

# Local leadership and accountability

For children and young  
people's mental health  
and wellbeing services



Helping children and young people to fulfil their potential is a key ambition of all councils, but our children's services are under increasing pressure.

Join our call to prioritise child and adolescent mental health services (CAMHS).

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# Foreword

Helping children and young people to fulfil their potential is a key ambition of every council. But for that to be the reality, we must ensure practical steps are taken to create a society where good mental health is treated as just as important as good physical health. Currently there just isn't enough capacity in the system to meet the level of need leaving many children and young people without the vital care they require.

Councils have always had a role in driving change and improving outcomes for local people: and securing better mental health and wellbeing for our children is no different. From the early years into young adulthood we need to create a system that looks after our children.

Thanks to a number of key announcements and a wider understanding of how emotional health and wellbeing can affect life chances, we have reached a pivotal moment. We have the opportunity to create real partnerships that produce tangible outcomes for our children and young people. No one said that transformation is easy, but as you can see from our 10 case studies, it is not impossible. With the right leadership and accountability, services can be reshaped to provide the right help at the right time.

As leaders, councillors with their partners through health and wellbeing boards, must create a shared vision for their local children's mental health and wellbeing. By understanding current services and using data and intelligence from professionals and communities, an accountable system can then be developed which will bring this vision to life.

Our research explores how 10 areas, from across the country, have done just this, improving their services through better leadership and accountability and by putting young people centre stage.

There are still issues that need action by Government to resolve – we are calling for funding for children's mental health services to be prioritised and cuts to the early intervention grant to be reversed. However, there are significant ways that local leaders can improve their mental health and emotional wellbeing systems to ensure that what funding is available is directed in the most effective way possible, so all children and young people can look forward to a bright future.

**Councillor Ian Hudspeth**

Chairman, LGA Community Wellbeing Board

**Councillor Anntoinette Bramble**

Chair, LGA Children and Young Peoples Board

Over the last two years I have been involved in the Young Commissioners project, which is part of the Expanding Minds, Improving Lives programme. My involvement with this project has really made a difference to my outlook and my personal work around mental health. I am a mental health advocate and I am passionate about improving the conversation and quality of care regarding mental health in our society.

The Young Commissioners work closely with the adult commissioners to develop mental health services and support in Newcastle and Gateshead. I feel the adult commissioners have really taken our opinions as young people on board and I feel very proud to be part of the work that we are all doing. Our opinions are valued and through our conversations, the adult commissioners discover a view of the mental health system from our perspective and have opened their minds to a new way of thinking based on a young person centred approach. However, I feel that we really need to build on this work and put our ideas into meaningful actions.

In my opinion, the change we set out to make and the passion that we show as a group of young people about the changes that we wish to see and need to be implemented has not occurred. As a young commissioner and a previous user of the NHS mental health system I feel frustrated that there has not been a meaningful change made. The conversation around mental health has greatly improved and the charitable campaigns around raising awareness of mental health and ending the stigma surrounding it have been so successful, why has this not translated into better mental health care for young people?

In a world that is constantly progressing and changing in regards to technology, social media and how we communicate with each other, it is interesting to me that a similar pace of change has not yet happened in the mental health care system. The change can be felt in health care with developments in technology such as the open MRI scanner – reducing claustrophobia and anxiety for many patients - and constantly developing life changing treatments for diseases such as HIV and cancer. I don't understand why that level of research and groundbreaking advances are not being made in the field of mental health. To me, mental health is intrinsically linked to physical health and they should both be treated equally in terms of care and understanding.

I feel very proud to say that understanding has greatly improved. People are much more sensitive to the issues and more people are now talking openly about mental health. I feel great progress has been made, but it is disappointing that care has not yet improved from the perspective of young people. It would be great if the communities, public sector organisations and charities can really work together to change the face of mental health care and make a meaningful difference in the mental health support for children, young people and their families.

**Hannah F, 21**

Young Commissioner

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# Introduction

**We want all our children to have bright futures. Key to that is ensuring that they have the emotional resilience and tools to make good choices, overcome challenges and move confidently towards where they want to be in adulthood. The current system cannot deliver that – so how can we ensure that it does?** For some children and young people, they will need help when they are experiencing a specific challenge in their life, such as a family breakdown, helping them overcome a hurdle and ensuring it does not cause long-term damage to their mental health. For others, it will mean clinical treatment for a diagnosable illness, such as an eating disorder or psychosis. And for some children and young people, it will be sustained, long-term help to support them to overcome complex interlinked issues, for example for children who have entered the care system or those with adverse childhood experiences.

But whatever the help that children need, they need to be offered support that respects them, their individual circumstances, and their stage in life – and treats their issue as importantly as if they were physically ill. Good mental health is just as important as good physical health.

Young people are increasingly struggling with problems like anxiety, depression and self-harm, with nearly 19,000 young people having been admitted to hospital after harming themselves in 2015. That's a 14 per cent rise over three years. We are also just beginning to understand how the increasing prevalence of social media in young people's lives is negatively impacting their emotional health.

We know that at least one in 10 children and young people are affected by mental health problems, and the unreported figures are likely to be even higher. By the age of 14, more than half of adults with mental health problems start to experience symptoms, rising to three quarters by 24. This can have a damaging impact on future life chances if not tackled quickly and effectively.

If we fail our young people at these critical times in their life, the consequence for them could be lifelong, influencing educational and work prospects, the likelihood of committing a crime and even how long someone lives. The consequence for society as a whole are severe, as that child grows into an adult with complex needs – costing the state far more.

But while there is increasing acknowledgement that children and young people's mental health services matter, there has not been the required action to mend a system that is failing far too many.

- Funding, committed by the Government is not reaching front-line mental health services in some areas; where funding has been released, **local funding pressures** in other parts of the health and care system mean it is at risk of being swallowed up elsewhere.
- Nationally, there is significant **variability** in the quality of local transformation plans.
- Meaningful ways of **engaging or collaborating** with children and young people to develop services that will be used still need to be sought and adopted.
- Opportunities for **early intervention and prevention** are not being fully realised, as the system seeks to support those already

in the system.

- The commissioning landscape for children and young people's mental health and wellbeing services remains **complex and fragmented**.
- Many children and young people are being **turned off** from seeking help, due to a lack of child or young person friendly services.

