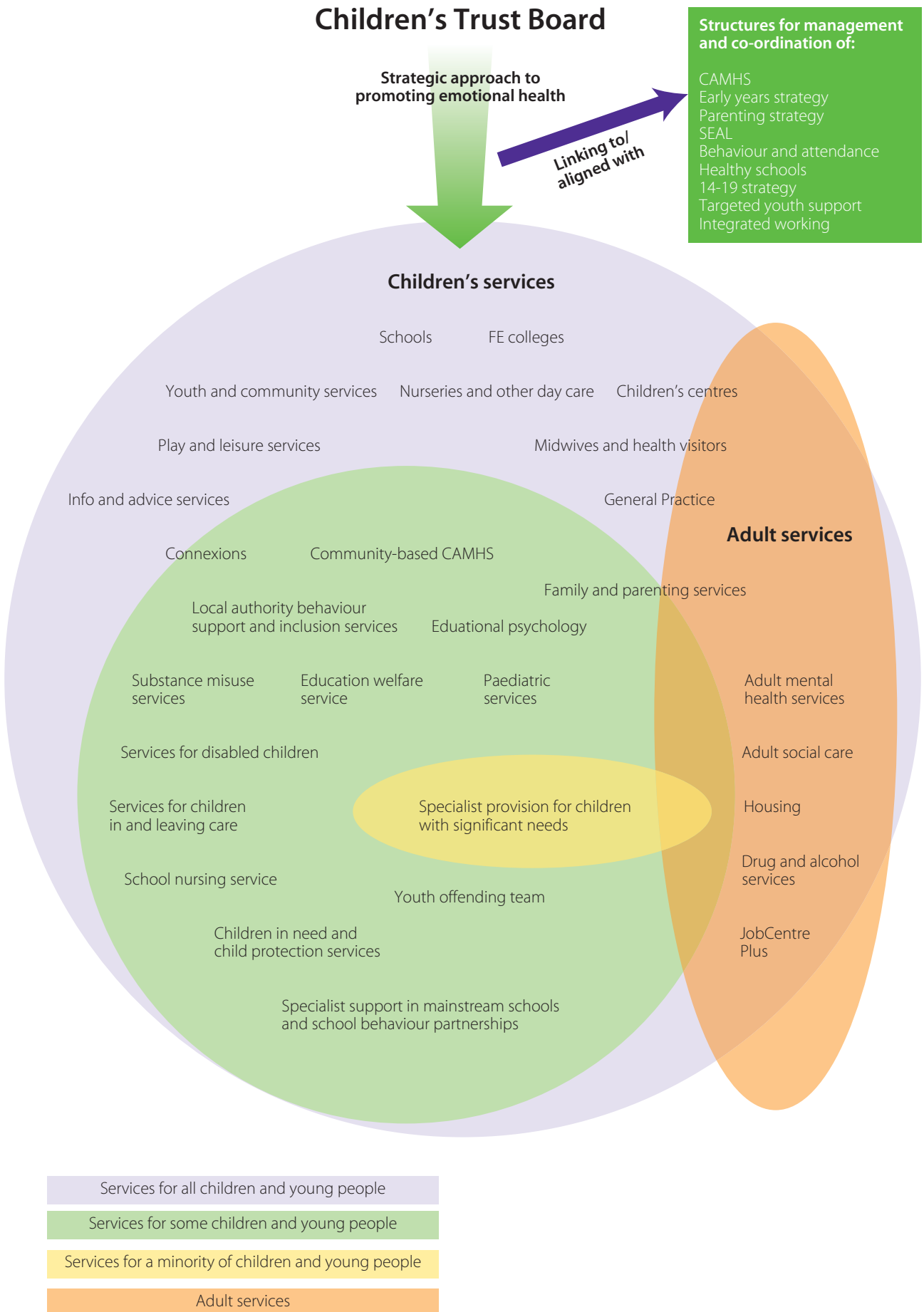
- leadership and governance
- specifying outcomes
- workforce development
- strategic commissioning around emotional health.

Leadership and governance

- 6.4** Evidence from the areas which have been working with DCSF to share their experience of NI 50 work suggests that success in this area depends on clear lines of leadership and responsibility at the very heart of children's services. The most effective models appear to be those which are underpinned by a shared vision, and which are led by a senior manager (assistant director level or similar) who can lead and champion emotional health work and who has the skill and authority to ensure agreed actions by a range of partners takes place.
- 6.5** In practice, there can be variation in leadership and governance structures for emotional health:
- In some areas it is not clear where leadership on emotional health resides and there may be underdeveloped links between the CAMHS thematic partnership and other relevant strategic groups within the Children's Trust co-operation arrangements (e.g. steering groups for the 'Be Healthy' theme).
 - Emotional health figures highly in some Children and Young People's Plans, but not in others.
 - Some emotional health strategies and action plans do not have identified senior reporting officers.
- 6.6** Those areas that have clear leadership and governance arrangements for emotional health appear to make faster and more sustainable progress in identifying and agreeing shared priorities and delivery plans. There will be different models for how areas might take forward this work. The appropriate model for each area will depend on a number of factors, in particular the broader set of Children's Trust Board arrangements, and the degree to which local emotional health priorities are identified in the Children and Young People's Plan.
- 6.7** What does need to be consistent, regardless of governance arrangements, is that partnerships can answer the following questions:
- Do we have a clear vision for promoting emotional health, which links appropriately with the overall vision for children and young people outlined in our Children and Young People's Plan?
 - Is there a clear leadership and accountability structure for this vision to be delivered? If so, how does it link with existing strategic partnerships in particular those for CAMHS, parenting, Healthy Schools and early years?
 - Do we have a clear overview of the range of services with a remit to promote emotional health (see **Figure 3**)?
 - Do these services understand the local vision for promoting the emotional health of all children and young people?
 - Do universal services understand their role at the heart of a system which promotes emotional wellbeing and can also provide access to specialist help when needed?

- Do we have the systems in place to identify at risk children and young people early in order to help them quickly?
- Are we taking a 'Think Family' approach?
- Do we have an agreed set of outcomes which we will use for the performance management of providers? (see paragraphs 6.8 and 6.9)

Figure 3: Services contributing to emotional health promotion



Specifying outcomes

- 6.8** Describing positive outcomes for emotional health promotion can be challenging, particularly when working with groups of children who do not have identified emotional health needs or problems. NI 50 is the national proxy measure for emotional health that all local authorities are monitored against. However local areas are likely to want to establish a broader range of measures to reflect the breadth of work underway and the local vision. Authorities will also want to identify how they get information at more regular intervals than for example the annual Tellus survey from which NI 50 is sourced. These may have already been developed in your area, particularly in cases where emotional health is a priority area within the Children and Young People's Plan and/or the local area agreement.
- 6.9** For those areas who have not yet done so, some possible outcome areas and measures of progress are suggested below:

Outcome area	Measure
Improvements in overall emotional health	<p>Local area 'wellbeing profile' of all indicators in the National Indicator Set relevant to the wellbeing of children and young people</p> <p>Findings from Strengths and Difficulties Questionnaire (e.g. as used for looked after children)</p> <p>Findings from other assessment tools and scales used in specific interventions with children</p> <p>Early Years Foundation Stage Profile results at age five</p> <p>Participation in Healthy Schools/Healthy Further Education programmes and proportion of schools/colleges achieving a high standard of provision</p>
Parents and carers more confident in nurturing their child's emotional health	Evaluation reports from parent support programmes; formal evaluations
Childcare and learning environments are attractive, supportive and safe	<p>Range of data from annual Tellus survey – to give more detailed picture on health, bullying, participation, enjoyment and security</p> <p>The Healthy Schools enhancement model will encourage schools to develop meaningful outcomes that can contribute towards improvements in emotional health and wellbeing</p> <p>Performance against Ofsted wellbeing indicators</p>

Outcome area	Measure
Better attendance	School and college level data
Better behaviour	School and college level data
Better attainment	School and college level data
Greater placement stability for looked after children	Local authority data
Better access to services when help is needed	Data on the range and success of in-school groups/interventions (for example SEAL silver set, nurture groups, pyramid clubs) Data on the range and success of local programmes and projects – for example behaviour and education support teams, parenting programmes, counselling and drop-in services
Staff more confident and competent in identifying and supporting children with emotional health needs	Evaluation of tier 1 training for practitioners (children's mental health)
Community and leisure environments are attractive and safe	Responses to relevant Tellus questions, e.g. local performance on NI 199 (child-reported satisfaction with local parks and play areas)

Workforce development

6.10 Evidence from the CAMHS Review and from local areas suggests that workforce development should be one of the key planks in any strategy for improving emotional health. Delivering improvements in NI 50, and in emotional health more generally, requires a fundamental change in the way that many practitioners see their role and the contribution they can make to health and wellbeing. It means moving away from a primarily remedial approach for mental health problems to a positive approach which seeks to promote the emotional health of all children and young people, and to prevent problems arising.

6.11 For this reason, building capacity in the children's workforce sets a demanding agenda across some key issues that govern workforce planning:

- an understanding of emotional health and emotional health needs in the local population
- a specification of current workforce skills to meet that profile of need
- an assessment of skills gaps in the current workforce
- a strategy for workforce development, retention and recruitment

- a training strategy and action plan to develop the skills needed (from the point of commissioning through to frontline practice).

