2020

Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing

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Executive summary

Too many children and young people nationally do not receive the support they need to improve their mental health and wellbeing. There is ample evidence that, despite increased investment in, and policy focus on, mental health services for children and young people, the numbers of children and young people requiring support are going up. Thresholds for accessing support remain high, waiting times are long and there is significant inequity in provision between different local areas.

The purpose of this research is, firstly, to explore some of the factors which are contributing to this nationally challenging context and, secondly, to develop an evidence base for how local government and its partners can work most effectively together to deliver a coherent and joined-up offer of support for children and young people's mental health. The research is based on a review of the existing evidence base, workshops with around 80 participants from councils and their partners in health and in-depth engagements with eight fieldwork areas.

The most recent data on the prevalence of diagnosable mental health conditions shows that 11.2 per cent of the 5 to 15 population has a mental health condition – up from 9.6 per cent in 2004. The prevalence of mental health conditions rises with age, up to 16.9 per cent for 17 to 19-year olds.[1] At the same time referrals to Child and Adolescent Mental Health services (CAMHS) have increased even more rapidly – by around 26 per cent in five years according to recent data.[2]

Both qualitative and qualitative evidence points to some of the factors which may be contributing to this rise in prevalence: increasing levels of poverty among children and young people; the growth in Special Education Needs; rising levels of family dysfunction possibly associated with pressures on housing, employment and other societal factors; and pressures on young people which contribute to anxiety including social media and an increasingly academic and examinations-oriented curriculum.

However, demand for support is growing more quickly than the underlying prevalence. This speaks to the increased awareness of mental health issues in children and young people; rising levels of lower-level mental health needs which would not classify as a diagnosable condition; and to the diminished capacity of universal services, after a prolonged period of austerity, to support the mental health needs without recourse to specialist support.

Expenditure on mental health has grown over recent years, in response to increased funding delivered by Future in Mind. Nonetheless, children's mental health remains significantly underfunded compared with either children's physical health or adults' mental health. Moreover, there remain striking differences in expenditure and service provision between different local areas. Expenditure on CAMHS services ranges from £9 per capita in the lowest spending CCG up to £162 per capita in the highest.[3] Reported spend on lower level mental health services shows an even bigger range, from £0.26 to £173.

A limited finance data collection exercise from the fieldwork areas taking part in this research showed that around three quarters of funding came from CCGs and around 71 per cent of expenditure was allocated to CAMHS. Over half of the expenditure on children's mental health was spent on targeted services and, in terms of the THRIVE framework categories, around 40 per cent was spent on 'getting help'.

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[1] *Mental Health in Children and Young People in England 2017*, NHS digital, November 2018

[2] *Access to children and young people's mental health services 2018,* Education Policy Institute, October 2018

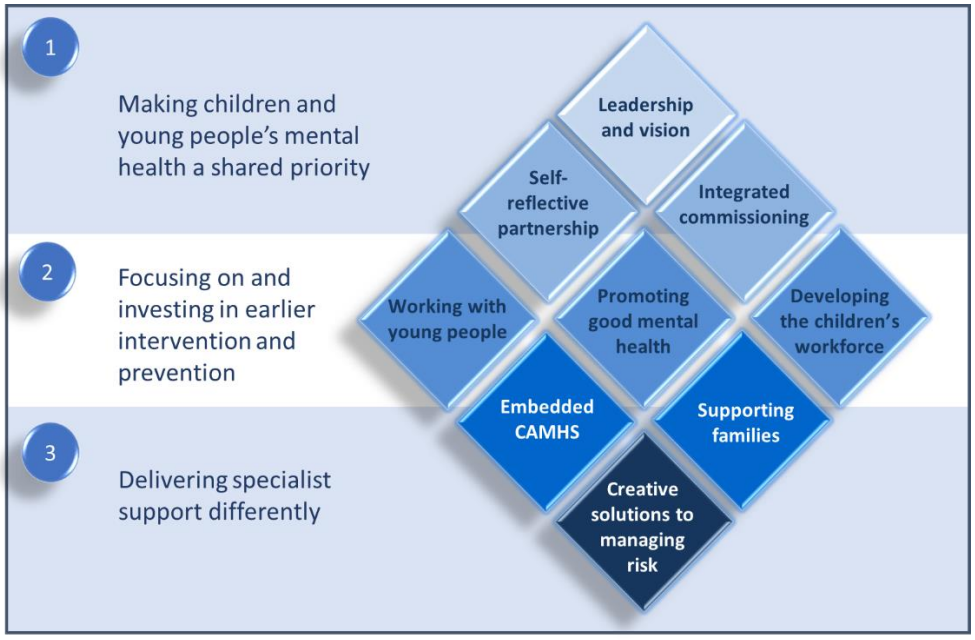
[3] Children's Commissioner, *Children's Mental Health Briefing, A briefing by the Office of the Children's Commissioner in England,* November 2018

Evidence compiled by the Children's Commissioner, the Education Policy Institute and others on levels of unmet need is compelling. Our research highlights three systemic challenges, beyond the issues of underfunding, that were impeding the most effective use of the resources and capacity available. The first is the complexity and fragmentation of the system contributing to a lack of clear national direction. The second is the capacity and wellbeing of those delivering mental health support, reflecting both staff shortages in key professions such as educational psychology and children's psychologists, the lack of join up between these professions, and the reduced capacity of staff in universal services such as schools or health visiting.

The final systemic issue frustrating the more effective delivery of mental health and wellbeing support is the lack of focus on early intervention. Arguably, the orientation of the whole system, from where funding is directed, through how clearly responsibilities are described, to the targets that are set, incentivise a set of behaviours that prioritise specialist and complex treatment at the expense of earlier intervention and prevention. It is revealing that all the national targets which relate to children's mental health revolve around access to specialist treatment rather than outcomes experienced by children and young people.

However, despite the very challenging national context for supporting children and young people's mental health and wellbeing, our fieldwork in eight contrasting local areas shows just how much local government, working closely with its key partners, can do to mitigate the effects of some of these challenges and deliver better outcomes for children and young people.

Throughout our fieldwork engagements, nine key themes, or enablers, recurred as critical elements in establishing an effective partnership-based approach to supporting children and young people's mental health, which in turn contributed to three overarching ways of working. Where these were securely in place, local areas felt that they were able to deliver better and more timely access to support, earlier intervention and prevention and more efficient use of resources. The nine key enablers are graphically represented below:



Leadership and vision starts with political leaders who are prepared to champion and advocate for children's and young people's mental health, and who can orient their vision for children's mental health within their overarching ambitions for the community, be that in terms of employment,

learning or health. Where elected members create a political environment in which children and young people's mental health is championed, there is an equally important role for senior officers within children's services and senior leaders within the CCG to create the operational environment in which partnership working for children's mental health can flourish. All the fieldwork areas had adopted the THRIVE framework, which was jointly developed by The Anna Freud Centre and Tavistock and Portman NHS Foundation Trust. It was proving a powerful vehicle for bringing partners together with a shared strategic vision and a common language for how they would achieve that vision.

Strong **self-reflective partnerships** combined a robust governance structure with a clear agreement of the outcomes the partnership was seeking to achieve. The most effective partnerships were characterised by trusting relationships, a diverse set of providers and partners represented, familiarity in working and problem solving together, time taken to reflect on what had worked and what had not; and meaningful dialogue about how to improve.

Integrated commissioning was facilitated through shared commissioning plans and objectives, and in many cases a single commissioning post or team working across both the council and the CCG. Some local areas had pooled their budgets under section 75 agreements to allow each partner to spend and discharge the responsibilities of the other. Integrated commissioning, however, is not important as an end in itself, but because it enables bolder decisions to be made about how money is spent and creates the conditions in which the total investment in children's mental health is maximised.

Working with young people in a meaningful way was essential to shaping an offer to meet their needs. Engaging young people in designing and evaluating services tended to be most successful when it permeated each level of the system, from service user feedback up to shaping whole-system priorities, and when it was part and parcel of how partners worked together, rather than a one-off exercise. Local areas had also focused on developing a better understanding of the lived experience of young people with mental health needs and drawing on the skills and capacity of young people as peer mentors.

Promoting good mental health for all children and young people is central to the concept of earlier intervention and prevention. Fieldwork areas were focusing on the role of children's centres, perinatal services and early years settings in supporting parents and professionals to understand young children's emotional development and implement proven strategies for promoting ongoing good mental health. They were also working with schools to embed positive ways of promoting mental health within the curriculum, within pedagogy, and within approaches to behaviour management. Normalising periods of emotional difficulty for children and young people; maximising the opportunities for engaging in positive activities and attending to the link between physical and mental health all formed important elements in promoting good mental health.

Developing the children's workforce so that 'children's mental health is everyone's business', involved putting in place training, advice and support so that staff working in schools, colleges, nurseries, youth services and frontline health roles are equipped with the skills and techniques to begin to have supportive conversations about mental health with children and young people. Local areas spoke about the importance of reducing professional anxiety around children's mental health, providing practical examples of what professionals could do within the course of their day to day work, and knowing what to look for which might indicate that more specialist help is needed.

Embedded CAMHS where specialist mental health expertise is integrated within the delivery of other key services enables a very different model of delivering targeted and specialist mental health interventions, with a focus on working across a broader group of professionals to develop a plan for intervention and delivering in settings that are closer to children and young people. This way of working depends on the development of trusting relationships, fostered through co-location, time spent thinking and working together, joint visits and prereferral discussions.

Supporting families holistically enables professionals to attend to the family context in which good or poor mental health occurs. The prevalence data shows a strong correlation between parental mental health and child mental health, and there is now a growing body of evidence of how important it is to address parental conflict in order to effect change in child mental health and behaviour. Many of the areas engaged in this research were beginning to explore what holistic family-based mental health support should look like. Often this was spear-headed by early help services which have strengths-based holistic family work in their DNA. However, local partnerships were also frank in highlighting the big gap that still exists with adults' mental health commissioning and expressed an appetite to help shape and influence that to more routinely consider the needs of families.

Creative solutions to managing risk are essential to supporting children and young people with very complex mental health or emotional challenges and who are not progressing well with traditional CAMHS interventions. Many of the local areas that we engaged were therefore looking at different ways of collectively managing the risk of more complex cases. Historically these children and young people might have been seen as the responsibility of specialist services, but with the introduction of the THRIVE framework local partnerships were increasingly looking at how a variety of services and partners might come together to enable, and trust, young people to look after themselves and successfully manage their ongoing mental health condition.

The nine key enablers provide an insight into how effective local partnerships can work together to improve the mental health and emotional wellbeing of all children and young people, act early to resolve issues before they escalate, and provide more timely, accessible and joined-up care for those with more complex needs. There is clearly a lot that local government and its partners can do, even within the limitations of the current system, to improve mental health and emotional wellbeing for children and young people.

However, there is a limit to what local government and its partners can do unaided. To turn around a system plagued by a history of underfunding, shortages in the key workforces, rapidly rising demand and a weak focus on early intervention requires concerted and coordinated action at a national level. This is not solely about making more funding available, although that undoubtedly is needed, but about making the most of the resources currently in the system. The following recommendations for national government to work with local government and its partners are made with that aim in mind:

1. Set **clear targets** for the whole system which incentivise the investment **in earlier support and prevention** and focus on achieving **better mental health outcomes for all children and young people**.
2. Develop a **consistent outcomes-focused dataset**, to be used **across local government and CCGs** to measure progress against the targets.

3. Set **clearer expectations around strategic cooperation between CCGs and local government** for children's mental health and give greater leverage to health and wellbeing boards to ensure that this is acted upon.
4. **Move away from pilot funding and ring-fenced grants** to recurrent funding, giving **more flexibility to local partnerships** to develop solutions that build on their local context.
5. Develop **clearer specifications** for the effective commissioning of **universal mental health provision**.
6. Create stronger expectations of **joined up planning, commissioning and delivery between children and adults' mental health**, with a core focus on supporting families holistically and managing transition for young people between adults' and children's services.
7. Review the **sufficiency of the national workforce for children's psychology** (EPs, CAMHS, and others) and create opportunities for **joint professional training between** educational psychologists and CAMHS clinicians.
8. Consider how the **national curriculum and school accountability system** might be geared to encourage more secure **development of good mental health** and to minimise the current rise in anxiety-related issues.
9. Research and promote best practice in working with the cohort of **very hard to place adolescents** and those with the most complex needs being supported in their communities, including developing a best practice offer of training and support for foster carers.

Introduction

Mental health and the emotional wellbeing of children and young people has been rising up the national agenda for the past decade. This is being driven by increasing demand for support, but also by an awareness that the current system does not have the capacity to keep pace with this demand. According to the latest research commissioned by NHS digital, mental health problems affect one in eight children and young people between the ages of 5 and 19, with numbers rising during teenage years with around 17 per cent of 17 to 19-year olds experiencing diagnosable mental health problems.[4] Yet only a quarter of school-age children with a diagnosable problem receive any intervention at all, despite most parents of these children seeking professional advice.[5] It is telling that this piece of research for the Local Government Association is published shortly after the OECD's Programme for International Student Assessment found that 15 year olds in the UK experience considerably lower levels of satisfaction with their lives than the OECD average.[6]

Thanks to the painstaking research of key advocates for children's mental health such as the Children's Commissioner, Young Minds, the Education Policy Institute, the Centre for Mental Health, the Mental Health Foundation and the NSPCC to name but a few, we now know much more than we did five years ago about the levels of unmet need, the inequality in accessing support and the bottlenecks in vital services that leave too many vulnerable children waiting too long for the help they need. This research does not aim to revisit the ground covered so well by others. Instead the purpose of this work is to build on the evidence base that has been constructed on the nature of the challenge and then ask the question, what can local government and its partners do to address some of these systemic issues? The second question is what more should national government be doing to support local partnerships in this endeavour?

Purpose of the research and methodology

In May 2019 Isos Partnership was commissioned by the Local Government Association to carry out a focused piece of research looking at how local government and its partners can work most effectively together to support children and young people's mental health and emotional wellbeing. The specific focus of the research has been to:

- Better understand the funding landscape for children and young people's mental health.
- Identify the issues that councils are experiencing in their support of children and young people's mental health and wellbeing.
- Exemplify good practice in how local government can support children and young people with mental health needs and contribute to reducing escalation to specialist services.
- Contribute to a local government led set of recommendations to improve the support of young people's mental and emotional wellbeing to inform future policy development.

We have employed a mixed qualitative and quantitative methodology for this project. In phase one we carried out a short literature review to understand recent changes in policy and the impact these have had on the system. We also considered the available data, much of which has been collected

[4] NHS Digital, 2018, *Mental health of children and young people in England, 2017*
[5] Khan, 2016, *Missed opportunities: a review of recent evidence into children and young people's mental health,* Centre for Mental Health
[6] OECD, *PISA 2018 Results, Combined Executive Summaries*

through Freedom of Information requests, to build a nationwide picture of how well the mental health needs of children and young people are being supported.

In phase two we invited representatives from all local authorities and key partners such as CCGs and CAMHS providers to attend one of two workshops (one in the North of England and one in the South) to explore both the challenges and opportunities in delivering support to children and young people with mental health needs. The workshops were attended by a total of 80 participants.