‘...our overall assessment is that the full opportunities to improve care through integrated approaches to mental health have not yet been realised. The level of priority given to mental health in the development of new models of care has not always been sufficiently high. This is not consistent with the spirit of the commitment in the five-year forward view for mental health; which identified integrating physical and mental health as one of its three key priorities.’

#### **The Kings Fund, May 2017.<sup>1</sup>**

To make sure all children and young people are getting the best, not just getting by, we are calling for child and adolescent mental health services (CAMHS) to be prioritised.

## **We need adequate and sustainable funding**

### **The challenge**

Mental health services for children and young people are buckling under rapidly increasing demand. There just isn't enough capacity in the system to meet the level of need.

### **The response**

The Government must release the promised £1.7 billion for children and young people's mental health and wellbeing services and guarantee funding after this Parliament.

## **We need to improve standards and make sure funding is spent wisely**

### **The challenge**

Where funding has been released, there is no certainty that the money is reaching the right people. Facing a long list of urgent priorities, analysis of local transformation plans show that some clinical commissioning groups (CCGs), which control the funding, spend it on more critical care.

### **The response**

We need to strengthen governance over how funding is spent, recognising that health and wellbeing boards are best placed to ensure that funding reaches the right services. It is critical that Government ensure care pathways and services are quickly accessible and appropriate for all, including those with complex needs.

## **We need to prioritise prevention and early intervention**

### **The challenge**

Children and young people's chances of thriving dramatically increase the earlier we provide help as well as saving money in the longer term, but as budgets shrink councils and their partners have found it harder to fund services, particularly early help.

### **The response**

Cuts to the Early Intervention Grant and the public health grant must be reversed, funding provided to councils so they can work with schools to commission independent counselling in every secondary school and alternative education provision, and funding spread across all services.

**These are issues that need action by the Government to resolve. However, there are significant ways that local leaders can improve their mental health and emotional wellbeing systems for children and young people, and ensure that what funding is available is directed in the most effective way possible.**

**This publication seeks to define the particular role and contribution councils and their partners can make in addressing some of these issues; through strong leadership, accountability, challenge and involvement.**

Despite funding and structural challenges, local places can and are finding creative, innovative ways to help their local residents, build services that meet the needs of their young people and encourage collaboration, transparency and integrated services.

Across the country, working effectively within a system that's not built to meet need or demand is, clearly, extremely difficult, but there are still significant opportunities to make a huge difference to the lives of young people struggling with their mental health. Local leadership is in a unique position to identify these opportunities to fight for those young people and deliver deep change. Our case studies demonstrate this and this publication explores how local leaders can take learning from these areas and in the same way help their young residents get access to services that are right for them.

In the absence of a national programme, what is needed at the local level is strong political and clinical leadership, working together to drive forward a joint vision and a coordinated approach to transforming services, which better meets the needs of children and young people. Local leaders can achieve this through the culture of their place and organisation and ensure that structural change is in harmony with attitudinal change.<sup>2</sup>

Through the experiences of the 10 case study areas, three clear themes needed to drive transformation were identified:

- **Local accountability:** a joint local vision for children and young people's mental health and wellbeing. From early intervention and prevention to treatment and recovery.
- **Providing challenge:** removing barriers to transformation, and holding organisations delivering the local transformation plan to account for spend and quality.
- **Increasing public engagement and confidence:** working on meaningful engagement with children, young people and their families/carers, and making this part of the system.

You can read the case studies in full at [www.local.gov.uk/bright-futures-camhs-case-studies](http://www.local.gov.uk/bright-futures-camhs-case-studies)

Find out more about our Bright Futures campaign at [www.local.gov.uk/bright-futures-camhs](http://www.local.gov.uk/bright-futures-camhs)

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# Local accountability

Councils have an important role when it comes to leading localities and improving the lives of their residents, and securing better mental health and wellbeing is no different.

The development of local transformation plans, as part of the initial £1.4 billion investment, has helped many areas to create and/or strengthen local partnerships and develop a shared plan for the delivery of children's mental health and wellbeing services in their area.

With funding passed to clinical commissioning groups (CCGs) in their baseline allocation, local accountability structures need to be robust to ensure that funding is spent according to the joint plan agreed by system partners and that it is signed off by local health and wellbeing boards on an annual basis. Mental health is quickly rising up the political agenda, but while the NHS operates with a deficit, and local council funding is cut the situation is challenging.

Nationally the system is under strain, but local areas have an opportunity to use the focus on transformation to think differently and to embed strong local leadership. This can provide the real step forward in the ability to transform local services and to improve future outcomes of CYP; at the same time as delivering to those that need help and support now.

Local transformation plans need to deliver a far greater level of accountability:

- to current local service users – shared by all partners
- to young people involved in shaping service provision – all partners
- for delivering the local transformation plan – providers and commissioners
- for spending and transformation
- to regulators – for the standard and quality of services
- for transformation planning and spending.

Leadership for innovation and improvement in children's mental health and wellbeing can come from different places and organisations. For many of the case study areas, leadership came from within the clinical commissioning group or from public health teams within the council or both, together with partners. However in some areas, leadership came from other sources such as the local Healthwatch or council scrutiny.

Strong local leadership from different partners can help guarantee that funding earmarked for children and young people's mental health goes to the right service users, rather than being diverted to other critical areas, and ensures transparency.

All case study areas identified strong leadership as being instrumental in the good work that they are doing: [www.local.gov.uk/bright-futures-camhs-case-studies](http://www.local.gov.uk/bright-futures-camhs-case-studies)

## Developing a shared vision and raising the profile of this work

Good leadership is the act of creating, communicating and enabling the implementation of a clear and shared vision for change. Effective leaders can direct their service and its workforce in a new direction. They start from a set of values and principles that underpin what they do. They lead from the heart and it is this quality that allows them to engage with others; not least those in other teams or agencies who are not under their managerial authority. Case study areas cited that strong leadership in the form of a senior level champion was a significant factor in raising the profile of, and drive to improve, children's mental health and wellbeing services.

**'If you rub sandpaper across the grain, it doesn't smooth the wood; you need to all work with the grain.'**

### NHS Providers

#### Practical steps

- Being child and young person centred, and focusing on the reason for this work.
- Embracing a willingness to work together to clarify needs and issues; understanding 'the grain' and how to work together to 'smooth the wood'.
- Having a clear vision, one that has been created by many and owned by all, including the health and wellbeing board
- Keeping the vision visible within an area and outside, getting all the local opinion leaders interested and talking about it.
- Creating a good 'authorising environment' by getting the sign up of the local politicians, the director of children's services, chief executive, director of public health, clinical commissioning groups and finance leads.

