

Improving children and young people's mental health and emotional wellbeing

Findings from the LGA's peer
learning programme



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Foreword

Childhood is a very precious time. It is a time for growth, development, exploration and developing the foundations for adulthood. But we know all these important elements can be damaged by the development of a mental health disorder or poor mental health as a child or young person. At this vital time of life, it is imperative that services work together to make sure children are getting the best – not just getting by.

This peer learning programme has provided a fantastic opportunity for councils to share good practice and seek new solutions to local issues. We'd like to thank all the councils for taking part and for sharing their thinking and learning experience, so that other councils, and ultimately children, can also benefit.

We know that early help in mental health can prevent symptoms escalating and give children the tools to cope with and manage their condition. More early help, and more general help for mental wellbeing, can reduce the pressure on acute care so that it has the capacity to help the most vulnerable. The learning from the programme to recognise the range of issues affecting a child's mental health, rather than focusing on a mental health disorder and treatment, resonates with councils' public health approaches. Engaging the wider children's workforce to support the mental health of all children and young people.

We were pleased that the peer learning recognised the important role of local councillors in championing children's health and wellbeing. The Local Government Association (LGA) has been a supporter of the Mental Health Champions Network and we hope that councillors across the country continue to advocate on behalf of their children's mental health.

We hope that the experiences of the councils that took part in their peer learning programme will help other councils looking at the support they give to children and young people facing issues with their mental health.

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Introduction

Good mental health is just important as physical health. Having good mental wellbeing does not mean that you don't ever suffer from setbacks and difficult emotions, but that you have the resilience to cope, which in turn helps children become thriving, happier adults. The consequences of not tackling problems can be lifelong.

According to NHS Digital's 2018 National Children's Mental Health Prevalence data:

- one in eight children and young people have one or more mental health disorders
- emotional disorders have become more common, whilst all other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence since 199
- a quarter of girls aged 17 to 19 have a mental health disorder, and of this quarter, over half has self-harmed or attempted to take their own life.

Other sources of data show that:

- Less than a third of the 338,000 children referred to child and adolescent mental health services (CAMHS) last year received treatment within the year. Another 37 per cent were not accepted into treatment or discharged after an assessment, and a further 32 per cent were on waiting lists at the end of the year.¹

- 11 per cent of young people aged 10 to 17 report low subjective wellbeing which equates to approximately 550,000 children in England.²
- In 2016, the NHS estimated that it supported 25 per cent of children and young people with a mental health condition. The aspiration is to reach 35 per cent by 2020/21.³
- The average waiting time in 2016 from being referred to local NHS CAMHS to beginning treatment was 94 days.⁴
- More than 75 per cent of adults who access mental health services had a diagnosable disorder prior to the age of 18.⁵
- Self-harm among girls aged 13-16 increased by 68 per cent between 2011 and 2014, rising from 45.9 to 77 per 10,000.⁶
- Between 2010 and 2017, the number of girls aged under 19 admitted to hospital for anorexia increased from 1,050 to 2,025.⁷ Whilst girls are more likely to have depression, eating disorders, or self-harm, boys aged 15-19 remain twice as likely to commit suicide.⁸

1 Children's Commissioner (2018) Children's mental health briefing

2 The Children's Society (2018) The Good Childhood Report 2018. London: The Children's Society

3 NHS (2016) Implementing the Five Year Forward View. Redditch: NHS England <https://tinyurl.com/hjljojk> [last accessed 23 August 2018]

4 The Children's Society (2017) Stick with us. <https://tinyurl.com/y77js3du> [last accessed 23 August 2018]

5 The Children's Society (2016) Priorities for improving children's mental health services. <https://tinyurl.com/ycf77ful> [last accessed 23 August 2018]

6 NHS (2017) Worrying rise in reports of self-harm among teenage girls in UK <https://tinyurl.com/y9wxqvtc> [last accessed 23 August 2018]

7 Sarah Marsh (2018) Eating disorders: NHS reports surge in hospital admissions. London: The Guardian. <https://tinyurl.com/ybsqpoy4> [last accessed 23 August 2018]

8 Brittany Bokzam (2017) Mental health data shows stark difference between girls and boys London: The Guardian. <https://tinyurl.com/ybexqkpf> [last accessed 23 August 2018]

Our Children and Young People's Mental Health and Emotional Wellbeing Peer Learning Programme was designed to look at how to prioritise early help and free up acute care for the most vulnerable in order to achieve change; supporting councils and their local partners to learn from each other, and from other councils across the country.

By giving eight councils and their partners an opportunity to take part in two learning days and a visit to another council, the hope is that they now have the knowledge to tackle their local issue so that more children and young people can get the help they need.

Woven through the issues brought to the programme – from engaging with school leaders about emotional wellbeing, to improving services for children and young people in mental health crisis – five themes emerged that all areas can learn from:

- **The value of taking a holistic view of children and young people** and the challenges they were facing. This was demonstrated by Lewisham's project looking at reducing school exclusions, and Lincolnshire's project reviewing services for young people with very complex needs who were often placed out of county. Surrey's project, and their visit to the 'NewStart' programme in Birmingham, also addressed this issue, exploring the potential for a greater role for schools in meeting the emotional wellbeing needs of young people.
- **Hearing young people's voices, and responding through service co-design.** Surrey's visit to Saltey Academy in Birmingham illustrated the value of combining quantitative and qualitative information on young people's experiences, and Kirklees' visit to North Tyneside, where they had worked with participation charity Involve, highlighted the potential of involving young people as 'citizen researchers' in planning new service approaches.
- **The contribution of the wider children's workforce to supporting the mental health of children and young people.**

This was a prime issue for Durham County Council. They linked up with Cheshire East Council's Emotionally Health Schools project to understand how specialist support for schools can help give them confidence to support young people who turn to them for advice and help. Warwickshire visited the Surrey Extended Hope service to learn about how combining an alternative provision school with a residential facility could provide an umbrella service for young people experiencing a mental health crisis.

- **The role of local councillors in championing children's emotional health and wellbeing.** Two of the eight councils included councillors as part of their project group. In discussions it was clear that this was helping to keep the issue on the agenda and commanding attention. The Mental Health Champions Network could be a useful resource for councils working in this area: www.mentalhealthchallenge.org.uk/champions
- **Delivering services in times of organisational change, external change and resource pressure.** The programme heard several examples of the challenges of delivering in the current context, but it also provided examples of where crisis had prompted radical change, including working across boundaries in complex systems. Barnsley's visit to Forward Thinking Birmingham demonstrated how an integrated service offer can improve access and pathways for young people across the spectrum of need.