In phase three we then conducted in-depth fieldwork visits to eight different local areas and also carried out interviews with a small number of experts who could provide a national perspective on the issues. The purpose of the fieldwork phase was to identify examples of good practice in how local government and its partners can work effectively together to support children and young people's mental health. We invited local areas which felt that they had interesting and effective work to showcase to put themselves forward. The sample was therefore deliberately skewed towards those areas which believed they had been relatively more successful in combatting some of the challenges associated with delivering good provision for children and young people's mental health. However, we took care to make sure that there was a balance in the sample between urban and rural areas, small and large councils, council type (counties, boroughs, metropolitans and unitaries), deprivation and political control. The final sample of eight councils which took part in the fieldwork phase were Bedford, Camden, Cornwall, Dorset, Hertfordshire, Isles of Scilly, Liverpool and Salford. We are extremely grateful to these local areas for the time they have given in contributing to this research. A short profile of support for children and young people's mental health and emotional wellbeing in each area is included at annex A, and good practice vignettes from the fieldwork areas illustrate the key findings from the research.

In each of the fieldwork areas we spoke to a wide range of local officers, partners and providers. We asked each local partnership to put together a programme of the people who would give us the greatest insight into the areas of innovative practice, as well as the challenges, experienced in their local area. The precise cast list of those who took part therefore differed to some extent between local areas. Over the course of all eight fieldwork engagements we spoke to a selection of:

- Senior council leaders, for example the Lead Member, Director of Children's Services, Director of Public Health and relevant Assistant Directors;
- Commissioning leads for children's mental health;
- Relevant council heads of service (for example early help, children's and adult social care, SEND or Principal Educational Psychologist);
- Those leading teams which make a significant contribution to support emotional wellbeing, for example YOS, youth services, troubled families or children's centres;
- Head of finance for children's services;
- Key partners including CCG commissioners, representatives of CAMHS services, and where possible representatives from schools, GPs and the VCS; and
- Children and young people.

This report aims to bring together the findings of all three phases of this research.

Significant policy developments in children and young people's mental health

The last decade has been marked by a rising awareness of the difficulties for children and young people in accessing good quality support for their mental health and emotional wellbeing in a timely

way. There have, therefore, been successive policy initiatives designed to increase capacity for, and access to, mental health support and provision. These policy developments have both tried to expand the support offered by universal services, in particular schools and colleges, to create a platform for early intervention in mental health, while in tandem investing to increase capacity at more specialist levels of intervention, particularly CAMHS. This vision to achieve distributed responsibility throughout the continuum of support is crucial in getting to a position where extreme pressures on capacity are alleviated. However, despite the thrust of policy over recent years, the system still has further to go.

Since 2011, schools have been increasingly encouraged to develop their capacity to support young people's mental health, by training staff or reshaping roles to include responsibility for mental health. This shift towards a more graduated response across the system, beyond specialist services, was prompted in 2011 by the Government strategy *No Health Without Mental Health* accompanied by the *Implementation Framework* published in July 2012. This was further emphasised in January 2014, with the publication of *Closing the Gap: priorities for essential change in mental health* by the Department of Health. *Closing the Gap* built on the 2011 strategy with greater urgency given the context of growing backlogs and waiting times for CAMHS. *Closing the Gap*, as with previous strategies, strongly emphasises the role of schools in needs identification and early intervention to prevent possible escalation to specialist services. It also looks at how to improve access to psychological therapies by exploring workforce development and new methods of intervention.

Other initiatives developed in this period to support better early identification and intervention included a £25 million investment from the Department for Education (March 2015) for voluntary and community sector grants for organisations that work with vulnerable children and young people. As part of this, nearly £400,000 was allocated to Mind to develop a pilot promoting positive mental health in schools and £440,000 was allocated to the Anna Freud Centre to create a directory of mental health services to provide an authoritative source of mental health information for schools. Similarly, in March 2015, the Government published a blueprint for school counselling services, which provided schools with evidence-based advice on how to deliver school-based counselling. Slightly later, in January 2017, the Prime Minister announced a set of mental health reforms that included mental health first aid training for teachers in secondary schools. This received £200,000 in Government funding for its first year and was intended to reach every school by 2019/20.

The government green paper in December 2017 brought together many of these school initiatives and can be viewed as the biggest policy to address schools' role in supporting mental health of its children and young people. Its three guiding principles were:

- To incentivise and support all schools and colleges to identify and train a designated senior lead for mental health
- To fund new Mental Health Support Teams, supervised by NHS Children and Young People Mental Health staff
- Pilot a four-week waiting time standard for access to specialist NHS CAMHS

In July 2017, the Government committed to taking forward all proposals in the Green Paper, which were trialled in trailblazer areas, funded by CCGs. By December 2018, Mental Health Support Teams were set up in 25 trailblazer areas, including 12 areas that were also tested for the 4-week waiting standard. A further 57 sites were confirmed in July 2019 to start developing 123 Mental Health Support Teams in 2020. As part of the Government's response to the Green Paper, a programme was developed where NHS England and NHS Improvement would support the Mental Health Services, Schools and Colleges Link Programme seeking to bring together education and mental

health services under CCGs. The Link Programme involved £9.3 million funding from the DfE and was led by the Anna Freud Centre for Children and Families. It included a series of training workshops to pool schools' and settings' understanding and resources, to draw up long term plans for support, coordinated by CCGs.

In parallel with this broader focus on schools and universal services, there has been significant investment in specialist services too. The biggest investment into children and young people's mental health provision was *Future in Mind* in March 2015, led by the Department of Health and NHS England. The report sets out their five-year plan for improving care, particularly how to make better links between schools and specialist services. Key aspects included tackling the stigma of mental illness, improving waiting time standards, and improving access for children and young people who are particularly vulnerable. There were multiple funding schemes released as part of this programme. The biggest element of the programme was £1 billion provided to enable new access standards for CAMHS. Other elements of the programme included £118 million by 2018-19 invested to roll out Children and Young People's Improving Access to Psychological Therapies (IAPT), £1.5 million provided by the DfE to pilot joint training for designated leads in CAMHS and schools to improve links in to services, and £75 million allocated to CCGs to work with local partners to develop local transformation plans across the full spectrum of need.

Building on this, in February 2016, a series of recommendations were published in *The Five-Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England.* The Mental Health taskforce was launched by NHS England and independently chaired by the Chief Executive of Mind. The report identified a series of priorities to be addressed (for example, waiting times and in-borough support for acute inpatient care) and called for investment of £1 billion by 2020/21 to implement these changes. It also called for the *Future in Mind* recommendations to be implemented in full. As a result, in July 2016, NHS England published *Implementing the Five-Year Forward View for Mental Health* and invested £149 million in CCGs to fund improvements in CAMHS. In addition, in September 2016, NHS England sought to 'reprioritise spending' to free up £25 million to go to CCGs to spend on CAMHS.

The NHS restated its commitment to *The Five-Year Forward View for Mental Health* in their *NHS Long Term* Plan published in January 2019. The key focus for children and young people's mental health services was improving access and, as laid out in the *Implementation Framework* (June 2019), this will be funded through a mix of CCG baseline allocations and transformation funding available over the next five-year period.

However, though additional investment and a greater sense of distributed responsibility across services is welcome, there is evidence to suggest that funds are not being used consistently to increase capacity and that many of the policies are not ambitious enough in addressing the real challenges in the system.

In October 2018, the National Audit Office (NAO) published a report *Improving children and young people's mental health services* looking into whether sufficient progress was being made towards the targets set in *Future in Mind*. The report concluded that even if all targets from the NHS's Forward View were to be met, "there would remain significant unmet need for mental health services." The NAO also argues that the Green Paper does not go far enough, nor does it outline explicit objectives on how the ambitions will be costed. This latter point is explored further in relation to spending accountability – the NAO revealed a lack of clarity on the allocation of additional funding in 2014 and 2015 so that "NHS England…cannot confirm that CCGs spent all of the additional funding on these

services". This is both due to a lack of clear data collection methods and levers for the NHS England to ensure CCGs increase spending in line with their plans.

Equally, multiple Select Committee inquiries into children and young people's mental health expressed concerns around lack of progress made towards government strategies to improve provision. The Health Committee inquiry on CAMHS in 2014 queried the lack of investment in children and young people's mental health as a proportion of the entire mental health budget. It reported key concerns around access to inpatient services, waiting times, high referral thresholds and CCGs reporting that their budgets were frozen or cut. In 2017, the Joint Education and Health Committee inquiry on children and young people's mental health looked into the coordination between health and education services; early intervention in schools and colleges; and the impact of budget pressures. Its main concerns were the varying strength of the links forged between schools and CAMHS in different areas, and in their level of financial support. They recommended committing sufficient resource to build on the CAMHS link pilot and taking into account a school's approach to mental health and wellbeing in Ofsted's inspections.

The Joint Education, Health and Social Care Committee also published a report on the Government's Green Paper on mental health in 2018. In the report, *The Government's Green Paper on mental health: failing a generation*, the Committees raised concerns about the long timeframes whereby the plans would be rolled out to only "a fifth to a quarter of the country by 2022/23". It expressed hesitations about the potential additional pressures placed on education workforces by the 'Designated Senior Lead for Mental Health role' that would be absorbed by existing teaching staff. The Committee also raised the importance of assessing the transition between child and adult mental health services, as they felt "there are no substantive plans to deal with the transition from CAMHS to adult mental health services in the Green Paper."

This summary of recent policy developments, and their antecedents, demonstrates an increasing appreciation of the different roles partner agencies, beyond specialist services, have to play in supporting children and young people with mental health needs. There has also been welcome investment in CAMHS specialist services designed to help address capacity and wait times. However, there are still big challenges in the system. Investment in CAMHS has not been used consistently and weaknesses in the accountability system leaves partners unable to trace the impact of Future in Mind investments in some places. Likewise, the Green Paper and other school-based policies do not address how partner agencies are meant to interact across the continuum of support, and arguably, does not go far enough to tackle the severity of the challenges in the system.

The current national context for supporting children and young people's mental health

The task of developing a clear picture of the current national context in which support for children and young people's mental health is delivered is frustrated by the fact that there is no definitive national dataset which covers referrals, access to support and outcomes for mental health at different levels of need. The data which is regularly collected nationally typically only relates to CAMHS or very specialist admissions, with no visibility afforded to the significant activity in supporting children and young people with lower levels of need. Furthermore, even the information that is published on CAMHS is more administrative in nature and does not easily enable comparison of trends over time or between areas. To understand the national picture, therefore, we are indebted to the Children's Commissioner who has used her statutory powers to request analyses of the NHS databases that would not ordinarily be made available to the public. We are also indebted

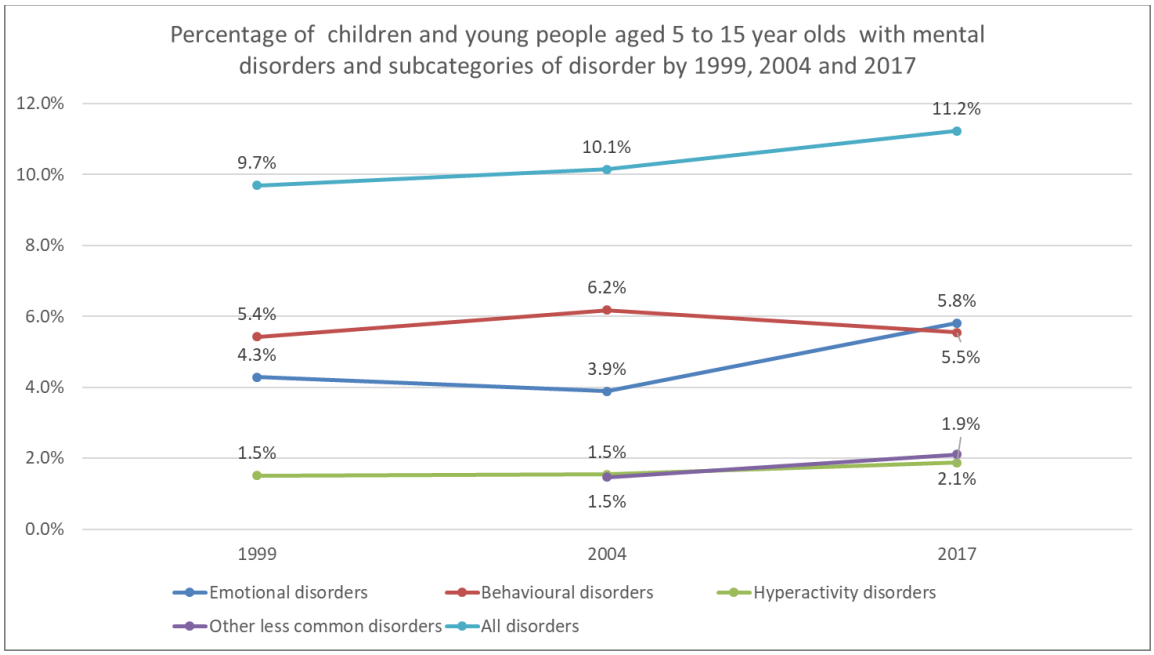
to organisations such as Young Minds, the Education Policy Institute and the NSPCC – and the organisations that responded to these requests - for carrying out painstaking Freedom of Information requests to access data held at local level but not published nationally.

When brought together these disparate sources of information paint a national picture of support which, in the words of the Children's Commissioner in 2017, is 'shockingly poor'.[7] Essentially the story of support for children's mental health and emotional wellbeing nationally is predominantly one of rising demand, insufficient and unequal funding and unmet need.

Rising demand for mental health support for children and young people

The most authoritative insight into the prevalence of mental health and emotional wellbeing issues among children and young people is the Mental Health in Children and Young People in England 2017 survey. This is a major survey commissioned by NHS digital and carried out by the National Centre for Social Research, the Office for National Statistics and Youthinmind. It follows on from surveys in 1999 and 2004 and provides an insight into trends in diagnosable mental health disorders for 5 to 15-year olds from 1999 to 2017. It also, first the first time, estimates prevalence of mental health disorders among 2 to 4-year olds and 16 to 19-year olds.

