

A commitment from
The Children's Plan

Improving the psychological wellbeing and mental health of children and young people: Commissioning early intervention support services

Guidance for commissioners on the requirements of PSA 12, indicator 4, 4th proxy measure

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Section 1 Introduction

1.1 Purpose of guidance

This guide is for commissioning managers in local authorities (LAs) and primary care trusts (PCTs). It is also for their contacts in government offices and strategic health authorities.

It aims to enable LAs and PCTs to assess their progress in meeting the requirements of PSA 12/indicator 4/proxy measure 4 (for their specific returns via the CAMHS Mapping and Vital Signs respectively). This measures the extent to which:

The local authority and PCT work in partnership to commission a full range of early intervention support services, delivered in universal settings and through targeted services, for children experiencing mental health problems.

This will be rated as follows:

1. No protocols or plans are in place to commission early intervention support services which are delivered in universal settings and through targeted services by the local authority and PCT
2. Some protocols and plans are in place whilst others are at an early stage of development: most services have yet to be put in place
3. Protocols and plans are in place: some services are in place and being delivered, some are still to be developed so as to provide comprehensive early intervention support services in universal settings and through targeted services
4. Protocols and plans are in place: and a full range of comprehensive early intervention support services in universal and through targeted services are in place and being delivered.

PSA 12 covers the period 2008-2011. LAs and PCTs are required to report on progress during 2008 and early 2009, however commissioning managers will

also want to be planning how to develop and improve services in this area over the three-year period.

This guidance therefore covers three related aspects:

- assessing progress
- developing a model for comprehensive early intervention support services
- effective commissioning of these services.

1.2 Recommended Actions

We recommend that commissioners should work with others to:

1. assess the current position of your area in relation to the delivery of comprehensive early intervention support services (using the grading system outlined in Section 4)
2. discuss the service specification proposed in this guidance and its relevance to your local circumstances and needs
3. map the services currently in place in your area which aim to promote psychological wellbeing and mental health, and prevent problems escalating
4. define a comprehensive early intervention service for your locality
5. set priorities for action between now and 2011.

A note on terminology

- **Universal settings** refers to children's centres, school clusters and youth services.
- **Targeted services** refers to those partnerships and services delivered through children's trust arrangements to improve mental health outcomes for especially vulnerable groups in particular:
 - looked after children
 - children in need
 - children about whom there are child protection concerns
 - children from refugee and asylum seeking families
 - children with learning difficulties and disabilities
 - children from black and minority ethnic (BME) groups¹
 - young offenders
 - children with additional needs requiring integrated support
- **Early intervention** refers to the delivery of a prompt response to the early manifestation of mental health problems, through support which is delivered in a community setting.

(Note: It should not be confused with 'early intervention in psychosis' which refers specifically to the detection and treatment of psychosis during the critical early phase of illness, and which is sometimes abbreviated to 'early intervention'. The concept of early intervention described in this guidance is broader and includes services which intervene early in psychosis.²)

- **Psychological wellbeing and mental health** is the terminology used in the CAMHS Review and is consistent with Standard Nine of the Children's National Service Framework (NSF). 'Psychological well-being' includes emotional, behavioural, social and cognitive attributes of well-being. The term 'mental health' is in widespread use and is used as a positive concept in line with current understanding, both nationally and internationally, and is not implied to simply mean the absence of mental illness.

1. This includes children of Mediterranean, White Irish, and Eastern European origin. This definition of BME is contained within Delivering Race Equality (DRE), the government's five year action plan for improving access to mental health services. See www.nimhe.csip.org.uk/our-work for more information.

2. See www.nimhe.csip.org.uk/our-work/early-intervention.html for more information on the national service improvement programme to support early intervention in psychosis.

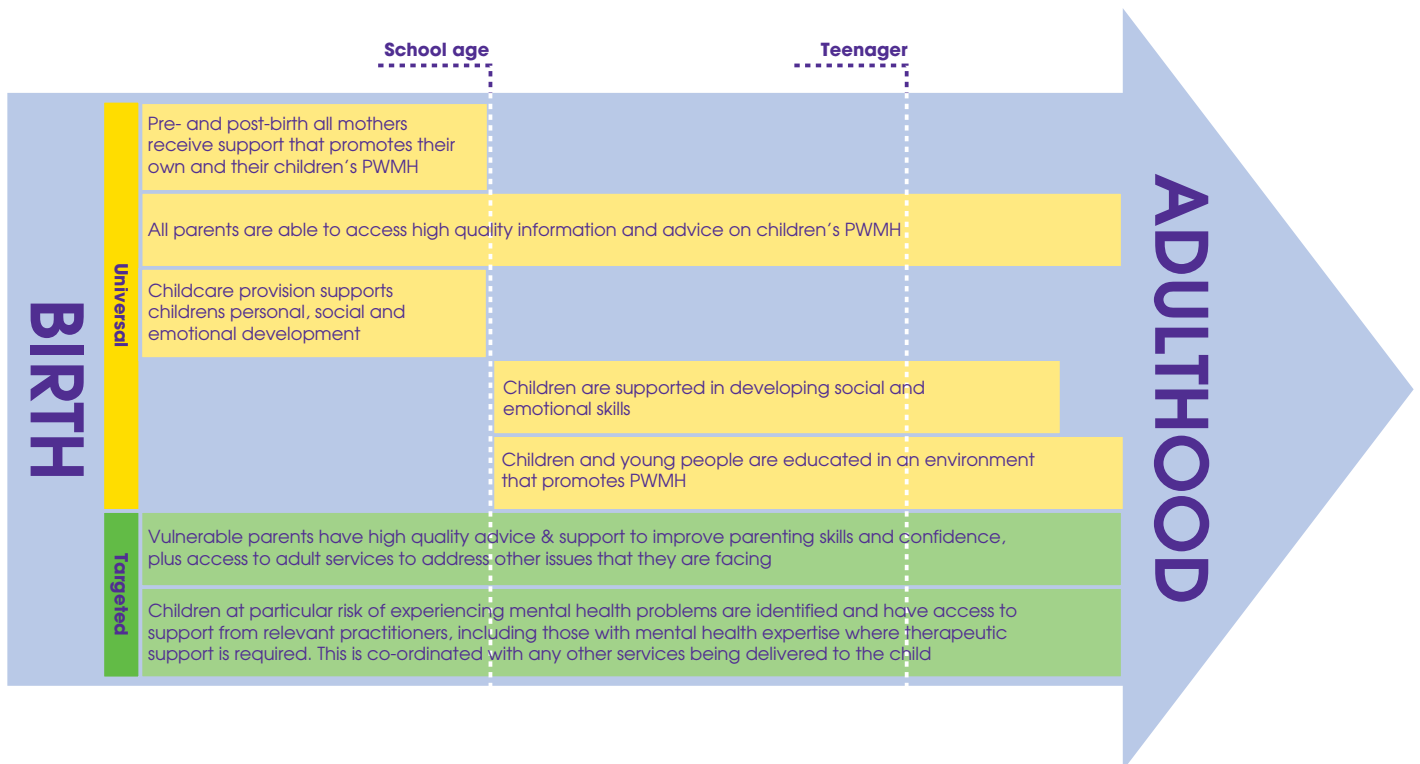
Section 2

A specification for early intervention support services

This section sets out a high level specification for a comprehensive range of early intervention support services to address psychological wellbeing and mental health (PWMH). Each element is already described in existing government policy. Here, we have collected them in one place so that there is a single specification for comprehensive early intervention support. The full policy framework is set out in Annex A.

Figure 1 summarises the core provision that can be grouped and defined under the term ‘early intervention support services’. This is described in more detail in the table underneath, including some of the possible delivery vehicles for such provision.

Figure 1: Core support and services for children, young people and families



2.1 What this might look like in practice

Pre and post-birth

	Provision	Possible delivery vehicles
Universal	Information and advice.	GP surgery/health centre.
	Midwives, health visitors and voluntary organisations support mothers' psychological wellbeing and mental health, and can advise on supporting child's psychological well-being and mental health.	Midwifery and health visiting service. May be supported by other members of Child Health Promotion Programme (CHPP) team, community development workers and/or a voluntary organisation based in the community.
Targeted <i>ie. additional, evidence-based support for vulnerable parents.</i>	1a. Action to identify vulnerable parents, in universal settings and on outreach basis	Family workers, with support and supervision from primary mental health worker.
	1b. Help with accessing information and advice 1c. Parenting support programmes (focusing on attachment and interaction) <i>See Section 5 for more information on good practice with vulnerable groups.</i>	CHPP team, comprising a range of practitioners working across general practice and Sure Start children's centres. Local authority parenting support strategy. Voluntary sector provision. Community development workers. Family Nurse Partnership (in areas of higher need).
	2. More intensive support to identify and address signs of mental health problems (e.g. therapeutic interventions).	Mental health specialists, either through CHPP team, children's centre, community-based psychiatry service or referral to specialist CAMHS. Working in partnership with appropriate adult services, in particular adult mental health services. Including joint commissioning where appropriate.