While only five of the eight councils had a peer visit or conversation, all of those who participated beyond the first learning day were able to make some progress on the issue they had brought with them. Many used the programme to bring impetus and fresh ideas to their local decision-making groups in addressing a challenge which had been a matter of concern for some time. The learning days also identified some helpful questions which had opened up conversations and could be useful in other settings.

Background

The current period of child and adolescent mental health services (CAMHS) reform began with the recommendations of the Children and Young People's Mental Health Taskforce in its 'Future in Mind' report (2015). This report resulted in a £1.4 billion investment in children and young people's mental health services over five years from 2015 to 2020.⁹

Each NHS clinical commissioning group (CCG), with local partners, was required to produce a 'local transformation plan' (LTP) outlining the local improvements they wanted to prioritise. In order to unlock the investment, LTPs needed to be signed off by the relevant local health and wellbeing board.

Since the introduction of LTPs, further changes in NHS strategic planning, including the Five Year Forward View for Mental Health and the emergence of sustainability and transformation partnerships (which in some areas have led the LTP process) have changed the way LTPs are coordinated in some areas.

The Department of Health and Social Care (DHSC) and the Department of Education (DfE) have recently turned their attention to how schools and the NHS can better work together to identify and support children and young people at risk of mental ill health. Their Green Paper 'Transforming Children and Young People's Mental Health Provision', published in December 2017, outlined three key initiatives the departments wish to pilot over the coming years.

⁹ HM Government (2015) Deputy PM announces billion pound boost over five years for children's mental health services www.gov.uk/government/news/deputy-pm-announces-billion-pound-boost-over-5-years-for-childrens-mental-health-services [last accessed 23 August 2018]

- A designated 'senior lead' for mental health in every school. This would be a trained teacher or senior leader, tasked with supporting the school to adopt a whole-school approach to mental health, identify young people at risk, and work as a link person within the school to relevant local services.
- Mental health support teams. These teams of professionals would support children and young people with low to moderate needs in schools. Each team would be overseen by local NHS CAMHS and would support a cluster of local schools.
- A four week waiting time standard for access to specialist NHS children and young people's mental health services.

As of January 2019, 25 'trailblazers' have been announced, launching 59 mental health support teams in 2019. Of these, 12 trailblazers will also trial a four-week waiting time. Each unit is expected to work with an average cluster of 20 schools and colleges. The new approaches will be rolled out to at least a fifth to a quarter of the country by the end of 2022/23.

In the 2018 Budget, Government announced that as part of the £20.5 billion for the 10 year NHS funding package, the NHS will invest up to £250 million a year by 2023/24 into new crisis services, including: 24/7 support via NHS 111; children and young people's crisis teams in every part of the country; comprehensive mental health support in every major A&E by 2023/24; more mental health specialist ambulances; and more community services such as crisis cafes. The NHS will also prioritise services for children and young people, with schools-based mental health support teams and specialist crisis teams for young people across the country.

Why is local government important in this agenda?

Beyond schools and the NHS, councils have an important role to play in promoting good mental health for children and young people. They have responsibilities in their early years provision, public health, children's social care, education, and are conveners and coordinators of local multi-agency working for children and young people. Since February 2018 we have been actively raising the profile of local government in children and young people's mental health to decision makers at both a local and national level with Bright Futures, our campaign calling for CAMHS to be prioritised: www.local.gov.uk/bright-futures-camhs

Local government has a crucial role to play in the announced reforms in schools and the NHS to ensure their success.

Reforming the way we promote positive mental health and wellbeing for children and young people, and support those coping with mental ill-health is complex. Coordinated and ambitious work will be required across many services and policy areas. Our Children and Young People's Mental Health Peer Learning Programme set out with the explicit intention of working with senior leaders in local government to bring together strong place-based teams. Comprising a range of professionals from across the system they worked in partnership to make progress on some of the most pressing children and young people's mental health concerns in their local area.

The LGA peer learning programme

As a result of the issues identified above, we designed the 'peer learning' programme to help support councils and their local partners to learn from each other, and from other councils across the country, about approaches to improving outcomes for children and young people's mental health and emotional wellbeing. The Children's Society facilitated the programme on the LGA's behalf.

All councils in England were invited to apply to join the programme and to identify:

an issue or theme which they were finding hard to address through normal channels, and which had been highlighted in their local STP or LTP, or in any consultation with children and young people

relevant local partners from NHS, education and the voluntary sector, depending on the theme, to join a senior officer and a local councillor (such as their health and wellbeing board chair or mental health champion) in attending the programme.

Seventeen councils applied to join the programme, of which eight councils were selected. The programme comprised of participation in two learning days and a visit or conversation with a peer organisation. The scope of the issues which the eight councils and their partners brought to the programme was wide.

Barnsley: How can we improve children and young people's access, and navigating around, services to receive timely support which includes all services?

Durham: How do we engage system leaders; wider workforce; children and families in the vision for early intervention in emotional

health and wellbeing in County Durham and then access their support in making it a meaningful and measurable reality?

Essex: Is there a way to deliver a flexible approach to transitions from CAMHS to adult mental health services?¹⁰

Kirklees: How can we use a co-production approach with children, young people, parents and carers to gain insight from them and reduce waiting times?

Lewisham: How can we work more effectively with schools to address the social, emotional and mental health needs of pupils at risk of exclusion, in a way that prevents further escalation?

Lincolnshire: How can we create a shared multi-agency understanding of high need young people and jointly manage risk to achieve better outcomes?

Surrey: What do we need/want to do to re-shape our system in Surrey to meet the emotional wellbeing and mental health needs of children and young people, including linking in with schools?

Warwickshire: How can we provide enhanced support to children and young people in crisis or with intensive support needs in the community to reduce occupied bed days in tier-four settings?

These issues illustrate the wide range of local government's responsibilities for children and young people's mental health and emotional wellbeing, and the spectrum of young people's needs according to the THRIVE model.¹¹

¹⁰ Essex Council participated in the first learning day only.

¹¹ Anna Freud Centre (2016) THRIVE Elaborated. www.annafreud.org/media/4817/thrive-elaborated-2nd-edition.pdf [last accessed 23 August 2018] and see the Appendix



Figure 1 The eight projects categorised by Thrive Quadrant

The first learning day was spent reviewing and refining the key question that each of the eight councils and their partners would consider as their project during the programme, and action planning next steps.