- Emphasising the role of political, as well as managerial leaders in developing a more accountable culture for government and public organisations, such as the NHS, schools, and community and voluntary organisations.
- Being clear on what needs to be achieved and then developing/refreshing a local transformation plan to do this; base local joint response on the Joint Strategic Needs Assessment and a good evidence base.
- Challenging the traditional ways of doing things.
- Accepting that sometimes, national policies conflict with local ambitions; having a shared local vision owned by all can help to navigate this.
- Use the Theory of Change approach to be clear what you want to achieve and working back from there. This helps to focus on an asset based approach, rather than starting with the traditional deficit approach.

Theory of Change encourages thorough observations of the system; how power is distributed; how decisions are made; what factors are for or against any given change; how is change likely to happen in this system? It stops people from jumping to conclusions or to the 'so what do we do' question. It helps people find the best ideas to test to achieve a desired outcome.

**The 'No Wrong Door' in North Yorkshire is a prime example of how by using the Theory of Change model, professionals have completely remodelled a service for young adolescents. Using a long-term goal and working backwards through the actions needed to realise the goal, allowed North Yorkshire to improve practice. Through the provision of one key worker, young people had to access the right services, at the right time, and in the right place to meet their needs. No Wrong Door provides a consistent trusting relationship for young people that sticks with them no matter how they move through care.**

**‘Headstart Hull’ used ‘Theory of Change’ and the insight they had gleaned from their wide-ranging engagement activity, to refine the approach that they took to improving services. It was used to create their vision to ‘Enable children and young people to have positive mental health and wellbeing, thrive in ‘their Communities’ and to ‘bounce back’ from life’s challenges’; and track back to the changes and actions needed to achieve the vision.**

## Distributed leadership

### **Health and wellbeing boards (HWBs)**

The development of Joint Strategic Needs Assessments and joint health and wellbeing strategies, through the HWB, should form the basis of the plans of clinical commissioning groups and council commissioning, across all local health, social care, public health and children’s services partners.

In order to release the first round of funding made available in 2015, health and wellbeing boards were required to sign off local transformation plans. Learning from across the 10 case study areas suggests that there is a significant opportunity for HWBs to take a much more proactive role in improving children’s mental health services. Across the majority of areas, boards have been seen as the ‘sign off’ phase as opposed to the ‘development’ phase of local transformation plans. Boards provide a key oversight role for the accountability of Future In Mind funding in local areas; and in other funding announced more recently. They also provide place based leadership for mental health services, and bring partners together to plan how to meet the needs of local populations.

**Health and wellbeing boards are best placed to bring the right partners together and take a whole system approach to leadership, maintaining crucial oversight of the transformation of children’s mental health and wellbeing services.**

### **Directors of public health and children’s services**

Across the case study areas, these key roles made a significant contribution to local leadership of children’s mental health and wellbeing services. Directors of public health, through their research and population health focus, can ensure that children’s mental health is seen as a priority by the health and wellbeing board and built into transformation plans. Similarly directors of children’s services are key in ensuring that health and wellbeing boards and partners maintain a focus on children’s mental health; moving away from the traditional focus on adults. These roles are key elements of successful local leadership.

**Areas cited that having a director who has responsibility for children’s mental health and wellbeing services helps to improve the quality and ambition of local leadership.**

### **Councillors**

All councillors, whether members of the executive, scrutiny or as mental health champions, can champion mental health on an individual and strategic basis. In our case study areas, without the political will to support change and take risks change would have been very hard to achieve. The role of the elected councillor as champion for children’s mental health is vital, ensuring that strategic plans and the vision for services are prioritised by the council. In recognition of this key role, the Mental Health Challenge<sup>3</sup> is encouraging councillors to sign up to become local champions, recognising the vital importance of political leadership in challenging circumstances.

**Members are key in facilitating the ‘authorising environment’; giving permission to be brave and try new ways of working.**

## Clinical commissioning groups (CCGs)

CCGs are responsible for commissioning the majority of services around mental health in a local area. CCGs need to work with partners to ensure that the funding released to them to transform services is directed in the best way possible.

As statutory members of health and wellbeing boards, CCGs can provide real insight into the effects of mental health on their local populations when drawing up the Joint Strategic Needs Assessment and resulting joint health and wellbeing strategy.

The Government's Five-Year Forward View set out an ambition for children and young people's mental health, and the role of CCGs working with partners is to build effective, evidence-based, outcome-focused child and adolescent mental health services. Delivering this national ambition requires local, system wide leadership and ownership, as well as the participation of children, young people and their families.

**As the main commissioners of local health and care services, clinical commissioning groups and local councils need to get to know and understand the merits of working together on this agenda. Having a clear understanding on the unique role that commissioners have in local place-based planning, will ensure that decisions taken across an area, benefit from clinical input.**

**Newcastle Gateshead Clinical Commissioning Group used co-production to involve young people at every stage of the commissioning process, which led to the creation of the Young Commissioners programme. The 14 Young Commissioners are equal partners in leading service and culture change for children and young people's mental health services in Newcastle and Gateshead.**

## Healthwatch

Local Healthwatch is the local consumer champion for health and social care, representing the collective voice of people who use services and the public. For example, Healthwatch Hillingdon seized the opportunity to use its remit to build a local picture of community needs, aspirations and assets and experiences to gain a real understanding of the children's mental health locally. They used this information to inform local improvement planning and also to influence policy nationally.

**Healthwatch has access to information and insight that many partners do not have. Reflecting this and using Healthwatch's representational role, will ensure that strategies for transforming services are comprehensive.**

## Council scrutiny

Council scrutiny can play a valuable leadership role, which is in contrast to its perceived traditional view of its role being focused on holding services to account. Good scrutiny should not be undervalued or underestimated as a driver of leadership. Scrutiny has the ability to look through a different lens to help to:

- **develop local understanding** to strengthen Joint Strategic Needs Assessments
- **engage the community**; building the local picture into an effective health and wellbeing strategy
- **improve partnership working**; by bringing partners together
- **improve leadership and ownership** by the council and its partners.