The data shows that the prevalence of mental health disorders among 5 to 15-year olds has increased from 9.7 per cent of the population to 11.2 per cent. This represents an increase of 16 per cent on the 1999 baseline and equates to roughly 100,000 more children and young people nationally.[8] The increase is particularly marked in girls aged 11 to 15 (from 9.6 per cent in 1999 to 13.0 per cent in 2017). Much of the growth is being driven by higher prevalence of emotional disorders, particularly anxiety disorders:

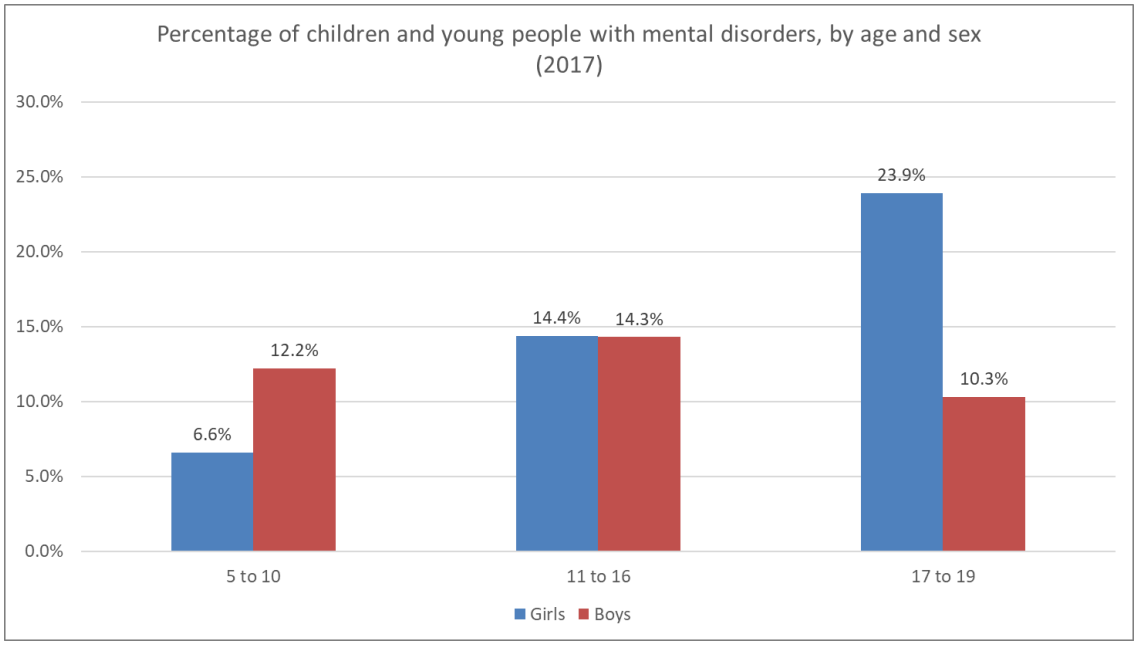


Source: NHS Digital, 2018, *Mental health of children and young people in England, 2017*

It is also clear how prevalence of mental disorders increases with age, with a particular spike for girls between the ages of 17 and 19.

[7] Children's Commissioner, *Briefing: Children's Mental Health Care in England,* 2017

[8] Based on applying prevalence rates to ONS mid-2018 England population estimates for 5 to 14-year olds.



Source: NHS Digital, 2018, *Mental health of children and young people in England, 2017*

The evidence provided by the survey that mental health conditions among children and young people in England has increased, is mirrored by evidence of rising referrals to CAMHS. This is one of the issues for which it is difficult to collect accurate national data. However, the Education Policy Institute published a report in October 2018, *Access to Children and Young People's Mental Health Services 2018,* which showed a 26.3 per cent increase in referrals over the last five years, based on FOI returns from 55 per cent of CAMHS providers nationally. There was some regional variation in both the rates of referrals and increases: in the North of England referrals increased by 39.4 per cent compared with the South of England where they increased by 11.4 per cent.

Similarly, FOI requests made by the NSPCC to NHS Trusts found that the number of referrals from schools to CAMHS increased from 25,140 in 2014-15 to 34,757 in 2017-18 – growth of 38 per cent in four years.[9]

Why is demand for mental health support for children and young people rising in England?

There is no definitive explanation about why we are witnessing this surge in demand for support for mental health which is significantly outstripping the basic increase in the population. However, an analysis of the data alongside the fieldwork that we have undertaken enables us to begin to construct a plausible narrative which would benefit from further testing and scrutiny. First of all, the data on the prevalence of diagnosable conditions points to some interesting correlations.[10]

Poverty

Children and young people were almost twice as likely to have a diagnosable mental health condition if their parents were in receipt of low-income benefits than those who were not. For two to four-year olds this correlation was even more marked – those whose parents were in receipt of welfare benefits were more than three times as likely to have a diagnosable mental health condition

[9] https://www.nspcc.org.uk/what-we-do/news-opinion/one-third-increase-in-school-referrals-for-mental-health-treatment/

[10] The following subsections all draw on the prevalence data in NHS Digital, *2018, Mental health of children and young people in England,* 2017

as their peers. There is considerable evidence to show that rates of children living in poverty has increased in recent years. For example, the number of children living in relative low-income households has increased by 500,000 since 2010/11.[11] Increasing levels of deprivation may therefore be one of the factors contributing to rising demand.

Special Education Needs

Even more marked than the correlation with deprivation, is the association between poorer mental health and special educational needs. Children and young people with a special educational need were more than five times as likely to have a diagnosable mental health condition than those without. It is striking that the number of children with Education Health and Care Plans (which is the legal document which describes a child or young person's special educational needs, the support they need, and the outcomes they would like to achieve) has grown in parallel with demand for mental health support. In England there has been an increase in the number of children with EHCPs of 47 per cent between 2014/15 and 2018/19.[12] In our Isos Partnership reports for the LGA and London Councils which explore increasing expenditure on SEND*,* we set out some hypotheses based on extensive engagement with councils and schools, about why special educational needs are on the rise in England. These include a number of societal, policy and funding factors some of which might be directly relevant to the prevalence of mental health conditions such as longer life expectancy for children surviving with serious complications at birth, the impact of increasing deprivation, and the rise of specific conditions such as ASD.[13] Interestingly, the NHS Digital mental health survey also shows a 34 per cent increase in pervasive development disorder or ASD between 2004 and 2017 although this still accounts for a very small percentage of all diagnosable mental health conditions.

Parental mental health and family functioning

Another aspect of the data worth highlighting is the strong association between both poor parental mental health and poor family functioning with higher levels of diagnosable mental health conditions among children and young people. Children whose parents suffered from poorer mental health were almost three times as likely to have a mental health condition themselves, compared with their peers. This correlation was slightly more pronounced for 2 to 4-year olds. Similarly, children living in a family which was not functioning well were more than twice as likely to have a mental health disorder than their peers. It is worth noting, in this regard, that at the same time that demand for mental health support has been rising nationally, so have the number of children subject to child protection plans and looked after children – an increase of 5 per cent and 12 per cent respectively over the last five years between 2015 and 2019.[14] Anecdotally, local areas point to several trends such as housing pressures, benefits changes, income instability or job insecurity, rising levels of school exclusions and diminishing community resources and capacity which may be contributing to these interlinked vulnerabilities.

Anxiety related conditions

The prevalence data also shows that the prevalence of anxiety disorders in 5 to 15-year olds have grown by nearly 50 per cent between 2004 and 2017. Those who engaged in our research highlighted two trends which they felt were contributing to higher levels of anxiety, particularly

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[11] DWP, *Households below average income (HBAI) statistics*

[12] DfE, *Statements of SEN and EHC plans: England 2019*

[13] Isos Partnership, *Have we reached a tipping point? Trends in spending for children and young people with mental health needs in England,* 2018, and *Under Pressure: An exploration of demand and spending in children's social care and for children with special educational needs in London,* 2019.

[14] DfE: *Characteristics of children in need: 2018 to 2019;* DfE: *Children Looked After in England (including adoption) year ending 31 March 2019*

among the older age-ranges. The first is the growing impact of social media, both in relation to the pressure it can place on individuals to feel 'successful' and the all-encompassing impact that bullying on social media can have on a young person's home and school life. The second is the increasingly academic nature of the curriculum and the focus on 'high-stakes' examinations and accountability measures which some young people find very challenging.

Why are referrals rising more quickly than prevalence levels?

However, the data about diagnosable mental health conditions can only tell us part of the story. The information available points to levels of referrals rising at a faster rate than the underlying prevalence. Our fieldwork conducted during this research, and the studies carried out by other organisations, point to three interlinked issues which may explain why referrals to specialist mental health services are rising faster than the prevalence of diagnosable mental health conditions.

Firstly, nearly a quarter of children referred to specialist mental health services were rejected in 2017/18. The two most common reasons for a referral being rejected was that children's mental health conditions were not serious enough to meet the eligibility criteria for treatment or that the condition was not suitable for CAMHS intervention.[15] This suggests that some of the increase in referrals is being driven by increasing numbers of children and young people whose needs may not fit the description of a 'diagnosable mental health condition' (and therefore will not therefore be captured within the prevalence data) but who are nonetheless experiencing a significant degree of emotional distress.

Secondly, a number of those involved in this research remarked that awareness of mental health as an issue in general, and children and young people's mental health in particular, has risen substantially in recent years and that this has contributed to rising numbers of referrals. Anecdotally, children, young people or their families are more likely to raise concerns about their mental health and professionals working in universal services are more likely to recognise some of the signs of poor mental health. This is partly as a result of deliberate policies by government to increase the profile of children and young people's mental health and partly also the result of lobbying by charities, the Children's Commissioner and others who have put mental health more obviously at the forefront of the discourse on children's wellbeing.

Finally, the rising level of referrals is not just an indicator of increasing levels of need, but also the collective capacity of the system to cope with those needs. In our work on special educational needs and rising expenditure on children's social care, we point to the impact of austerity and the wider policy and funding landscape on the ability of a range of partners to support the most vulnerable children and young people without recourse to specialist services.[16] Our fieldwork for this research suggests that the same is true for mental health. As budget cuts have been made to pastoral support staff in schools, targeted youth services, children's centres, health visitors and school nurses the collective capacity for universal services to provide additional support for children and young people experiencing turbulence in their lives and emotional distress has been diminished. The story of rising referrals therefore is not just about rising levels of poor mental health and emotional wellbeing experienced by children and young people. It is also likely to be about the pressures and strains experience by core universal service provision in a time of austerity.

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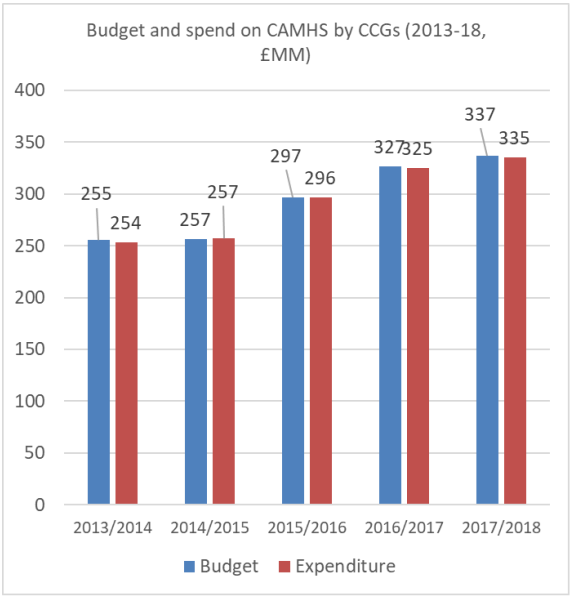
[15]Education Policy Institute*, Access to children and young people's mental health services, 2018*.

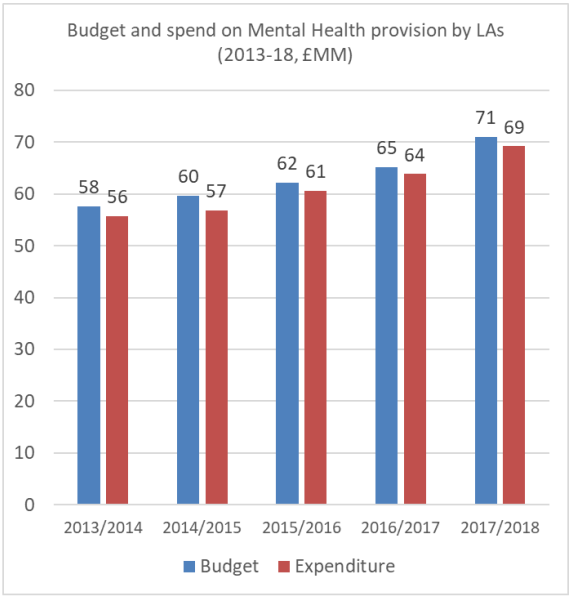
[16] Isos Partnership, *Have we reached a tipping point? Trends in spending for children and young people with mental health needs in England,* 2018; and *Under Pressure: An exploration of demand and spending in children's social care and for children with special educational needs in London,* 2019.

Insufficient and unequal funding

Many of the local areas that took part in this research described how support for children's mental health is delivered in the context of historic and chronic underfunding. Even with the increased investment seen in recent years, parity of funding between children's mental health and physical health remains a long way off, as does closing the gap between children and adults' funding. In 2018 the Children's commissioner reported that "on average local areas spend £54 per child on mental health compared to £800 on physical health" and "currently 15 times as much is spent on adult mental health as child mental health".[17]

Nonetheless, the data on expenditure published by both the Children's Commissioner and Young Minds shows that expenditure on children's mental health services is increasing. Data collected by Young Minds through a Freedom of Information request shows that CCG expenditure increased from £254 million to £335 million between 2013-14 and 2017-18 and council expenditure increased from £56 million to £69 million representing an increase of 31 per cent and 22 per cent respectively over the five-year period.[18] This data is based on 111 CCGs and 62 councils which provided data across all five years. The total 2017-18 national CCG spend on children's mental health reported by the Children's Commissioner was £641 million plus a further £47 million for eating disorders.[19]





Source: Young Minds, *Children's Mental Health Funding: Where is it going?* 2018

The Children's Commissioner carried out an analysis of expenditure on lower-level mental health services, based on a Statutory Information request which was completed by all local authorities with responsibilities for children's services and public health and almost all CCGs. This found that total expenditure on lower-level mental health services rose from £181 million in 2016/17 to £217 million in 2018/19.[20]

The rate of expenditure on children's mental health has been increasing more quickly than the underlying population, therefore expenditure per capita has also increased. The Children's

[17] Children's Commissioner, *Children's Mental Health Briefing, A briefing by the Office of the Children's Commissioner in England,* November 2018
[18] Young Minds, *Children's Mental Health Funding, where is it going?* 2018
[19] Children's Commissioner, *Children's Mental Health Briefing, A briefing by the Office of the Children's Commissioner in England,* November 2018
[20] Children's Commissioner, *Early Access to Mental Health support,* 2019

commissioner, for example, reports that spend per capita has increased from £49 to £54 between 2016/17 and 2017/18.