0 to 5 years old

	Provision	Possible delivery vehicles
Universal	For children: <i>Birth to Three Matters and Foundation Stage</i> support personal, social and emotional development.	Children’s centres and other childcare provision.
	For parents: Parent information and advice service.	Accessible in a range of settings, commissioned as part of overall parenting strategy.
Targeted <i>For vulnerable families and children with or at risk of experiencing mental health problems. In particular those who are:</i> - looked after - in need - refugees and asylum seekers - with learning difficulties or disabilities - from black and minority ethnic groups - subject to child protection concerns - have additional needs requiring integrated support.	1a. Action to identify vulnerable parents, in universal settings and on outreach basis. 1b. Help with accessing information and advice. 1c. Parenting support programmes, (focusing on attachment and interaction) and parenting groups for difficult behaviour. 1d. Training and support for staff in universal services in identifying and responding to need. <i>See Section 5 for more information on good practice with vulnerable groups.</i>	Family workers, with support and supervision from primary mental health worker. CHPP team, comprising a range of practitioners working across general practice and Sure Start children’s centres. Local authority parenting support strategy. Voluntary sector provision. Community development workers. Family Nurse Partnership (in areas of higher need).
	2. More intensive support for parents (and children where necessary) to identify and address signs of mental health problems.	Mental health specialists, either through CHPP team, children’s centre, community-based psychiatry service or referral to specialist CAMHS. Working in partnership with adult services, in particular adult mental health services. Including joint commissioning where appropriate.

School-age children

	Provision	Possible delivery vehicles
Universal	Schools adopt a comprehensive, 'whole school' approach to children's social and emotional wellbeing.	Local Healthy Schools Programme Personal, Social and Health Education Behaviour and Attendance Strategy Work around pupil involvement.
	Schools provide a comprehensive social and emotional skills programme.	Social and Emotional Aspects of Learning Programme (SEAL).
	School-based practitioners understand the contribution they, and their school, can make to children's social and emotional wellbeing.	Local healthy schools programme Voluntary sector input Training and support from mental health practitioner.
	For 13+ year olds, access to information, advice and guidance.	Connexions services and other information, advice and support services.
Targeted <i>For those with or at risk of experiencing mental health problems. In particular those who are:</i> - looked after - in need - refugees and asylum seekers - with learning difficulties or disabilities - from black and minority ethnic groups - subject to child protection concerns - young offenders - have additional needs requiring integrated support.	Action to identify at-risk children, in universal settings and on an outreach basis, using CAF.	Staff in universal services; staff in targeted services; voluntary sector services.
	Provision of appropriate mental health support for vulnerable groups (see Section 5 for more details). Access to information and advice from other services (including adult mental health services) to address range of risk factors.	Mental health practitioners working in and with universal and targeted services, in particular: - looked after children's teams - child protection teams - children in need services - services for refugees and asylum seekers - behaviour support and inclusion services - ethnic minority support services - youth offending teams - pupil referral units and BESD provision. May also be based in multi-agency locality-based teams. Community development workers.
	Training and support for staff in universal services in identifying and responding to need.	
	A timely and co-ordinated response when a child has a range of needs.	
	Problem-focused small group support.	SEAL Silver Set (small group work), delivered by school staff with training/support from relevant specialists.
	Evidence-based, therapeutic interventions for children requiring more intensive support, working in conjunction with family where possible. Support for parents to develop parenting capacity and to address signs of mental health problems.	Practitioners with mental health expertise based in or working with a range of universal and targeted services (as above). Parenting strategy. Partnership working with adult mental health services.
Referral mechanisms and care pathways in place to facilitate access to specialist support where necessary.	Integrated working strategy.	

Post-16

	Provision	Possible delivery vehicles
Universal	Access to information, advice and guidance.	Connexions; voluntary organisations; other information, advice and support services.
Targeted <i>For those with or at risk of experiencing mental health problems. In particular those who are:</i> <ul style="list-style-type: none"> - looked after - in need - refugees and asylum seekers - with learning difficulties or disabilities - from black and minority ethnic groups - subject to child protection concerns - young offenders - have additional needs requiring integrated support. 	Action to identify at-risk young people, in universal settings and on an outreach basis, using CAF.	Staff in universal services (including FE colleges); voluntary sector services.
	Provision of appropriate mental health support for vulnerable groups (see Section 5 for more details).	Mental health practitioners working in and with universal and targeted services, in particular:
	Access to information and advice from other services (including adult mental health services) to address range of risk factors.	<ul style="list-style-type: none"> - looked after children's teams - child protection teams - children in need services - services for refugees and asylum seekers - behaviour support and inclusion services - ethnic minority support services - youth offending teams - targeted youth support teams and other multi-agency locality-based teams.
	Training and support for staff in universal services in identifying and responding to need.	Community development workers.
	A timely and co-ordinated response when a child has a range of needs. A smooth transition to adult services where necessary.	Practitioners with mental health expertise based in or working with a range of universal and targeted services (as above).
Evidence-based, therapeutic interventions for young people showing signs of mental health problems and to prevent problems escalating (e.g. around offending, substance misuse, self-harm).		
Referral mechanisms and care pathways are in place to facilitate access to specialist support where necessary.	Integrated working strategy.	

Pre-requisites for delivering this model on a sustainable basis

- Children's trusts have good partnership working and a good overview of the range of services available to support psychological well-being and mental health.
- Children's trusts understand the overall level of mental health need in their area. They consider the needs of **all** children and young people, including delivery plans to meet the needs of those who are more vulnerable, in particular looked after children, children in need, children from refugee and asylum seeking families, children with learning difficulties and disabilities, children from black and minority ethnic groups, children about whom there are child protection concerns, young offenders and children with additional needs requiring integrated support.
- Issues around workforce development and service reconfiguration are being considered in a coherent way across children's services.
- Universal services understand their role at the heart of a preventative system. This includes being active partners in children's trust planning and delivery arrangements.
- Children's trusts have listened to the views of children and young people and these are taken into account in service planning and delivery.
- All practitioners working with children and young people understand the contribution they, and their organisation, can make to psychological wellbeing and mental health. They know how to identify and respond to a potential need, using CAF as the basis for their work, and involving practitioners with mental health expertise where appropriate.
- Integrated systems and processes are in place to support more responsive services. This includes the Common Assessment Framework (CAF) and the lead professional.
- Services are delivered in appropriate and accessible locations by staff who are culturally

competent and knowledgeable about the specific needs of children from a diverse community.

- Services are informed by the available evidence base, and local areas are engaged in a cycle of evaluation to build up their own local evidence base.

What this means for LAs and PCTs

We are encouraging LAs and PCTs – through their local CAMHS partnership and their children's trust partnership arrangements – to use this specification as a benchmark for assessing whether they have a full range of early intervention support services in place. The balance of services, and the different resources attributed to each area will depend on levels of need and local priorities. However, we would expect the broad outline to be relevant in all areas, and therefore to be something that all areas are working towards.

The services offered should be based on a real understanding of the levels of need in the area, the requirements of service users and the resources available from the full range of partners (including schools and the voluntary sector). There should be a clear rationale for which supports and services are in place, and what proportion of the target population they are intended to reach.

Section 3

Commissioning early intervention support services

3.1 The commissioning cycle

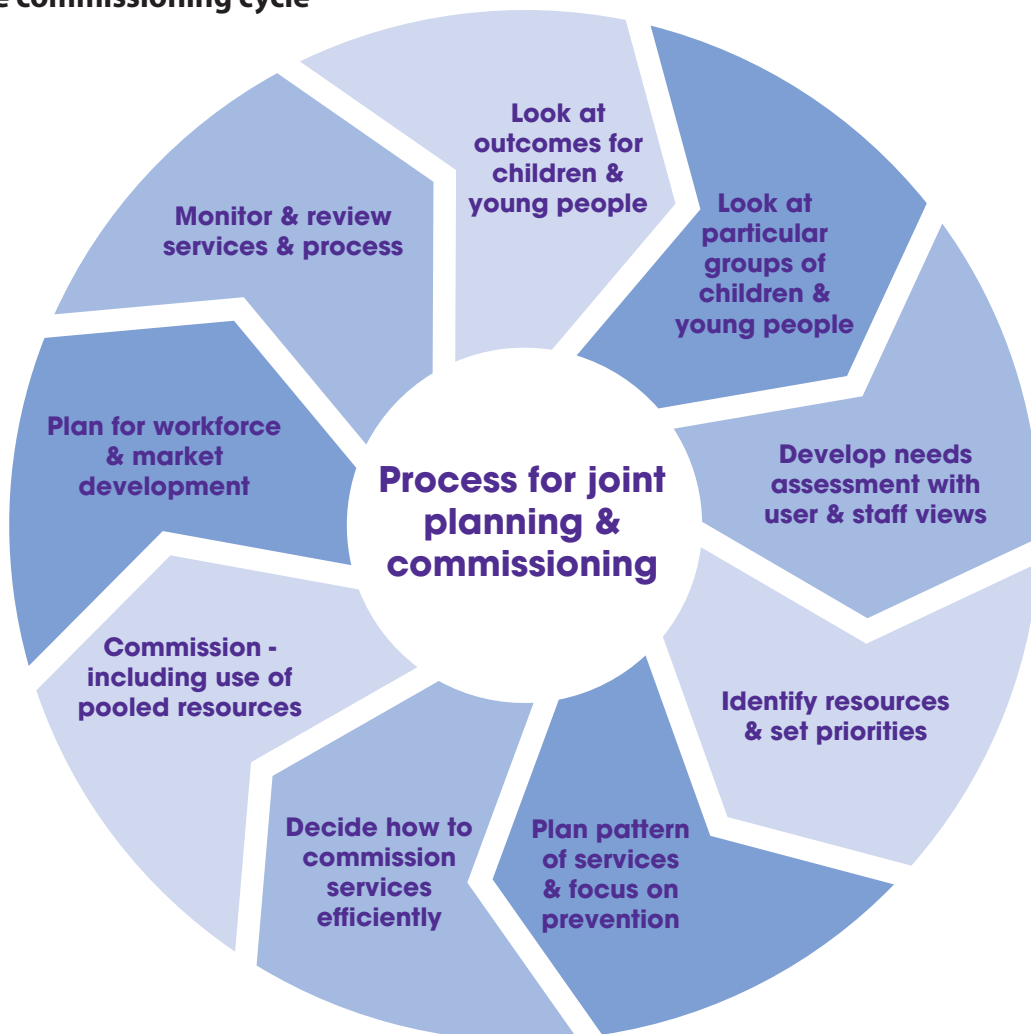
As a commissioner of children’s services, you will already be well-versed in the nine-step commissioning cycle (below), and will be engaged in the challenging work of making this a reality in your children’s trust area.