**Don't view scrutiny as a threat; with proper planning and a focus on outcomes, scrutiny can add value and improve services.**

Good local leadership threads right through the system: the recruitment of the right people; leaders who believe in doing the right thing for young people; leaders who are brave and willing to do things differently. Good leadership is about not being afraid when others take the lead, but to embrace, support and celebrate local ambition; whoever is showing it.

**In Devon, effective partnership working and support was a critical component of the Early Help 4 Mental Health programme. Early in the programme's development, a detailed programme of consultation and co-designing took place with stakeholders, in order to develop a service that truly reflected and articulated need; laying the foundations for strong working relationships between partners. Building on this, strong links have developed between Early Help 4 Mental Health, Schools and CAMHS to deliver the programme. The strength of the partnership is now enabling partners to work together to secure future funding.**

#### Practical steps

- Viewing **children and young people and their parents/carers** as local leaders and partners.
- Good **communication and relationships** across and between partners and the whole system.
- Getting **clarity on the wider agenda**, ensuring that key stakeholders are brought into the transformation, underpinned by good governance arrangements.
- Being **child-centred** and focusing on the reason for this work; improving their mental health.
- Developing a **real understanding** of organisational drivers and responsibilities.
- Ensure the work contributes to organisational goals of partners eg Ofsted requirements for schools.

## Building strong, effective and accountable relationships

Building effective relationships comes up time and time again, and a strong foundation is needed before attempting to transform services or trying to deliver change. If the foundations are not there, or are cracked, or are destabilised, then this can have a massive impact.

What was notable about the case studies was a proper attention to partnership processes. Investing in better relationships was a priority for them and is a key lesson. However, in the current environment of financial constraints and time pressures, making time to develop strong, effective and accountable relationships can fall off leaders' agenda; with their focus on improving individual services or their individual organisation, as opposed to improving whole systems through integration.

#### Practical steps

- Creating **new and more equal relationships** with children, young people and their parents/carers; through co-production or co-design methods.
- Developing a **real understanding** of each other's organisational drivers and responsibilities, and ensuring the work contributes to organisational goals of partners, eg Ofsted requirements for schools.
- Using **appreciative approaches and models of change** to co-design with partners new ways of working for the benefit of children and young people.
- Understanding that you need to work together as **no one organisation can address all the issues** alone.

Key questions for enhancing local leadership:

- Who are the local stakeholders and how can we map these most clearly?
- As an area, what do we need to do to ensure we all work 'with the grain'?
- Take stock of how strong your partnership working currently is; what steps do you need to take to improve it?
- Does your area have a shared vision and how was it developed? Does it need refreshing?
- How well do we challenge our existing practices and structures?
- Are we child-centred in our approach to service redesign and transformation?  
How well are we working across the whole system in a joined up way to improve efficiency and eliminate the duplication of service provision?

# Providing challenge

This is about removing barriers to transformation, and holding organisations delivering the local transformation plan to account for spend and quality.

In establishing effective complex public sector partnerships with the goal of transforming services, all partners need to develop a sense of 'collective accountability' for better outcomes, rather than adhering to their own individual or organisational targets and objectives. Within this there are two types of challenge or holding to account:

- **'Procedural' challenge:** where there are plans, outcomes, finances, staff and performance management, these require clear scrutiny and processes for holding people and organisations to account for their performance, achievements and impact.
- **'Cultural' challenge:** understanding the different accountabilities at play in an area, and how cultural challenge can respond to these tensions and opportunities. Cultural challenge should focus on how shared decisions are reached. How far are leaders enabling this process through joining up accountability, transparency and the involvement of partners, stakeholders and the wider public?

There is a need for stronger public scrutiny and accountability for partnerships and for joint or pooled budgets, with a single, visible place where the public can go and find out how money is being spent and challenge the outcomes being delivered, which it is hoped the NHS dashboard will deliver.

There is also potential to streamline governance, scrutiny and accountability arrangements locally, to remove duplication and value the different contributions of challenge by different partners.

Challenge can come from many parts of the system, and this section explores examples of three local bodies that most commonly offered challenge in the case studies; and a regulatory perspective.

## The local health and wellbeing board

In addition to their local leadership role described in the previous section, local health and wellbeing boards also have a vital role in providing strategic oversight and accountability for mental health service planning, spend and outcomes.

In the case of the development of local transformation plans, it is evident from the majority of our case study areas, that their development was not led by health and wellbeing boards, instead individual partners led and contributed (as explored in the previous section). However health and wellbeing boards certainly have a role in holding partners to account for how money is spent, and for ensuring the quality of local transformation plans and the inclusive refresh of plans. Health and wellbeing boards in all of the case study areas signed off the plans (a requirement to release transformation funding), and keep a regular watch on progress, through regular reports and discussion.

In the main, areas have adopted a local accountability framework, with responsibility for the day-to-day oversight being provided by a sub group, which in turn reports to the health and wellbeing board.

This is in contrast to the Local Government Association's (LGA) survey in 2016, where of the 23 councils surveyed, 48 per cent indicated that the extent of their health and wellbeing board's oversight on spend had been small; which suggested that there was scope to strengthen the role of the health and wellbeing board in supporting the transformation and delivery of children and young people's mental health and wellbeing services.

Health and wellbeing boards can:

- **bring together** individual and organisational knowledge, expertise and experience
- develop an **area-wide view** of mental health needs and resources through the Joint Strategic Needs Assessment and focus on agreed priorities
- agree **area-wide alignment** of services to deliver improved health and wellbeing through the joint health and wellbeing strategy
- facilitate **shared understanding** of information to improve outcomes from decision making
- **monitor robust performance management systems**, such as contract monitoring, ensuring that performance is good, and spending worthwhile.

**The Cheshire East Health and Wellbeing Board has taken a proactive role in focusing upon the health and wellbeing of children and young people, with a particular emphasis on mental health and wellbeing. This has facilitated multi-agency working to implement interventions that are having demonstrable impacts on young people. The Cheshire East Emotionally Healthy**

**Schools Programme is the first in the country to achieve Specialist Leaders in Education (SLE) for Emotional and Mental Health Education, through the National Teaching College; and has a pooled budget, administered via a Memorandum of Understanding between partners. The programme has the aim of achieving transformational change in early intervention and prevention practice across a whole school/college approach**

### Practical steps

- Making children's mental health **prominent** in the Joint Strategic Needs Assessment.
- Having a **senior level champion** for children's health on the health and wellbeing board.
- Taking a **holistic view** of children's mental health across the partnership and raising the profile of services and challenges.
- Ensure that the work of the board is **aligned** with the work and priorities of other boards, including the local safeguarding children board or community safety partnership.