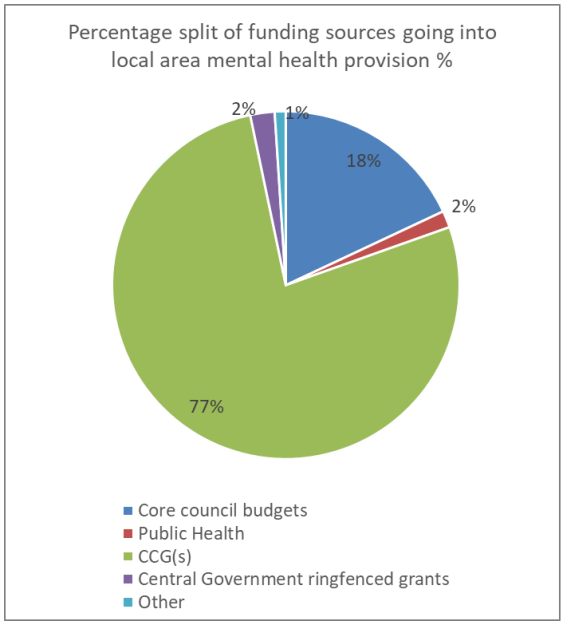
However, the data also shows very significant local variations in expenditure:

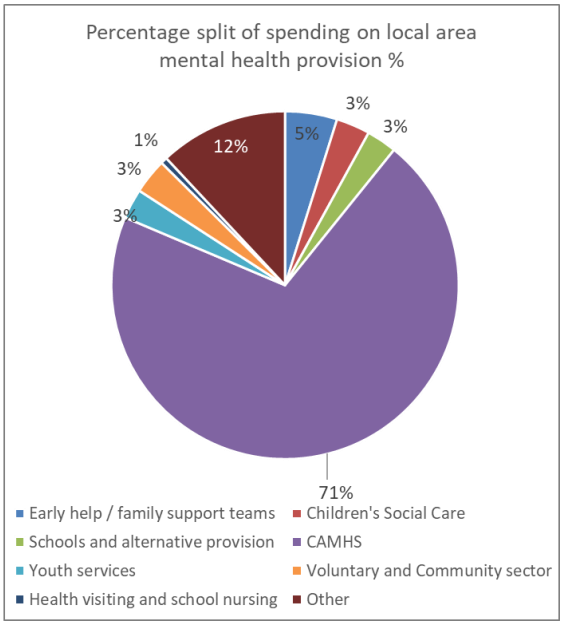
- Between 2016/17 and 2017/18, 66 per cent of CCGs increased or maintained their expenditure on children's mental health but 34 per cent decreased their expenditure (source: Children's Commissioner).
- 43 per cent of CCGs had increased their spending by less than the additional funding invested through Future in Mind (source: Young Minds).
- The range in CCG expenditure on CAMHS services extends from £162 per capita in the highest spending area to £9 per capita in the lowest spending (source: Children's Commissioner).
- The range in expenditure on lower level mental health services extends from £173 per capita in the highest spending area to £0.26 per capita in the lowest spend (source: Children's Commissioner).

However, all these figures need to be treated with a degree of caution as there are significant discrepancies in how individual areas report their data. There are several factors which contribute to the financial complexity:

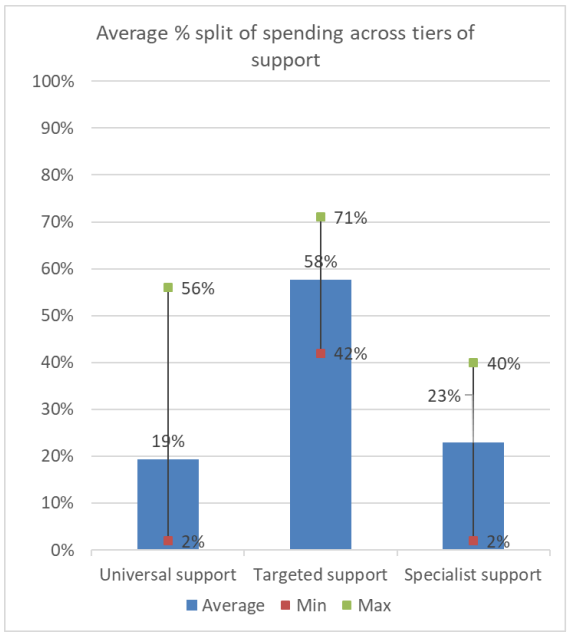
- Total expenditure on children's mental health is made up of many different funding sources. For example, one fieldwork area that we visited as part of this research listed 10 distinct funding streams in their CAMHS transformation plan.
- CCGs and councils are not coterminous which can make it difficult to apportion spend, for example in a council area which covers multiple CCGs or vice-versa.
- A proportion of the funding and expenditure on children's mental health is 'hidden'. For example, there is no straightforward way of collating how much money individual schools spend on school counselling services from their own budgets. Similarly, it is difficult to put a financial figure on the percentage of a youth worker's time which might be spend informally support the mental health of the young people they engage.

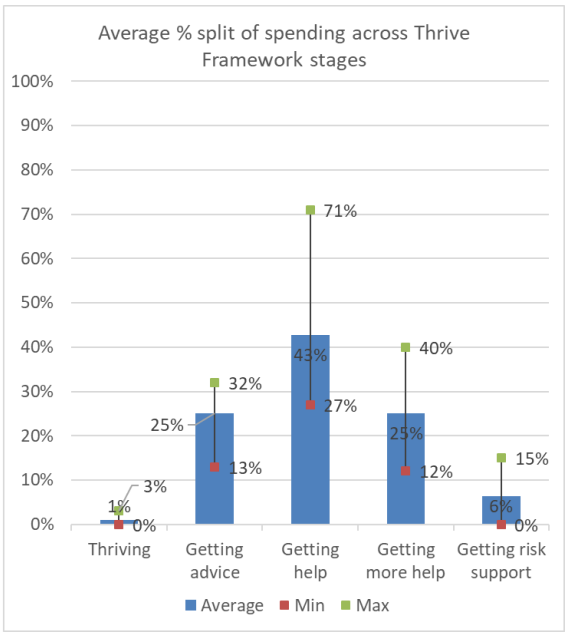
As part of our fieldwork, we asked participating local partnerships to share with us some of their most recent (2018-19) financial data on expenditure on children's mental health. We received returns from four local areas. As with the national data, it is important to treat this information with a degree of caution as different areas count different budget lines within the overall envelope of 'children's mental health'. The data they shared indicates that in these local areas on average around 77 per cent of funding for children's mental health is provided by CCGs and about 71 per cent is allocated to CAMHS services. In comparison, in her 2019 report, *Early Access to Mental Health Support,* the Children's Commissioner identified that just over half the funding for lower level mental health services came from local authorities. The difference arises because the Children's Commissioner was focussing on expenditure on non-specialist preventative or early intervention services, whereas the finance data reported by our fieldwork areas captured all mental health expenditure by local areas including specialist CAMHS.





We also asked fieldwork areas to estimate the average split in funding between support for universal provision, targeted provision and specialist provision and the five THRIVE categories. This shows that the majority of expenditure is directed towards targeted services and the largest category of expenditure within the THRIVE framework was 'getting help'. However, there were big differences between local areas in their allocation of support to individual tiers or quadrants. For example, in one area 56 per cent of expenditure was allocated to 'universal support' compared with 2 per cent in another area. Similarly, the range in local areas reported spend on 'getting help' within the THRIVE framework extended from 13 per cent of their total expenditure in one council to 72 per cent in another.





The finance data local areas shared with us also confirmed the trend nationally of considerable variation in per capita spend between areas. We calculated per capita (0-19) spend across the totality of funding for children's mental health within a local authority area (CCG, LA, Public Health, central government grants and other funding). We found that the lowest spending of the four authorities spent in total £59 per head and the highest £150 per head. The average was £78 per

head. Although these figures are not directly comparable with the per capita data reproduced above (these are based on total spending, those above are based on either CCG or lower-level spending) nonetheless it is interesting to note that the range appears to be somewhat smaller than the national range, due to a higher minimum per capita spend. This suggests that the fieldwork authorities might be comparatively higher spending on mental health than other authorities nationally. There are, of course, a very wide range of factors which may influence levels of spend in any locality and there is no indication that there is an 'ideal' level of expenditure on children and young people's mental health.

Unmet need

Despite the very substantial additional investment made in children and young people's mental health in recent years, the capacity in the system has not kept pace with rising demand. The result is too many children and young people with significant mental health difficulties failing to meet the threshold for treatment or intervention and those who do meet the threshold too often experiencing very long waiting times for treatment.

The NHS 2019 CAMHS benchmarking report stated "Within community CAMHS, there has been a clear upward trend in referrals to CAMHS over the last seven years, and numbers of referrals accepted have largely mirrored the increases in demand. However, although increased capacity has been demonstrated, demand continues to outstrip supply with increases in young people on waiting lists to access CAMHS and waiting times longer than the previous year."

Data collected by the Children's Commissioner on children and young people accessing CAMHS activity in 2017/18 is the most recent comprehensive national study that has been produced.[21] This showed that 324,724 children and young people accessed NHS CAMHS during the year. This represents just 2.85 per cent of the total population of England – much lower than the NHS digital survey-based prevalence rate of 12.8 per cent. Indeed, based on ONS mid-2018 England population estimates, a prevalence rate of 12.8 per cent of 5 to 19-year olds would equate to roughly 1.27 million children and young people.

Of those who were referred to CAMHS during 2017/18, 37 per cent had their referral closed before they entered treatment. There are several reasons why this might occur, but the most common is that the child or young person did not meet the threshold for accessing services. Of the children who were both referred and treated during 2017/18, just over half entered treatment within six weeks and a large majority of those were seen within four weeks. However, nearly a quarter waited more than 12 weeks for treatment and the average waiting time for those who did enter treatment was just under two months. Almost a third of those referred to CAMHS in 2017/18 were still waiting for treatment at the end of the year.[22]

All this points to very significant numbers of children and young people with mental health needs either never receiving a referral, not meeting the threshold for services, or waiting for three months or more before accessing treatment. It is of particular concern that nationally no data is collected which shows what happened to children who received a referral but did not meet the threshold for CAMHS or the substantial number of children and young people who are never referred to CAMHS but may (or may not) be receiving very effective earlier or lower level support from other partners in

[21] Children's Commissioner, *Children's Mental Health Briefing, A briefing by the Office of the Children's Commissioner in England,* November 2018

[22] Children's Commissioner, *Children's Mental Health Briefing, A briefing by the Office of the Children's Commissioner in England,* November 2018

the system. This data is simply not collected nationally, which creates a very real blind spot in assessing the efficacy or sufficiency of the system in supporting children and young people's mental health.

Beyond funding – systemic challenges to delivering effective support

The evidence set out above clearly demonstrates how rising levels of need combined with funding that continues, despite significant investment, to be insufficient leads to too many children and young people not receiving the support that they require in a timely way. However, evidence collected from councils and their partners through this research suggest that there are several systemic challenges which get in the way of using the resources available as effectively as possible and delivering the best outcomes for children and young people. Here we summarise some of the key issues raised by participants in the workshops and during the fieldwork stage:

System complexity and fragmentation

Historic underfunding of the system is compounded by the complexity of budgets, commissioning cycles, and discrete initiatives which make it more challenging to achieve a clear strategic overview and the most efficient use of resources. Those who attended the workshops described how the lack of a joined up vision from central government, with different priorities being set by the NHS, the Department of Health and Social Care, the Department of Education and Public Health England has created a situation on the ground in which it was too easy for partners to retreat behind their own organisation's objectives and not consider the totality of resource and capacity that could be deployed in the local area. This also meant that accounting for how funding for mental health was being spent, avoiding duplication and securing partners' buy-in to medium and long-term spending commitments could be very difficult.

Contributing to the sense of complexity and fragmentation, was the sheer number of pilots and separate ring-fenced grants which have proliferated in this policy area in recent years. Local partnerships reported that although the additional funding was welcome the short-term nature of the pilots, the fact that they were not always joined up or clear in what they were testing, and the lack of flexibility for local areas to adapt them to their delivery context created a further barrier to sensible and strategic long-term planning.

Capacity and wellbeing of mental health professionals

A clear message from many of the local areas attending the workshops was that there was not sufficient workforce capacity to manage the increasing demand for mental health support. This was, in turn, creating issues for the wellbeing of the workforce who were experiencing high levels of stress in an environment in which they could not meet the needs of children and young people to the extent that they would wish. There are well documented staff shortages in child psychology and psychiatry, including education psychologists and CAMHS practitioners, as well as associated professional disciplines such as children's social work. When staff shortages becoming acute it becomes even more difficult to retain existing staff because workloads and pressure rise, thereby creating a vicious circle.

A number of local areas also commented that, as a corollary of the system fragmentation described above, it could be challenging to make the most of the professional workforce capacity that was available. For example, despite the significant impact that both professions can have on the mental health and emotional wellbeing of children and young people, in many areas educational psychologists and CAMHS practitioners seldom train to together, work together or plan together for how they will support individual children and young people. The two professions are too often

separated by different terminology, different strategic goals, different administrative processes, different funding routes, different professional pathways and different leadership. This does not support the most efficient or effective use of scarce and valuable resources.

Issues of staff capacity and wellbeing do not only manifest among mental health professionals. A number of areas also described how shortages and workload pressures on professionals in the key universal services – schools, school nursing and health visiting – were hampering their ability to play a greater role in the support of children and young people's mental health, both in terms of the direct time to support individual young people or the indirect time to undertake the professional development needed to develop enhanced skills in these areas.

Not enough investment in or focus on effective early intervention

The importance of intervening early in children's mental health, to build secure relationships and emotional resilience, and prevent issues from escalating is well recognised. And yet, the funding, incentives and targets within the system remain geared to address unmet need at the specialist end of service delivery rather than boldly redirecting the focus of activity to earlier intervention.

The Children's Commissioner found that in 2015-16, 38 per cent of NHS spending on children's mental health went on providing in-patient mental-health care which was accessed by 0.001 per cent of children aged 5-17; 46 per cent of NHS spending went on providing CAMHS community services, which were accessed by just 2.6 per cent of children aged 5-17. However, "*only 16 per cent of NHS spending goes on providing universal services. This needs to support the one in ten children who are thought to have a clinically significant mental health condition but are not accessing CAMHS. It also needs to support a – currently unknown – number of children with lower level needs, who would be less likely to develop a more serious mental health condition if they were provided with timely support."* The Children's Commissioner also cites evidence provided by the Department of Health on the cost effectiveness of earlier intervention. They estimated that a therapeutic programme delivered in a school costs less than £250 but delivers a lifetime benefit of more than £7,250 pounds.[23]

Nor is it simply a question of money. As noted above, the paucity of data about children and young people accessing lower-level mental health support, or the outcomes they achieve, is striking; the responsibilities for providing and overseeing earlier intervention in mental health are unclear; the understanding of what good looks like in terms of universal provision for mental health has not been defined; and the system is incentivised to strive for targets that relate to access to specialist support and not long-term outcomes.

How local partnerships are overcoming these challenges

Despite the very real challenges outlined above that beset the delivery of support for children and young people's mental health in England, our fieldwork visits to eight contrasting local areas showed just how much could be done, through highly effective partnership working, to mitigate some of these challenges at the local level.