To develop an effective model of early intervention support, the main pre-requisite is to have a

well-functioning, integrated structure for joint commissioning, with good partnership working between health and local authority services. Therefore we do not repeat policy on joint commissioning here, but assume that this work is already being taken forward.

Further support on these issues is available from a number of sources - see Section 5.

Figure 3: The commissioning cycle



3.2 Challenges in relation to early intervention

This guidance highlights some of the specific challenges that commissioners may face as they work to develop a comprehensive range of early intervention support services for emotional health and wellbeing. In particular:

1. **Stakeholders:** recognising the wide range of providers involved in supporting emotional health and wellbeing and ensuring that these are engaged and involved when developing service provision.
2. **Needs assessment and planning:** mapping need in relation to a broad range of mental health problems and difficulties.
3. **Strategic issues:** ensuring that plans, structures and processes facilitate the development of early intervention services.
4. **An informed approach:** ensuring the commissioning process is informed by relevant expertise and evidence.
5. **Developing capacity:** engaging with and developing capacity in universal and targeted services.
6. **Integrated working: ensuring that** practitioners from all agencies work together to deliver a child-centred service.
7. **User involvement:** involving children, young people and families in the commissioning process.

These are discussed in more detail in the following sections.

3.2.1 Stakeholders

There is a wide range of stakeholders who will be directly or indirectly involved in delivering the kind of comprehensive early intervention support described in Section 2.

Figure 4 (on page 13) gives a high-level representation of relevant agencies, practitioners and management structures. It is not intended to be definitive, but to illustrate the breadth of expertise that is available to support children's

mental health. These stakeholders may already be working in an integrated way in your locality. However, for those areas which still need to develop links, the list of stakeholders is put into a checklist form at Annex B to help with initial planning, particularly in involving the right people in establishing aims and structures for taking forward this work.

It is important to map all services which have an impact on children's mental health, for example:

- Provision delivered by early years services.
- Provision delivered by mainstream schools and special education provision (e.g. PRUs, BESD provision) – to whole school, class and individuals/small groups.
- Provision commissioned by the local authority, in particular social care services, disabled children's services, education welfare, ethnic minority support services, youth services, behaviour support services, youth offending teams.
- Provision from specialist mental health services.
- Voluntary sector provision.
- Adult mental health services.

Planning tools that can help in this work include:

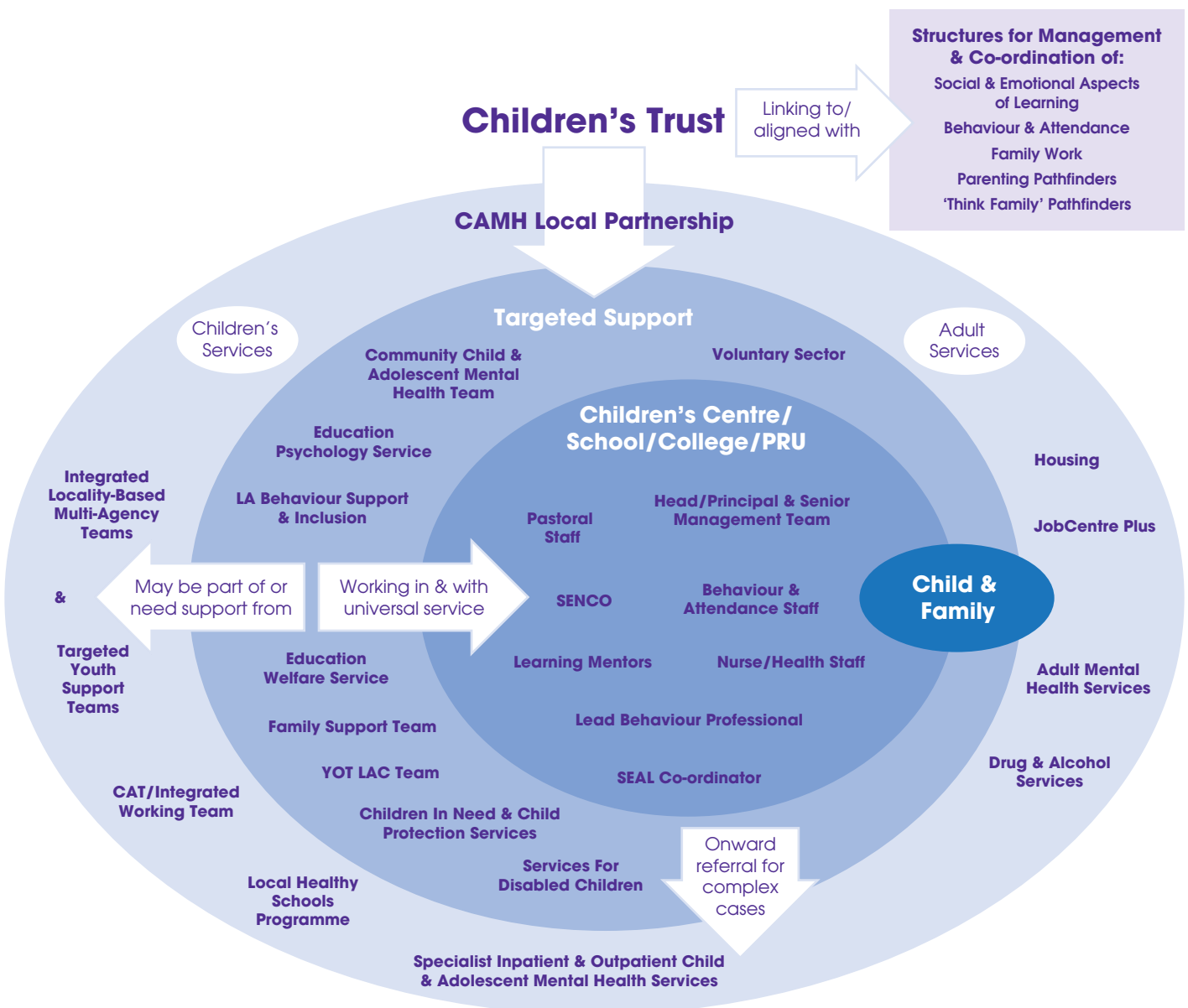
- **The CAMHS Self Assessment Matrix:** this online tool was developed by the National CAMHS Support Service (NCSS) in collaboration with the Health and Social Care Advisory Service (HASCAS) to enable local partnerships to review and plan their priorities, investment and services. It supports a joint approach between key partners.

See:

<http://www.apho.org.uk/default.aspx?QN=CHMT3>

- The Emotional Wellbeing and Mental Health Toolkit:** Produced by the Bristol Healthy Schools Programme this mapping tool is available as a blank template that can be customised for other localities (see Section 5). Carrying out the exercise in relation to your local area can build up a picture of how schools and communities are currently addressing the mental health needs of children and young people. Exercises such as this can emphasise to local stakeholders the important contribution they make to promoting children’s mental health, and also provide a useful resource map for the development of services.

Figure 4: Stakeholders in delivering early intervention support



3.2.2 Needs assessment and planning

Understanding levels of need among your population of children and young people, and mapping out the provision currently available to meet these needs is an important early step in planning comprehensive early intervention services. There are likely to be many examples of needs assessment activities already taking place within your children's trust, for example:

- To inform the joint planning and commissioning cycle within the children's trust (see www.everychildmatters.gov.uk/strategy/planningandcommissioning)
- As part of the requirement on PCTs to keep an up-to-date CAMHS needs assessment (<http://www.apho.org.uk/default.aspx?QN=CHMT2>)
- As part of the information collected by local authority services in relation to particular vulnerable groups, for example children in the social care system, young offenders, children with learning difficulties and disabilities, children from black and minority ethnic groups etc.
- As part of monitoring and information gathering within schools, for example in relation to extended schools, behaviour and attendance, healthy schools and the development of SEAL.

We are encouraging LAs and PCTs to use as much of this information as possible to draw up a clear picture of need within their area. Then, this can be set against a comprehensive map of service provision, to identify overlaps, gaps and opportunities for service reconfiguration and development.

3.2.3 Strategic issues

The following good practice pointers have been highlighted by those currently involved in commissioning early intervention services:

- ensure that the local CAMH strategy is integral to the Children and Young People's Plan.
- ensure that all relevant commissioners are represented in local CAMH partnerships.

- be aware of and open about the possible tensions when a 'purchaser' is also a provider of services, and have processes in place to address those tensions.
- encourage partners to work collaboratively and pool or align resources where possible (for example having an overview of the SEN and CAMHS budgets to assess how resources are used most effectively to support those with social, emotional and behavioural difficulties).