Key questions for improving challenge through the health and wellbeing board:

- How well does our Joint Strategic Needs Assessment and health and wellbeing strategy reflect children's mental health?
- Do we have a partnership view on the mental health needs of our children and young people?
- How can we work more effectively together to focus on improving mental health services for children and young people?
- How well do we monitor the spend on mental health?
- How well do we challenge outcomes?



## Council health overview and scrutiny

Work undertaken by the Centre for Public Scrutiny (CfPS) highlighted the valuable role that council overview and scrutiny can bring to improving the health of populations; this translates equally to children's mental health.

A council's health overview and scrutiny function isn't just there as a check and balance mechanism or when things go wrong; it can help policy makers and service providers to develop better services. Figure 1 shows the role of council health overview and scrutiny and its role in scrutinising how commissioning plans take account of local data, insight and knowledge. This model also translates to scrutiny committees covering children's services, or to a councillor's corporate parenting role.

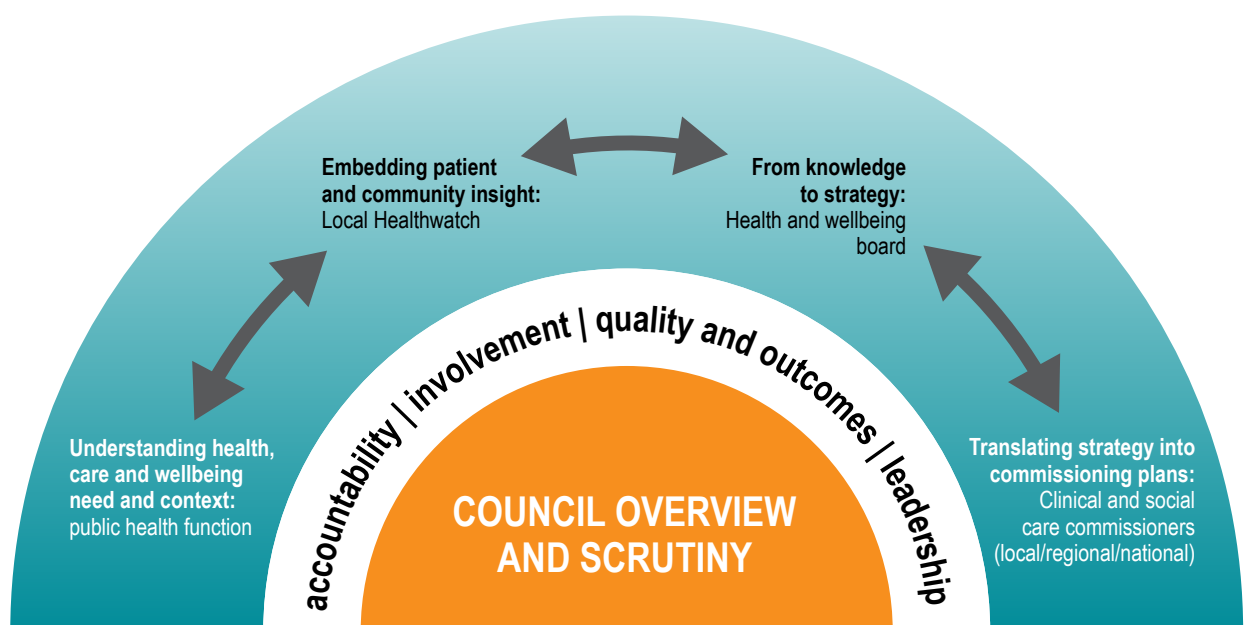
A number of the case study areas either reported into their health overview and scrutiny committee so it could understand the impact of their work, or as in the case of Cornwall, scrutiny was the leader of an impactful review.

Council health overview and scrutiny can:

- be a **bridge** between professionals and people who use services; particularly complementing the contribution of local Healthwatch
- be a valuable **'critical friend'** throughout transformation and beyond
- **evaluate** policies arising from processes, decisions and outcomes from services
- consider whether proposed mental health service changes are in the **best interests** of the local health service and local populations
- carry out **proactive, qualitative reviews** that can inform and enhance policy and services.

The power of scrutiny lies in the influence that it can exert on the council and its partners. Cornwall's Health Scrutiny Commission became concerned about poor mental health outcomes for children and young people, and used their review to carry out an in-depth examination, which provided a focus on child and adolescent mental health services locally, both within and outside of Cornwall Council.

Figure 1 The role of health overview and scrutiny<sup>4</sup>



## Practical steps

- Understanding how a proactive health and overview scrutiny review can add value to the work of the health and wellbeing board and the partners within it.
- Ensuring there is a strong line of governance to hold individuals and organisations account to deliver their plans.
- Keeping the focus and remit of a scrutiny review very tight, while still ensuring that where issues are heard beyond the remit of the review, there's a way of capturing them.
- Scrutiny reaching beyond the council and health to bring in other organisations with many different viewpoints.
- Ensuring that questions are sharp and will elicit an answer, not a long story or a one word response.
- Keeping in mind that there are likely to be people who are receiving a good service: people don't tend to shout praise as loudly as complaints.

Key questions for improving challenge from overview and scrutiny

- Are we sure that our reviews are adding value to service improvement?
- If not how can we work more effectively across the area to support service improvement for children's mental health services?
- Do we work with the council's executive, health and wellbeing board, local safeguarding children board and corporate parenting board to plan how scrutiny reviews can add value and not duplicate?

## Local Healthwatch

Local Healthwatch is the local consumer champion for health and social care, representing the collective voice of people who use services and the public. They are independent, influential and informing. Its role in building up a local picture of community needs, aspirations and assets and the experience of people who use services can

add insight into the Joint Strategic Needs Assessment, and as a member, they add value to the health and wellbeing board.

Local Healthwatch can:

- share information from **networks** of voluntary and community groups
- be an evidenced based, independent, **'critical friend'**, gathering and presenting evidence and information for Joint Strategic Needs Assessments and supporting policy development in the health and wellbeing board, and council scrutiny reviews
- **highlight concerns** about services to the health and wellbeing board and council health scrutiny
- **cascade information** to people who use services and the public about the services that are available
- use its **statutory powers** appropriately, and in tandem and complementary to council health overview and scrutiny powers
- **bring the voice of the user** into the discussion about improving services; this is vital to ensuring that service design is built on a complete understanding of the quantitative research and qualitative and experience insight.