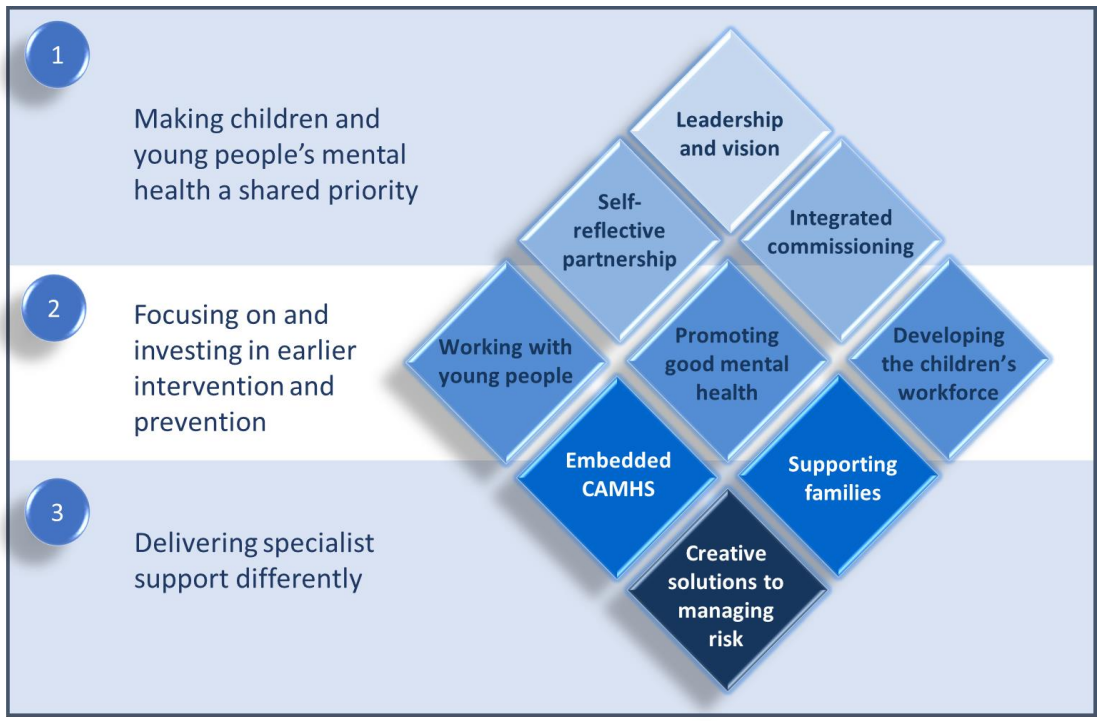
Throughout our fieldwork engagements nine key themes, or enablers, recurred as critical elements in establishing an effective partnership-based approach to supporting children and young people's mental health. Where these were securely in place, local areas felt that they were able to deliver better and more timely access to support, earlier intervention and prevention and more efficient use of resources. These nine key enablers are all mutually interdependent and reinforcing. In particular,

[23] Children's Commissioner, *Briefing: Children's Mental Health Care in England,* 2017

it is helpful to think of them as three sub-groups comprising three enablers in each, which contribute to three overarching ways of working:

1. Making children and young people's mental health and wellbeing a shared priority;
2. Focusing on and investing in earlier intervention and prevention; and
3. Delivering specialist support differently

This relationship between the nine key enablers and the three ways of working is illustrated in the graphic below:



In the following sections we describe each of the nine key enablers in turn and illustrate them with examples from our eight fieldwork areas. These are, we believe, the critical building blocks to creating a dynamic, outcomes-focused partnership that has the capacity to support more children and young people to achieve good mental health and emotional wellbeing. What we observed in the operation of these local partnerships was not a segmented approach to delivery in which CAMHS focused exclusively on specialist support for those with more complex needs and local government and its partners in universal services attended to earlier intervention. Instead what we saw was a more nuanced and dynamic way of working in which professionals from a range of disciplines and sectors might collaborate in the delivery of support from the universal all the way up to the most complex.

Keeping children's mental health high on the agenda when there are numerous competing priorities for time and resources requires commitment. Managing to forge a genuinely collaborative partnership around children's mental health at a time when countervailing pressures are causing joined-up ways of working to fragment similarly requires concerted will and discipline. Those areas which were making children and young people's mental health a shared priority were doing so through strong political and professional leadership; establishing ways of working in partnership that were self-reflective and trusting; and integrating commissioning and needs assessment to ensure the most efficient use of the total resources.

Leadership and vision

Unsurprisingly, at a time when children and young people's mental health and wellbeing has too often lacked the attention and prioritisation it deserves, clarity of vision and strong leadership are essential prerequisites. In local government this starts with the commitment of elected members to promoting children and young people's mental health. Firstly, during a period in which every council has to make difficult decisions about spending, the importance of elected members being prepared to advocate for the continued, or increased, investment of local government resources in programmes and services to support children's mental health cannot be underestimated. However, the role of elected members goes much further than just protecting expenditure. It is also about promoting a vision and acting as an advocate.

Many of the members to whom we spoke described how improving children's and young people's mental health was integral to their vision for their community as whole, be that in terms of health, resilience, learning or employment. They also felt they had an important role as advocates for children's mental health with other council members, residents and employers. They described how, as an issue, children's mental health was not always well understood among their constituents and that they, therefore, could have a significant positive impact in highlighting some of the issues that young people are facing and the ongoing costs to both the individual and society of poor mental health.

In Liverpool, leaders had a vision to bring mental health and wellbeing support out into the community, in order to identify mental health needs early; to reach a broader set of young people; and to create awareness of the possible challenges that young people can encounter that might affect their mental health. The partnership therefore commissioned YPAS, a registered charity, to deliver joined-up mental health support through three community hubs. The buildings were previously local authority owned assets that were repurposed as a venue for the mental health hubs. As such, the introduction of the hubs met with some opposition from residents who were anxious about the loss of community spaces and about the specific role of professionals working in the hubs. Councillors were pivotal in working with the community and ran consultation events to identify their concerns and develop practical solutions. It was only through close liaison and respectful listening to the community that these tensions were revealed and resolved. The YPAS Hubs have now become a non-confrontational and easily accessible space for children and families to seek trained and specialist support. The types of services offered out of the YPAS Hubs include counselling, drop-ins, information and guidance from non-therapeutic, qualified youth workers, fortnightly GP Champions, parental support coffee mornings and more specialist services (such as transgender support groups, Domestic Abuse Service and Talent Match programme to mentor NEET pupils). One colleague commented on how embedded the hub now is in the community in saying, "If you go to the centre and professionals were not wearing lanyards, it would be difficult to know the difference between professionals and parents – there is a clear sense of mutual ownership of the space".

Where elected members create a political environment in which children and young people's mental health is championed, there is an equally important role for senior officers within children's services and senior leaders within the CCG to create the operational environment in which partnership working for children's mental health can flourish.

One Director of Children's Services, for example, argued that in an environment of austerity – in which all councils and their partners are now operating – strategic leaders face a choice between retrenchment to protect their own budgets or more ambitious collaboration to try to get maximum impact from the combined resources available. They also face a choice between focusing on statutory services and trying to ration access to the highest cost support or focusing heavily on early intervention and prevention to address needs at the very earliest opportunity.

Senior leaders described the importance of locating children and young people's mental health within an overarching programme and a clear set of objectives for the whole council, for example creating resilient families or living healthily. They also emphasised the importance of creating the conditions for mental health not treating mental illness. This relied upon setting clear expectations for staff across disciplines to work together, to be creative and to learn from each other. One Director of Children's services described this as the "authorising environment" for excellent practice.

In practical terms, the leadership vision in the areas we visited was normally distilled into a single shared transformation plan for children's mental health which encompassed children's services, schools, public health, the CCG, CAMHS, VCS and other key providers. This was underpinned by a strong needs analysis which quantified the progress that the partnership was seeking to achieve.

All the fieldwork areas that we engaged with had adopted the THRIVE framework which was jointly developed by The Anna Freud Centre and Tavistock and Portman NHS Foundation Trust. The THRIVE framework is an integrated, person centred, and needs led approach to delivering mental health services for children, young people and their families. It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

THRIVE emphasises that the decision on how best to support a child's mental health cannot be based purely on their diagnosis or presenting symptoms. It stresses the importance of drawing on the evidence base, alongside being transparent about the limitations of treatment, and explicitly engaging children and their families in shared decision-making about the type of help or support they need. The framework suggests that all those involved in the delivery of care across health, education, social care and the voluntary sector work closely with one another to meet these needs, agree on aims, and review progress. In the local areas we visited, the THRIVE framework was proving a powerful vehicle for bringing partners together with a shared strategic vision and a common language for how they would achieve that vision. We were struck by the way in which the process of adopting this model, and use of the self-assessment tool, helped to facilitate positive change both in terms of staff development and closer working practice.

Self-reflective partnership

Having a robust governance structure in place to oversee the shared vision and monitor delivery against the strategic plan was a critical element in the success experienced by many of the fieldwork areas. During our visits we saw evidence of a wide range of partners, both commissioners and providers, coming together regularly to report on progress, collectively problem solve, and shape the future delivery priorities. Where these were working most effectively, partnership-based governance structures for children's mental health:

- brought a really diverse set of partners to the table, with strong representation from the voluntary and community sector;
- showed evidence of knowing each other's services, strengths and challenges and being familiar with working together in order to solve problems and support each other;
- were united in seeking out ways of working that would improve outcomes for children and young people;
- made time to think about what had worked, and what had not worked, and used this knowledge to plan their future delivery priorities.
- had meaningful, vibrant conversations about how to improve rather than going through the motions of performance reporting.

When asked what made their partnership structure work well, participants in one fieldwork area replied: "we can trust that actions will be delivered"; "there are active individuals in the system"; and "everyone wants the best outcomes". The emphasis was very much on building trust and confidence by acting in ways that delivered on the partnership's priorities.

Underpinning these partnerships many local areas had thought carefully about what metrics they would measure and why. Being able to reflect on the quality and impact of provision required not only forensic tracking of key outputs, such as the number of children and young people accessing support or the waiting times from referral to treatment, but also wider thinking about how to measure outcomes and changes in children and young people's lives. For example, Salford THRIVE partnership had commissioned a Resilience Survey that was completed by children in year 4, year 8 and year 12 and provided each school, and the local area as a whole, with an average 'resilience score' based on children's answers to questions designed to assess their overall emotional wellbeing and resilience. The partnership aims to use this as a baseline for measuring progress and impact each year.

In many cases the mental health and emotional wellbeing partnerships reported into the Health and Wellbeing Board. In one area the Director of Public health described how the health and wellbeing board had both a children's group and a transitions group both of which saw improving mental health as a key priority. She felt that the quality of the underpinning needs assessment was an important lever in achieving that high-level commitment.

Integrated commissioning

A shared vision, committed leadership and a self-reflective partnership structure found expression in an integrated approach to commissioning children's mental health support in many of the areas we visited. In practical terms some of the local areas had appointed joint commissioners across the council and the CCG so that there was single oversight of all commissioning for children's mental health and wellbeing. Other areas had not gone down the route of structural staffing changes but had put in place day to day ways of working that meant the CCG lead commissioner and the council lead commissioner for mental health collaborated closely and effectively took joint decisions. In a minority of fieldwork areas, integrated commissioning between the CCG and the council was not as far advanced. In these areas the council had forged a very strong relationship with the CAMHS provider to ensure joined up planning and integrated service delivery.

Pooled council and CCG budgets, under a section 75 agreement, were a powerful tool for joined-up planning, investment and delivery, in some of the fieldwork areas. One DCS described their longstanding pooled budget as "an enabling contract. It allows each partner to spend and discharge the responsibilities of the other partner, but you need the right culture in place. It gives continuity to a set of ideas and assists people to make braver decisions if the risks are safely managed". Several

areas were looking to move towards a pooled budget agreement in the near term, as a result of ever-closer collaboration around commissioning priorities and spending decisions. In times of austerity and pressure on budgets, a formal pooling agreement was seen as extra insurance against one partner unilaterally deciding to reduce investment in joint commitments. It was also seen as a way to 'hard wire' in the relationships and ways of working that take years to develop and future proof these against changes of personnel.

Integrated commissioning, however, is not important as an end in itself, but because it enables bolder decisions to be made about how money is spent and creates the conditions in which the total investment in children's mental health is maximised. In one local area a provider described the 'bravery' of the approach to integrated commissioning which enabled providers and commissioners to look at a problem together and co-create a solution. For example, as a result of rapidly increasing access both VCS and NHS providers were experiencing rises in waiting times. The partnership therefore looked at how the system could be redesigned to alleviate pressure, and allocated funding so that additional resource could be put into specific pinch points as a well as increasing support in schools to enable more needs to be met without recourse to a referral to specialist services. In another area they described how "providers and commissioners are part of a partnership" which meant they could challenge each other from a position of mutual respect and trust. The CCG offered a lot of capacity building for the VCS organisations it commissions, for example in IT systems, governance structures, and the building of a workforce for evidence-based interventions. The commissioning partnership has also thought carefully about how to demonstrate the impact of services, paying attention to both quantitative and qualitative measures of success.

Local areas also reflected on how integrated commissioning arrangements had challenged them to look differently at how things had been done historically. One area, for example, described how its block CAMHS contract was based on numbers of children seen and treated in a clinical setting, but did not remunerate the provider for providing advice, guidance and training to professionals in other settings such as schools, youth services or children's centres. As this was becoming an increasingly important means of securing effective earlier intervention, work was beginning to unpick the historic block contract and put it on a footing which significantly incentivised early intervention and prevention.

In Salford, funding for children's mental health had historically been split between the council and the CCG. The council had traditionally funded early intervention CAMHS work, Youth Justice mental health support and Emerge (a CAMHS service for 16 to 17-year olds). The rest was funded by the CCG, based on an activities contract with the CAMHS providers of £3.2 million with some additional specialist services. In 2018, the decision was made to test integrated commissioning within CAMHS, and in 2019 Salford implemented a pooled budget arrangement between the CCG and the council for all age health and care. This was motivated by the ambition to move away from discrete contracts so that budgets could be used more freely once pooled. The process to move to integrated commissioning required close working with care, education, and health to build their understanding of the benefits. As part of this, an integrated commissioning post was developed across the CCG and the local authority to create further strategic join up and oversight. Partners also worked together to articulate a shared vision on aligning commissioning and budgets, underpinned by a needs analysis of the local area. By jointly developing the vision, there was broad understanding across partners of how joint commissioning would work and they largely felt bought into the process. This vision was also matched by a governance framework developed to build a sense of shared responsibility, rather than a culture of shifting risk and blame. Colleagues were keen to stress that integrated

commissioning was only made possible by partners building and owning a vision together, sharing the risk and being "brave" when it came to commissioning, in order to address problems creatively.

Shifting the focus of the system towards earlier intervention and more effective prevention can bear significant dividends, both in terms of the long-term emotional wellbeing of children and young people and the most efficient use of resources. The fieldwork areas described three key enablers which were helping them to direct capacity and attention towards earlier intervention. These were meaningful engagement with children and young people; capitalising on opportunities within the community to promote good mental health for everyone; and developing a children's workforce with skills and aptitudes needed to support mental health through their daily interactions with children and young people.

Working with children and young people

'Only when we truly listen to our children and young people - and value what they say- will we start to make the decisions that have a positive impact' was the very clear message that came from one assistant director engaged in the fieldwork. Local areas had used a range of different mechanisms to work carefully and deliberately with children and young people to develop services which met their needs. These included large-scale consultation events, appointing young commissioners to guide service design and funding decisions, young people contributing to interviews for key posts, and using youth councils to help shape priorities for children and young people's mental health and promote those with schools and other partners. Engaging children and young people in designing and evaluating services tended to be most successful when it permeated each level of the system, from service user feedback up to shaping whole-system priorities, and when it was part and parcel of how partners worked together, rather than a one-off exercise.

Local areas were also doing more to understand the lived experience of children and young people with poor emotional wellbeing and mental health. In Hertfordshire, for example, the Director of Public Health is working on a public health approach to exam stress and working with children and young people in ten schools across the county to understand in more detail the issues that cause extreme anxiety, including stress around achieving and coping with parental pressure. This is important given the data that suggests emotional and anxiety related disorders are among the fastest growing nationally. In Dorset, the lead member described the transformational effect on policy that arose from inviting young people who had been excluded from school to describe their experience to councillors.