6.12 To address some of these challenges, local areas have employed a number of strategies, for example:

- using the One Children's Workforce Framework developed by the Children's Workforce Development Council
- developing teams with a mix of skills, led by health visitors or school nurses, which include assistant or volunteer staff (for example school health teams)
- using the Healthy Further Education framework to drive forward workforce development for the post-16 population
- providing specific training in emotional health issues, for example through:
 - nationally-developed training programmes, for example the Everybody's Business training programme for staff in universal services
 - delivery of core modules on emotional health across all disciplines
 - including within staff training programmes an element of personal reflection about one's own emotional health
- providing training in commissioning techniques for relevant staff
- using the CAF, the lead professional and other integrated working arrangements to provide opportunities for engaging staff in universal and targeted services and giving them confidence in talking about and working with emotional health issues.

(See **Chapter 7** for details of specific programmes and frameworks.)

6.13 It is often the staff with the least experience of emotional health issues who spend the most time with the most vulnerable children (for example support workers in education, social care and youth justice settings). Developing the capacity, skills and confidence of these staff and putting in place the right support arrangements and clear processes for drawing in extra support from specialists can make a difference to the way that they work with children and young people, and in turn the way that these children and young people respond.

Strategic commissioning around emotional health

6.14 Commissioners of services which promote or support emotional health are a wide-ranging group. They may be based in the local authority, the PCT or within other services that are part of the Children's Trust co-operation arrangements (for example schools or colleges). In many areas, local authorities and PCTs are establishing joint commissioning posts and teams to enable commissioning in a more integrated way across a wider range of services.

6.15 The most effective examples of NI 50 work appear to be those where one person or team has an overview of commissioning across the agenda. Putting in place a strategic approach to emotional health is likely to be facilitated by this kind of arrangement. Where services commission directly this should be in line with the aims and vision of the

Children and Young People's Plan and done in consultation with relevant strategic commissioning mechanisms within the Children's Trust.

6.16 Strategic commissioning consists of a number of stages which take commissioners from understanding the needs of children and young people to ensuring that services meet those needs and produce the best outcomes. There are a number of ways of describing the commissioning cycle but the basic stages can be summarised as:

- understand
 - understand needs, resources and priorities and agree outcomes
- plan
 - map and plan sustainable and diverse services to deliver outcomes
- do
 - procure and develop services based on the plan
- review
 - monitor service delivery of outcomes and take remedial action if necessary.

6.17 It does not matter which model or process local partners choose to follow as long as all partners agree on and understand the process; the process covers some form of needs analysis and planning; there is investment (of funding, staff, training etc) against the plan and there is a review of the efficacy of the investment. *Securing Better Health for Children and Young People through World Class Commissioning*²⁸ provides a summary of the key commissioning stages and guidance to support joint working.

6.18 This section considers the key stages of commissioning as they relate to emotional health. It does not go into detail on general commissioning issues. Further information and support, including information on a series of 'actions for better outcomes' identified by CAMHS commissioners, is available at www.commissioningsupport.org.uk

a) Understand

6.19 Local areas which are prioritising NI 50 recognise the importance of a good joint needs assessment to inform the commissioning process with input from both the LA and PCT. Some are building on current assessments by developing district or locality-based needs assessments.

6.20 Another aspect of 'understanding' is understanding the many ways in which children and young people receive emotional health support and services, and the way in which they move through universal, targeted and specialist services. Work in this area is still in its relative infancy but there are emerging examples of good practice.

6.21 Areas also stress the importance of involving children, young people and families, and have developed a number of ways of doing this, though they are not always embedded in routine commissioning processes. Local areas can gather information from children, young people and families through local participation strategies and other mechanisms (resources have been developed by Young Minds and the National Youth Agency/Local Government Association – see **Chapter 7**).

6.22 Examples of mechanisms currently being used include:

- a children's cabinet meeting focused on mental health, and in particular concerns about the stigma which still surrounds mental health issues
- work with service users about definitions of emotional health and what can help when problems arise
- a central database which holds the findings from local consultations, surveys and events to maximise their applicability
- whole school consultation to increase participation in the emotional health and wellbeing theme of the Healthy Schools programme
- a designated group of young people which meets regularly to determine what happens within the Healthy Schools programme
- ongoing mechanisms to record user views and feedback
- mystery shopping exercises where young people provide feedback on particular services.

6.23 There is no single tool or process that can be used to establish an understanding of the levels of emotional health need in a local area. The Joint Strategic Needs Assessment, which should be carried out jointly by the LA and PCT, will provide some information, although local partners have highlighted the need to carry this out at ward level (or similar) to identify specific needs among smaller populations. There is a range of tools and sources of information which could inform the process:

- The Child and Maternal Health Observatory (ChiMat) provides wide-ranging, authoritative data, evidence and practice related to children's, young people's and maternal health. It offers a range of online resources which can support needs assessment:
 - child health profiles (including a new 'Healthy Schools' profile) which offer a snapshot of child health and wellbeing for each local council in England using key health indicators, organised under the five ECM outcomes
 - needs assessment tools, including a module for CAMHS
 - the CAMHS self-assessment matrix
 - children's services mapping data: an inventory which collects data from all agencies that come within the remit of the Children's Trust partnership, including the level of investment in services.
- Audit, profiling, monitoring and evaluation tools used by children's centres, schools and further education colleges, for example in relation to the development of extended services, behaviour and attendance work, SEAL, Healthy Schools and Healthy Further Education.
- Other information collected by children's centres, schools and colleges on the needs of the children they are working with, for example:
 - children and young people with special educational needs

- children and young people identified as requiring support to develop social and emotional skills
- children and young people experiencing the risk factors associated with poor mental health (see **Figure 1**)
- children and young people in particular at risk circumstances (see **Annex C**).
- Information collected by local authority services in relation to particular vulnerable groups, for example the Healthy Care Audit Tool and the Strengths and Difficulties Questionnaire used to find out about the emotional wellbeing of looked after children. These can be helpful in analysing trends.
- Information collected by health services, for example using the Health Equity Audit tool, which can identify potential gaps in service provision for particular vulnerable young people.
- Information provided by the NHS, in particular the World Class Commissioning data packs which bring together data from multiple sources covering 250 indicators, at individual PCT level as well as national averages.
- Information about workforce capacity, for example using the workforce planning tool developed by the National CAMHS Support Service.
- Information collected about the needs of parents and families in the local area to support the development of the local parenting strategy and ensure an appropriate range of parent and family support services.

(See **Chapter 7** for links to many of the tools and processes referred to above.)

6.24 Drawing on this wide range of information will help commissioners build a clear picture of emotional health needs within the local area, which can then be set against the provision currently available across from a range of providers. This will help to identify overlaps, gaps and opportunities for service reconfiguration and development.

Case study: Strategic commissioning around emotional health

In Cumbria, emotional health is woven into all key strategies and plans, both strategic and operational. This is achieved through strong leadership at all levels, from the director of children's services and the lead member in the council through the various steering and commissioning groups, to the four locality groups which include representation from headteachers.

The county has been developing its commissioning function since 2005, using the nine-step *Joint Planning and Commissioning Framework for Children, Young People and Maternity Services*.²⁹ The head of service for commissioning and management support provides strategic leadership to five commissioning managers, including a commissioning manager for emotional wellbeing (who is the principal educational psychologist). In practice, however, all five commissioning managers take responsibility for promoting emotional health, through the Commissioning Network, the Children's Commissioning Health Board and the Children's Trust Board. The current focus of commissioning activity, which spans both targeted and specialist services, is the response to an in-depth multi-agency needs assessment.

Improving the emotional wellbeing and resilience of children and young people is a key priority in Cumbria's Children and Young People's Plan. All commissioning decisions are informed by a needs analysis; agreed prevention priorities and strategies; quarterly and annual performance reporting; and an annual risk analysis.

The commissioning manager for emotional wellbeing is supported by a strategic manager for emotional health and a strategic manager for positive behaviour, whose roles are to ensure that efforts to improve mental health outcomes, children's social and emotional skills and behaviour in schools and other settings are suitably integrated.

Recent work has involved developing the draft commissioning intentions for emotional wellbeing for 2009/10 and reviewing and revising the local strategy for strengthening emotional wellbeing and mental health support, in partnership with key stakeholders from the Children's Health Service and CAMHS.