**Nearing the completion of a council review of child and adolescent mental health services, Healthwatch Hillingdon became concerned by the lack of engagement that had taken place with children, young people and their families; and set out to rectify this. Their work led to a comprehensive understanding of the mental health challenges facing children and their families; and their two reports have been very influential in the drive to improve services; so much so that they are co-signatory to the local transformation plan.**

## Practical steps

- Being **close to communities**, Healthwatch was better prepared to work with children, young people, parents and carers to understand the challenges they face.
- Using its **role on the health and wellbeing board** to influence change.
- Using its role on the health and wellbeing board to ensure children's mental health is **kept on the agenda**.
- Using good public engagement to demonstrate the 'real-time' experiences of people who use services.

Key questions for improving challenge from Healthwatch

- How are we balancing our dual role of 'consumer champion' and policy maker on the health and wellbeing board?
- What are we doing that demonstrates we are getting the widest range of views; particularly on children's mental health issues?
- How do we use our insight into communities to effect change?
- Do we work with the health or children's scrutiny committee to add value to their work?

## Regulatory bodies

An added dimension of challenge is the role of regulators in driving improvement in different parts of the local health and care system. Any plan to transform services needs to take account of the individual partners and how they are regulated. Regulators may offer opportunities to push for needed changes; or indeed may impose restrictions that could initially be a barrier to effective joint working; or may limit service changes. Partners need to have enough mutual understanding of the potential to work together effectively. One example of this is Ofsted's focus on academic attainment and omission of how well schools are contributing to the mental health and emotional wellbeing of pupils.

This means local partners have a role to play in influencing schools to make pupils mental and physical health an equal priority alongside academic attainment.

One of the key challenges is the sheer number and complexity of regulators involved in local services. The key ones relating to children's mental health services are:

- regulation of the quality and safety of care offered by health care providers, currently undertaken by the Care Quality Commission (CQC)
- regulation of the market in health care services, currently the responsibility of Monitor (in relation to foundation trusts) and the Department of Health
- the Joint Targeted Area Inspections of services for vulnerable children and young people, launched in 2016, brings together CQC, Ofsted, Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Probation to jointly inspect social care services
- Ofsted, inspects and regulates services that care for children and young people, and services providing education and skills for learners of all ages, ie schools and colleges.

Key questions for improving challenge

- Some questions are for all partners to consider and relate to the own locally developed accountability framework:
- Do we build governance and accountability into our planning and service redesign, or is it an after-thought?
- How well is accountability understood?
- Do we use all parts of the local accountability system to improve outcomes?
- Do we have inclusive, accountable and transparent governance structures that values the contribution of partners?
- Are local schools giving mental health and emotional wellbeing equal priority to academic attainment and physical health? What are they doing to demonstrate this?

In recognition that there was very little engagement with children and young people in their first transformation plan, Doncaster Clinical Commissioning Group, set out to refresh its approach to involvement by developing sustainable methods of effective engagement. Whilst their work is not yet complete (it is a five year programme), the aim of having children, young people and families involved in every aspect of the commissioning cycle is taking shape. Doncaster's approach is slightly different to other areas, as the 15 champions recruited are taken from a mix of young people, parents and carers and professionals; providing a holistic view to service transformation.

In Devon, it was an inadequate judgement for the council by Ofsted that began their renewed focus on improving outcomes for children and young people. Their work to strengthen early help, involved the public health team working with local schools to co-design an early intervention ilience in children and young people, by tackling mental health problems early before they become more serious. Their close work with schools meant that they could also take account of the pressures facing schools and school's own Ofsted pressures, building better understanding of all pressures in the system.

# Increasing public engagement and confidence

A key challenge for all areas is how to meaningfully engage with children and young people, and make this part of the system.

'Future in Mind'<sup>5</sup> set out a vision for a mental health system where children and young people are involved in the local transformation of mental health services, and in decisions about their own care. It also stressed the importance of leadership and a positive attitude and culture within services that promotes effective participation. In 2015 a review<sup>6</sup> of the 123 local transformation plans, four principles were identified that would ensure children and young people, families and carers were involved in all aspects of the transformation of local services. These were:

1. children, young people, families and carers should participate in treatment decisions
2. children and young people should participate in local transformation plan development, commissioning and service delivery through shared decision making and co- production
3. participation should be supported by an open and transparent engagement plan
4. a robust engagement methodology should be used, and there needs to be effective communication of the vision with commissioners demonstrating how feedback has influenced proposals.

**If the website was to be central to the lives of children and young people in Leeds, then they must be central to its creation. Children and young people therefore worked with Leeds Council and Leeds Clinical Commissioning Group to create and develop the MindMate**

**website. Through their role on the involvement panel, children and young people approved the site from concept to going live; and have an ongoing role developing the content on each page, testing the games that go on to the site, and keeping a check on the web links.**

All 123 local transformation plans had engaged with children and young people in some way, and there was wide recognition that engaging with children and young people was important. The review went on to detail that engagement and participation can be characterised by two main approaches:

- **Co-design, co-production and shared decision making:** requires a partnership approach, and might include training youth commissioners, youth researchers and/ or co-designing services. The importance of participation is recognised across the country when it comes to transforming services, and the case studies showed that co-production with children and young people is more likely to achieve better outcomes, since it offers a genuine and more equal approach to partnership.
- **Consultative and advisory models:** more common and less intensive methods including engagement events or advisory panels of children, young people, their parents and carers.

Engagement featured within all of the case studies, with a number of very strong examples. Each using a slightly different approach, but all focused heavily on co-production and shared decision making; recruiting young people to work alongside health and care organisations as equal partners.

**Figure 2**

- Young people involved in assessing impact, either by using impact measures to understand how young people feel; or by assessing progress of organisations.
- Young people talking to others for continual feedback and also reporting actions.
- Helping to deliver projects as in Leeds where young people developed aspects of the website.



- Recruiting young researchers / commissioners.
- Talking to young people about their concerns, issues and barriers to services.
- Young researchers / commissioners taking part in planning alongside professionals.
- Young people advising on impact of planned services.

What was clear is that using the commissioning cycle was a good way of looking at how to engage young people holistically, and at all stages in service development and review, as illustrated in Figure 2.