Many of these issues are common to all aspects of commissioning. Local areas can access support from a range of sources (see Section 5).

3.2.4 An informed approach

Services are more likely to be relevant and effective if the commissioning process is informed by practice and research around children's mental health issues. Therefore commissioners are advised to ensure that:

- there is involvement from clinicians/practitioners in the commissioning process, so that there is a clear understanding of how best to support children and young people, as well as manage services effectively.
- all work is grounded in the available evidence base (see Section 5).
- all work is evaluated to contribute to the development of a local evidence base.

3.2.5 Developing capacity

The following good practice pointers have been highlighted by those currently involved in commissioning early intervention services:

- It is important to engage early with early years providers, schools and primary health care providers. Given the large numbers of schools involved, and their varied demands and requirements, it can be helpful to use children's trust arrangements to appoint one person (or service) as the interface with schools. For example, in one area the educational psychology service liaises with schools on CAMH strategy issues, as they are well-placed to understand the needs of the schools and the aims of the strategy.

- It is important to recognise that it is often the staff with the least experience of mental health issues who spend the most time with the most vulnerable children (e.g. residential social workers, teaching assistants, youth justice workers and newly qualified staff). Developing the capacity, skills and confidence of these staff can be key to promoting the psychological well-being and mental health of vulnerable children and young people.
- The introduction of the Common Assessment Framework (CAF), the lead professional and other integrated working arrangements is currently providing an opportunity for engaging staff in universal and targeted services and giving them confidence in talking about and working with mental health issues.
- Specific training can also help, for example the Everybody's Business training programme developed by the National CAMHS support service for staff in universal services (see Section 5).

3.2.6 Children, young people and families

Children, young people and families are a key group of stakeholders. One of the underpinning principles of a comprehensive CAMHS (as set out in the National Service Framework) is that both the commissioning and delivery of services should be informed by a multi-agency assessment which incorporates the views of all stakeholders, including those of children, young people and families.

Involving service users in such a way requires time and commitment; however those areas that are developing user involvement report that services are more effective and sustainable as a result.

For more information, see the Young Minds publication *Putting participation into practice* (2005). Available at http://networks.csip.org.uk/_library/Putting_participation_into_practice.pdf

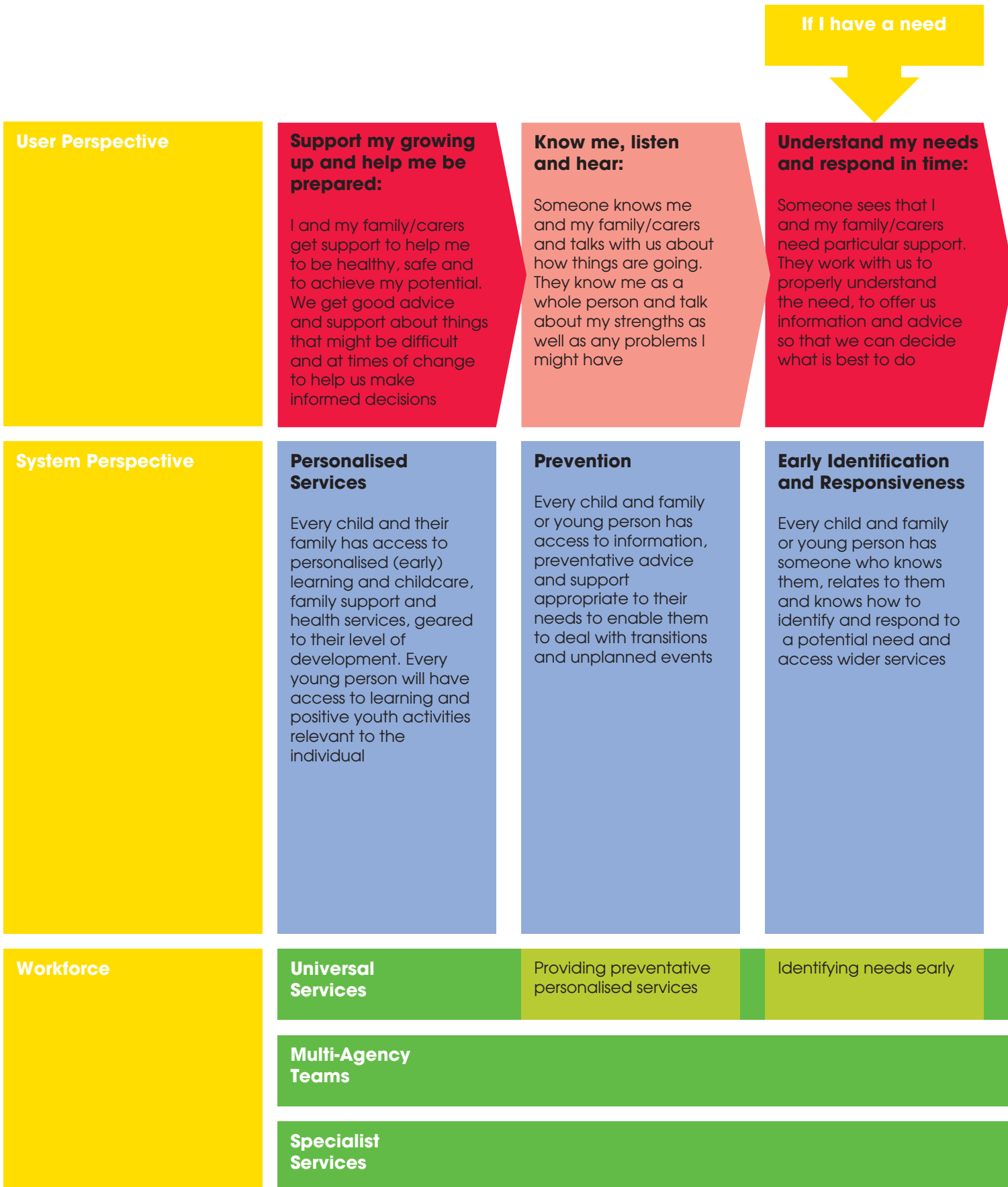
3.2.7 Integrated working

The DCSF has developed a draft vision for integrated working which is currently being shared with professionals in all sectors supporting children and families. It aims to show what we mean by integrated working, both for the child and for practitioners. We want it to apply to every child, whatever their local area, age, level of need and family background. It is a broad national framework that local areas can use as a basis for their own local vision.

We set out the framework here (see Figure 5 overleaf) because we believe it is a helpful starting point for thinking about joint commissioning of early intervention mental health services. It is child-focused, and it illustrates clearly the contribution that practitioners from mainstream and targeted services make to delivering effective integrated support.

One of the main challenges to achieving this vision is the need to reconfigure existing services and commission new ones to ensure skilled practitioners are available to support the needs identified in universal settings.

Figure 5: Vision for integrated working





Holistic Assessment and Action Planning

Where the child or young person has a potential need that cannot be met within their universal setting, a trained practitioner will work with them and their family to assess their needs holistically, supported by the local multi-agency team where appropriate. Where additional needs are identified, the child and family or young person will be fully involved in the development of a personalised action plan

Integrated Team

Where a child or young person requires additional services from more than one practitioner, someone will select the practitioners who are best able to support their specific needs (from the multi-agency team and specialist services as appropriate) and form an integrated team

Effective Working

Where a child or young person needs support from an integrated team it will be:

- accessible;
- collaborative (working in partnership with the child and family or young person);
- flexible (in offering services that meet their individual needs and make effective use of resources);
- joined-up (working effectively as a team and sharing information appropriately); and
- coordinated by a lead professional

Review

Where a child or young person has received additional support, the child and their family or young person will be involved in a regular review of progress. This will determine whether further services are needed and will agree the level of support. A child and family or young person will continue to be supported as long as they need additional services

Assessing those needs	Forming the team around the child	Coordinating and delivering integrated services	Reviewing progress
Providing information and advice			

Section 4 How progress will be measured

LAs and PCTs are asked to rate their service under each indicator on a scale of 1 to 4 as follows:

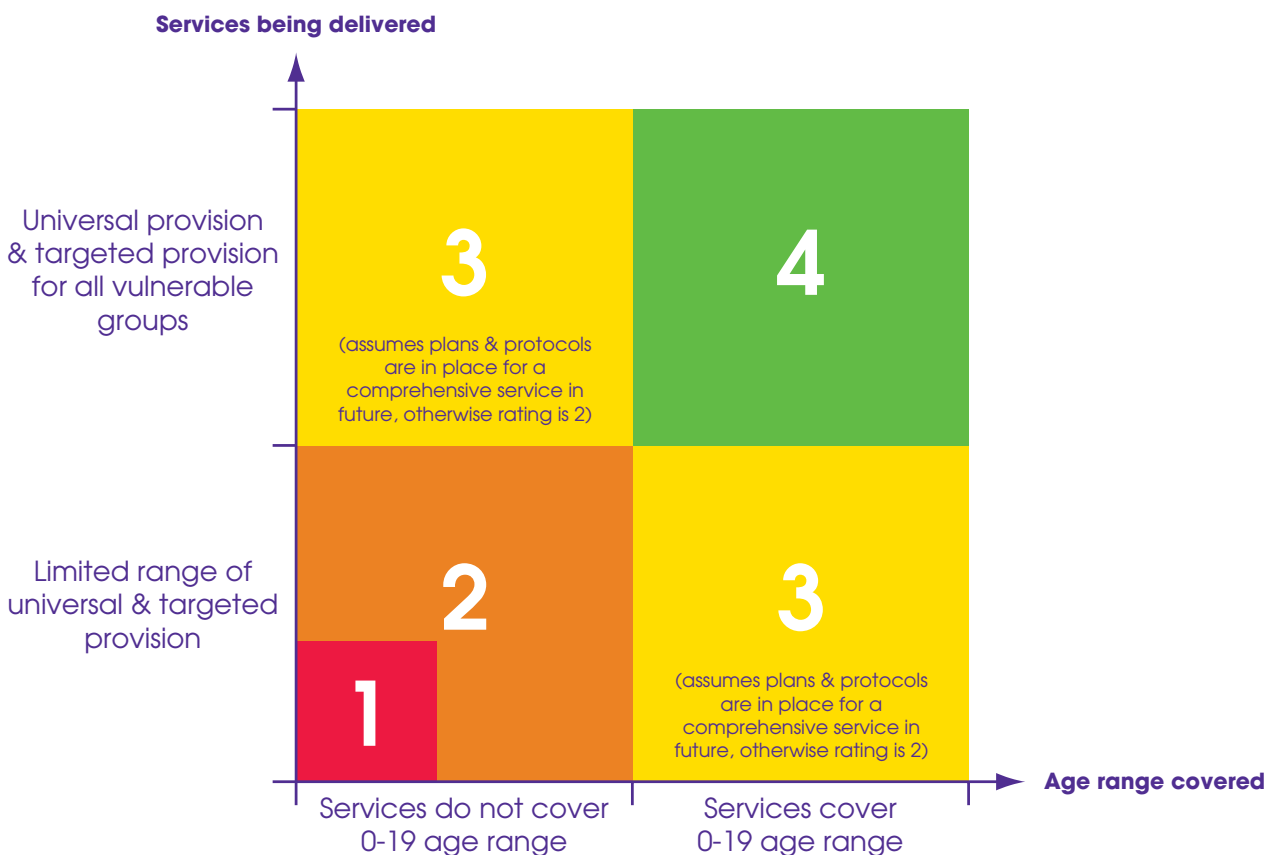
1. No protocols or plans are in place to commission early intervention support services which are delivered in universal settings and through targeted services across the whole local authority/PCT area.
2. Some protocols and plans are in place while others are at an early stage of development: most services have yet to be put in place across the whole local authority/PCT area.
3. Protocols and plans are in place: some services are in place and being delivered, some are still to be developed so as to provide

comprehensive early intervention support services in universal settings and through targeted services across the whole local authority/PCT area.

4. Protocols and plans are in place: and a full range of comprehensive early intervention support services in universal and through targeted services are in place and being delivered covering the whole local authority/PCT area.

For assessing the 4th proxy measure, we suggest that the rating scale should be applied in the following way, so that the rating recognises the breadth of the early intervention support on offer, both in terms of the **age range** covered, and the **level of universal and targeted support** available.

Figure 6: Service Rating



To give some examples of this:

<p>Example 1: Partnership working between health and education is still limited, and sometimes difficult, so there is no clear overview of the entire work going on to support mental health and emotional wellbeing, and no shared needs assessment or strategic vision. The local CAMHS strategy recognises the importance of early intervention, but the structures are not yet in place to support this. CAMHS practitioners are largely based in specialist settings and, though in many cases they are working with children who are attending school, their work is not linked in with that of schools or other agencies. There are no clear plans for mental health input into the work of universal services. Work with vulnerable groups tends to be ad hoc, and has developed historically as a result of different funding streams. There is input into the youth offending team, a foster care service and two local children's centres.</p>	<p>Rating: 1</p>
<p>Example 2: As part of the CAMHS strategy focus on early intervention, primary mental health workers are deployed in a number of community settings, including health centres and schools. They carry out direct work with children, but as yet do not work alongside school or health centre staff to assist in skills and capacity-building. The youth offending team has part-time input from a primary mental health worker, or dedicated primary mental health time from a specialist CAMHS worker, but further input would be useful to help the team provide better mental health support for the young people they are working with. The CAMHS partnership board has representation from local authority education services, but there is no direct link with the work going on in schools. Members of the board are aware that some schools are addressing emotional health and wellbeing issues – in particular through the SEAL programme – but there is no strategic link between this work, and other resources on offer, in particular the input of the primary mental health workers, and a counselling service which is being run in three schools. Early years work is still under-developed.</p>	<p>Rating: 2</p>
<p>Example 3: The CAMHS partnership board has worked with stakeholders to develop a common vision for psychological well-being and mental health, including schools. Most primary schools have introduced the Social and Emotional Aspects of Learning Programme, and there are plans in place for those secondary schools with the highest levels of social and emotional problems to start doing the same. They are also working towards healthy schools status. Practitioners with mental health expertise (including primary mental health workers, counsellors and educational psychologists) are working in a range of settings, including locality-based multi-agency teams supporting schools and colleges, the youth offending team and a multi-agency team supporting looked after children. They are not yet working in children's centres, though there are plans to do this as part of the development of the Child Health Promotion team.</p>	<p>Rating: 3</p>

Example 4:

All relevant stakeholders share a common vision for the promotion and protection of psychological well-being and mental health. The local authority and PCT have jointly commissioned a range of services for vulnerable groups and have ensured that these services have the skills to address the mental health needs of the children and young people they are working with. For example, all looked children have access to a multi-agency support service which includes staff from specialist CAMHS who work with social care and education staff and families to ensure that mental health needs are identified and assessed and that appropriate provision is put in place. Primary mental health workers are based in a number of other targeted services, and have sufficient resourcing and support to ensure that they are not over-stretched. Consideration has been given to the overlap between SEN and CAMHS budgets in relation to children with behavioural, emotional and social difficulties, so that more streamlined provision can be put in place, particularly in special educational provision. All children's centres in the area have access to a child health team which includes mental health expertise, and there is a good information service for parents. Among schools, a majority have achieved healthy schools status, and over half are implementing SEAL, including small group work. Many are using the development of extended schools as an opportunity to bring in mental health expertise – for children and families.

Rating: 4

You are advised to speak to your CAMHS regional development worker if you are not sure how the rating scale should be applied in your particular circumstances.

See www.cypf.csip.org.uk/camhs

Section 5

Further information

Joint planning and commissioning

National CAMHS Support Service:

www.cypf.csip.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 the Department for Children, Schools and Families and the Department of Health.

National CAMHS Workforce Programme:

<http://www.cypf.csip.org.uk/camhs/workforce.html>

The National Workforce Programme, led by Barry Nixon, has produced a comprehensive range of tools and guidance that are available to support local workforce planning and delivery.

DCSF Commissioning Support Programme:

www.everychildmatters.gov.uk/strategy/planningandcommissioning/commissioningsupport/

In Autumn 2008, the DCSF will launch this programme to help local authorities and their children's trust partners foster a sustained change in the way they commission children's services. It will offer training and development opportunities and facilitate peer-to-peer networking.

DH World Class Commissioning Programme:

www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm

This site outlines the Department of Health's programme to transform the way that health and social care services are commissioned across both adults and children's services. There are

four key elements to the programme: a vision for world class commissioning, a set of world class commissioning competencies, an assurance system and a support and development framework. PCTs are being supported by Strategic Health Authorities in implementing the framework.

Every Child Matters:

www.everychildmatters.gov.uk/strategy/planningandcommissioning/

This dedicated area of the Every Child Matters website has information for commissioners working across children's services. You can view the nine-step commissioning cycle and access the full range of policy documents, including a support pack for joint commissioners.

Training and support for Tier 1 staff

<http://learning.camhs.org.uk>

Everybody's Business is a range of training and learning materials which is being added to as new sessions are developed. It is aimed at workers in universal services for children and young people. Current sessions include: What is Mental Health; Mental Health Problems and Disorders; Roles and Responsibilities; What Helps. Future sessions will cover Peri-Natal and Infant Mental Health and Mental Health Promotion. For a CDROM Trainers Package email janesedgewick@camhs.org.uk

Evidence-informed practice

Using the evidence to inform your approach: a practical guide for headteachers and commissioners

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00345/>

This guide has been produced by DCSF for the Targeted Mental Health in Schools project. However it will be of relevance to anyone interested in what evidence is available to support different mental health interventions for children and families. It summarises existing knowledge about effective interventions, and it offers a framework for using this evidence in a local context which builds on local strengths and knowledge.

Knowing where to look – how to find the evidence you need

<http://www.youngminds.org.uk/publications/all-publications/known-where-to-look-how-to-find-the-evidence-you-need>

Knowing Where to Look is aimed at those who need to find and use evidence to develop and deliver services to support the emotional, psychological and mental health needs of children and young people.

Working with vulnerable groups

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 of Black and minority ethnic (BME) status, including those of Irish or Mediterranean origin and east European migrants. It is being taken forward by the Care Services Improvement Partnership (CSIP).

NICE guidelines for parenting groups

Conduct Disorder in children – parent-training/ education programmes

[TA102 Conduct disorder in children - parent-training/education programmes: Guidance](#)

This guidance only applies to the management of children aged 12 years or younger or with a developmental age of 12 years or younger.

Mapping services that support mental health and emotional wellbeing

<http://www.cypf.csip.org.uk/silo/files/bristol-school-toolkit-frame.doc>

This template has been developed by CSIP and Bristol Healthy Schools to help schools map the services available to support Emotional Health and Wellbeing – including the support they provide within school. Blank copies of the toolkit are available, together with a completed version.