Many local areas described how young people had strongly expressed a preference for support that was non-stigmatising, accessible and based in community settings. There were good examples of how councils and their partners had redesigned aspects of their support offer in response to these

messages. For example, in Salford, they had commissioned a third sector organisation to work with 35 LGBTQ young people to understand the mental health issues that they faced and to co-design a service that would meet their needs. Specific outcomes from this engagement included rolling out training on gender identity for professionals working with children, young people and families, creating LGBT friendly GP practices and pharmacies, and developing safe places in the community where LGBT young people can meet and interact. An LGBTQ+ working group continues to oversee this work and includes LBGT young people representatives.

In Camden the tragic suicide in 2012 of a young man aged 18 waiting for support from adult mental health services prompted the partnership to completely redesign their offer for 16 to 25-year olds. They started with a survey of 500 young people which identified high levels of unmet need. Young people told commissioners that services at 18 fell apart; that they wanted more joined-up services available through self-referral and open access. They wanted support in place for young people not meeting thresholds and those not engaging with clinical interventions and treatment.

Through careful, iterative engagement with a group of young people they developed the concept of The Hive – a community based youth hub that provides social activities, a safe place to spend time and meet friends, access to employment support through social entrepreneurship, and a one-stop shop for mental health, sexual health, and physical health. A Youth Board is central to running the centre and young people own the space, doing tours to welcome those who visit or attend for the first time.

The heart of The Hive is about social interaction – a place where young people can make friends with each other and develop trusting relationships with adults. This is based around a range of free activities designed by the young people – cooking, yoga, guitar lessons. But it is also a place where access to a mental health professional is available seven days a week, without a formal referral. An evaluation of The Hive carried out by The New Economic Foundation showed the return on investment to be £3.40 for every £1.00.

A number of local areas which took part in the research also pointed to the preference young people had expressed for accessing support for mental health online. Many fieldwork authorities had subscribed to Kooth – an online platform that provides access to counsellors and the Kooth community from 12pm to 10pm weekdays, and from 6pm to 10pm on weekends. Bedford was one of the local areas that had recently signed up to Kooth and was extremely positive about the number of young people accessing the service from communities that had previously been reluctant to engage with traditional mental health services, particularly ethnic minority young people.

Finally, local areas were not just engaging young people more meaningfully in the design of services but also skilling them up to provide support and advice to their peers. One VCS organisation with whom we met described how they had carried out a survey of 1,200 young people and asked them where they would go if they were worried – 60 per cent said that they would first go to another young person for advice. This prompted a significant programme of skilling up young people as peer mentors and peer educators, and developing groups led by young people for young people on issues such as self-harm.

Weymouth College in Dorset provides training in emotional health and resilience for young people who want to become peer mentors. Students who are targeted are those whose own emotional wellbeing is an issue. They have to carry out a piece of work which involves research and a full level 2 qualification. They then build on and use this work and have the opportunity to become a peer mentor. One young person whose resilience was very low at the beginning, really excelled on the

programme and presented to a large conference. It has been so successful that there are now 126 peer mentors. A student will come to a 'tea and toast session' where they do presentations to each other and talk about their journey, with many building a friendship group during the process. The programme is currently targeted for those who are at risk of NEET or are struggling with low grades.

Promoting good mental health

Central to the concept of earlier support and prevention in mental health is switching the focus from treatment of mental health conditions to laying the foundations for good mental health and positive emotional wellbeing. Many of the local areas we visited were in the process of making this transition.

There is very substantial evidence that the early years of a child's life are critical for forming the strong attachments that create the platform for good mental health later in their lives. Many of the local areas we visited had recently reshaped their children's centre, perinatal and early years offer to significantly increase the focus on supporting parents and professionals to understand young children's emotional and mental development and implement proven strategies for promoting ongoing good mental health. For example:

- In Camden, children's centres are a one-stop-shop for perinatal and infant mental health, with health visitors co-located with family workers and strong links to midwifery services. Through the children's centres, they offer parents taking up the two year-old free entitlement the opportunity to take part in parenting programmes encompassing attachment and good parental mental health.
- Hertfordshire have recommissioned their children's centres and Public Health Nursing (Health Visiting and School Nursing) functions, bringing them together to create the 'Family Centre Service". The Family Centre Service supports families, from the antenatal period, with an integrated offer of support. All staff in the family centres have a clear mental health component to their work including training on attachment and brain development.
- Dorset have run "Incredible Beginnings" training for nurseries to help staff to understand young children's behaviour and how to respond in ways that enable children to effectively regulate their emotions. It is starting to change the culture in nurseries, with a strong network in place of those who have benefitted from the training.
- On the Isles of Scilly their vision is to build emotional resilience from conception up. They are funding all two-year olds for 10 hours nursery provision; running early years sessions with the health visitor and school nurse to identify issues early; and delivering training on reducing parental conflict.
- In Salford, trauma informed practice runs through their peri-natal offer. Health visitors carry out a screening check for attachment issues at eight weeks and use screening tools at core contacts to assess parental mental health. The Early Help service run five to thrive training (an attachment-based training programme for parents) through their children's centres and CCG funds home start, through a bank of 59 volunteers to provided targeted support to new mothers. Innovation funding has been secured to extend this offer to fathers from April 2020.

Building on the platform created at early years, all the local areas we engaged with had worked with their schools to embed positive ways of promoting mental health within the curriculum, within

pedagogy, and within approaches to behaviour management. For example, Hertfordshire had developed a kite mark scheme to recognise schools which had adopted a whole school approach to promoting good mental health and Salford had developed an accreditation programme for emotionally friendly schools and settings which are trauma-informed and attachment aware. They feel that this has begun to change the language in schools around behaviour.

In Dorset there has been a specific focus on support to teachers to improve children's emotional wellbeing and behaviour in a systematic way. 'I can problem solve' is an evidence based early intervention programme developed in the USA. Educational psychologists have been overseeing the successful implementation of this programme, including training staff and ongoing support for trainers. It aims to help children be aware of feelings and motives and generate a variety of solutions to problems. It is being implemented with early years and primary teaching staff. The results of the evaluation carried out so far have been very promising including lowering of impulsivity, with children learning to stop and think, a positive impact on Strength and Difficulty Questionnaire scores and language development, with a particular increase in emotional vocabulary.

Some of the local areas were actively working through their school-based learning partnerships to integrate mental health promotion within a whole school context. The Liverpool Learning Partnership, for example, was working with schools and partners to drive school a 'Whole School Approach' to mental health, facilitating seven working groups examining issues raised by schools. Camden Learning had established a school-led mental health learning hub in which participants used action research methodologies to explore themes suggested by schools. The mental health learning hub is currently developing two mental health resources; one for primary schools focusing on helpful and unhelpful thinking; and one for secondary schools focusing on anxiety, with the aim of helping young people to recognise when it is a problem and when it is a normal part of life and how to develop greater resilience.

An important theme that ran through the testimony of local areas was the role that everyone in the system needs to play in 'normalising and not awfulizing' common adolescent or childhood experiences. Many of those who engaged in the fieldwork emphasised that an important part of creating the foundations for good mental health lay in supporting children and young people to recognise that it is normal to sometimes feel frightened, anxious or sad but that often these feelings will be short-lived and that there are strategies that can be used to regulate difficult emotions. The role of teachers and other staff in schools in reinforcing these messages with children and young people, and at times also with parents, was seen as critical. In the words of one experienced clinical psychologist supporting schools "Most of what I do is normalise things, such as routines and boundaries."

Local areas also recognised that being able to engage in a wide range of positive activities including sports, outdoor activities and creative opportunities was an important component of good mental health for all young people. For those experiencing more significant challenges with their mental health, access to an alternative curriculum of positive activities could often be a lifeline. Many areas, therefore, had commissioned services, often delivered by VCS partners, which provided children and young people with opportunities to improve their mental health through art, music, caring for animals, playing team sports or taking part in outward bound activities. These programmes had the capacity to promote good mental health at many different levels – by providing friendship groups, relationships with an adult they can begin to trust and rely on, opportunities for young people to succeed and feel successful, increasing physical activity, developing communication and sometimes through direct therapeutic inputs.

Young people with poor mental health, which manifests in disruptive behaviour, are often at greater risk of exclusion from school. Cornwall are piloting a project through which schools can apply, to the 'Inclusion support team programme' for additional funding for a programme of activities to support the child. A detailed plan about how they are going to prevent exclusion will be developed. So far this year 86 applications were accepted, resulting in only two permanent exclusions. Children are provided with a teacher who builds a trusting relationship with them and supports them through a 12-week intervention, often involving outdoor activities that create opportunities for modelling good peer relationships, using positive educational activities. These include such things as mentoring, 'surf back to school', or a day spent in forest activities. Children will come back to school with the same teacher, aiming to transfer new-found confidence into the classroom. The other important outcome of this approach are the positive effects on anxiety levels and wellbeing for headteachers, family and class teachers. Most of the children that were involved in the programme last year are back in their schools with less support.

There is a strong relationship between mental health and physical health. The prevalence data shows that children and young people with poor general health are about twice as likely to also have poor mental health as those with good general health. Some local areas were therefore beginning to explore how to promote good mental and physical health in tandem for young people. This was particularly important for young people suffering from long term health conditions. For example, in Hertfordshire a core of GPs had developed and were running a service for young people with long-term physical health problems such as diabetes which included a mental health component to enable young people to see the link between what they were experiencing physically and the impact this might have on them emotionally.

The Empathy Project, also delivered in Hertfordshire, is an innovative project supporting young people at A&E using young volunteers as befrienders to address emotional wellbeing and mental health. Through supportive conversations the young volunteers provide information about local services and community projects and offer practical support. The project was set up to cover two hospitals because hospital staff realised they were not set up well to cater for the needs of teenagers at what is often a vulnerable time in their lives. The peer volunteers are specially selected and trained and then supervised by Youth Workers. A clinician who led a review of the project said: "Empathy workers have relieved pressure on hospital staff, boosted the commitment of staff to prioritise mental health and emotional wellbeing, bridged gaps between A&E and specialist mental health teams and made themselves useful with practical tasks such as helping to resource the teenage corridor at the Lister Hospital."

Developing the children's workforce

'Children's mental health is everyone's business' was one of the phrases that we heard most frequently when carrying out the fieldwork for this research. It encapsulates the belief that only when all those who interact regularly with children and young people have a good understanding of how to support their mental health needs will it be possible to make the transition from a treatment-driven model of support to a system truly geared to early intervention.

Nurseries, schools and colleges have a unique role to play in supporting children and young people's mental health, because it is the professionals in these settings who see and interact with children and young people every day. In the words of one CAMHS practitioner "Schools do most of the mental health work in this country because they are always there. Our important task is to support school staff." It is not surprising then, that alongside the work to support schools to embrace the promotion of mental health as part of their overall approach to teaching and learning, all the local

areas we engaged had also focused on providing training, support and advice to staff working in schools and other educational settings.

Many of the local areas we visited had developed a system which enabled staff in schools, nurseries or colleges to access rapid support and advice about the mental health of a child or young person with whom they were working. In some areas, this took the form of a Single Point of Contact within CAMHS whom teachers or support staff could contact for immediate advice. In other areas schools were allocated a CAMHS link worker who would visit the school regularly (for example fortnightly) to provide advice for staff, carry out work with individual young people, or run training or group support sessions.

Several areas that we visited were also Mental Health Support Teams (MHST) trailblazer sites. Camden was one of the local areas in the first wave of trailblazers and had been working on how to develop their approach, building on a long history of engagement between their CAMHS service and schools. They were in the process of training a new workforce at a lower level than CAMHS who would carry out guided self-help support in schools and also support emotional regulation work through whole class approaches. Their initial focus was on low mood and anxiety from Year 6 upwards.

In Bedford Borough the early help service recognised the need to do more to support young people experiencing lower level mental health issues that might be affecting their behaviour, their relationships with friends and family, or their readiness to learn. They also felt that there was more that they could do to support young people who might be waiting for CAMHS treatment to manage that challenging period in their lives. They therefore invested in training for two early help practitioners to achieve a qualification in Solution Focused Therapy. This is a brief therapeutic intervention which, as the name suggests, supports young people to visualise their goals for the future and the solutions that they want to enact, rather than focusing on the difficulties and challenges they are experiencing in the present. Following the successful trialling of the approach by the early help service they have also extended the training to allow pastoral support staff and others in schools to develop the skillset and provided discussion groups and networking opportunities for those who have completed the training to continue to hone their skills and discuss the application of the techniques in the context of their daily work. To date nearly 50 young people have benefitted from solution focused brief therapy in Bedford, and in more than 80 per cent of cases young people recorded a positive impact on their emotional wellbeing and more confidence to achieve the goals they had set themselves.

Within the broader schools' workforce, several local areas had a specific focus on developing access to skilled school counsellors. The Children's Commissioner emphasised in her 2019 report on early access to mental health support, the important role of school counsellors in providing early intervention and preventative support. However, in some areas there was concern about the growth in the number of school counsellors employed directly by schools who may not have appropriate professional accreditation or training and whose quality may not be assured. Several local partnerships were tackling this head on. For example, Salford had developed a quality assurance commissioning framework. The framework provides a quality assurance process for schools wishing to commission provision around counselling which draws on feedback from professionals, young people and parents. In Dorset the school counselling service provides accreditation for counsellors as well as supervision and training for staff in schools.

Of course, school staff are not the only professionals that work regularly with children and young people. The local partnerships engaged in the fieldwork had also focused on skilling up health

visitors, school nurses, social workers, foster carers, youth workers, youth offending services and those working in the voluntary and community sector. In many cases this professional development focuses on providing the person who has the best personal relationship with the child or young person with the skills and techniques to begin to have supportive conversations about mental health. Local areas spoke about the importance of reducing professional anxiety around children's mental health, providing practical examples of what professionals could do within the course of their day to day work, and knowing what to look for which might indicate that more specialist help is needed. A few specific examples illustrate these points:

- In Salford a mental health nurse, a family wellbeing practitioner and a CAMHS clinician are embedded in the Youth Offending Service. They provide trauma informed supervision to staff and match staff with young people to try to forge the strongest relationships. As part of becoming a trauma-informed service they have also redesigned the space for meeting young people. The programme is yielding subtle changes in language and thinking, for example moving from a concept of 'challenging behaviour' to 'distressed behaviour' and embedding the idea that behaviour is a form of communication.
- Within Hertfordshire there are children's wellbeing practitioners, who offer one to one anxiety and low mood interventions, group work in schools, parent training for children's anxiety and anxiety awareness for children.

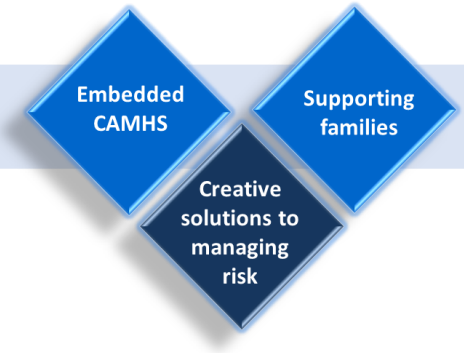
Several local partnerships reflected that the development of the children's workforce to promote and support good mental health was most effective when professionals from different disciplines and backgrounds trained alongside each other. This created a shared language and joined-up conceptual framework. It also provided the opportunity to establish relationships between professionals working with the same children and young people. In fact, there was growing evidence from the fieldwork of how different professionals working in a locality might come together to positively improve mental health outcomes for children and young people.