Whilst some of the case study areas received funding from organisations such as the Big Lottery Fund, or NHS England, some did not and used their clinical commissioning group funding. No matter where the funding came from, some common principles emerged from using young researchers:

**End-to-end youth-leadership:** young people leading or co-leading every stage of work in some case study areas was effective, including:

- choosing areas of mental health to focus on
- designing and co-delivering workshops and other engagement tools used to engage their peers
- co-producing recommendations alongside other stakeholders
- holding organisations to account for how they respond to the issues raised by their peers.

**Peer-to-peer engagement:** helped to elicit better responses than more traditional organisation led methods.

**Young people as equals:** treating young people as genuine partners in all stages of the work enabled them to develop the skills they need to fully contribute.

**Working with local organisations:** building relationships with statutory and community organisations already working with young people helped to recruit a diverse range of young people.

#### **Practical steps**

- Ensuring the provision **supports parents as well as young people** to build a whole family approach to improving emotional health and wellbeing.
- Don't just consult young people at the start but ensure they have **ongoing engagement** to shape the development of services and contribute to the evaluation.
- Ensuring there is a **robust evaluation tool** in place to evidence impact on outcomes.
- All **staff** who work with young people, also have a part to play with them in improving young people's emotional health.
- Commitment to the involvement of young people with **adequate resources** to support the work.

- Recognition that it will take longer than you think; **build in realistic timescales** for effective and influential engagement.

**Oldham Council worked alongside Involve and Leadership Unlocked to develop MH:2K, a powerful new model for engaging young people in conversations about mental health in their local area. MH:2K empowers 14-25 year olds to:**

- **identify the mental health issues that they see as most important**
- **engage their peers in discussing and exploring these topics**
- **work with key local decision-makers and researchers to make recommendations for change.**

Key questions for ensuring effective engagement:

- Are we coordinated in the way that we work with young people?
- Does the participation of children and young people make a difference to decisions and how?
- What have we done differently based on what children and young people tell us?
- Do children and young people experience a better service as a result of their involvement?
- Are we engaging vulnerable young people in this work sufficiently?
- Are we using existing mechanisms such as children in care council, pupil forums rather than creating new ones?

Following independent evaluation, the programme is being rolled out across the country. This is due to the learning showing that 'stakeholders have identified multiple potential impacts on research, decision-making and engagement practice', with 'potential for significant improvements in health outcomes to occur'.

If a website is to be central to the lives of children and young people, then they must be central to its creation. This was the thinking behind the Leeds MindMate website, produced by Leeds Council and Leeds Clinical Commissioning Group, working together with children and young people, to create a single point of access to mental health information.

Through their role on the involvement panel, children and young people approved the site from concept to going live; and have an ongoing role developing the content on each page, testing the games that go on to the site, and keeping a check on the web links.

# Top ten tips for transforming services

The transformation of children and young people's mental health is led by local areas. This means professionals from across the NHS, universal services, public health, children's care, education and youth justice voluntary and community sector work together with children, young people and their families to design and provide the best possible mental health services.

The following 'think list' has been compiled from the experience of, and reflections from, each of the case study areas:

1. **Think system:** focus on child and adolescent mental health services as a local system, not as one service provider in isolation. Some services or support for children and young people will not be delivered by any specific child and adolescent mental health team, but by a range of partners. Viewing all as a system will ensure better joint working and understanding of who does what.
2. **Think profile:** appoint a senior level champion, whether this be an elected councillor or director or both, to raise the profile of the issues, motivate and bring people together locally to drive change.
3. **Think method:** consider what approaches will get you where you want to be, such as the Theory of Change model or formal co-production methods, rather than starting with a 'good idea' and hoping it will deliver.
4. **Think proof:** use good evidence for chosen plans and methods, with a balance of local needs assessment, service delivery and waiting times and gap analysis; and national evidence-based practice.
5. **Think partners:** understand who makes up the local system: map the range of agencies in your local area delivering mental health care/support. This should include universal services, such as GPs and schools, and non-statutory or community organisations, such as local Healthwatch and the wider voluntary sector, and understand what part they play. Build effective relationships with these partners to ensure their involvement in the commissioning process.
6. **Think listening:** engaging children and young people in meaningful ways is vital to the success of any transformation. This means listening to them. Using the commissioning cycle to ensure children and young people were involved in all stages of commissioning helped some areas to systematically engage; and also remember that they were accountable back to them.
7. **Think money:** be brave and combine individual funding streams to fund transformation that genuinely meets the needs of children, young people and their families. Plan for future funding possibilities to ensure changes can continue. Ensure money for children's mental health and wellbeing services is being spent on children's mental health services.



8. **Think impact:** measure outcomes that have been designed with children, young people and their families or carers. Involve them in the measuring and assessment of how far outcomes are reached. Publish success widely; and review areas not yet working jointly with partners.
9. **Think workforce:** find ways to engage staff especially clinicians in the changes and in the listening process. Build their capacity to implement changes through joint training and review events.
10. **Think accountability:** ensure there is a strong line of governance to hold individuals and organisations account to deliver their plans. Involve children and young people in these methods and forums.

# Case Study Areas

In August 2017, 10 areas were identified from a call for good practice, and from speaking to national organisations. These case studies reflect different approaches to transforming children's mental health and wellbeing services. Details of the case studies have been included as vignettes within this publication.

A more detailed overview of the work that they each did can be found at [www.local.gov.uk/bright-futures-camhs-case-studies](http://www.local.gov.uk/bright-futures-camhs-case-studies)

## **Early Help 4 Mental Health**

Devon County Council

## **Doncaster: Mental Health Champions**

Doncaster Clinical Commissioning Group

## **Emotionally Healthy Schools Project**

Cheshire East Council

## **Headstart Hull**

Hull City Council

## **Healthwatch Hillingdon: bridging the gap between young people and the health and wellbeing board**

Hillingdon Healthwatch

## **MH:2K: engaging young people in conversations about mental health**

Oldham Metropolitan Borough Council

## **MindMate: using technology to improve the mental wellbeing of children and young people**

Leeds Clinical Commissioning Group

## **No Wrong Door: services for young adolescents in care**

North Yorkshire County Council

## **Scrutiny taking the lead on child and adolescent mental health**

Cornwall Council

## **Young Commissioners in Newcastle and Gateshead**

Newcastle City Council and Newcastle and Gateshead Clinical Commissioning Group

# Appendix: Tools and techniques

Below is a summary and links to some of the tools featured and used by the case study areas to assist with their approach to transformation of mental health services.