Annex A: Policy context

The table below sets out the wide range of government policy frameworks which support the specification for early intervention mental health services described in Section 2 of this guidance.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>NSF Standard 1: The health and well-being of all children and young people is promoted and delivered through a co-ordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.</p>	<ul style="list-style-type: none"> • The Child Health Promotion Programme is offered to all children using all suitable settings (e.g. children’s centres, early years’ providers, general practices, extended schools etc). The programme actively promotes good health through prevention and early interventions. A quality assurance system for the programme is in place. • Child and family teams identify and work with vulnerable women and families, providing continuity of support both before and after birth. They work to a structured programme of proven efficacy, giving priority to mothers who have themselves had a history of poor parenting or mothers who are at risk of forming poor attachments to their young children. • Parenting education, focused on enhancing sensitivity, is provided for parents in a high risk group in the first six months of the child’s life, to improve attachment security. Parenting education can also be provided early on to children in schools by families and parents from the local community, as part of the Department of Health’s self-care support strategy. • Children and young people have access to confidential, accessible and supportive health services that may be made available as part of the DCSF Extended Schools programme. 	<ul style="list-style-type: none"> • Support for emotional wellbeing through Child Health Promotion Programme. • Extra support pre and post-birth for vulnerable mothers, to promote strong attachment. • Comprehensive, evidence-based support service for parents; including onward referral mechanisms. • Children and young people have access to information, advice and tailored support, including referral to specialist services where necessary.

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<p>NSF Standard 2: Parents or carers are enabled to receive the information, services and support that will help them to care for their children and equip them with the skills they need.</p>	<ul style="list-style-type: none"> • Primary Care Trusts and Local Authorities ensure that a range of services is available to intervene early to support parents when a child is experiencing difficulties, and that referral mechanisms and protocols are in place. Services may be offered in settings such as early years settings, including Children’s Centres, health centres and extended or full service schools. • Evidence-based parenting training programmes (see Section 5 for NICE guidelines), focused on child behaviour management, are available in each locality with a focus on improving parenting, delivered by professionals with specific training in this area. 	<ul style="list-style-type: none"> • Comprehensive, evidence-based support service for parents; including onward referral mechanisms. • (To include) evidence-based parenting education/training programmes to help parents of children with behavioural problems.
<p>NSF Standard 4: All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood.</p>	<p>On young people’s mental health</p> <ul style="list-style-type: none"> • There is a programme of mental health promotion in schools, Connexions services and other community settings through the provision of information, advice, counselling services and evidence-based interventions. • Young people with specific learning disabilities and mental health problems are identified and supported. • Staff in all agencies recognise the early signs and symptoms of distress which could lead to mental health problems in a young person and are competent to support and refer them. • Primary Care Trusts and Local Authorities ensure local systems are in place for referral to, and assessment by, child and adolescent mental health services for young people who are experiencing mental health problems. 	<ul style="list-style-type: none"> • Information, advice and tailored support, across the age range. • Catering for the needs of all children, including those at greater risk of mental health problems (e.g. disabled children). • All practitioners working with children know how to identify and respond to a potential need. • Referral mechanisms/ care pathways are in place.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>NSF Standard 4: (continued)</p>	<p>On substance misuse</p> <ul style="list-style-type: none"> • All young people in school, including those in pupil referral units and alternative education, have access to education, informed by DCSF guidance, covering all substances such as alcohol, tobacco, volatile substances and other drugs. • Primary Care Trusts ensure that information and advice helplines and services are provided for young people and their parents. This may include the national 'Frank' drugs information campaign (see www.talktofrank.com) which provides web-based information and a helpline. • Primary Care Trusts and Local Authorities ensure that information about local and national support services is clearly displayed and accessible to young people in a range of settings including young people who do not attend school. For example, leaflets are available at local leisure facilities highlighting the risks in taking recreational drugs or of drinks being spiked (and the subsequent risk of 'date rape'). • Staff from all agencies are able to recognise young people who are misusing substances or alcohol or who are at risk of doing so. • Children and young people have access to a range of local prevention and treatment programmes delivered by appropriately trained and skilled practitioners and are provided with information about drugs (including volatile substances and excessive consumption of alcohol). 	<ul style="list-style-type: none"> • Information, advice and tailored support (including prevention and treatment programmes) is available across the age range. • All practitioners working with children know how to identify and respond to a potential need.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>NSF Standard 9: All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.</p>	<ul style="list-style-type: none"> • All staff who work with children and young people, in any service, are able to recognise the contribution they can make to children’s emotional well-being and social development and use their own professional skills in supporting children when there is concern about their well-being. They understand their responsibilities for supporting children in difficulty. • Staff who work directly with children are able to access support and advice from specialist CAMHS. In addition to specialist CAMHS, there are a range of staff from children’s services who can work in collaboration with front line staff to aid early identification and support of children with mental health difficulties. These include social workers, behaviour specialists, educational psychologists and specialist support staff. • Primary Care Trusts and Local Authorities ensure that local protocols for referral and support are agreed between relevant agencies. • Primary Care Trusts and Local Authorities ensure that local needs assessments identify children in special circumstances (including those who are homeless, those who misuse substances, asylum seekers, young people in young offenders institutions and looked after children) and that services are in place to meet their needs. • Services ensure that an emphasis is placed on children and young people who are vulnerable to mental health problems and on providing focused, structured, proactive programmes which target risk factors, using the common assessment framework as appropriate. 	<ul style="list-style-type: none"> • Audits of mental health needs are carried out. They consider the needs of all children, including those in special circumstances. They result in services being commissioned to meet the full range of needs. • All practitioners working with children understand the contribution they, and their organisation, can make to emotional wellbeing. They know how to identify and respond to a potential need, using CAF as the basis for their work, and involving practitioners with mental health expertise where appropriate. • Referral mechanisms/ care pathways are in place.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>Report on the implementation of NSF Standard 9 (2006)</p>	<p>The following recommendations summarise the extent of progress which CAMHS should expect to achieve by the mid-point in the NSF cycle in relation to early intervention support services in universal and targeted settings.</p> <ul style="list-style-type: none"> • Local agencies promote children’s psychological well-being by delivering services which promote the mental health of mothers, particularly in the pre and post-natal period. They address this within education, through support for parenting, especially for vulnerable groups, and through early years’ and youth services. • All agencies working together create a jointly commissioned and planned parenting service. • Commissioners bring together education, social care, youth justice, CAMHS, AMH and the voluntary sector to create a parenting strategy and plan services, utilising evidence-based programmes, where appropriate. • All front-line professionals in the children’s workforce, including teachers, social workers and community health care staff, nurses and GPs are trained to promote children’s mental health, to recognise problems as they are developing and to consult with and refer on to mental health professionals where necessary. • Local Authorities and PCTs support schools and other settings to promote psychological well-being of children and young people, including as part of the Healthy Schools programme. • Child mental health education is available on all pre- and post registration professional training courses and supplemented by in-house training provided locally according to assessed need. • Recognition of child and adolescent mental health issues is part of the core training for all nurses, paediatricians, social workers and teachers. • Approved Mental Health Professionals receive training on children’s mental health, child protection and on the needs of children whose parents have mental illness. 	<ul style="list-style-type: none"> • Services are available to promote and support the mental health of mothers, particularly in pre- and post-natal period. • Comprehensive, evidence-based support service for parents. • All practitioners working with children understand the contribution they, and their organisation, can make to children’s mental health / emotional wellbeing. They know how to identify and respond to a potential need, using CAF as the basis for their work, and involving practitioners with mental health expertise where appropriate. • Referral mechanisms/ care pathways are in place. • Universal services promote mental health and wellbeing, e.g. through local healthy schools programme. • Child mental health is built into core training programmes.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>Report on the implementation of NSF Standard 9 (2006) (continued)</p>	<ul style="list-style-type: none"> • Local services inform parents, families and volunteers about mental health promotion using books and leaflets, CD ROMs, internet based programmes, telephone and e-mail based support and therapy programmes. These are promoted in schools, and Children’s Centres. • Primary Mental Health Workers (PMHWs) and other CAMHS staff link universal and secondary services and continue to develop and expand training for front-line workers, particularly within new settings such as Children’s Centres and Extended Schools. <p>Plus:</p> <ul style="list-style-type: none"> • Commissioners and providers of services are recruiting sufficient staff and developing the skill mix, capability and competencies to deliver all the assessment and treatment components of comprehensive CAMHS. • The needs of black and minority ethnic groups in each community are addressed at all levels of provision. • Services are working in fit-for-purpose buildings in locations which offer good public transport access for patients. • User participation improves, more choices are offered to children and families, and the pattern of service delivery reflects users’ preferences. 	<ul style="list-style-type: none"> • Information and advice is easily accessible through universal settings. • Greater integration between mental health practitioners and other practitioners working with children, particularly in schools and other universal settings. • Services are inclusive and take account of the needs of disabled children and children from black and minority ethnic groups. • Services are delivered in appropriate and accessible locations. • Children and young people are involved in service planning and delivery.
<p>Every Child Matters (2004)</p>	<p>One of the aims of Every Child Matters is to ensure children receive services at the first onset of problems, and prevent any children slipping through the net.</p> <p>This involves:</p> <ul style="list-style-type: none"> • improving information sharing • developing a common assessment framework • introducing a lead professional • developing on-the-spot service delivery (for example through locality-based multi-agency teams). 	<ul style="list-style-type: none"> • Integrated systems and processes should be in place to support more responsive services. • Practitioners should be part of more integrated working arrangements, in particular multi-agency teams.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>Youth Matters (2005)</p> <p>Targeted Youth Support (2007)</p>	<p>Targeted youth support 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. There are seven key elements of targeted youth support:</p> <ul style="list-style-type: none"> • Strengthening the influence of vulnerable young people, and their families and communities, and their ability to bring about positive change • Identifying vulnerable young people early, in the context of their everyday lives • Building a clear picture of individual needs, shared by young people and the agencies working with them, using the common assessment framework (CAF) • Enabling vulnerable young people to receive early support in universal settings. Help all agencies to draw in extra help on behalf of young people, through better links with other agencies and organisations • Ensuring vulnerable young people receive a personalised package of support, information, advice and guidance, and learning and development opportunities, with support for their parents or carers as appropriate. This should be coordinated by a trusted lead professional and delivered by agencies working well together • Providing support for vulnerable young people across transitions, for example moving on from school or from the support of one service to another as needs change • Making services more accessible, attractive and relevant for vulnerable young people. 	<ul style="list-style-type: none"> • Information, advice and tailored support is available. • Universal services play a key role, including as active partners in planning and delivery arrangements. • Practitioners know how to identify and respond to a potential need, using CAF as the basis for their work, and involving practitioners with mental health expertise where appropriate. • Services work together to provide timely and high quality support. • Young people are involved in service planning and delivery.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>NHS Operating Framework 2008-09 (2007)</p>	<p>One of the five national priorities for the NHS in 2008-09 is “keeping adults and children well, improving their health and reducing health inequalities”. To help meet this priority, PCTs are required to take particular action to improve children’s and young people’s physical and mental health and wellbeing.</p> <ul style="list-style-type: none"> • Improving the physical and mental health and wellbeing of children and young people needs to start at conception and run through to adulthood, with a focus on evidence-based prevention, early intervention, and access, designed around the needs of the individual. • PCTs should work with local authorities and other partners, in the context of Every Child Matters and the Children’s Plan, to ensure that children’s and young people’s health and wellbeing needs are assessed and that action to address these is included in PCT plans, LAAs and NHS contracts, as appropriate. <p>Also: PCTs working with their partners, should develop local priorities based on what their local communities tell them is important, using evidence from the vital signs, strategic needs assessment and best practice to support local decisions.</p>	<ul style="list-style-type: none"> • Information, advice and tailored support is available across the age range. • Audits of mental health needs are carried out. They consider the needs of all children, including those in special circumstances. They result in services being commissioned to meet the full range of needs. • All practitioners working with children know how to identify and respond to a potential need.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>Further Education: improving skills, raising life chances (2007)</p>	<p>This paper provided a follow-up to the 2006 White Paper, setting out the Government’s vision for the FE system. One of its key strategic challenges is to transform the 14-19 phase in order to deliver significantly higher participation and improved skills outcomes and progression. The policy involves a number of elements, including an aim to support learners through more personalised learning programmes.</p> <p>In recent years there have been a number of pastoral support pilots to test effective ways to support individual learners. These looked at work with groups that can face multiple problems and currently do not succeed and thrive in FE, including Learners with learning difficulties and/or disabilities. Following evaluation of pilots currently underway, a toolkit for all providers was published by QIA to help improve pastoral support.</p> <p>In this toolkit pastoral support is described as: “support offered to all learners in a personalised way to meet their individual needs so that they have a successful learning experience, achieve and progress”. It aims to:</p> <ul style="list-style-type: none"> • encourage and motivate learners • make learners feel safe and secure, and promote their health and well-being • support learners to become more independent, confident and self aware and to take responsibility for their own learning • stimulate ambition and broaden horizons for future progression, and support learners in achieving those next steps • encourage learners to develop their potential as responsible citizens within the workplace, their communities and society. 	<ul style="list-style-type: none"> • Learning is personalised to meet the needs of individual students. • Information, advice and tailored support is available. • Staff are aware of relevant policies and procedures for working with students with additional needs. • Services work together to provide timely and high quality support.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>Further Education: improving skills, raising life chances (2007) (continued)</p>	<p>Key features include:</p> <ul style="list-style-type: none"> • providing learners with access to opportunities for personal development • providing learners with access to information, advice and guidance services: to enable them to make the right learning and career choices; and to enable them to take steps to address personal, social, faith, moral, health and financial issues which may become barriers to learning • enabling learners to play a prominent role in shaping the form of support required • recognising individuals' barriers to learning and their needs and requirements at different stages of their learner journey • recognising and valuing the diversity of learners and that learners can choose whether or not to use certain development and support services • developing a shared commitment to the provision of support within an organisation and establishing structures to evaluate and improve that support • either embedding support within learning or providing discrete support services and development opportunities to learners • developing effective partnerships and networks with other organisations. <p>In addition, providers should support vulnerable students in the following ways:</p> <ul style="list-style-type: none"> • relevant staff are aware of government policies and guidance to improve support for young people at risk • job roles and descriptions have been reviewed to take account of the ECM agenda • staff have been trained in key areas of expertise (for example supporting transitions, multi-agency working, information sharing, understanding the common assessment framework and the role of the lead professional) • college staff are working across boundaries to reduce risks for young people • necessary arrangements are in place for tracking, information sharing and liaising with other agencies. 	