Building capacity in the children's workforce is seen as central to delivering improvements in emotional wellbeing. Work has included a comprehensive strategic analysis and the development of a sophisticated set of training programmes to support delivery of the strategy. Two universities are working with Cumbria to develop and document the evidence base and to develop appropriate training models.

b) Plan

- 6.25** A key objective in the planning process is to ensure that the right programmes, services and interventions are commissioned. The experience of local areas currently focusing on NI 50 suggests that effective planning requires a clear vision, a grasp of the diverse range of services involved and an understanding of the evidence base for emotional health interventions (see **Annex A**). The involvement of practitioners and clinicians with expertise in emotional health, and reference to the evidence base, can help ensure that services are more relevant and effective.
- 6.26** Effective planning also requires an understanding of how services are working together to support service delivery – and how they might do so more effectively in future. While most areas will, to a greater or lesser extent, have services which look something like the range of services shown in **Figure 3**, there will be considerable variation in service configurations; funding streams; the remit of CAMHS locally; the approaches taken by different school clusters; the range of work underway in children's centres and colleges and the role of the voluntary sector. The co-ordination of this wider picture is seen as critical to delivering effective service provision for children and young people's emotional health. There is an important role for the Children's Trust Board or other steering group to look at how it can bring greater coherence to the range of relevant programmes commissioned by its partner agencies.
- 6.27** Universal services are increasingly operating in partnerships or clusters to increase the coherence and provision of services, for example around school health or 14 to 19 provision. Although these partnerships will vary depending on local arrangements, all should be part of and have their work embedded in the wider Children's Trust co-operation arrangements. In some local areas, schools are increasingly at the centre of a neighbourhood cluster of multi-agency services, sometimes through co-location. Such clusters are well-placed to identify each child's wider needs and commission provision tailored to their particular needs.
- 6.28** The following good practice pointers have been highlighted by local areas planning a strategic approach to emotional health:
- Identify the range of financial resources which can contribute to emotional health and wellbeing (see **Annex B**). Identify the appropriate mechanisms for funding new developments, for example pooled or joint funding arrangements. Identify opportunities for shifting resources over time from crisis intervention into preventive and promotion work.
 - Ensure that other local strategies (for example the parenting strategy, the targeted youth support strategy and school improvement strategies) reflect the emphasis on emotional health and set out their contribution.
 - Ensure that schools and other universal services are involved and can map out what they are already doing. In many areas there is no overview at local authority/PCT level of what services and support they are providing in relation to emotional health, which makes it difficult to develop a co-ordinated approach across the area.

- Consider appointing one person (or service) as the interface with schools/school clusters. For example, in some areas the educational psychology service liaises with schools on CAMHS strategy issues, as they are well-placed to understand the needs of the schools and the aims of the strategy.
- The roll-out of TaMHS to all local areas by April 2010 will be a key vehicle for facilitating work with schools. The extended services in schools model and the Healthy Schools enhancement model – coupled with the redistribution of funding – can support the integration of emotional health provision across a local area.
- Include plans for swift and easy access to specialist mental health support when needed.
- Prioritise plans for workforce training and development (see paragraphs 6.10 to 6.13).

c) Do

6.29 As work gets underway to develop, redesign and procure services to promote emotional health, there are a number of pointers which are helpful to bear in mind:

- Working in a co-ordinated way takes time. If services are expected to co-ordinate their activities and collaborate to achieve shared aims, time needs to be built into the process for staff training and development, multi-agency meetings, informal discussions and follow-up work.
- Ensure that local service managers stay in touch with the aims of the strategy and can communicate key messages to staff and ensure that staff are accessing training and development opportunities.
- Communicate regularly with partners to gather information about implementation, and to highlight the advantages of working collaboratively to promote emotional health, for example by showing how it can help to meet performance and reporting requirements within individual services.
- Get support and advice when you need it. The National CAMHS Support Service, the Commissioning Support Programme and advisers in Government Offices and Strategic Health Authorities all have perspectives and resources which they can offer if you need advice on particular aspects of the strategy or its implementation (see **Chapter 7**).

d) Review

6.30 This section covers both the monitoring of progress against NI 50 and reviewing the progress of an emotional health strategy more broadly.

Measuring progress against NI 50

6.31 NI 50 is an indicator based on children and young people's reports of the quality of their relationships with significant others. It is made up of the four statements which are asked of children and young people in an annual survey (Tellus). The statements have been cognitively tested and are included in the annual Tellus surveys with a representative sample of pupils in school years 6, 8 and 10 in maintained schools, including academies and PRUs, in a local area. The statements are:

1. I have one or more good friends
2. When I'm worried about something I can talk to my mum or dad
3. When I'm worried about something I can talk to my friends
4. When I'm worried about something I can talk to an adult other than my mum or dad

The possible responses are: true; neither true nor not true; not true; don't know.

6.32 NI 50 is calculated as the percentage of children with 'good relationships'. This is defined as the percentage of children who answered 'true' to having one or more good friends **and** answered 'true' to **at least two** of the statements about being able to talk to their parents, friends or another adult. This is regarded as a proxy for children and young people's resilience, and hence their emotional health. Good performance is defined as a statistically significant increase in the percentage of children and young people in a local area giving responses which indicate good relationships.

6.33 This year's baseline data showed that the significant majority of respondents (95%) said that they felt they had one or more good friends. However, around 25% say they could talk to a friend if they were worried. The scores on talking to parents decline with age, which is not unexpected. Around 10% of children did not answer 'true' to being able to talk about a worry to any of friends, parents or trusted adults.

6.34 Local authorities may find it helpful to compare their performance to that of their statistical neighbours. This can be done at www.tellussurvey.gov.uk

6.35 Twenty local authorities have selected NI 50 as a priority indicator within their local area agreement. We are working with a number of these local authorities to gather learning around emerging approaches to emotional health, which will be shared with Government Offices and cascaded to all local authorities. The learning will also be used to update future versions of this guide.

Measuring broader improvements in emotional health

6.36 NI 50 is a very specific measure to enable improvements in specific areas to be quantified. However, in line with the wide-ranging approach to emotional health activity that we are recommending in this guidance, we are also encouraging local areas to measure their progress on a broader basis, to reflect the breadth of their strategy and overall focus on emotional health.

6.37 In line with such an approach, there are a range of other indicators which can help local areas monitor their progress more broadly. These should be linked to the outcomes initially established for the strategy (see paragraphs 6.8 and 6.9). Looking at a basket of measures such as this will provide an indicator of overall progress in terms of outcomes.

Evaluating the success of specific interventions

6.38 In line with good commissioning practice, it is important to measure the effectiveness of specific interventions and services which are seen as key to meeting the overall strategy. While many approaches will have been chosen because they are supported by an academic evidence base, it is important to test this locally and supplement it with local outcomes and experiences. This leads to the development of practice-based evidence, in

which practitioners and services evaluate their practice in relation to the outcomes which have been set, and modify their practice in relation to this evaluation. See **Chapter 7** for additional reading and resources to assist outcome-focused evaluation.

Measuring how the strategy is progressing

6.39 Alongside this, it can be helpful to understand the way in which the strategy is developing. This involves taking a more process-focused approach. A rating scale is offered below, which local areas can use on an **informal** basis if they wish to benchmark their progress (it is not part of external performance monitoring for NI 50). The scale is based on the approach being used nationally to measure NI 51 (effectiveness of CAMHS). Using this method, local areas can use the rating scale to compare the service specification described in this guidance with the existing service provision in their locality, and rate themselves 1 to 4 as follows:

- 1.** Children's Trust partners do not yet have a strategic vision for promoting emotional health across all ages and service areas. There are no protocols or plans in place for delivering a co-ordinated and complementary range of services.
- 2.** There is an emerging vision for promoting emotional health across all ages and service areas. The needs of the local population in relation to emotional health are understood. Some protocols and plans are in place while others are at an early stage of development. A number of services are already being delivered, however these are not integrated within an overall strategic approach. Others have yet to be put in place across the Children's Trust partnership.
- 3.** There is an agreed vision for promoting emotional health, needs are well understood (in particular the needs of the most vulnerable children), all stakeholders are engaged and protocols and plans are in place. A majority of services are in place and being delivered, some are still to be developed across universal settings and through targeted services. Not all services are integrated in the most effective way and there is insufficient monitoring to be able to assess what is having the greatest impact.
- 4.** There is an agreed vision for promoting emotional health, all stakeholders are engaged and integrated protocols and plans are in place. A comprehensive range of services to promote emotional health is in place and being delivered in universal and targeted services across the whole Children's Trust partnership. The services being offered draw on the best available evidence and services are being routinely evaluated to assess what is having the greatest impact and to inform the development of a local evidence base.

What inspectorates are looking for in relation to emotional health

6.40 Comprehensive Area Assessment (CAA) is the new way of independently assessing how well local public bodies are working in partnership to deliver the local priorities set out in local area agreements and the national indicator set. One of the ten themes of the CAA framework is the wellbeing of children and young people.

6.41 Ofsted has statutory responsibility for assessing the performance of children and young people's services. The results of these statutory assessments will be reported in the CAA organisational assessment for councils and the outcomes reflected in the CAA area

assessments. Ofsted's contribution to the joint inspectorate CAA will also include an annual grade of the performance of children's services (as required by the 2006 Education and Inspections Act) within the CAA organisational assessment. This draws on Ofsted's inspection and regulatory work and the national indicators covering the five Every Child Matters outcomes.

6.42 In addition, Ofsted has issued a new framework³⁰ for the inspection of schools, which looks at the contribution that a school makes to its pupils' wellbeing through the inspection of a number of aspects:

- pupils feeling safe
- pupil behaviour
- pupil contribution to school and the wider community
- extent of spiritual, moral, social and cultural development
- pupil achievement and the extent to which they enjoy their learning
- the extent to which pupils adopt healthy lifestyles
- pupil attendance
- development of workplace and other skills to contribute to their future economic wellbeing.

6.43 Ofsted and DCSF have developed a set of topics for wellbeing indicators that are being implemented for use in school self evaluations and in Ofsted inspections.

Chapter 7

Further information

1. Support for strategic work around emotional health

Commissioning Support Programme

www.commissioningsupport.org.uk

This joint programme for the Department for Children, Schools and Families (DCSF) and Department of Health (DH) aims to help local authorities and other partners in the Children's Trust foster a sustained change in the way they commission all children's services. It offers training and development opportunities and facilitates peer-to-peer networking.