- In Bedford, early help practitioners, school nurses and CAMHS school link workers have started meeting regularly to problem solve for individual children and discussed joined-up ways of working for particular schools.
- In Liverpool, local schools wanted to better work with GPs to understand why they were signing children off school for a range of medical reasons including mental health conditions. So, they piloted a programme in which the GP notified the school of an impending absence. Then both the school and the GP sent a letter to the parents saying they would like to work together to get the child school ready. Then designed a package of support to help the child back into school. The pilot is now being rolled out in GP clusters and can help to prevent the over-medicalisation of mental health needs and demonstrate the impact of broader services in providing support.

In Cornwall and the Isles of Scilly, *BLOOM* meetings champion a new multi-agency way of working, making better use of skills and resources from health, social care, education and the voluntary sector. The multi-agency group meets weekly in six areas in Cornwall and the Isles of Scilly and provides an opportunity to discuss a child or young person with whom services are struggling. They develop a formulation that underpins everyone's understanding of the case and decide what would be helpful, with specialist advice from a CAMHS clinical psychologist. The referral then goes through Early Help so that the child does not slip through the net. The process provides opportunities for multidisciplinary learning and prevents escalation of problems. From the schools' perspective this puts the needs of the child and family at the centre and allows for the development of a 'common

language'. A recent case involved a 7-year-old boy who was on a waiting list for an autism service. He was struggling in school and was disruptive. His teacher came along to the Bloom meeting and was helped to develop strategies for the classroom and a plan that involved social prescribing, including a community surfing offer. 'BLOOM offers a way of thinking about a child differently rather than "they don't meet our threshold" for CAMHS'.

Delivering specialist support differently



Even in those areas that have the most effective focus on early intervention and prevention, there will always be some children and young people who need access to more specialist forms of mental health support. The areas that we engaged as part of this research were in the process of redesigning how partners come together to deliver specialist support that is timely, accessible, high quality and in a format and setting with which children, young people and families can engage. The three key enablers are embedding CAMHS within community settings and child-facing teams; supporting families holistically; and developing new and creative approaches to managing the most significant risks.

Embedded CAMHS

The Director of CAMHS in Camden, and one of the co-authors of the THRIVE framework, was very clear about the conditions that should be in place to ensure a more integrated model of service delivery. These were:

- Shared clarity of ambition from commissioner and directors, and permission for staff to work differently;
- Colocation of mental health clinicians in schools, special schools, social care, early help and others;
- Time spent with other professionals is valuable and is 'counted' in commissioning terms;
- Pre-referral discussions happen routinely to avoid redundant referrals;
- Joint visits and bridging in other professionals are commonplace;
- Time is carved out for thinking together; and
- Professionals develop trusting relationships.

These principles lead to a very different model of delivering targeted and specialist mental health interventions, with a focus on working across a broader group of professionals to develop a plan for intervention and delivering in settings that are closer to children and young people. In Camden, alongside a more traditionally organised community CAMHS service, there are also CAMHS clinicians embedded in the looked after children team, children's centres, supported housing, the Hive youth hub, the PRU, the Youth Offending Service, the MASH and Early Help. There is also a vibrant partnership with voluntary and community sector providers which are commissioned to provide

targeted and specialist interventions with a specific focus or cohort of young people, parents/carers and families. The benefits of this approach to embedding and integrating clinical professionals in non-clinical teams are the cross-fertilisation of ideas and skills between staff, the speed with which issues can be resolved, reductions in young people not attending treatment, and reduced wastage with fewer referrals 'bouncing' from one team to another.

Camden was certainly not an isolated example in moving towards a more integrated way of working. In Salford, for example, the head of service described the bespoke and integrated CAMHS offer for looked after children which provides a six to eight week mental health screening for every looked after child, support on resilience, further assessment where needed, direct mental health work with individual children and advice to children's homes and foster carers. Hertfordshire now have four co-located CAMHS staff in their Youth Justice services, with easy access to two consultant psychiatrists. These CAMHS experts provide support to staff, helping them in their work with young people with difficulties with emotional dysregulation, trauma, drug addiction and gang membership, as well as offering quick direct access to clinical sessions for those that need to be seen.

Supporting families

Children live in families, and good or poor mental health occurs in a family context. Indeed, the prevalence data shows a strong correlation between parental mental health and child mental health, and there is now a growing body of evidence of how important it is to address parental conflict in order to effect change in child mental health and behaviour. Yet most mental health services still focus on treating the individual. Many of the areas engaged in this research were beginning to explore what holistic family-based mental health support should look like. Often this was spear-headed by early help services which have historically developed a strengths-based and holistic approach to supporting families.

In 2015, on the Isles of Scilly, 18 young people were receiving treatment from CAMHS out of a population of 420 children and young people. Not only was this a high proportion of young people given the small size of the population, but it was not best serving the interests of the young people in question. The Isles of Scilly, due to its size and location has no CAMHS clinicians on the islands. Therefore, the young people accessing CAMHS had to fly to Cornwall every two weeks to attend their appointments. This was disruptive to their school and family lives and also afforded the young people little anonymity in attending their treatment.

Children's services on the Isles of Scilly therefore looked to construct a different offer of support for children and young people's mental health, focused much more on preventing issues escalating and using the resources available on the islands to provide the support needed. They took a whole community approach to trauma informed practice and trained children's services and school staff in mental health first aid and emotional resilience. They also employed an experienced Family Support worker to work in the Isles of Scilly's one school and trained one other member of staff in the school to become a THRIVE practitioner. Those working with children and young people would benefit from regular Bloom meetings of the GP, health visitor, school nurse, family support worker and children's services, with a CAMHS clinician providing advice by phone, to decide who was best placed to support each child and the plan of support going forward.

The family support worker was critical in bringing about a change of culture in the school. Equally important was the role of the family support worker in going into the community and working with parents to develop mental health and emotional resilience in a family context. The Isles of Scilly have also commissioned training for their workforce in domestic abuse and parental conflict and joined

up the commissioning of children and adults mental health to ensure effective transitions for young people and also that parents experiencing mental health issues get the joined-up support they need.

Today there are only three young people on the Isles of Scilly accessing specialist CAMHS treatment. Although the Isles of Scilly are a unique community, there are important national lessons to learn from their experience in terms of how to intervene earlier to prevent crises developing, how to wrap support and training around a school, and how to work with families and communities to support mental health holistically.

In Camden they had commissioned a community-based whole family service which provided stay and play sessions with CAMHS clinicians, evidence-based interventions such as Video Interaction Project (VIP) and Video Interaction Guidance (VIG), therapy for couple conflict, interventions for multi-generational trauma and access to an adult psychologist. They had also commissioned a parent infant service for very young children (most referrals are for children under four months old) which uses reflective practice to explore and support the relationship between child and parent. In addition, there are members of the adult mental health team based in children's centres to provide psychological support to parents when needs are identified in a child.

However, local partnerships were also frank in highlighting the big gap that still exists with adults' mental health commissioning and expressed an appetite to help shape and influence that to more routinely consider the needs of families. For example, assessments by mental health services do not generally take into account whether the adult receiving treatment is also a parent and what the mental health implications for their children might be. This is a focus for further development.

Creative approaches to managing risk

All the local areas we engaged in the research were wrestling with issues of how best to support children and young people with more complex and high-risk mental health needs. In this report we have focused predominantly on how local community-based partnerships can come together to achieve better mental health outcomes for children in that area. We have not looked in detail, therefore, at the complexities, costs and challenges of commissioning highly specialist in-patient treatment for mental health disorders, although this is certainly a live issue. Instead here we are looking at how those with more complex needs can be supported effectively within a local community setting.

The nature of the debate on mental health, that so often pivots towards the sufficiency and accessibility of CAMHS, risks assuming that if a child or young person with a mental health need can get accepted for treatment then all will be well. However, it is a salutary reminder that not all children and young people with a mental health need will benefit from CAMHS treatment. One Director of CAMHS to whom we spoke estimated that only about 45 per cent of those referred to CAMHS really benefit from a CAMHS intervention. This presents a systemic challenge of how to manage the needs of children who do not make much progress and can get stuck in the system. This can have a significant impact on overall CAMHS capacity and can frustrate ambitions to improve access and lower waiting times.

Many of the local areas that we engaged were therefore looking at different ways of collectively managing the risk of more complex cases. Historically these children and young people might have been seen as the responsibility of specialist services, but with the introduction of the THRIVE framework local partnerships were increasingly looking at how a variety of services and partners might come together to enable, and trust, young people to look after themselves and successfully manage their ongoing mental health condition. One practitioner described this 'as the ability to

contain uncertainty'. Many of the approaches that local areas described were anchored in a team convening around a young person and constructing a bespoke plan of support. In Hertfordshire, for example, they described how the Complex Case consultation panel had really helped in cases where there was uncertainty in how to proceed, for example in cases of harmful sexual behaviour or very challenging behaviour linked to autism or other neurodevelopmental conditions.

Local areas were also looking to identify groups of children or young people whose needs were more likely to escalate rapidly and co-construct different ways of working with them and their families. One of the pressure points in many areas was for children and young people experiencing neuro-developmental issues where waiting times for diagnoses were often very long, engagement with parents fragmented, and access to support insufficient. Several areas were therefore working with parents to redesign the neuro-developmental pathway, for example, bringing together professionals such as educational psychologists, schools, paediatricians and CAMHS, widening front end support to prevent issues escalating and reducing bureaucracy around diagnoses. In a similar vein, many areas were also working with a broad range of professionals, children and young people and their families to redesign crisis care pathways to ensure that sufficient access to trusted and known support is available quickly, even out of hours.

The Greater Manchester (GM) crisis care pathway is being led by four NHS mental health providers and has been developed and jointly commissioned by the GM health and social care partnership, involving councils, CCGs, the VCS, health and the private sector. The pathway comprises several areas, some of which are new service developments and some which require transformation of existing systems and services.

Four new Rapid Response Teams launched in May 2019 and are now operating 8am to 8pm, 7 days a week, actively supporting young people across all 10 boroughs of Greater Manchester. They provide rapid assessment, de-escalation and brief intervention for young people who are experiencing a mental health crisis and support young people, along with their families, for up to 72 hours. Whilst being implemented in a phased way, the ambition is to have a 24/7 crisis response from April 2021 and to expand the points of referral over the next 12 months to ensure clear, safe and effective pathways which reach the young people most in need of support.

Three Safe Zones have been opened across GM by a partnership of voluntary, charitable and social enterprise organisations led by The Children's Society. This service provides complementary and ongoing support in a youth-centred, community setting for young people and families who have accessed the rapid response service. There is a longer-term ambition to enable open access for certain groups of vulnerable young people who may otherwise present more frequently to A&E.

The next 12 months will see further developments to enhance the inpatient services across the pathway including three sites piloting the We Can Talk programme which supports effective working between CAMHS and paediatrics; scoping for a Discharge Coordination Team primarily to support the weekend offer; and a procurement exercise for the independent sector to provide 'crash pads' for young people who require a safe space for immediate risk management and de-escalation.

However, it must also be acknowledged that with very complex cases there are considerable challenges to the system. We heard from several local areas that the providers do not exist to sufficiently contain and support these children and young people. When placements breakdown they struggle to find alternatives for the most vulnerable. There was concern among local areas about the sustainability of this situation, with a significant potential impact in terms of risk and cost. Young people can often be placed at some distance from home which has implications for visiting

and proper monitoring. Far more training and support is needed for foster carers, so that placements are less likely to break down and at the same time long term evidence based interventions need to be available for children with the most complex needs earlier on, to address problems of self-harm, suicidal intentions and distressed behaviours.

Looking ahead – enabling more effective local partnership working

The nine key enablers described in the preceding sections provide an insight into how effective local partnerships can work together to improve the mental health and emotional wellbeing of all children and young people, act early to resolve issues before they escalate, and provide more timely, accessible and joined-up care for those with more complex needs. There is clearly a lot that local government and its partners can do, even within the limitations of the current system, to improve mental health and emotional wellbeing for children and young people. It is hoped that the key enablers set out in this report can provide a framework against which councils, and their partners in commissioning and delivery of mental health, might assess themselves and take action on the back of that assessment.

However, there is a limit to what local government and its partners can do unaided. To turn around a system plagued by a history of underfunding, shortages in the key workforces, rapidly rising demand and a weak focus on early intervention requires concerted and coordinated action at a national level. This is not solely about making more funding available, although that undoubtedly is needed, but about making the most of the resources currently in the system. The following recommendations for national government to work with local government are made with that aim in mind:

Recommendations for national government (DfE, DHSC and NHS)

1. Set clear targets for the whole system which incentivise the investment in earlier intervention and prevention and focus on achieving better mental health outcomes for all children and young people.

2. Develop a consistent outcomes-focused dataset, to be used across local government and CCGs to measure progress against the targets.

3. Set clearer expectations around strategic cooperation between CCGs and local government for children's mental health and give greater leverage to health and wellbeing boards to ensure that this is acted upon.

4. Move away from pilot funding and ring-fenced grants to recurrent funding, giving more flexibility to local partnerships to develop solutions that build on their local context.

5. Develop clearer specifications for the effective commissioning of universal mental health provision.

6. Create stronger expectations of joined up planning, commissioning and delivery between children and adults' mental health, with a core focus on supporting families holistically and managing transition for young people between adults and children's services.

7. Review the sufficiency of the national workforce for children's psychology (EPs, CAMHS, and others) and create opportunities for joint professional training between educational psychologists and CAMHS clinicians.

8. Consider how the national curriculum and school accountability system might be geared to encourage more secure development of good mental health and to minimise the current rise in anxiety-related issues.
9. Research and promote best practice in working with the cohort of very hard to place adolescents and those with the most complex needs being supported in their communities including developing a best practice offer of training and support for foster carers.

Annex A – Profiles of fieldwork areas

Bedford

Bedford Borough is a relatively small unitary authority which was created in 2009 as part of a wider reorganisation of local government. It is a borough with slightly lower than average levels of deprivation but a relatively high concentration of children speaking English as an additional language. Bedfordshire CCG covers Bedford Borough, Luton and Central Bedfordshire local authorities. The contract with the East London Foundation Trust for providing mental health services, including CAMHS, also spans these three geographies. At times this can add a layer of complexity to commissioning arrangements. However, the local authority and the CAMHS provider both underlined the strength of their relationship with each other and the platform this has provided to develop a more preventative approach to children's mental health. This is underpinned by a joint commitment to real consultation and engagement of children and young people as a means to reshaping and improving services.

Recently, working together, Bedford Borough and the CAMHS provider have established a single point of entry for referrals for mental health, which enables a multi-agency approach to triaging risk and allocating cases. This is having an impact on reducing waiting times, stripping out duplication and improving the quality and consistency of decision-making.