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>Raising expectations: staying in education and training post-16 (2007)</p>	<p>Reiterates commitment in Youth Matters to create a system which provides integrated support services to every young person, and which helps young people who have particular barriers to participation to engage in learning, through the targeted youth support arrangements now being introduced.</p> <p>Places a stronger emphasis on keeping young people engaged in learning, and for providers to understand their needs. For example, states that every provider will have an attendance policy which will include a clear statement of what is expected of every young person enrolled with a provider. This should include information for the young person on how to get help if there are any problems with a course, or personal issues. In larger providers, this may be a central learning support unit, or it might be a named member of staff.</p>	<ul style="list-style-type: none"> • Information, advice and tailored support is available. • Support is available – either through a central team or through a named members of staff – for students with additional needs. • This support is integrated with local youth support services.
<p>The Children’s Plan (2007)</p>	<p>The plan expects Children’s Trusts to have in place by 2010 consistent high quality arrangements to provide identification and early intervention for all children and young people who need additional help in relation to their health, education, care and behaviour, including help for their parents as appropriate. These arrangements will be delivered through effective commissioning of services, including through private, voluntary and third sector providers.</p> <p>Key areas for reform in relation to mental health outcomes are:</p> <ul style="list-style-type: none"> • provision of better support for parents and families coping with challenging behaviour by their children • improvements in the local delivery of high quality services for young people, focusing on the faster integration of services for the most vulnerable and a renewed focus on early intervention and prevention to stop problems becoming entrenched • stronger action to tackle behaviour that puts young people at risk – in particular in relation to alcohol consumption and substance misuse. 	<ul style="list-style-type: none"> • Universal services play a key role at the heart of a preventative system. This includes being active partners in children’s trust planning and delivery arrangements. • All practitioners working with children understand the contribution they, and their organisation, can make to children’s mental health/ emotional wellbeing. They know how to identify and respond to a potential need, using CAF as the basis for their work, and involving practitioners with mental health expertise where appropriate.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>The Children’s Plan (2007) (continued)</p>	<p>Vision</p> <p>Universal services in a preventative system: Early years settings, schools and colleges must sit at the heart of an effective system of prevention and early intervention working in partnership with parents and families. If these services are not integrated with more specialist provision, by looking for early warnings that children might need more help and by providing facilities for specialist services to operate so they can be easily reached by children and families, we will be hamstrung in achieving our broad ambitions for children and young people.</p> <p>21st century school: As well as an excellent education it also actively contributes to all aspects of a child’s life – health and wellbeing, safety, and developing the wider experiences and skills that characterise a good childhood and set a young person up for success as an adult. Every child should have a personal tutor, someone in the school who knows them well, helps them to identify and plan to meet their ambitions and to act quickly if problems emerge, talking to parents and bringing in other support where necessary. The 21st century school can only fulfil its potential if it can rely on other, often specialist, services for children being there when needed – including health, early years and childcare, behaviour, youth, and crime prevention services. It needs to be an active partner in planning and delivery arrangements under Children’s Trusts, helping to define the priorities for their local area, and agreeing how the whole pattern of local services best fits together to meet need.</p> <p>Children’s trusts to drive collaboration: We expect to strengthen the operation of Children’s Trusts, looking in particular at the quality of partnerships at a local level and the extent to which trusts are accountable for all services for children. This includes reciprocal accountability to partners such as schools which are not bound by duties to co-operate.</p> <p>Children’s workforce: Team-based approach working on the basis of Every Child Matters. It is a workforce which understands ECM, its role in delivering ECM outcomes and its role in the team around the child. Further proposals are put forward in the workforce action plan (see page 37).</p>	<ul style="list-style-type: none"> • Ideally, all children should have a ‘personal tutor’ – someone who knows them well and acts quickly if problems emerge. • Comprehensive, evidence-based support service for parents. • Targeted support services are available to support schools, and referral mechanisms and care pathways are in place. • All practitioners work in a more integrated way to address mental health problems, alongside other needs. In particular through multi-agency teams.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>Building Brighter Futures: Next Steps for the Children’s Workforce (2008)</p>	<p>Puts forward a vision (to be considered and developed by an Expert Group) of a system which is made up of a number of interlinked elements:</p> <ul style="list-style-type: none"> • personalised services for all • prevention services for all, delivered by universal services (eg information and advice) • early identification and responsiveness, via universal services (every child has someone who knows them and knows how to identify and respond to a potential need) • holistic assessment and action planning (needs assessed holistically, probably by someone within universal service, supported by MA team, leading to a personalised action plan) • integrated team around the child (where child has multiple needs) • effective working together (to co-ordinate and deliver integrated services) • review (multi-agency team reviewing progress). <p>Implicit in this vision is a view about who is responsible for what. For settings and services, it implies that:</p> <ul style="list-style-type: none"> • universal settings, most often schools and early years settings, are responsible for knowing the children they work with, monitoring their progress, identifying when they may need additional support and, where possible, providing it • universal settings, with the support of the Children’s Trust, are responsible for assessing needs requiring wider services from the Children’s Trust (usually through the Common Assessment Framework) and engaging with the Children’s Trust to have those services provided • universal settings and Children’s Trusts together are responsible for the provision of joined-up services, including by agreeing together who should be the lead professional to co-ordinate activity and be the main contact for families • individual services are responsible for providing timely high quality services in their service area. 	<ul style="list-style-type: none"> • Universal services play a key role at the heart of a preventative system. • Practitioners working in universal services understand the contribution they, and their organisation, can make to children’s mental health / emotional wellbeing. • They know how to identify and respond to a potential need. Certain practitioners (e.g. learning mentors and SENCOs) will provide further support, for example completing common assessments and involving practitioners with mental health expertise where appropriate. • Universal services work with multi-agency support services to deliver a co-ordinated response when a child has a range of needs. • Services work in an integrated way to provide timely and high quality support.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>Building Brighter Futures: Next Steps for the Children's Workforce (2008) (continued)</p>	<p>For practitioners, the vision implies that:</p> <ul style="list-style-type: none"> • All practitioners in the workforce in all settings, individually and collectively, are responsible for “knowing” the children and young people that they work with, monitoring their progress and doing something to help if they think there may be a problem. In most cases this will be in schools (in which case the Personal Tutor may take this role, supported as appropriate by Learning Mentors, Special Educational Needs Co-ordinators (SENCOs), Parent Support Advisers and others in schools) and early years settings, because these are the services most families use. • Some practitioners in universal settings (in schools this would normally be Learning Mentors, SENCOs or other staff with a pastoral role) are responsible for providing further support that may be needed and, where necessary, completing common assessments and engaging with staff across the Children's Trust. • Practitioners providing targeted and specialist support are responsible for providing timely high quality support in their professional area, working effectively with each other and with practitioners in universal settings, including agreeing with them who should be the lead professional. • Lead professionals are responsible for co-ordinating provision (but not for the availability or quality of services) and acting as the main contact for families. 	
<p>The Child Health Promotion Programme: pregnancy and the first five years of life (2008)</p>	<p>The CHPP is based on a model of 'progressive universalism' in which PCTs and local authorities commission a universal core programme, plus programmes and services to meet different levels of need and risk. The core requirements of the CHPP are:</p> <p>1. Early identification of need and risk: At population level, commissioners need a systematic, reliable and consistent process for assessing needs. At an individual level, families need a skilled assessment so that the programme is personalised to their needs and choices.</p>	<ul style="list-style-type: none"> • Each area to have a CHPP team working across general practice and Sure Start children's centres. • Led by a health visitor and delivered by a range of practitioners across the health service and the wider children's workforce.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>The Child Health Promotion Programme: pregnancy and the first five years of life (2008) continued</p>	<p>2. Health and development reviews: The core purpose of health and development reviews is to: assess family strengths, needs and risks; give mothers and fathers the opportunity to discuss their concerns and aspirations; assess growth and development; and detect abnormalities.</p> <p>3. Health screening and immunisation.</p> <p>4. Social and emotional development: The CHPP includes opportunities for parents and practitioners 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. Practitioners need to listen well, observe carefully, understand when things are going wrong and be able to deal with this sensitively.</p> <p>5. Support for parenting: To support parenting using evidence-based programmes and practitioners who are trained and supervised.</p> <p>6. Keeping the family in mind: Looking beyond the child to their family context, reviewing family health as a whole, working in partnership with adult services and building family strengths and resources.</p> <p>7. Effective promotion of health and behavioural change: Based on NICE’s public health guidance on behavioural change at the population, individual and community level.</p> <p>8. Prevention of obesity.</p> <p>9. Promotion of breastfeeding.</p> <p>10. Additional preventive programmes for children and families: In addition to the core universal programme, the CHPP schedule includes a number of evidence-based preventive interventions, programmes and services that make up a progressive universal service (e.g. parenting and family support programmes). It will be for local children’s commissioners (working with local parenting commissioners) to determine which of the progressive services are offered locally – and by whom.</p>	<ul style="list-style-type: none"> • Identifying when children and their families need access to additional services, and using the Common Assessment Framework to assess their needs holistically. • The team will carry out the range of services identified in the CHPP schedule, ranging from universal screening and health checks to progressive services for children with additional needs and risks. • Early intervention MH services include: <ul style="list-style-type: none"> - addressing emotional and psychological problems - parenting support programmes (focusing on attachment and interaction) - completion of CAF for those showing signs of need - opportunities for small group discussion and learning opportunities - help with accessing information and advice.