National CAMHS Support Service (NCSS)

www.cypf.org.uk/camhs

NCSS provides development workers in each region to support the development and delivery of key milestones around mental health commissioning and provision. The service is jointly sponsored by DCSF and DH.

Parenting Implementation Project

www.dcsf.gov.uk/ecm/pip

This project worked with 18 local authorities to explore how to strategically commission outcomes based support for parents and families. The resulting resource kit contains a wide range of techniques, ideas, templates and case studies to support local authorities and their partners.

Think Family Toolkit: Improving support for families at risk

www.dcsf.gov.uk/ecm/thinkfamily

This toolkit describes the range of intensive parenting and family services (e.g. Family Intervention Projects) funded through the Think Family grant. It provides guidance and case studies on joint planning and commissioning of adult and children's services for families with complex needs.

Targeted Youth Support information and toolkit

<http://www.dcsf.gov.uk/everychildmatters/Youth/targetedyouth/targetedyouthsupport/>

Targeted youth support (TYS) aims to ensure that the needs of vulnerable teenagers are identified early and met by agencies working together effectively in ways that are shaped by the views and experiences of young people themselves. TYS reforms bring together local services including children's and health services, police, schools and voluntary and community services to agree common approaches to prevention, identifying vulnerable young people, assessing their needs and providing integrated support.

2. Understanding emotional health needs

Child and Maternal Health Observatory tools and data

www.apho.org.uk/resource/view.aspx?QN=CHMT0

Access to a wide range of data, information and intelligence through a number of online tools designed to support various elements of the commissioning cycle. Resources include:

- child health profiles (including a new 'Healthy Schools' profile) which offer a snapshot of child health and wellbeing for each local council in England using key health indicators, organised under the five ECM outcomes
- needs assessment tools, including a module for CAMHS, which provides evidence-based information on prevalence, incidence and risk factors affecting children's health
- the CAMHS Self Assessment Matrix to enable local partnerships to review and plan their priorities, investment and services
- children's services mapping data – an inventory which collects data from all agencies that come within the remit of the Children's Trust partnership, including the level of investment in services.

Profiling and monitoring to support Healthy Schools

www.healthyschools.gov.uk/Enhancement/

The Healthy Schools enhancement model has been designed to help schools 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. As part of the Healthy Schools enhancement model, schools will undertake a needs analysis to build up a clear understanding of the health and wellbeing needs of the school population and the community. They will also need to identify local priorities that they can contribute towards and develop meaningful outcomes for measuring their contribution. Guidance is available on all of these aspects.

Profiling and monitoring to support implementation of secondary SEAL

<http://nationalstrategies.standards.dcsf.gov.uk/node/65804>

Guidance on tools for profiling, monitoring and evaluation to help with monitoring the process of implementing SEAL in secondary schools as well as its impact on school climate and ethos. The tools can be developed and adapted by schools. They are also designed for use with pupils receiving additional support to learn specific social and emotional skills. There are no equivalent materials for primary SEAL, though some areas may have developed their own.

Profiling and monitoring to support Healthy Further Education

www.excellencegateway.org.uk/hfep

www.excellencegateway.org.uk/page.aspx?o=245713

The Healthy Further Education (FE) programme website has information on the programme, as well as access for registered users to the Healthy FE self review tool. This aims to assist colleges in assessing how well they meet the needs of their learners (and staff).

Profiling and monitoring to support looked after children

www.ncb.org.uk/healthycare

The Healthy Care programme seeks to improve health and wellbeing outcomes for looked after children by developing good practice through partnership working, policy development and the participation of looked after children and young people. Resources include the Healthy Care Audit Tool, which can be accessed online and which can help local authorities and NHS services take stock of where they are in providing good quality services to looked after children.

Delivering Race Equality in Mental Health Care (DRE)

www.actiondre.org.uk/

This is the government's action plan for achieving equality and tackling discrimination in mental health services in England for all people from ethnic minority groups, including those of Irish or Mediterranean origin and east European migrants.

Health Equity Audit tool

**[www.dh.gov.uk/en/Publicationsandstatistics/Publications/
PublicationsPolicyAndGuidance/DH_4084138](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4084138)**

Health equity audits can help commissioners identify how fairly services or other resources are distributed in relation to the health needs of different groups and areas, and the priority actions to provide services relative to need. The overall aim is not to distribute resources equally but, rather, relative to need. Used across children's services, this can help identify potential gaps in service provision for particular vulnerable children and young people.

World Class Commissioning data packs

<http://www.institute.nhs.uk/organisation/general/wccdatapack/>

Primarily aimed at PCT commissioners, these data packs bring together information from multiple sources covering 250 indicators, at individual PCT level as well as national averages.

3. Children and young people's participation

Putting participation into practice

www.youngminds.org.uk/publications/all-publications/putting-participation-into-practice-1

This guide from Young Minds (2005) provides practical information that staff across child and adolescent mental health services can develop to suit their own requirements. It provides an overview of participation practice from a range of sources including social care, child mental health, education, youth services and services for children with disabilities. Case studies are used throughout to illustrate ways of involving children and young people in service development and in individual decision making.

Hear by Right

<http://hbr.nya.org.uk/>

This is a standards framework aimed at organisations across the statutory and voluntary sectors to assess and improve practice and policy on the active involvement of children and young people. It uses measurable standards to map the current levels of participation and plan a strategic approach to taking things further.

You're Welcome Quality Criteria: Making health services young people friendly

www.dh.gov.uk/en/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/DH_4121562

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097571

This guide sets out principles to help health services – including non-NHS provision – become young people friendly. It covers areas to be considered by commissioners and providers of health services, and the content is based on examples of effective local practice. Healthy Lives Brighter Futures, the Healthy Child Programme for 5 to 19 year olds and the Operating Framework for the NHS in England 2009/10 highlight the importance of implementing these quality criteria. The toolkit (second link above) is designed to help services rate their level of achievement in relation to the You're Welcome quality criteria and develop plans for reviewing, maintaining or improving the level of service.

4. Workforce development

NCSS workforce planning tool

www.cypf.org.uk/camhs/workforce/workforce-design--planning/resources.html

One of the key factors in delivering effective emotional health services is having a workforce which is sufficient and skilled, well-led and supported to deliver high quality services. This area of the NCSS site has access to guidance on workforce development, as well as a workforce planning template and guidance notes.

One Children's Workforce Framework

<http://onechildrensworkforce.cwdcouncil.org.uk/walkthrough/framework>

This framework has been developed by the Children's Workforce Development Council, working with partners, to provide local areas with a framework that describes what a reformed children's workforce would look like. It is supported by tools and resources to help them deliver this vision and identify future support they might need to get there.

Everybody's Business training resource

www.cypf.csip.org.uk/camhs/training-and-developing-tier-1-in-children--young-peoples-mental--health/useful-resources--tier-1-training-resources.html

This training resource has been developed for universal services by NCSS. While many local areas have developed their own training in this area, there is not a standard approach across the country, and this is a valuable resource for anyone wishing to do more awareness-raising with universal services.

Mental Health Foundation pack for promoting mental health in schools

www.mentalhealth.org.uk/publications/?EntryId5=43106

This training pack is designed as a resource for teachers to develop debate and activities on mental health promotion across their school. The pack can be used flexibly and at a pace that suits the school. It seeks to affirm work already underway, while providing guidance on what more can be done. It has been developed with a number of schools and features a variety of activities, including the use of peer support and circle time, discussions about teachers' emotional health, and a range of handouts. Schools are likely to value the input of mental health practitioners in helping them use this pack.

PSHE Continuing Professional Development Programme

The national PSHE CPD programme is funded by the DCSF and has a unit on emotional health and wellbeing that school staff and school nurses can access.

CWDC Share!

www.cwdcouncil.org.uk/cwdc-share

This area of the Children's Workforce Development Council website provides access to multi-media training, event and learning materials to share experiences of integrated working. The 2008 resources are called 'sharing the journey'; the 2009 resources are called 'joining the pieces'. Each project demonstrates how integrated working can really help improve the lives of children, young people and families, as well as issues and barriers that organisations encounter and overcome.

Guidance from the National Institute for Health and Clinical Excellence (NICE)

<http://www.nice.org.uk/guidance/index.jsp>

An overview of the evidence base is provided in **Annex A**, including references to a range of key research reviews. A number of these have been published by NICE, an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. It has produced a range of guidance relevant to emotional health, including:

1. depression in children and young people
2. conduct disorder in children – parent-training/education programmes
3. preventing uptake of smoking by children and young people
4. promoting physical activity for children and young people
5. social and emotional wellbeing in primary education
6. school-based interventions on alcohol
7. attention deficit hyperactivity disorder (ADHD)
8. interventions to reduce substance abuse among vulnerable young people
9. social and emotional wellbeing in secondary education
10. postnatal care
11. eating disorders
12. strategies to prevent unintentional injuries among under 15s.

5. Review and evaluation

Think Research: Using research evidence to inform service development for vulnerable groups

www.cabinetoffice.gov.uk/social_exclusion_task_force/think_research.aspx

The Social Exclusion Task Force in partnership with Barnardo's, Research in Practice and the National Foundation for Educational Research, has developed this tool to assist commissioners and service providers to select and monitor evidence-based services for vulnerable people.