Following the first learning day, good practice sources and case studies were reviewed to identify potential 'peer organisations' that had made progress on similar issues to those identified in the eight projects. Each project considered written material about the 'peer organisation' and a visit or telephone conversation was arranged if at all possible.

The peer organisations identified for the eight councils and their partners

Barnsley visited Birmingham to look at the city's 0-25 delivery model for mental health with a specific focus on how young people navigate the system using its open access hub and its other points of access.

Durham spoke to Cheshire East who have developed an 'Emotionally Healthy Schools' programme, bringing together public health, schools and a voluntary sector

delivery partner to increase the consistency of mental health support. Following their call, the two councils have agreed to meet again, in person, to share learning from both areas.

Kirklees went to North Tyneside who are currently taking advantage of a participatory programme called MH:2K provided by Involve and Leaders Unlocked which empowers young people to become 'citizen researchers' and make recommendations about how to improve the emotional wellbeing and mental health of local children and young people.

Lewisham reviewed materials from Brighton and Hove and Haringey and have begun a deep-dive into their data to better understand the local context and inform their next steps.

Lincolnshire reviewed written case studies from a number of other areas, including Wigan, Suffolk and Surrey, but, in the time available, decided to focus on defining more clearly their issue and securing wider support across their local system to address it.

Surrey visited Birmingham to look at the work of the Birmingham Education Partnership and its Newstart project which supports secondary schools to embed a whole school approach to children's mental health.

Warwickshire visited Surrey to learn about how the county supports children and young people whose mental health is in crisis. They visited respite/crisis two-bed children's home and a day programme (which includes education) designed to provide support, continuity and to prevent children being admitted to psychiatric inpatient wards or moved out of area.

The second learning day reviewed the progress made on the projects by the eight councils and their partners, and the learning from peer conversations and visits.

What we learnt

1. The value of taking a holistic view of children and young people. Why it matters, what the challenges are, and how to work across the system.

As managers, we divide up the world into different professions and services, in order to manage the complexity and diversity of health and social care needs. However, each child, young person and family is themselves complex and diverse, and may not fit neatly into one of our service categories.

The programme demonstrated this in a number of different ways:

- different professional disciplines and services may view the same child in different ways
- some children and young people have complex problems, but fall between the thresholds of multiple services
- seeing the child holistically can unlock new ideas and resources.

Different professional perspectives

A number of the programme participants' original applications appeared not to fit the programme because they were about special educational needs and disabilities (SEND), not mental health. On reflection, it was considered that the children being described in the SEND applications could very well be the same children described in a mental health application. Their issues may have first surfaced in an education context, and so they

had ended up in a SEND system, with their experiences being described in education and behavioural language rather than health and wellbeing language. As a result, a number of SEND related applications were included in the programme.

CASE STUDY

Lewisham's work to reduce school exclusions

The Lewisham team grappled directly with the different perspectives of education and mental health. They joined the programme because of rising levels of school exclusions, due to challenging behaviour (often reported as 'persistent disruptive behaviour' or instances of verbal or physical assault). The team hypothesised that many of these pupils had social, emotional and mental health issues (SEMH) but that they had not been able to access any specialist support from health or social care. They wanted to identify alternative approaches to supporting these children and young people, drawing on perspectives across education, social care and CAMHS.

Lewisham reviewed some work from Brighton & Hove and from Haringey to help inform their next steps.

Brighton & Hove's work highlighted how different professional guidance requires different responses to children who are displaying challenging behaviour. Guidance on mental health, and on support for SEND, advises that challenging behaviour is often linked to emotional and mental health but guidance on behaviour could be interpreted as prioritising zero tolerance

and punishment. It is easy to see how professionals are likely to approach the problem of challenging behaviour from different standpoints depending on their context.

Haringey's Anchor project addresses some of these issues by providing support and training for schools on how to handle challenging behaviour and reduce exclusions. Using a whole-school approach to wellbeing and providing training and support for senior school leaders around exclusion, mental health, behaviour and wellbeing it equips schools to see the whole picture for each child and aims to prevent escalation.

The Lewisham team reviewed this work and felt they needed more evidence to support their hypothesis and inform the development of their work. They have tasked a team member with doing a 'deep dive' exercise into their data which they will use to make recommendations for change within their system.

Children who fall between thresholds

A number of the projects brought by the participating councils and their partners addressed the challenges of young people falling between service boundaries, and who did not meet thresholds for any service – educational, health or social care.

CASE STUDY

Lincolnshire's work with young people with complex needs

Lincolnshire County Council's project addressed the challenges in meeting the needs of a small group of young people with very high needs who cross the domains of mental health, social care and special educational needs. They looked at how they could create a shared understanding of their needs across all agencies, and a service response that supports improved outcomes for this group

The Lincolnshire team identified their key challenge as 'creating a shared multi-agency understanding of high need young people and jointly managing risk to achieve better outcomes'. During the project the team worked together to map out the players in the system, with a new approach for working with adolescents with risk-taking behaviour being proposed to senior local managers. Although they did not visit a peer organisation, they used the stimulus of the peer learning programme to put a spotlight on a group of young people with multiple challenges, and to widen the conversation within the local system about effective and coherent responses.

The benefits of taking a holistic view

The programme also demonstrated that often the only way to respond to the holistic and complex needs of a child is to have a holistic view of all the local services and actors that could offer support.

CASE STUDY

Surrey engaging schools in emotional wellbeing

Surrey County Council, and their CCG partners were interested in re-shaping provision in Surrey to engage schools more effectively in meeting the emotional wellbeing and mental health needs of children and young people.

The 'NewStart' programme run by Birmingham Education Partnership (BEP) was identified as a peer for Surrey and hosted a visit. The BEP is a membership organisation for head teachers and their schools and is focused on school improvement and holistic education.

The 'NewStart' programme is funded by the CCGs, working with CAMHS, and takes whole school approaches to emotional wellbeing and mental health. It covers 40 secondary schools. Schools identify a senior lead and a member of pastoral staff to engage in the programme. They are supported to do an audit, identify actions, and have access to a community of practice to support professional development and provide peer support. Young people who participate in the programme are usually supported to become mental health champions through training provided by the city's open access and drop-in mental health centre for young people, which helps young people looking for advice and support.