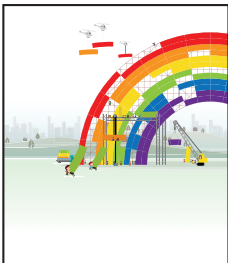
Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>Think Family: Improving the life chances of families at risk (2008)</p>	<p>The vision for the Think Family initiative is that all services within the system ‘think family’. This means that both adults’ and children’s services join up around the needs of the family. As such, services would:</p> <ul style="list-style-type: none"> • Have no ‘wrong door’ • Look at the whole family • Build on family strengths • Provide support tailored to need. <p>It takes the children’s trust ‘onion’ as its starting point, and looks at the opportunities for services to engage and work with the family in a number of ways, for example:</p> <ul style="list-style-type: none"> • By putting families’ wants and needs at the centre of planning and delivery • By empowering practitioners to ‘think family’ • Through integrated frontline delivery • Through integrated assessment processes, information sharing and lead professional ways of working • Through joining up adult and child services. <p>The initiative led to the development of a number of pilot Family Pathfinders who will develop the model proposed. The pathfinders will be developing new ways of working with families that draw on the collective strengths of children’s and adults’ services and will be at the heart of a wider learning process. Families themselves will play a key part in the development of the pathfinders and all pathfinder areas will be asked to show how they have involved families at risk in the design of their systems and services. Some of the key interventions mentioned include: family nurse partnerships and family intervention projects.</p>	<ul style="list-style-type: none"> • Considering needs of parent/family in any assessment of a child’s needs. • Comprehensive, evidence-based support service for parents; including onward referral mechanisms. • Universal services work with multi-agency support services – including adult services – to deliver a co-ordinated response when a child/family has a range of needs.

Policy	What this says on delivery of early intervention services	Core elements for comprehensive early intervention CAMHS
<p>Social and emotional wellbeing in primary schools. NICE guidance (2008)</p>	<p>This evidence-based guidance makes a range of recommendations for practice in schools, including specific recommendations on interventions. These state that children’s trusts and schools should:</p> <ul style="list-style-type: none"> • Develop and agree arrangements as part of the Children and Young People’s Plan (and joint commissioning activities) to ensure all primary schools adopt a comprehensive, ‘whole school’ approach to children’s social and emotional wellbeing. • Provide a comprehensive programme to help develop children’s social and emotional skills and wellbeing (including a social and emotional skills curriculum, training and support for staff, support for parents and integrated activities across the school). • For children with early signs of social and emotional difficulties, provide a range of interventions that have been proven to be effective, according to the child’s needs. These should be part of a multi-agency approach to support the child and their family and may be offered in schools and other settings. Where appropriate, they may include: <ul style="list-style-type: none"> - problem-focused group sessions delivered by appropriately trained specialists in receipt of clinical supervision - group parenting sessions for the parents or carers of these children, run in parallel with the children’s sessions. 	<ul style="list-style-type: none"> • Whole school approach. • Social and emotional learning programmes. • Targeted interventions for children with early signs of difficulties. • Support for parents of children with difficulties.

Annex B Stakeholder checklist

Nature of involvement in EI work	Agency	Key representative	√
Core activities relate to MH / EHWB issues	School	Head teacher	
	Specialist CAMHS team	Team manager	
	Educational psychology service	Principal educational psychologist	
	Local healthy schools programme	Local healthy schools co-ordinator	
	Local authority behaviour support/ inclusion services	Service managers	
	Local authority education welfare service	Principal education welfare officer	
	Family support team	Team manager	
	Voluntary sector services	Service manager	
	Key Stage 3 Strategy	Co-ordinator with responsibility for SEAL	
	Parenting strategy	Strategic lead	
	Others (customise to reflect locality)		
Key delivery mechanism	Integrated children's services (through locality-based multi-agency teams)	Children's trust strategic lead Team/service leader	
	Targeted youth support teams	Children's trust strategic lead Team/service leader	
Onward referral	Specialist outpatient child and adolescent mental health services	Senior CAMHS manager and lead clinician	
	Specialist inpatient child and adolescent mental health services	Senior CAMHS manager and lead clinician	
Support services for adults	Adult mental health services (CMHT)	Service manager	
	Housing	Service manager	
	Drug and alcohol teams	Service manager	
	JobCentre Plus	Service manager	

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