Measuring Outcomes: Guidance on outcome evaluation for Sure Start Local Programmes

www.ness.bbk.ac.uk/support/GuidanceReports/documents/1190a.pdf

Produced for the National Evaluation of Sure Start by the Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London. This guidance provides a detailed definition of outcome evaluation, discusses its importance and considers a range of methods for conducting effective evaluations.

Outcome-Focused Evaluation. Module 5 of The Evidence Guide (Barnardos)

www.barnardos.org.uk/theevidenceguide

The Evidence Guide is a learning resource aimed at increasing the use of research evidence in practice in social care. Module 5 is for staff setting up a service evaluation, as well as managers, evaluators and academics. Its aim is to help people set up well-conducted evaluations.

Evaluating Good Practice with Children and Families: A practitioner's primer (Warren House Press)

www.warrenhousepress.com

This practical guide has been written by researchers from Dartington in response to the increasing need for individual practitioners to measure the effectiveness of their work. This is particularly driven by the growing emphasis on evidence-informed practice, from children's services departments, policymakers and funders.

CAMHS Outcome Research Consortium (CORC)

www.corc.uk.net

CORC is a collaborative membership organisation which aims to support child and adolescent mental health services in the challenging enterprise of outcome evaluation. It encourages its members (and other services) to use an agreed common set of measures in work with individual children and families. These provide outcome information from three key perspectives – the child, the parent/carer and the clinician. In addition to advocating the use of three key tools designed for use in health settings, CORC is currently developing a range of approaches more suitable to community settings.

Annex A

Rationale and evidence base

1 Supporting parents and carers

Why is it important?	What works?
<ul style="list-style-type: none"> ● Good physical and mental health in pregnancy is associated with better outcomes for children. Anxiety, depression and maternal stress during pregnancy, especially the experience of domestic abuse, have been linked to impaired emotional, cognitive and language development in infants.² ● During the first two years of life a baby's brain continues to develop rapidly, influenced by the emotional and physical environment as well as by genetic factors. Neurobiological research shows that an infant's brain is physically sculpted by the quality of his or her interaction with primary caregivers. These early relationships set the 'thermostat' for later control of the stress response.¹⁷ For example, if a child is soothed when they are alarmed, their brain will respond to future stressful situations in a calm way. 	<p>A. Information, advice and support for all parents</p> <ul style="list-style-type: none"> ● Providing information about physical and mental health at the earliest possible stage of pregnancy can promote awareness of these risks and reduce the danger of poor outcomes for women and their babies.² ● Parents and practitioners need opportunities to review a child's social and emotional development, for the practitioner to provide evidence-based advice and guidance, and for the practitioner to decide when specialist input is needed.¹⁷ ● Practitioners need to listen well, observe carefully, understand when things are going wrong and be able to deal with this sensitively.¹⁷ ● If parents are separating or in conflict, consider approaches such as divorce education programme or custody mediation. Evidence is limited but studies in the US have shown that they can raise awareness of children's needs, reduce behaviours where children are put in the middle of disputes and improve communication between parents.³²

Why is it important?	What works?
<ul style="list-style-type: none"> ● Secure attachment to the primary caregiver is an important protective factor for mental health later in childhood. Attachment insecurity is widely recognised as a risk factor for the development of behaviour problems.²³ ● Parenting and the home environment have a significant influence on a range of outcomes for children³¹ – for example substance misuse, truancy, school exclusion and underachievement, child abuse, youth crime and mental illness. Early neglect and trauma are associated with problems in later life, including anxiety, impulsivity and hyperactivity, as well as poor problem-solving and empathy.² ● Parental conflict is a key variable associated with negative outcomes in children from both intact and non-intact families. Research in this area clearly shows that family functioning has a greater impact on outcomes than family structure. High levels of conflict, stress resulting from the separation and/or resulting poverty can all negatively affect maternal mental health. Poor mental health affects the ability of parents, whether married, separated or divorced, to parent effectively, which in turn impacts on children’s wellbeing.³² 	<p><i>B. Promoting maternal mental health</i></p> <ul style="list-style-type: none"> ● Routine antenatal screening for depression and experience of violence from a partner can promote maternal mental health.¹⁷ ● Evidence-based approaches to treating postnatal depression include the training of health visitors to deliver brief psychological therapies with the support of GPs, and specialist perinatal mental health services for women with more severe mental illness.³⁶ <p><i>C. Information and support for fathers</i>³⁴</p> <ul style="list-style-type: none"> ● Prenatal education specifically designed for expectant fathers may have more positive outcomes in relation to information retention and sensitivity towards the new baby, compared with groups for both sexes. ● Fathers influence mothers’ decisions to initiate and/or sustain breastfeeding, according to a number of studies. The support a father provides through active participation in the decision to breastfeed, together with a positive attitude by him and knowledge about the benefits of breastfeeding, have been shown to have a strong influence on the initiation and duration of breastfeeding. ● Fathers taught the skills of caring for a newborn or of interacting with them (e.g. through baby massage and bathing) tend to be closer to their babies at the time and also later. ● Participation by low income fathers in educational/parenting interventions is associated with improved behaviour and parenting style; increased knowledge and understanding of child development; increased confidence in their parenting skills; more sensitive and positive parenting; greater involvement in infant and child care; and greater interaction with children.

Why is it important?	What works?
<ul style="list-style-type: none"> ● The role of fathers is important. The degree to which they are involved in their child's life (for example in terms of providing for basic needs, spending time together, helping with school work, giving praise and affection and disciplining) is related to the degree of prosocial behaviour a child exhibits – i.e. the degree to which they show care and concern for others.³³ ● Vulnerable children from disadvantaged backgrounds tend to gain more from a strong father-child relationship than do children from better-off families, and to suffer more when this is lacking.³⁴ ● Having a significant adult (someone who has a constant, positive presence) is critical in developing resilience in children and young people who are vulnerable. This person could be a positive role model outside the family. Research suggests that if a vulnerable child does not have such a relationship, this should be addressed as a priority, for example through mentoring.³⁵ 	<ul style="list-style-type: none"> ● A number of studies report that fathers in vulnerable situations feel that children's service providers have negative underlying attitudes to them, for example holding preconceptions about their understanding of their child's needs, or failing to gather routine information about the presence of significant males in a child's life. Effective strategies for engaging fathers can be relatively simple, for example including the father's name on enrolment forms, sending written correspondence to fathers even if they live apart from their children and inviting them into the service to participate in activities. <p><i>D. Early, relationship-focused support for those at risk</i></p> <ul style="list-style-type: none"> ● Early, targeted and strength-based interventions focusing on relationships can bring about positive changes in the emotional environment of vulnerable babies.³⁷ ● For children and parents where there are mild to moderate difficulties around sleeping, feeding, toileting and behaviour the Solihull Approach, delivered by health visitors, has been positively evaluated, with improvements in presenting symptoms as well as reductions in parental anxiety (see www.solihull-ct.nhs.uk/solihullapproach). A new resource, based on the same theoretical approach, is available for those working with school-aged children.

Why is it important?	What works?
	<ul style="list-style-type: none"> ● Psychotherapeutic approaches have been shown to have a positive impact with parents and young children experiencing relational and behavioural difficulties: <ul style="list-style-type: none"> – the Sunderland Infant Programme demonstrated a significant impact on maternal sensitivity and subsequently their child’s attachment security. Parents are invited to participate and learn more about their babies’ unique ways of communicating, which are captured through a short video clip at eight to 12 weeks. The clips are analysed using the methodology in the CARE-Index.³⁸ Tailor-made interventions are then devised, varying from behaviourally focused video-based guidance by health visitors to parent-infant psychotherapy with clinical psychologists. The programme builds on earlier US-based interventions which take a psychoanalytic perspective and provide relationship-focused interventions using video feedback.³⁹ – Watch, Wait and Wonder is a child-led psychotherapeutic approach for parents and young children aged 0 to 4 with relational, behavioural, regulatory and developmental problems. It aims to enable the caregiver to interpret a young child’s communications, on the basis that carers who are able to ‘read’ cues are more able to understand emotional states and help the child regulate their feelings (www.watchwaitwonder.com). An evaluation showed an increase in parenting satisfaction and competence, more secure attachment patterns and improved cognitive and emotional regulation in infants.⁴⁰

Why is it important?	What works?
	<ul style="list-style-type: none"> ● The Family Nurse Partnership programme is an intensive, structured home visiting programme delivered by specially trained nurses to vulnerable first time young mothers and their families, beginning during pregnancy until the child's second birthday. The programme has three primary goals: <ul style="list-style-type: none"> – to improve pregnancy outcomes by promoting health-related behaviours – to improve child health, development, and safety by promoting competent caregiving – to enhance parents' lives by promoting pregnancy planning, educational achievement and employment. <p>The programme has two secondary goals: to enhance families' material support by providing links with health and social services as needed, and to promote supportive relationships among family and friends. It was developed in the USA and has been shown to have a long term impact on a range of outcomes such as a reduction in children's injuries, improved readiness for school, reductions in arrest and criminal behaviour in both mothers and children 15 years on, as well as economic benefits (see www.promisingpractices.net). Initial findings from the English pilot sites show that the programme can be delivered well, has very high levels of engagement with families who may previously have been reluctant to engage with services, shows strong engagement with fathers and is demonstrating promising results at an early stage.⁴¹</p> <p><i>E. Parenting education and training programmes</i></p> <ul style="list-style-type: none"> ● A wide range of parenting programmes have been shown to strengthen a person's skills and confidence in parenting their child (for example skills of relationship building or positive discipline).