The team from Surrey were impressed at the wide range of partners and spent some time considering which local partners in Surrey might be best placed to work more closely with schools on mental health. It is always difficult in any local area to know about all the work that is going on and all the organisations that could be of assistance in solving a specific problem. Surrey saw the value that the leadership of a former headteacher had brought to the programme and that the BEP had looked beyond the usual education partners to identify the potential of the CCG as a

partner, and in doing so had unlocked additional resources with very powerful results. Surrey also noted the important leadership role of the deputy head within the school that was visited.

Key learning: Taking a holistic view

- The case studies demonstrate that unless professionals can see the whole child, they can struggle to commission and provide the right service to meet their needs. Critical here is the ability to see the same child from the perspective of a range of different professionals.
- A specific example of this, demonstrated by the Lewisham case study, is posed by children who may have challenging behaviour in school, special educational needs, and poor emotional health. These children were often of concern to a range of different services, but each one took a different approach to them.
- Focusing too strongly on thresholds for individual services can have the effect of excluding young people with multiple and overlapping issues from help. Mapping the connections in a young person's life and widening the partners in the conversation is a starting point for identifying solutions.
- Councils can support partners by using their convening role to work with partners and create a shared vision to guide the response of different professionals; minimising the risk of young people falling through the gaps.
- To be effective, commissioners and professionals need to be able to identify many of the different actors in the local landscape of provision. Identifying an unlikely partner can unlock additional perspectives, skills and resources and lead to effective new ways of working.

2. Hearing young people's voices, and the voices of their parents.

Why it matters, what the challenges are, and how to respond through co-designing services with them

Including children, young people, parents and carers in both the design of services, and the daily decisions made about their care, is crucial to improving mental health and wellbeing in any local area. This was demonstrated in two different ways within the programme:

- the power of embedding children's views in early help services
- using participation to address operational and strategic challenges.

These issues highlight how challenging it can be to effectively involve children and young people in the mental health care they receive, but also how much councils and partners stand to gain if they do so authentically and regularly.

Embedding children's views in early help services

While participation and consultation with young people has long been a feature of targeted services and specialist services, for example with children in care, or children who are using specialist CAMHS, there is still much to learn about how children and young people's views can help to shape early help services.

CASE STUDY

Surrey embedding children and young people's views into early help services

The team from Surrey visited Birmingham to learn about the whole school approach to mental health and wellbeing delivered by the Birmingham Education Partnership. As part of their visit they talked to staff and young people at Saltley Academy, about the 'NewStart' programme.

Saltley Academy's programme combines an initial screening process for children joining the school, with bespoke interventions informed by the screening. Key features include.

- Attainment and attendance data from primary school is collated alongside a strengths and difficulties questionnaire (SDQ) score, and any social care records.
- This is augmented by a 'letter to self' where pupils are asked to write a short letter about what concerns and excites them about secondary school.
- The quantitative data from primary school and the SDQ is combined with the qualitative data from the 'letter to self' to identify those who might struggle.
- An 'intervention' is selected for each pupil based on their interests and strengths. It could be extra learning support, encouragement to join a sports team, or placing them on an enrichment programme, such as those provided by the Prince's Trust. The pupils don't see these things as 'interventions' but rather as one of the exciting things the school can offer to them.

The team from Surrey were particularly interested in the way that Saltley's model for identifying at risk year sevens combines objective data alongside qualitative information, directly from the child, about their own wishes and feelings. This helps the school identify the small number of young people who were performing well academically, had no social care involvement and whose SDQ score was not concerning, but nevertheless expressed significant anxieties and fears about secondary school and how generally unhappy they were as they entered year seven. The Surrey team remarked that this routine embedding of children's wishes and feelings was a crucial ingredient for the programme's success and something they would need to consider carefully when working with schools back in Surrey.

Using participation techniques to address operational and strategic challenges

In most cases, participation with young people is used to seek views on a clearly-defined proposal, such as the opening hours of a new service, or to inform work with the young person concerned. Tackling entrenched operational challenges such as long waiting times is a less familiar approach.

CASE STUDY

Reducing waiting times in Kirklees

Kirklees Council were keen to consider what they could do to improve the experience of being on a waiting list for CAMHS. Kirklees has worked hard to design and deliver a multi-agency, high-quality triage system:

- The mental health triage and assessment service in Kirklees is based in a voluntary sector organisation, Northorpe Hall Child and Family Trust, with nursing and NHS CAMHS staff co-located as part of this single point of access.
- Parents, carers, professionals, or children and young people themselves can all make a referral. Most referrals come from young people and their carers directly.
- Referrals are made by telephone. The person making the referral is able to tell their story and voice their concerns and is asked a series of straightforward questions.
- If consent is obtained the call handler can request further information from other local agencies like social care, schools, etc.
- An assessment is normally made within ten working days. During this time the young person or parent/carer can call the service whenever they need for advice, updates or to provide additional information.

Kirklees and their voluntary sector partners wanted to build on this work to co-design how the waiting list is addressed locally. They wanted to know how it feels to be on a waiting list, how 'waiting' could be transformed into a more positive

experience and what support and advice might help families to cope. The challenge was to engage in meaningful participation, while recognising that funding and capacity constraints in the local CAMHS provider would continue to mean long waits were inevitable.

In terms of work with individuals, the CAMHS Evidence Based Practice Unit's 'Shared decision making in child and adolescent mental health care'¹² project provided a helpful insight into how, in NHS settings, shared decision making could be used to empower children and families about their own healthcare.

In addition, a peer visit was arranged to the MH:2K project in North Tyneside.

MH:2K is delivered by Involve and Leaders Unlocked. It empowers young people to become 'citizen researchers' and supports them to engage their peers and develop recommendations about what changes local young people would like to see around mental health and emotional wellbeing.

Key features

- A multi-agency board oversees the process, tracking progress and providing feedback on, and input to, the citizen researchers' work at key points.
- Young people are recruited to be citizen researchers. Through 'design days' they learn about young people's mental health, choose the five themes on which the project should focus and are given the confidence and skills to engage their peers.
- The citizen researchers undertake a 'roadshow' where they engage with a large number of other young people with different needs and experiences, to learn about what challenges they experience around their mental health and emotional wellbeing and their ideas for solutions. In North Tyneside, the group consulted with over 500 young people.

¹² www.health.org.uk/improvement-projects/shared-decision-making-in-child-and-adolescent-mental-health-care

- On 'results day' the citizen researchers come together with key local decision makers to review the evidence gathered and develop strong, practical recommendations for change.
- At the 'big showcase' young people present their findings and recommendations to a wide range of local leaders promote further buy-in from across the whole system. The event includes facilitated conversations about how to implement the recommendations.