A cornerstone of the approach to children and young people's mental health in Bedford has been close working with schools. The CAMHS provider has a school team which comprises 6 practitioners across 36 schools who offer fortnightly in-school sessions covering assessment, treatment for lower-level issues and staff consultations. The school nursing service also offers four to six sessions of emotional health and wellbeing support on a drop-in model in senior schools and run joint clinics with CAMHS. The Early Help service has also trained up practitioners in offering solution-focussed therapy which it offers to young people through its strong relationship with schools. This strong support network around schools is reinforced through additional early intervention services commissioned from CHUMS and Relate.

A further characteristic of the Bedford approach to children and young people's mental health is the focus that has been placed on staff development. In addition to the professional training offered to early help practitioners in solution focused therapy, CAMHS practitioners also offer joint training opportunities with early help practitioners including hosting half-day events every six months and regular talks and podcasts.

Going forward the priorities for Bedford include reducing waiting times for support, increasing the percentage of early help referrals which have a focus on mental health, supporting adolescents at risk and developing a 'discovery college' for young people with mental health issues giving access to positive activities, sports and broader learning opportunities.

Camden

Camden is an Inner London borough with extremes of both wealth and deprivation. Support for children and young people's mental health has been a priority for the council and its partners for many years, and the local area benefits from the presence of several mental health organisations, in both the statutory and community sectors, with significant national standing. These include, for example, the Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre.

Partnership working is central to Camden's approach to supporting children and young people's mental health. The council and the Tavistock and Portman Foundation trust have been working closely together in co-designing and delivering services for over a decade. The current approach to commissioning and delivering children and young people's mental health is captured in Camden's CAMHS transformation plan which was first written in 2015 and has been updated annually since then. There is an integrated commissioning team in place which includes both council and CCG funded posts. This team oversees the commissioning of children and young people's health and community support services from a budget pooled under a section 75 agreement. High-level governance of outcomes for children and young people's mental health is exercised firstly through the CYP Mental Health Programme Group accountable to the governing body of the CCG, the council's executive and political governance structures and the Health and Wellbeing board.

The Tavistock and Portman Foundation Trust and the Anna Freud Centre worked together to develop the THRIVE framework which has been adopted across many local areas to support better joined-up working at the frontline. Unsurprisingly, therefore, Camden was one of the first places to use the THRIVE framework to drive their approach to integrated commissioning and delivery, with a strong focus on trying to meet need in a more preventative way. Key to this has been the longstanding model of support for schools which has been an integral part of the Camden approach. In terms of the operational model, a distinctive feature of support for children and young people's mental health in Camden is the extent to which CAMHS practitioners are embedded in a wide range of teams which support children and families, including the Children in Need teams, the Looked After Children team, Early Help, supported accommodation, targeted youth services and YOS.

Camden has recently been announced as a trailblazer site for both the Mental Health School teams and four week waiting time pathfinders. Delivering on these opportunities is a key focus for the partnership over the next period, as is continuing to increase access to support for children and young people's mental health, commissioning a more local response to the need for tier 4 provision and tackling pressures around knife crime and youth violence.

Cornwall

Cornwall became a unitary authority in 2007, bringing together Cornwall County Council and the six borough and district councils in Cornwall. On average, Cornwall and the Isles of Scilly gain around 1,000 additional children and young people between the ages of 0-15 annually through families moving into the area and have a higher rate of child poverty than the national average. Around 40 per cent of residents live in small settlements with populations under 3,000, therefore rural isolation and poor transport links impact on service accessibility.

Cornwall covers a large footprint and local partners across all agencies in health, education, social care and the voluntary sector have come together, with the Isles of Scilly, to develop and implement their strategic plan called 'One Vision' for Children and Young People. The plan was developed following extensive engagement with professionals, children, young people, parents and carers. Their priorities involve a commitment to joint commissioning with an integrated commissioning board, a proactive approach to children and young people with adverse childhood experiences, providing timely access to early help for those with escalating problems and protecting children who are at risk from harm from parents with mental health problems and alcohol and drug addiction.

Cornwall are using the iThrive framework and the iThrive partnership meetings bring together the council, the CCG, schools, higher education, further education, CAMHS public health and primary care to provide a really rounded view of children and young people's mental health and emotional wellbeing. Those involved in the partnership reflected both on the significant benefits that partnership working is now delivering and the amount of time it had taken to build relationships and trust – it has been a two-year journey.

An important consequence of adopting the iThrive framework is that commissioners have moved away from activity-based contracts to outcomes-based specifications, aligned with the iThrive framework dimensions. This has involved a deliberative and iterative planning process with partners to get the pathways and outcomes measures right. The next priority will be to create more opportunities for collective commissioning through mechanisms such as joint supplier services events.

Cornwall is one of the Mental Health Teams in Schools trailblazers which forms a significant priority for the next period. They have also received big lottery funding for three years for their HeadStart Kernow programme to deliver resilience and mental wellbeing focussed on children and young people between the ages of 10-16, based on a trauma informed approach.

Dorset

Dorset underwent a large-scale council reorganisation last year, bringing together the 9 councils under two unitary authorities; Bournemouth Christchurch and Poole, and Dorset council. This has had a significant impact. There is one CCG covering the whole of Dorset.

Children's services are currently being transformed and emotional wellbeing and mental health is a priority, with a commitment to collaborative working across all partners in health, social care and education. Their vision emphasises building resilience and early help, considering the needs of the whole family. There is a joint children and young people's mental health steering group which includes providers and commissioners across health and social care, feeding into the CCG programme board and CAMHS provider board. They use the THRIVE model to map pathways and develop services and are a trailblazer site for mental health support teams in schools.

There are six community multi-disciplinary CAMHS teams which comprise psychiatrists, psychologists, occupational therapists, behavioural support workers and social workers. There is also an all-age eating disorder service and an out of hours crisis service. Beyond this core offer, Dorset and its partners are looking at how they reshape their perinatal and infant mental health offer, for example piloting training in Cognitive Analytic Therapy for parents. They are also taking support for mental health out into the community. They have codesigned workshops for young people on general mental health and exam stress which are delivered by a peer specialist and CAMHS professional in a community environment. This has enabled them to engage young people who would not normally access services in a medical setting. They are also working with the third sector to engage 'hard to reach' young people with activities from kayaking to speedboating.

The work of the educational psychology service is also an important part of the children and young people's mental health offer in Dorset. They have rolled out 'I can problem solve' – an early intervention programme designed to address the risk factors associated with anti-social behaviour, drug use or poor mental health. The educational psychology service has also made available an online survey for children and staff based on a resilience framework that gives schools an insight into the issues they need to address within their school and staff populations.

Priorities for Dorset moving forward include building on a trauma-informed approach to mental health in schools; mapping and assuring the quality of counselling provision in schools; and rolling out a new system of triage and brief interventions for children and young people with lower-level mental health needs.

Hertfordshire

Hertfordshire covers a very large and complex geographical area, with two CCGs and ten district and borough councils. There are three NHS provider trusts, covering acute and community services and one mental health trust. There are about 500 schools and a population of approximately 1.2 million, with over 250,000 young people below the age of 18.

Five years ago, Hertfordshire, as a system, carried out a review of children and young peoples' mental health services across all CCGs and the council and collaboratively developed a transformation plan. This plan involved investment and many services have expanded. Hertfordshire are an iThrive accelerator site, so they developed an integrated solution to work towards embedding the Thrive principles and methodology across all emotional wellbeing and mental health services. They have a children's integrated commissioning executive- involving multi agency services including police, schools and health, running across the whole of the county. Collectively they have developed an outcomes dashboard which enables them to monitor progress in mental health at both an individual and population level.

In response to rising demand for support for children and young people's mental health, Hertfordshire has recently carried out a demand and capacity review in order to understand the causes underlying increased demand and to develop more integrated solutions, with more of a focus on early help. The council and its partners are now reshaping many of their services, with the support and oversight of the Health and Wellbeing board. They have recommissioned their Children's Centres as 'family centres' with health visitors and school nurses integrated into the offer. All staff have a clear mental health component to their work. They have invested in the voluntary and community sector to deliver earlier and more preventative interventions; they are taking a public health approach to understanding causes of stress and building resilience; and working with young people to develop mental health 'peer champions'.

In common with many areas, Hertfordshire have also been working with schools to promote holistic approaches to supporting good mental health. They have developed a Kite Mark with clear criteria to recognise good practice in relation to the whole school approach to promoting good mental health and emotional wellbeing. Further, Hertfordshire is one of the sites that received funding to deliver the school based Mental Health Support Teams, which is currently being rolled out across two district areas. They have also invested in their school nursing service to support mental health in schools through text messaging 'chat health' and offering training as well as individual and group interventions.

Isles of Scilly

The Isles of Scilly is a small island community which presents unique opportunities and challenges for children and young people's mental health. With fewer than 500 children and young people living on the island, and a single all-through school, there is a very tight-knit community. In many ways this can provide a wonderfully nurturing environment for children to grow up in. But it can also present its own challenges. For teenagers, for example, beginning to experiment with their independence, it can be difficult to make normal adolescent mistakes without everybody knowing about it. Small year groups and a tightly defined peer group can also mean that emotional issues become amplified.

In commissioning terms, the Isles of Scilly form part of the Cornwall CCG. The CCG has recognised that commissioning for the Isles of Scilly requires a bespoke approach and therefore provides an agreed budget every year that can be used flexibly for early intervention and prevention. It also makes training available in mental health issues to those working on the islands, and commissions CAMHS to provide phone support around decision-making on individual cases. The small population also means a small children's workforce, so training is vital to develop what the DCS calls 'expert generalists' – a cadre of professionals working with children who can confidently interact and support on a wide range of specialist topics.

A particular feature of the approach to children and young people's mental health on the Isles of Scilly has been the way in which they have wrapped support and training around the school and focused on embedding a preventative approach with pupils, staff and parents. This has enabled a whole-community discourse around good mental health and emotional wellbeing, supported through a facebook site and other materials around children's wellbeing.

A further feature has been the commitment to bringing professionals together to find a joint solution to issues as they arise. Using the Bloom approach, those working with children on the Isles of Scilly are supported to have regular child and family-centred discussions that can unblock issues and use the resource available to best effect. One of the advantages of working in a small island community is that the relevant professionals can often be convened within an hour of an issue occurring. Avoiding crises through better early intervention and prevention of course takes on a greater immediacy and urgency in the context of the Isles of Scilly where access to specialist services on the mainland can be frustrated due to poor weather or if a child or young person is not well enough to fly.

Going forward, priorities for the Isles of Scilly include building on the community-based aspects of their work, skilling up parents as champions of mental health and supporting young people to help and look out for each other. Their ambition is to become the most 'mentally aware' community in the country.

Liverpool

Liverpool is a large metropolitan council with high levels of deprivation. The provision and support for mental health and wellbeing in Liverpool is largely conducted through their CAMHS partnership which is comprised of specialist, in-patient CAMH services delivered by the Alder Hey Trust, broader provision and advice delivered by the Young People Advisory Service (YPAS) and other smaller, specialist voluntary community sector (VCS) organisations. The bulk of funding for these comes from the CCG, with some investment from the council and some Lottery funding. Those who took part in the research felt that the journey they had been on in developing their CAMHS partnership and the CCG commissioning partnership has created a way for health and non-health providers to feel involved. This facilitates the sense of distributed responsibility throughout the system.

YPAS makes up a large part of mental health and wellbeing support. It is a registered charity set up to support children and young people with Tier 2 and Tier 3 needs and is largely delivered through three 'YPAS Plus Community Hubs' across Liverpool. The service supports children and young people through from 0 to 25 years and also conducts work with parents, with an emphasis on bringing mental health awareness and support out into the community. The types of services offered out of the YPAS Hubs include counselling, drop-ins, information and guidance and more specialist services.

In Liverpool, there is also a significant focus on working with schools to support better mental health and wellbeing. In primary schools, Liverpool has developed the Whole School Approach (WSA) working with representatives from the Liverpool Learning Partnership, CAMHS Partnership, CCG, the local authority, children/young people, families and universities. The Whole School Approach reinforces the ways in which good mental health can be built into schools' curriculum, ethos, leadership, physical space and governance. To support primary schools, there are 7 working groups to bring schools together; 3 mental health support teams (MHSTs) to provide a link between schools and hubs; training available for leads as educational mental health practitioners; and a tool (in development) to assist schools in identifying needs and the relevant support service. For secondary schools, Liverpool has developed Wellbeing Clinics which provide a close link into YPAS and also offer training to SENCOs in needs identification.

Salford

Salford is an average sized metropolitan council with high levels of deprivation. It is part of the Greater Manchester combined authority and both significantly contributes to and benefits from this wider partnership in terms of developing its approach to children and young people's mental health. Salford was an early adopter of the THRIVE framework and has used this to reconfigure their commissioning and services. The THRIVE network meetings provide a vibrant governance structure which brings a very wide variety of both statutory and VCS partners, commissioners and service deliverers together to plan collaboratively. There is an integrated commissioning team in place, appointed jointly by the CCG and the council and pooled budget arrangements which enable a more flexible approach to funding and pathways.

Support for children and young people's mental health and wellbeing in Salford comprises work with universal services, such as settings, schools, health visitors, school nurses, early help practitioners and GPs to better identify mental health needs and provide holistic interventions for emotional wellbeing; early intervention and preventative therapeutic support delivered by the VCS organisation 42nd Street; and more specialist and/or in-patient provision delivered by CAMHS. The more specialist interventions include support for looked-after-children, provision for young people in the Youth Offending Service and specific CAMHS interventions for 16-17-year olds with the programme Emerge. The mental health offer for looked after children is particularly well-embedded. Salford Therapeutic and Referral for Looked After Children (STARLAC) is commissioned by the CCG and monitored by the Local Authority. The service provides a direct CAMHS screening and support service for children in care, provides training for social care staff and delivers parenting courses.

Manchester and Salford Eating Disorder Service (MSEDS) is jointly commissioned with Manchester Health and Care Commissioning and delivered by Manchester Foundation Trust. It provides a specialist eating disorder service for children and young people in line with national requirements. The service has consistently met or exceeded the national standards for access and waiting times and was held up as the gold standard in a Greater Manchester review of children and young people's eating disorder services in 2019.

Salford are also promoting a whole school approach to mental health and wellbeing through rolling out Emotionally Friendly Schools, the CAMHS Schools Link Programme and work on post-16 policies. Emotionally Friendly Schools offers primary and secondary schools and settings whole school awareness training and action planning meetings. Schools, as part of this, can gain different accreditations based on the training received. Currently, early years and post-16 versions are being developed. The CAMHS School Link programme acts as a CAMHS offer of training, liaison and consultation for schools and provides targeted interventions in schools delivered by qualified children and young people's wellbeing practitioners, who support children identified at risk of experiencing difficulties during transition from primary to secondary school. CAMHS Link schools have access to bespoke packages of support and specific projects with Educational Psychology, 42nd Street and Year 6-7 transition services. This is all part of a shift away from the need for diagnosis and supporting schools to be more trauma-informed throughout their curriculum and pedagogy.

Salford is currently working on expanding mental health support to all schools, early years and post 16 settings, developing the concept of THRIVE aligned early help and family support hubs, moving from activity focused to outcome focused commissioning, developing and embedding its new support offer for the LGBTQ+ community of young people and working with the city's large Orthodox Jewish communities to develop culturally aware and sensitive approaches to supporting emotional wellbeing.