Why is it important?	What works?
	<ul style="list-style-type: none"> ● The most effective programmes are aimed at parents with children under the age of 12. The evidence on the effectiveness of programmes for the parents of teenagers with entrenched behavioural problems is more mixed, and suggests an individual approach looking at family structures can be more effective.⁴² ● A NICE review of parenting education programmes for the treatment of conduct disorders⁴³ concluded that programmes should be supported by good independent evidence that they work well, and should demonstrate the following features: <ul style="list-style-type: none"> – be based on principles of social learning theory (includes learning from observing other people) – include ways of improving family relationships – offer enough sessions (usually between eight and 12) to be as helpful as possible for those taking part – help parents to identify their own parenting goals – include role play during sessions and homework between sessions so that parents can apply what they have learnt to their own family's situation – be given by people who are suitably trained, skilled and supervised, and can develop successful relationships with parents – be implemented in line with the instruction manual and supporting resources. ● The National Academy for Parenting Practitioners⁴⁴ has a prospectus of all the evidence-based programmes and practitioner training courses it offers. This is designed to help parenting commissioners and others make informed choices about the training programmes which will best support their parenting delivery plans locally.

Why is it important?	What works?
	<p data-bbox="678 309 1380 376"><i>F. Ensure vulnerable children have a positive adult role model</i></p> <ul data-bbox="678 405 1428 1317" style="list-style-type: none"> <li data-bbox="678 405 1428 607">● Longitudinal research with resilient children found that one of the most common role models outside the family circle was a favourite teacher. In this role, the teacher did not just facilitate academic learning, but was also a confidante and positive role model.⁴⁵ <li data-bbox="678 636 1428 965">● Positive relationships between children/young people and adults within schools and other settings are important. Ensuring that every young person in school is noticed by at least one adult can help build their resilience. Creating opportunities for young people and adults to work alongside each other and for young people to influence decision-making can also strengthen pupil/staff relationships.⁴⁶ <li data-bbox="678 994 1428 1317">● Well-structured mentoring schemes can be beneficial. These carefully match an adult with a young person and follow strict guidelines and procedures. Benefits may be greater in relation to engaging a young person in education, training and work rather than psychological or behavioural outcomes such as increasing self-esteem or preventing offending or substance misuse.⁴⁷

2 Supporting friendships, peer relationships and personal development

Why is it important?	What works?
<ul style="list-style-type: none"> ● Successful friendships and peer relationships are distinct concepts. Both influence emotional health in childhood and into adult life, but they have different effects. ● A number of studies have established links between poor peer relations in childhood (both peer rejection and failure to form close friendships) and emotional health, loneliness and problem behaviour in later childhood or early adolescence. Longer term follow up studies focused on peer rejection have also shown an impact in terms of mental health difficulties in later life.⁴⁸ ● Supportive friendships can be a protective factor for the way in which children cope with stressful situations, including victimisation and transitions. However some friendships can be risk factors for negative outcomes, for example friendships with a lot of conflict promote disruptiveness in school, while being in a peer group which displays antisocial behaviour can escalate that behaviour in the individual.⁴⁸ 	<p>A. Peer support opportunities</p> <ul style="list-style-type: none"> ● Peer mediation programmes at secondary school have been found to be effective in promoting social and behavioural skills over the long term. However the evidence is mixed on whether it can be effective in reducing bullying and disruptive behaviour.⁵⁶ ● There is less strong evidence on peer support programmes, which aim to help pupils with social and emotional problems through befriending, listening and support. <ul style="list-style-type: none"> – As yet there is no evidence from experimental evaluations to specifically demonstrate the effectiveness of peer support programmes. However, one violence prevention programme in US (the PeaceBuilders programme) used peer mentoring as a core part of the intervention and achieved positive outcomes for participants.⁵⁷ – Large non-experimental studies have reported benefits for service users, peer supporters and schools, for example programmes run by the Mental Health Foundation and ChildLine.⁵⁸ ● A recent evaluation of the Formalised Peer Mentoring Pilot Evaluation⁵⁹ recommended that Formalised Peer Mentoring needs to be seen as one strategy in support for pupils, among other targeted approaches. There was mixed evidence of impact on outcomes such as behaviour, attendance, attainment and self-concept. However more than 90% of those who were being mentored felt that the process had helped them.

Why is it important?	What works?
<ul style="list-style-type: none"> ● Warm and constructive friendships can support emotional health for a number of reasons: <ul style="list-style-type: none"> – they provide opportunities to explore yourself and understand others – they provide a foundation for future intimate relationships – they help young people deal with the stresses of everyday life – they can improve attitudes toward and involvement in school.⁴⁹ ● Structured and unstructured play are key processes through which children come to understand themselves, their relationship to others and the world around them. It is important to healthy brain development and enables children to develop new competencies, which in turn promotes enhanced confidence and resilience.⁵⁰ ● Supervised play provision can support children's emotional wellbeing, in particular: <ul style="list-style-type: none"> – self-esteem and social skills – social cohesion and friendship networks – access to new play opportunities and experiences which extend and challenge them physically, creatively and socially.⁵¹ 	<p><i>B. Interventions to address/prevent bullying and racism</i></p> <ul style="list-style-type: none"> ● At primary school, a whole school approach (involving curriculum elements together with parenting education and teacher training in management of problem behaviour and development of social skills) is most effective.⁵⁷ Evidence supports an explicit focus on improving the school culture and environment, through efforts to shape values, attitudes and behaviours which improve relationships between pupils, and between staff and pupils. Incorporating a peer mentoring element in which peer mentors help support cultural change may also be helpful. ● Across the primary and secondary phases there are a number of focused interventions which may be helpful (for example restorative justice, assertiveness training, anger management, training lunchtime supervisors etc). Though few have been rigorously evaluated, the Anti-Bullying Alliance⁶⁰ has produced an overview of different approaches. Research suggests that it is important to use the evidence and other available resources to tailor an approach which meets the individual needs of the particular school.²⁵ ● There is no robust evidence available on effective interventions to tackle bullying outside the school environment. This will be addressed in future DCSF initiatives on tackling bullying outside of schools.

Why is it important?	What works?
<ul style="list-style-type: none"> ● Positive experiences outside school and home can reduce the impact of stress or adversity.⁵² ● What teenagers do outside school has an influence on their social and emotional development. The type of activities young people participate in can influence a range of long term outcomes: <ul style="list-style-type: none"> – increasing motivation to learn, leading to better engagement and attendance – improving behaviour and self-discipline – increasing aspirations and self esteem – reducing ‘problem behaviours’.⁵³ ● Sport and vigorous recreational activity are positively associated with emotional wellbeing, independently of sex, social class, or health status.⁵⁴ ● Youth development programmes that aim to promote self esteem, positive aspirations, and a sense of purpose through vocational, educational, volunteering, and life skills work have been shown to have a positive impact on reducing rates of teenage pregnancy.⁵⁵ 	<p>C. Opportunities for personal development</p> <ul style="list-style-type: none"> ● Evidence suggests that effective out-of-school activities and services can maximise opportunities to develop young people’s social and emotional skills. Participation in activities that provide goals, skills and positive relationships with adults and peers can transform life choices of young people experiencing disadvantage, helping them ‘buck the trend’. The benefits from these activities are greater if they are sustained throughout the teenage years, so frequent participation is important, particularly for vulnerable groups.⁵³ ● The following service features have all been shown⁶¹ to promote positive youth development: <ul style="list-style-type: none"> – secure and health-promoting facilities and practices – safe and appropriate peer interactions – clear, appropriate and consistent rules and expectations – appropriate and predictable adult supervision <ul style="list-style-type: none"> – stable opportunities to form relationships with peers and adults – social interchanges characterised by warmth, closeness, caring and mutual respect – a social environment that emphasises the inclusion of all members and recognises, appreciates and encourages individual difference – encouragement for desirable and accepted values and morals – focus on improvement not performance.

Why is it important?	What works?
	<p data-bbox="679 309 1422 376"><i>D. Access to opportunities for physical activity, active play and sport</i></p> <ul style="list-style-type: none"> <li data-bbox="679 405 1422 607">● Evidence around specific interventions is limited but the theoretical base, coupled with best practice and the views of children and young people, suggests that Children's Trust partnerships should take the following into account:⁵¹ <ul style="list-style-type: none"> <li data-bbox="719 636 1422 792">– provide a range of facilities and opportunities for structured and unstructured play which reflect the needs and interests of individuals in the local area <li data-bbox="719 822 1422 853">– ensure spaces are safe, accessible and affordable <li data-bbox="719 882 1422 949">– provide play spaces where families can share and enjoy leisure <li data-bbox="719 978 1422 1046">– provide places which can be used during bad weather. <li data-bbox="679 1075 1422 1451">● Evidence shows that the quality of the places children live, play and learn have an impact on their health and wellbeing. Children benefit psychologically, as well as physically, from time spent in green and natural areas and from high levels of physical activity through play and active travel by foot and bike. Although the evidence is limited and from relatively small-scale studies,⁶² there are indications that: <ul style="list-style-type: none"> <li data-bbox="719 1480 1422 1547">– access to green play spaces is linked with reduced severity of ADHD symptoms <li data-bbox="719 1576 1422 1644">– even small amounts of green space can facilitate relaxation/recovery from stress <li data-bbox="719 1673 1422 1874">– environmental factors such as being dissatisfied with access to green spaces and community facilities, and feeling unsafe to go out have been associated with a significantly higher risk of poor mental health in adults. <p data-bbox="679 1912 1422 1951"><i>E. Interventions to develop social and emotional skills</i></p> <ul style="list-style-type: none"> <li data-bbox="679 1980 1422 2092">● This is an important contributor to the development of friendships and positive peer relationships. It is covered in more detail in table 3 overleaf.