Kirklees reflected that:

- They, and other councils, should feel confident in this space. Councils have long and rich legacies of consulting with young people and listening to their views, and many have a well-developed vision for what makes good and authentic participation and how to embed it locally.
- The young people who take part develop the skills and confidence for long-term participation in the policy process. The MH:2K facilitator talked about how in one area a key recommendation had been the development of a training module on young people's mental health for education professionals. The council was able to work with the group, after the MH:2K process had ended, to develop and test the content, ensuring it was focused on the needs of young people and supported professionals to respond to young people in a way that would make them feel comfortable, able to talk, and confident that they would get the help they needed.

Key learning

- Councils have significant experience in children's rights, participation and co-design. Commissioners and decision makers should make good use of this institutional capability and knowledge.

- It needs to be recognised that sometimes the expectations of young people and parents can be a barrier to service change. For example, participants spoke about how families were often adamant that a face-to-face, one-to-one consultation was required in their situation regardless of clinicians' professional assessment.
- Engaging with young people and parents can be a necessary part of service change.
- Participation work needs to be honest about what can be changed, and what can't. Where the scope for change is narrow, this needs to be made clear. Concern about young people wanting to broaden the list of issues should not be used as an excuse not to engage them on specifics. If the parameters of the project are clear, then the outcomes will be useful and actionable.
- Senior buy-in is crucial – to enable honesty that the results of any participation would be considered by decision-makers. The risk of personnel, leadership, and instructions from central government and partners changing very quickly should be made clear to young people.
- A combination of quantitative and qualitative engagement can yield valuable information – surveys, outcomes data, and objective health measures need to be combined with rich qualitative insights from children and young people to enable authentic participation and the delivery of high quality services.
- There are many ways children and young people can help shape and be involved in designing their mental health services. Shared decision-making in treatment, consultation for service design, strategic reviews and commissioning process can all lend themselves to meaningful participation if the issue is properly defined and resource is provided to support young people's participation.

3. Developing confidence and capability about mental health in the wider children's workforce, to reduce fear and risk-averse behaviour

A recurrent theme throughout the programme was 'risk'. Participants from a range of different organisations and across the different council areas all recognised that within their local systems there were professionals, parents and carers who were worried that they:

- could not keep the children in their care safe
- could not manage risk
- did not have the knowledge and skills to respond
- might even be making things worse.

When professionals feel this way, they are taught to escalate the problem. This is a natural response, but if everyone feels the need to escalate concerns, all the time, for every child they are working with, the system can be easily overwhelmed. The programme explored three key issues:

- To what extent can children, young people and their families be supported to manage their own mental health?
- How can the wider children's workforce become more confident and capable?
- How can services work together to share risk?

Empowering children and young people to help themselves

For professionals with little knowledge of children's mental health, or perhaps who are under-confident, it can be challenging when working with young people with low-level mental health needs to know how to respond. Can children 'manage' their own condition?

Is it acceptable to only provide support for them to 'cope' with what is going on rather than 'fixing' it? If you are a teacher, a support worker or other 'non-medical' professional, is it just best to refer the issue on to someone else?

CASE STUDY

Surrey's visit to Saltley Academy's 'Mental Health Champions'

Surrey County Council were interested in re-shaping their emotional wellbeing services, including the role of schools. They visited Saltley Academy, part of the Birmingham Education Partnership, and were interested to find out more about how young people were supporting each other in emotional wellbeing.

In Saltley Academy, a group of year nines had been trained to be mental health champions for the school. They had received training over a number of weekends at the local young people's drop-in mental health hub and were well supported by the school's wellbeing lead. The group decided to introduce themselves to the school through a number of assemblies focused on mental health. The young people told the visitors from Surrey that they had not expected much as a result of the assembly. They thought most of their fellow pupils would find it boring and it would not make a difference. After the assemblies however, they found a number of other pupils approached them to talk about mental health with some of them disclosing quite serious challenges.

The Surrey team were interested in how the young people had felt. They responded that they felt proud that other young people felt able to speak to them; they felt confident about having these conversations following their training; and that there was a lot they could do to help – to stop bullying, or just be a friendly face. They identified that good support from the school was crucial in responding properly.

CASE STUDY

Kirklees's visit to 'citizen researchers' in North Tyneside

The team from Kirklees Council and their partners from the voluntary sector were interested in how the young 'citizen researchers' had engaged with other young people. During the process of gathering evidence, the 'citizen researchers' recruited by the MH:2K project had spoken to over 500 young people about issues such as self harm. They recognised that these were not easy conversations, but felt well-supported to have them. This was particularly important given that some of the young people involved in MH:2K had mental health conditions themselves.

On reflection, the visiting group from Kirklees felt that having young people lead these kinds of conversations could be particularly useful, if they were properly supported, as other young people might feel able to talk more openly. It was also clear that for those who had taken part in the MH:2K process as citizen researchers, the confidence they had built and knowledge and skills they had gained, were already playing a crucial role in helping them to manage their own mental health.

A confident and capable children's workforce

Other projects focused on building capacity and confidence in the wider workforce, especially in schools, to support children's mental health and emotional wellbeing.

CASE STUDY

Durham's conversation with Cheshire East about emotionally healthy schools

The Durham team, led by the consultant in public health with the head of education, addressed the issue of engaging children and families workforce leaders in a vision for early intervention in emotional health

and wellbeing.

As part of the local transformation plan, a universal and early help offer for children, young people and families was being developed, working in close partnerships with locally-based voluntary and community sector organisations as well as public sector organisations.

The concern raised by the Durham team related to the issue of skills, confidence and ownership of young people's mental health issues. Schools and GPs were too likely to make a CAMHS referral in circumstances where the young person might be better supported by professionals already working with them, which would be quicker and more tailored to the young person's needs. Their initial ambition was for all professionals working with children to see 'mental health as everyone's business' and to have the skills and confidence to support the majority of young people without referring on. This was later refined to start with the education workforce and build up from there.

The peer identified to work with Durham was Cheshire East, who had piloted and spread an 'Emotionally Healthy Schools' programme.

Key features

- It was commissioned by public health, and an assistant head teacher coordinates the programme on a part-time basis and liaises with all schools.
- Link teams from local CAMHS provide supervision and reflections to schools twice each half term.
- During supervision, staff talk to the link team about children they have concerns about, how to support them, and review progress made since the previous meeting.
- The voluntary sector provided a 'universal' offer to children and young people so they could also access support outside of school.

As a result of the conversation with Cheshire East, Durham have proposed and secured agreement from their local transformation plan board to a focus on schools within the wider children's workforce, which has reduced the scope of the challenge they initially brought to the table. In terms of applying the detailed learning from the Cheshire East approach, Durham are considering how the approach can be adapted for the Durham context. They are also considering how a programme such as 'Emotionally Healthy Schools' could dovetail with the work they already have under way, including a whole school resilience programme, and mental health awareness-raising programmes for those in year nine. There are plans for a 'peer exchange' visit to enable Cheshire East and Durham to continue the conversation in more detail.

Sharing risk across different services

For children and young people needing more intensive support, a different range of organisations across the NHS, education and social care need to work together to take responsibility for risk and to prevent escalation for children and young people.

CASE STUDY

Warwickshire's visit to the Hope and Extended Hope services in Surrey – an integrated response for children and young people in crisis

A group from Warwickshire visited Surrey to learn more about the county's umbrella of services for young people experiencing a mental health crisis. They wanted to find out about ways to provide intensive support in the community.

Joint commissioning and delivery by Surrey County Council, the county's CCGs and the local NHS partnership trust has resulted in a range of different, but complementary, services for children and young people with significant needs or in crisis. These include:

- 'Children and young people (CYP) 'Havens' where young people can go and get advice and support. This includes out of hours support without needing a referral from a mental health nurse, youth worker or peer mentor, and a place to go if they are becoming distressed or concerned about how worried they are feeling. The intention is to reduce accident and emergency presentations and hold risk elsewhere in the system.
- A targeted intervention service for looked after children and care leavers, including unaccompanied children and children who have experienced child sexual exploitation or abuse. It is designed to intervene early and prevent unnecessary escalation, but with a supporting role if young people need to access more intensive services.
- The Hope Day Service is funded as an alternative provision but with additional funding from health and social care. It provides:
 - for young people to attend for around six months to a year
 - a daily timetable of education, activities and therapeutic work tailored to their needs and interests and to build resilience
 - for children usually attending on a part time basis to allow them to remain at their usual school, or receive additional education at home
 - an inter-disciplinary and multi-agency team of teachers, nurses, social workers, activity workers, therapists, psychologists and a psychiatrist
 - young people the opportunity to remain in education with parents and professionals confident they are in an environment that can manage risk appropriately.
- The Extended Hope Service is an out of hours and weekend crisis service which:
 - offers assessments, consultations and home visits to families who are

struggling because of a child's mental health

- provides a two bed residential unit where young people can stay for up to ten days, allowing professionals to arrange support at home/care placement or entry into an inpatient or specialist residential placement
- links to the Hope Day Service – they attend the school while they are in the residential unit.

The Warwickshire team found the following aspects of the Extended Hope approach useful in their own context:

- The targeted intervention service provided a bridge from early intervention to prevent escalation in mental health issues among vulnerable groups of children to intensive services if they reached crisis point.
- Professionals were able to stay with their young people and help them transition into the Hope Day Service or Extended Hope – offering continuity of relationship from prevention to intensive support.
- The CYP Havens helped to get families the right help at the right time, including to the Extended Hope Service if parents needed advice and support to care for their child at home. This gave families and young people the confidence and support they needed to cope, manage risk at home, and was designed to reduce presentations at accident and emergency which can result in inpatient admission.
- The joint working between the Hope and Extended Hope Services enabled consistent joint working across multi-disciplinary teams. This enabled professionals to support children and young people to access their right to education, but without it putting their mental health, self, or others at risk. The young person received good quality education, parents were supported to keep their children at home, and inpatient admissions were prevented.

- Partnership funding and commissioning between health, education and social care not only increased financial stability, but also promoted effective working arrangements and integrated care for children and young people.

Key learning

Professionals across the system are concerned about the young people they are supporting, are not confident that young people are safe, are unsure how to access further help and support, and if these pressures are not addressed there is a tendency for cases to be escalated resulting in significant additional pressure on NHS services and poorer outcomes for children and young people themselves.

Children can cope with low level risk and difficult conversations if they are supported to do so. Improving mental health 'literacy' among young people and encouraging peer support in a safe, supervised way that effectively manages risk can be very effective.

The wider children's workforce outside NHS services can hold risk and can support children and young people with significant needs. To do this they need to be confident that there is someone they can turn to for advice and reassurance. Outreach work by NHS services can be very powerful in achieving this.

Services can be designed to support each other. If there is a clear pathway, a shared joint working model, and if staff are given the freedom to 'stay with' children even if they move into more, or less, intense interventions; risk can be better managed and more expensive out of area or inpatient placements can be prevented.

4. Strengthening the role of local councillors in championing children's emotional health and wellbeing, to help keep it up the agenda and commanding attention

While councillors are often thought of as part of the 'authorising environment' within councils, they can also be part of its internal capability, bringing additional perspectives and networks to help progress an issue.

Two of the eight councils included their local councillors as part of the project group, attending the learning days with officers from the council. From the discussions on those days it was clear that the engagement of the councillors had been helpful in:

- Keeping the project, and the wider issue of children's emotional wellbeing and mental health, on the agenda despite a number of other pressures. This stemmed from a combination of personal motivation and desire to improve the council's reputation.
- Bringing personal stories to the discussion to bring home the way the services were (or were not working) to senior managers.
- Identifying potential links to other community services.
- Using their position to make new connections, for example to school governors groups.

During the course of the programme, hearing the input from the local councillors in the room, two further projects planned to identify or re-engage with their council's 'Mental Health Champion' to gain an advocate for the approach they were taking, or to help to reach other parts of the children's workforce.

It is worth noting that including councillors in the programme did increase its complexity. For example, a manager at one potential peer organisation was anxious about hosting a visit from a group which included a councillor, as that would have required corporate, including council leader, approval.

The burden of organising such a visit was one reason why the council concluded it could not host a peer visit.

CASE STUDY

The mental health challenge

Seven mental health charities are working together to improve mental health across England. They are encouraging every council to recognise the role that it can play in supporting good mental health across its responsibilities, and appoint a councillor and an officer to lead on mental health locally. Councillor champions are provided with support and resources, for example, through publications and an annual meeting, to learn more about the contribution of councils and make changes in their local area.

www.mentalhealthchallenge.org.uk

Key learning

- Local councillors, such as Mental Health Champions, can draw on their wider perspective to make different links and bring additional resources to challenging issues.
- Councillors can keep the attention of senior managers focused on young people's mental health, when other issues may be at risk of crowding it out.
- Councillors can use overview and scrutiny functions to develop local understanding, engage the local community, improve partnership working, improve leadership and ownership, and improve accountability.
- All councillors, whether members of the executive, scrutiny or as mental health champions, can champion mental health on an individual and strategic basis.
- Political will and support to take risks are crucial to achieve change.
- The role of councillor as champion for children's mental health is vital, ensuring that strategic plans and the vision for services are prioritised by councils.