3 Promoting emotional health in early years, school and college settings

Why is it important?	What works?
<p><i>Why is this important?</i></p> <ul style="list-style-type: none"> Although parenting has a significant influence on children's emotional health, it is not the only factor. A child's experience in community settings also influences their resilience.⁵² A child's behaviour (an important indicator of their emotional health) has been shown in many studies to be susceptible to the influence of their wider environment. Other social, behavioural and academic outcomes are correlated with the learning environment. <p><i>Early learning and childcare</i></p> <ul style="list-style-type: none"> High quality early learning and care for pre-school children can improve behavioural development, school achievement and the mother/child relationship. Long-term follow up shows increased employment, lower teenage pregnancy, higher socio-economic status and decreased criminal behaviour. Most of the day care trials in the literature combined day care with parent training or support.⁶³ 	<p>Early years environments</p> <p><i>A. High quality, sustained pre-school provision</i>⁶⁴</p> <ul style="list-style-type: none"> Going to pre-school can enhance all aspects of children's development, especially for children who are at risk of later educational failure, for example those with special educational needs or who are disadvantaged. The longer a child attends pre-school provision the better the intellectual outcomes. On balance, the literature also indicates that early entry to pre-school is more likely to benefit than harm children. The settings that produce the best outcomes for children have highly qualified staff, high levels of parental involvement and see cognitive and social development as complementary. Effective provision for younger children (three and under) requires a consistent relationship with a caregiver, parental involvement, a focus on the child as an individual and attention to the developmental stage of the individual. The quality of the early learning and childcare environment is influenced by the strategic management approach. The most effective environments provide relevant staff training and support, audit local need, identify and target those with special needs, and monitor outcomes. They also offer a good physical environment (for example one that is spacious and well maintained) and a well-structured day. High quality day care provision combined with home visiting and targeted parental training is a significant protective factor for children at risk of emotional health problems.⁶³

Why is it important?	What works?
<ul style="list-style-type: none"> ● It can narrow the gap in behavioural, social and emotional outcomes between the most disadvantaged and most advantaged children.⁶⁴ <p>School environment</p> <ul style="list-style-type: none"> ● Schools have a significant influence on the behaviour and development of all children. Schools can promote resilience by taking action to reduce relevant risk factors for mental health problems. For example they can promote good pupil/teacher relationships, set high expectations and provide opportunities for children to exercise responsibility and autonomy and to experience success.⁶⁵ ● Pupils who feel that adults in a school care about them and their learning feel more connected to their school and this is correlated with lower levels of risk-taking behaviour, according to US research.⁶⁶ ● Positive classroom management climate, discipline policies that are perceived as fair and effective, and higher rates of participation in extracurricular activities all affect how connected a pupil feels to their school. 	<p>B. Promote social and emotional development alongside cognitive development</p> <ul style="list-style-type: none"> ● Promoting language skills, helping children learn to control their impulses, and supporting reading can promote emotional health and reduce mental health problems in later childhood.⁶³ ● An important feature of the successful High Scope Preschool curriculum is active learning, in which children are supported to initiate their own play and activities.⁶³ ● The SEAD (Social and Emotional Aspects of Development) programme for early years practitioners is grounded in research on effective pedagogy in the early years. ● Early childhood interventions that aim to promote cognitive and social development through preschool education, parent training, and social skills training can have a impact over the long term in relation to lower rates of teenage pregnancy.⁵⁵ <p>Schools</p> <p>A. Introduce an explicit programme of social and emotional learning within a whole school approach</p> <p><i>Evidence from primary schools</i></p> <ul style="list-style-type: none"> ● The most effective programmes are whole school, multi-component programmes focusing on promoting wellbeing, social and emotional skills and positive behaviour. They include a classroom teaching element, provide teacher training, involve parents where possible and take place within a supportive school ethos and environment.⁵⁷

Why is it important?	What works?
<p><i>College environment</i></p> <ul style="list-style-type: none"> ● Emotional and social skills/abilities have been identified as being more influential than conventional intelligence for a range of outcomes in adult life.⁶⁷ ● The move from school to further education (FE) has been identified as a stressful transition point. In addition, the population of students attending FE colleges may be more vulnerable than other groups to emotional and mental health problems.⁶⁸ ● There is little evidence on the impact of the college environment on resilience, however the key factors identified for schools (e.g. promoting good student/staff relationships, setting high expectations; providing opportunities for young people to exercise responsibility and autonomy and to experience success) are regarded as good practice in the FE sector as well. 	<ul style="list-style-type: none"> ● A number of US approaches have now been evaluated and this learning has informed the development of SEAL (Social and Emotional Aspects of Learning), which is now being used in many primary and secondary schools in England. SEAL is grounded in the evidence that a whole school approach creates a climate that implicitly promotes social and emotional skills; that learning opportunities should be direct and focused (across the curriculum, in focus groups and outside formal lessons) and that learning and teaching approaches should be used to help pupils to learn new social and emotional skills and consolidate those already learnt. <p><i>Evidence from secondary schools⁵⁶</i></p> <ul style="list-style-type: none"> ● Effective programmes incorporate curriculum approaches within a whole school approach. ● Conflict resolution training can be successful in promoting prosocial behaviours in the short term; while the use of peer mediators may be effective for longer term outcomes. ● Curriculum interventions to promote prosocial behaviours and skills can have a positive effect on preventing symptoms of anxiety and depression.

Why is it important?	What works?
	<p data-bbox="679 297 1382 371"><i>B. Ensure there is an evidence-based, whole school approach to managing behaviour</i></p> <ul style="list-style-type: none"> <li data-bbox="679 394 1425 680">● Managing behaviour is an important aspect of promoting emotional health for staff and pupils. In line with the findings of the Steer review⁶⁹ on behaviour in schools, an Ofsted research report from 2005⁷⁰ highlights the contribution of many areas of school life to understanding and managing pupil behaviour: <ul style="list-style-type: none"> <li data-bbox="715 707 1233 741">– clear direction and support for staff <li data-bbox="715 768 1425 887">– a positive ethos in which each pupil is valued and respected and, where necessary, learns to manage and improve their behaviour <li data-bbox="715 913 1394 1032">– regular training, focused on classroom practice, combined with in-depth appreciation of child and adolescent development <li data-bbox="715 1059 1347 1178">– good use of information systems to monitor behaviour and to take speedy and effective action <li data-bbox="715 1205 1417 1357">– appropriate adaptation of the curriculum and effective teaching and learning (including a positive classroom ethos with good relationships and teamwork) <li data-bbox="715 1384 1394 1547">– well-focused pastoral support and guidance; good involvement of parents and carers, where they are seen as partners rather than being blamed for the poor behaviour of their children <li data-bbox="715 1574 1401 1693">– a welcoming environment to foster a sense of belonging and to reduce vandalism, including a quiet room for pupils who need to calm down <li data-bbox="715 1720 1425 1872">– support from and partnership working with other services; monitoring and evaluation, including regular tracking of behaviour and impact of efforts to manage behaviour.

Why is it important?	What works?
	<p data-bbox="679 297 1198 331">C. Access to extra-curricular activities</p> <ul data-bbox="679 353 1410 745" style="list-style-type: none"> <li data-bbox="679 353 1410 562">● There is a range of evidence⁷¹ to support the view that young people who take part in extra-curricular activities experience better outcomes, for example in relation to engagement with school and lower incidence of offending behaviour. <li data-bbox="679 584 1410 745">● It is helpful to have strong links between extended services in schools and integrated youth support services, for example involving youth workers in positive activities. <p data-bbox="679 797 804 831">Colleges</p> <p data-bbox="679 869 1366 936">A. Embed a whole-college approach to promoting emotional health</p> <ul data-bbox="679 958 1426 2056" style="list-style-type: none"> <li data-bbox="679 958 1426 1126">● There is limited evidence on effective approaches within FE. A 2006 study⁶⁸ identified a number of factors which appear to contribute to effective work in this area, including: <ul data-bbox="719 1149 1426 2056" style="list-style-type: none"> <li data-bbox="719 1149 1426 1272">– building a college-wide awareness about the ways that emotional health affect student retention, attainment, and achievement <li data-bbox="719 1294 1426 1462">– embedding the rationale for emotional health support and promotion into college-wide policies (both specific emotional health policies and more general ones such as learning support) <li data-bbox="719 1485 1426 1653">– enabling staff to address emotional health issues through good leadership (at senior and middle management levels) and adequate resourcing (from internal and external sources) <li data-bbox="719 1675 1426 1877">– have in place staff with specific responsibility for emotional health issues, including promotion within tutorial programmes; one-to-one support when problems arise; and developing college-wide activities <li data-bbox="719 1899 1426 2056">– have a tiered approach to professional development activities for staff so that all are aware of basic emotional health issues, and how to identify problems and refer where needed

Why is it important?	What works?
	<ul style="list-style-type: none"> – address emotional health as part of a wider health-related programme (rather than tackling health topics on an <i>ad hoc</i> basis) – build a college culture or ethos that is perceived by students to be supportive and inclusive – academically, culturally and socially – provide non-stigmatising support for students which is responsive to a range of mental health problems they may experience. <ul style="list-style-type: none"> ● These findings have informed the development of the Healthy FE programme, which was launched in July 2008. The infrastructure for the programme will be in place during 2010. The programme addresses the emotional needs of all students in the FE sector, not just those at FE colleges or aged 16 to 19.