5. Delivering services in times of organisational change, external change and resource pressure by finding ways to help people in different parts of the system work together effectively

Throughout the programme, there were examples of the impact of organisational and external change, system complexity and resource pressure. This impacted in three ways:

- issues that impacted the work of the projects during the lifetime of the projects
- issues that emerged as systemic challenges
- opportunities that were created by crisis and change.

Issues impacting the planned work of the projects

The most common types of change that impacted on the planned work of the projects related to management moves, procurement processes, and financial challenges coming to a crunch point.

Some of these organisational changes had a negative effect on the ability of the projects to deliver their planned improvements. During the course of the programme, councils volunteered to be participants or peers, but changed internal priorities meant they were not able to complete the programme. Others put their development plans on hold while the senior leadership changed following an adverse inspection judgment.

Systemic challenges

The programme also highlighted some of the systemic challenges for individuals and organisations working to improve mental health outcomes for children and young people. These include:

- **The complexity of the commissioning environment.** The project that Essex County Council brought (improving the transition from CAMHS to adult mental health services) involved changes to the work of the county council, two unitary councils, seven CCGs, and two provider trusts. For a number of the projects, the programme helped to focus in on a more narrowly-scoped issue, which made change feel more achievable.
- **The complexity of the provider environment.** Many of the local systems had a lead provider, with a number of sub-contracted providers, such as local voluntary sector providers. We heard from commissioners that they felt they were unable to bring all the providers in the system together because they were dependent on the lead provider, and from a voluntary sector provider that they felt excluded from strategic conversations, despite their on-the-ground experience of the changing needs of young people.
- **The impact of working in a pressured system on planning for change.** One of the participants commented that the LGA programme offered an unusual opportunity to bring people from across their local system to plan ahead. They were used to working 'heads down' on their own work, except when a crisis threw them together. Another participant commented that they had stopped thinking about change and improvement in their local system because they knew their provider was overwhelmed. For them, the programme stimulated engagement based on joint problem-solving.

Opportunities for change

The programme also heard about examples where resource pressure and organisational challenges triggered positive action to improve services. The team from Surrey County Council described how, when one of their provider organisations became overwhelmed by the number of referrals, they had convened a 'summit' in order to work on solutions across the whole system.

The peer organisation that Barnsley visited was another example of where long-standing service failure had resulted in a radically-different solution.

CASE STUDY

Barnsley's visit to Forward Thinking Birmingham

The Barnsley team brought an issue about the complexity of their local system and the challenges facing young people in navigating the range of emotional health and wellbeing services. While there were a lot of services available through schools and colleges, these weren't always accessed by young people who could benefit from them. A young person presenting at school might be signposted to the Thrive services that had been locally commissioned, while someone presenting at a GP surgery could find themselves on a long waiting list for the local CAMHS provider.

Feedback from young people about how difficult it was to find out what was available had prompted the mental health lead from the council's public health team, the Head of Extended Services for Wellspring Academy Trust (who have 15 academies within the trust, across the local area), and Chilypep (a young people's participation charity) to come together to explore other ways of working.

Barnsley visited Forward Thinking Birmingham (FTB), a consortium of partners comprising Birmingham Women and Children's Hospital, Priory Group, Beacon UK and The Children's Society. It is a 0-25 service, jointly commissioned by the Birmingham CCGs, comprising Pause (a drop-in service offering advice and support for children, young people, friends and families seven days a week), a telephone access centre signposting referrals across the service, and NHS mental health services provided in community hubs and the hospital

This innovative 0-25 service had grown out of frustration with the two previous providers, which had provided 0-16 and 18+ services respectively, and had struggled for 10 years to agree arrangements for offering 16 and 17-year-olds mental health services. In response to this service failure the CCGs had commissioned a radically different service.

In consultation about the new 0-25 service, the CCG also received feedback about the lack of access to help and advice for young people in the area. The service as commissioned also therefore included a new offer aimed at improving access to advice and help for children and young people without a referral. The open-access Pause service is provided by The Children's Society. Pause, which opened in April 2016, was now seeing 25 per cent of the total service volume for less than 3 per cent of the budget.

As a result of the visit, and the programme more widely, the Barnsley team were able to demonstrate the way in which, in the Pause service, access had improved without causing additional pressure on the CAMHS service, and describe a coherent pathway that could be adapted to the Barnsley context.

As a result, the CCG commissioner and the local NHS provider have both engaged positively with the issue of improving and simplifying access to local mental health services, and this wider group is intending to continue the conversations over the coming months.

The Future in Mind Steering Group has been informed of the work and is supportive, and Barnsley has recently been successful in securing funding from the Department of Health and Social Care 'Beyond Places of Safety' fund to develop a digital service, which could complement a physical access point along the lines of the Pause model.

Key learning

- A number of the projects were impacted by immediate organisational change, such as management moves and plans for service re-procurement.
- The programme also highlighted aspects of the current system that make achieving change challenging, including the complexity of the commissioner and provider landscape and the perception that provider organisations are under such pressure it is not possible to ask them to engage in change processes.
- However, the programme also saw examples where crisis and service failure had provided an opportunity for radical change leading to positive outcomes.
- The programme enabled some projects to narrow the scope of their issue, making achieving some change appear more realistic.
- The programme also gave, through the peer visits, some projects confidence that alternative models of service delivery were possible, and stimulated them to engage with others in the system with a view to joint problem-solving.

Conclusions

1. The important role of local government as a partner to the reforms

The breadth of the issues brought by the councils that took part in our Children and Young People Mental Health and Emotional Wellbeing Peer Learning Programme confirmed the significant role that local government plays in improving mental health outcomes for children and young people. Councils on the programme engaged with a wide range of issues, including:

- encouraging and building capacity to respond to young people's concerns about emotional health and wellbeing in schools and academies
- commissioning a strong and diverse voluntary sector, particularly to offer local and non-stigmatising online and face-to-face advice and help to children and young people
- collaborating with CCGs, NHS England, acute and community provider NHS trusts to secure integrated services for young people who needed specialist support, particularly at times of crisis.