4. Providing access to information, advice and support when necessary

Why is it important?	What works?
<ul style="list-style-type: none"> ● Sometimes children and young people experience problems which cannot be addressed by parents or universal services alone, and which require support from specialists. In these cases, children, young people and their parents/carers want and need swift and easy access to additional services. 	<p>In responses to the CAMHS Review,⁵ children and young people were clear about what they would like to happen when problems arise:</p> <ul style="list-style-type: none"> ● more awareness in children’s centres, schools, colleges and GP practices about mental health; how to promote it and how to deal sensitively with issues that arise ● the opportunity to build a trusting relationship with a known member of staff in schools, so that problems can be shared and discussed ● information and advice available in a range of relevant formats and media ● services in convenient places ● regular contact with the same staff in targeted and specialist services ● clarity over confidentiality arrangements ● single point of entry to specialist mental health services ● age appropriate services ● services that are available when the need first arises, not when things reach crisis point ● services that stay in touch after support or treatment has finished and follow up any problems ● services that think about you as an individual; for example providing help with practical issues and addressing your physical health as well as your mental health.

Why is it important?	What works?
	<p>There are a range of approaches which have been identified as effective for children and young people experiencing early signs of difficulties. The most effective intervention for both externalising (i.e. disruptive behaviour) and internalising (i.e. anxiety and emotional distress) problems appears to be a combination of small group sessions with a focus on developing problem-solving skills, changing thinking patterns and developing pro-social behaviours, coupled with work with parents (where children are under 12). This should be started early, with booster sessions towards the end of primary school if necessary.</p> <p>When problems become more entrenched, there is a broader evidence base for interventions to address a wide range of identified mental health disorders. A summary and an overview of different sources of evidence has been produced for the DCSF's TaMHS programme and is available at www.dcsf.gov.uk/everychildmatters/healthandwellbeing/mentalhealthissues/tmhsproject/tmhs/</p>

Annex B

Funding streams to support emotional health promotion

There are a number of funding streams which deliver services which contribute to emotional health. The delivery of the local area agreement targets (including NI 50) is resourced through:

- a) the Area Based Grant, which includes funding for CAMHS, schools delivering access to extended services, Connexions, Positive Activities for Young People, Care Matters, Teenage Pregnancy, Healthy Schools, Behaviour and Attendance Strategy and Youth Substance Misuse.
- b) a range of additional, ringfenced funding streams, where these are relevant to the targets. In the case of NI 50, the range of additional funding streams includes:

Think Family

- Around £170m has been allocated to local authorities between 2009 and 2011 for services that include the delivery of multi-agency universal services, the availability of early intervention and preventative services and targeted services for parents experiencing significant problems. These services are the described in the *Think Family Toolkit: Improving support for families at risk*.¹²
- The core strands being implemented by all local authorities are the Think Family and Youth Crime Family Intervention Projects; Parenting Early Intervention Programmes and Parenting Experts.
- The additional strands being implemented by some local authorities are Family Pathfinders and Pathfinders for Young Carers; Respect Parenting Practitioners; Anti-social Behaviour Family Intervention Projects and the Child Poverty Family Intervention Projects.

Sure Start, Early Years and Childcare Grant (2009-10: £1,392m/2010-11: £1,543m)

- This grant includes funding for the establishment and continued funding of Sure Start children's centres; support for early years outcomes, quality and inclusion; the new graduate leader fund to increase the number of graduates leading early years practice in the private, voluntary and independent sector; sufficiency of and access to childcare places; buddying; SEAD (social and emotional aspects of development); every child a talker; and Sure Start local programmes.

Targeted Mental Health in Schools

- Between 2008 and 2011 £60m funding is being made available to deliver evidence-based models of mental health support within schools. Pathfinders started in 2008 in 25 areas; a further 55 joined the programme in April 2009 and all remaining authorities will receive funding from 2010.

Extended schools sustainability funding and subsidy funding

(2009-10: £140m/2010-11: £322m)

- To deliver the extended services core offer, schools are likely to need to work in partnership with other schools and organisations. Sustainability funding can be used to support this partnership working, for example by paying for an extended services co-ordinator to work across the cluster or network.

Playing for success (2009-10: £12.9m/2010: £13m)

- This programme is designed to contribute to the achievement of targets for raising literacy, numeracy and ICT skills at key stages 2 and 3 among pupils who are underachieving. Playing for Success centres have been developed which aim to boost pupils' motivation and self esteem to become better learners and to realise their full potential.

Direct Schools Grant

- Includes funding to support the universal roll out of a personalised offer to all pupils aged 5 to 15 between 2008 and 2011.

Myplace Youth Facilities Fund

- This is a government capital programme to deliver world class places for young people to go in line with the ten-year strategy outlined in Aiming High for Young People. The Big Lottery Fund is administering £272m of government capital investment through grants of between £1m and £5m. myplace applicants are expected to demonstrate a commitment to creating a lasting sense of belonging and wellbeing across the community and tackling factors that contribute to young people feeling isolated.

Youth Opportunity Fund and Youth Capital Fund

- This is allocated to all areas for young people to control and decide how money should be spent on positive activities and youth facilities. Funding for 2009-10 was £40m and £26m respectively, providing discrete revenue and capital budgets. The same amount of funding is available for 2010-11.

The Youth Sector Development Fund (YSDF)

- This fund supports third sector organisations that can demonstrate effective approaches to engaging and empowering young people, particularly the most disadvantaged. Up to £100 million has been made available over a three year period from April 2008 to help these organisations sustain and grow their provision so that more young people can benefit from the positive activities they offer.

PCT revenue allocation to CAMHS

- For 2010/11 PCTs have been allocated £84bn, however this is not broken down into individual funding streams for different programme areas. The specific allocations to CAMHS will depend on local priorities.

In addition there is a range of pilots and pathfinders which provide additional funding in a limited number of local authorities, for example:

Extended Schools Disadvantage Funding

- This funding aims to help schools provide and commission a range of activities for children and young people who are disadvantaged by economic circumstances, and looked after children. A pathfinder began in September 2008, involving 400 schools in 18 local authorities, with the aim of developing best practice and case studies for the full roll out in 2010. This has been scaled up in 2009-10.

Play Pathfinder and Playbuilder grants

- 30 Play Pathfinders each have available around £2.1m Pathfinder capital and £500,000 revenue funding to build a large adventure playground and develop a minimum of 28 play areas between 2008 and 2010.
- 122 local authorities have available, on average, £1.1m Playbuilder capital and £45,000 revenue funding to develop a minimum of 22 play areas between 2008 and 2010.

Child Development Grant pilot

- Nine local authorities have received funding up to £825,000 for 2009-10 to test how financial support can be used to encourage disadvantaged families to utilise the childcare and other services offered by their local children's centres.

Right2B Cared4

- Eleven local authorities are participating in a three year pilot to give looked after children a much greater say over when they leave care. Funding of £6m across three years is available to 2010.

Staying Put: 18+ Family Placement Pilots

- Eleven local authorities are participating in a three year pilot project to give looked after children the chance to benefit from a stable family placement so that they only move to independent living when they feel properly prepared and ready. Funding of £4.5m in total is available over three years to 2011.

Teenage Parent Supported Housing Pilot

- This involves seven local authorities who share up to £1.4m during 2009-10 and a similar amount in 2010-11. The aim is to improve outcomes for pregnant teenagers, teenage parents and their children living in supported housing, including improvements in their, and their children's emotional wellbeing.

Annex C

Vulnerable groups

In line with the CAMHS Review, we use the term 'vulnerable children and young people' to refer to those who may be vulnerable for a variety of reasons. The list below provides an example of the children and young people who would be included in the term 'vulnerable' as used in the Review.

However, as the Review notes, it is important not to view this as a definitive list. Although existing evidence suggests that the children and young people in these groups are more vulnerable it does not necessarily mean they are more likely to have mental health issues, providing the right protective factors can be put in place. Nevertheless these are groups which service managers, providers and commissioners need to ensure they consider and plan for, given the higher range of risk factors these children often face:

- children and young people with behavioural, emotional and social difficulties
- children and young people with learning difficulties and disabilities
- children and young people with special educational needs (sen)
- children and young people with life threatening conditions (such as cancer)
- children and young people with chronic illness (such as diabetes)
- children and young people with physical disabilities
- children and young people with specific genetic conditions (such as neurofibromatosis)
- children and young people with sensory disorders (such as those who are deaf)
- children and young people with autistic spectrum disorder
- children with other communication difficulties
- children and young people with down's syndrome
- children and young people who are looked after
- children and young people at risk of suicide
- children and young who are being abused
- children and young people who misuse substances
- children and young people who have been bereaved
- children and young people in contact with youth justice system
- children and young people who are lesbian, gay, bisexual or transgender
- children and young people from ethnic minority groups

- children and young people experiencing housing difficulties
- young people not in education, training or employment
- young carers
- young runaways
- children and young people 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.

Annex D

Notes and references

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