2. Experience of participating councils and their partners

The programme allowed each of the participating councils, working with their partners in the NHS, education and the voluntary sector, to make some progress on the issue they had brought. This included:

- Barnsley's visit to Forward Thinking Birmingham, which enabled them to see an integrated voluntary sector and NHS provider service improving access for children and young people operating in practice, and prompted renewed focus on improving pathways for children and young people in their local system.
- Durham's conversation with Cheshire East, which gave them an insight into how Cheshire had engaged with school leaders to provide school-led impetus for improving emotional wellbeing support.
- Kirklees's visit to the MH:2K programme in North Tyneside, which gave them an example of how in depth participation by young people in seeking other young people's views could benefit the individuals and provide deep insight to inform service design.
- Lewisham's use of the programme to bring together a range of professionals from across the system to focus on young people experiencing, or at risk of, school exclusion. Additional focused resource was brought to this challenge during the programme.
- Lincolnshire's use of the programme to get the needs of a very vulnerable group of young people higher up their local agenda and to review and refine options for a better service offer for them.
- Surrey's visit to the Birmingham Education Partnership, which gave them an example of how innovative partnerships between the CCG and groups of schools was enabling more young people in school to access emotional wellbeing support when they needed it.

- Warwickshire’s visit to the Extended Hope Service in Surrey, which enabled them to see an example in practice of an integrated offer for children in crisis, which they have fed into detailed proposals for their local area. It provided a model to work towards as the local community intensive support service develops.

3. Cross-cutting themes that aid improving outcomes

The programme highlighted five themes which contributed to improving outcomes for children and young people:

- Projects found it helpful to take **a holistic view** of children and young people and the challenges they were facing; looking for and hearing different professional and organisational perspectives; and identifying ways to lever in resources from varied sources across the system. Key learning included the value of seeking out different perspectives from across partner organisations and the risk of drawing service thresholds too tight so that children fell through the gaps.
- Projects were working to **hear young people’s voices**, and that of their parents, in order to better understand the issues they were facing, their expectations of the service, and to work with them in designing services that genuinely responded to need. Key learning included the value of combining quantitative and qualitative information on young people’s experiences, and the availability of skills and capabilities within other parts of the council that partners could draw on.
- Projects recognised that young people, especially those looking for advice and help, would be likely to turn to the **wider children’s workforce** (such as education and primary care), and that an effective response would mean developing confidence and capability about mental health among these professional groups to reduce fear and risk-averse behaviour. Key learning included that young people themselves can be empowered and trained to provide support for their peers, and that specialist support for schools can help give them confidence to support young people who turn to them for advice and help.
- Projects were reminded that **councillors could be assets** in championing children’s emotional health and wellbeing, helping to keep the issue up the agenda and commanding attention. The availability of the Mental Health Champions Network was a learning point for many of the projects.
- All of the projects were delivering services in times of organisational change, external change and resource pressure, and progress came by finding ways to help people in **different parts of the system work together effectively**. The programme provided examples of where crisis had provided an opportunity for radical change and examples where working across organisational boundaries had provided new solutions in complex systems.

4. Helpful questions

The programme used questions to open up conversations and identify solutions. In the action learning discussions, participants found it helpful to be asked about examples where a new approach was already working or about who else in the organisation shared their objectives. During the peer visits, questions that opened up the conversation included asking how young people experienced the new service, about the impact on professional staff, and about what the peer organisation had learnt in their implementation journey.

On reflection, at the second learning day it was felt that six questions had been particularly helpful during the programme in giving new perspectives on the issues:

- How can we better understand the cohort we are working with?

- Whose perspective are we taking on the issue? Are we missing important perspectives? Can we take a more holistic view?
- Whose expectations and cultural norms do we need to understand and address to achieve change? Children, parents, professionals?
- Who are the champions for our work? Can we think more widely about other potential allies?
- How can we share risk appropriately across the partners? What will help and hinder this?
- What is our role in influencing others in our system, and what do we need to do ourselves? Are we using scale and complexity to mask our own opportunity and responsibility to take action?
- peer visits and conversations prompted new ideas, particularly when organisations had been going around the same issue for some time, and some also provided evidence of the case for change to take to funders and commissioners
- participation in an external programme provided the spur or prompt to bring new people into the room to have a different, productive conversation about progressing the issue locally.

5. What the participants found helpful

Most of the projects concluded that the energy and external stimulus that came from the LGA peer learning programme helped them in progressing the issue that they were addressing. They found the following aspects of the programme valuable:

- attendance at a programme outside the day job was helpful in giving people time out to think proactively, as a group of professionals from a place, rather than simply responding to day to day pressures
- the learning approach, particularly the action learning discussions, created a safe space in which to share anxieties, be honest about challenges, ask questions, and reflect on what other organisations were doing that could be applied in their own place
- simply hearing that others were struggling with similar issues, and that there was no 'silver bullet' was reassuring, particularly for managers under pressure from councillors or senior managers to improve performance quickly

Appendix

The THRIVE Framework

The Thrive Framework is a conceptual framework for child and adolescent mental health services (CAMHS), developed by the Anna Freud Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. The framework presents a shift away from the traditional tired model of CAMHS, instead focusing on the needs of children, young people and their families. It is a person-centred approach to delivering CAMHS. Fundamental to the approach is that children, young people and their families are empowered to make shared decision making about their care.

Need is measured under five categories; thriving, getting advice, getting help, getting more help and getting risk support. The groupings in the model are primarily organised around different supportive activities provided by CAMHS in response to mental health needs. The framework attempts to draw a clearer distinction between treatment on the one hand and support on the other. The groups laid out in the model are not defined by severity but are distinct in terms of: the needs of individuals, the skill mix required to meet the need, the dominant metaphor used to describe needs (wellbeing, ill health,

The Thrive Framework



support), and the resources required to meet the need. Thriving is the desired state for children and young people, and this should be supported by prevention, promotion and support in the community.

There are currently nine accelerator sites across England who have been working to implement Thrive as part of their CAMHS transformation plans since October 2015.¹ There are more than seventy sites which are part of Community of Practice groups that using a shared approach (the i-thrive model) to implement the key principles of the framework. Just under half all of children and young people in England live within a locality that is a member of one of these Community of Practice groups.²

1 Full list of sites can be found here: <http://www.implementingthrive.org/implementation-sites/i-thrive-accelerator-sites/>

2 www.implementingthrive.org/about-us/i-thrive-implementing-thrive



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