## Transformation – thinking differently

The ‘**Theory of Change**’<sup>7</sup> approach originates from the USA, and initially used in the context of community change initiatives. The process provides clarity on what you want to achieve and works back from there. This helps to focus on an asset based approach rather than starting with the traditional deficit approach. Theory of Change encourages thorough observations of the system; how power is distributed; how decisions are made; what factors are for or against any given change; how is change likely to happen in this system? It stops people from jumping to conclusions or to the ‘so what do we do’ question. It helps people find the best ideas to test to achieve a desired outcome.

There is a wide range of information on the Theory of Change, which a search on the internet will reveal, however information can be found on the University of Sheffield’s website.

[www.sheffield.ac.uk/lets/strategy/resources/evaluate/impact/toc-approach](http://www.sheffield.ac.uk/lets/strategy/resources/evaluate/impact/toc-approach)

**Asset-based approaches**<sup>8</sup> to health aim to nurture, sustain, protect and build the health assets in every individual, family and community in order to improve people’s life chances and enhance positive health and wellbeing. They aim to make visible, value and use the skills, knowledge, connections and potential in a community; rebalancing the meeting of need with the nurturing of inner strengths and resources. In this, the professional’s role is to support people to recognise and mobilise the assets and resources they have. Proponents of asset-based approaches suggest that public health practice should aim to improve life chances and achieve wellbeing for all, in contrast to meeting deficit-based targets such as reducing mortality rates and changing risky or ‘unhealthy’ behaviours.

Again, there are many sources of information on hand to support the development of asset based approaches. The Health Foundation produced a helpful summary of approaches in their publication ‘Head, Hands and Heart: Asset-Based Approaches’.

[www.health.org.uk/sites/health/files/HeadHandsAndHeartAssetBasedApproachesInHealthCare\\_InBrief.pdf](http://www.health.org.uk/sites/health/files/HeadHandsAndHeartAssetBasedApproachesInHealthCare_InBrief.pdf)

## Engaging Children and Young People

**MH:2K**<sup>9</sup> is a pioneering new model for engaging young people in conversations about mental health in their local area. It empowers 14-25 year olds to:

- identify the mental health issues that they see as most important
- engage their peers in discussing and exploring these topics
- work with key local decision-makers and researchers to make recommendations for change.

Created by Involve and Leaders Unlocked was piloted in Oldham (case study area) and is being rolled out in four new areas – Birmingham, Central Lancashire, North Tyneside, and Nottinghamshire – from September 2017.

[www.involve.org.uk/programmes/mh2k](http://www.involve.org.uk/programmes/mh2k)

**Young Minds**<sup>10</sup> have a number of tools and toolkits that are specifically designed to help mental health and other professionals to help improve children and young people's mental health. Their work in Doncaster is leading to the development of a sustainable way to engagement young people in the planning and delivery of mental health services.

<https://youngminds.org.uk/resources/tools-and-toolkits>

## Evaluating Outcomes

Used by some of the case study areas, **Outcome Star**<sup>11</sup> is a commercial tool that is available under license and provides commissioners and providers with:

- a family of evidence-based tools for measuring and supporting change when working with people
- a unique and innovative way for frontline services to demonstrate their impact whilst improving their work.

It is widely used in the UK by national and local charities, councils, the NHS, police, schools, housing associations and care and support services.

[www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star](http://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star)

### The **Strengths and Difficulties**

**Questionnaire**<sup>12</sup> is a brief behavioural screening questionnaire for 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. It was developed by child psychiatrist Robert N. Goodman. A number of the case study areas identified the impact of their work through improved Strengths and Difficulties Questionnaire scores.

[https://en.wikipedia.org/wiki/Strengths\\_and\\_Difficulties\\_Questionnaire](https://en.wikipedia.org/wiki/Strengths_and_Difficulties_Questionnaire)

### **YP-CORE**

Used by Devon

The **CORE**<sup>13</sup> outcome measure (CORE-10) is a monitoring and management information tool, covering aspects of mental health including anxiety, depression, trauma, physical problems, functioning and risk to self. There is also a Young Person's CORE (YP-CORE) which is a ten item measure designed for use with the 11-16 years age range.

[www.coreims.co.uk/download-pdfs](http://www.coreims.co.uk/download-pdfs)

# Acknowledgements

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## Case study areas

Cheshire East Council  
Cornwall Scrutiny Commission  
Devon County Council  
Doncaster Clinical Commissioning Group  
Healthwatch Hillingdon  
Hull City Council  
Leeds City Council and Leeds Clinical Commissioning Group  
Newcastle City Council and Newcastle Gateshead Clinical Commissioning Group  
North Yorkshire County Council  
Oldham Metropolitan Borough Council

## National organisations

Sarah Allen, Involve  
Paula Lavis, Children and Young People's Mental Health Coalition  
Saffron Cordery and Cassandra Cameron, NHS Providers  
Sinead Connor, NHS Clinical Commissioners  
Kate Martin, Common Room

# Endnotes

- 1 See [www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/MH\\_new\\_models\\_care\\_Kings\\_Fund\\_May\\_2017\\_0.pdf](http://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/MH_new_models_care_Kings_Fund_May_2017_0.pdf)
- 2 Marsh, S. and Macalpine, M. (1995) 'Our Own Capabilities: clinical nurse managers taking a strategic approach to service improvement'. London: King's Fund.
- 3 See [www.mentalhealthchallenge.org.uk/the-challenge](http://www.mentalhealthchallenge.org.uk/the-challenge)
- 4 Centre for Public Scrutiny (2013), 'Spanning the System'
- 5 Department of Health (2015) 'Future in Mind' – see 1 above.
- 6 NHS England (2016) 'Children and young people's mental health Local Transformation Plans – a summary of key themes'. [www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/08/cyp-mh-ltp.pdf](http://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/08/cyp-mh-ltp.pdf)
- 7 See [www.sheffield.ac.uk/lets/strategy/resources/evaluate/impact/toc-approach](http://www.sheffield.ac.uk/lets/strategy/resources/evaluate/impact/toc-approach)
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- 9 See [www.involve.org.uk/programmes/mh2k](http://www.involve.org.uk/programmes/mh2k)
- 10 See <https://youngminds.org.uk/resources/tools-and-toolkits>
- 11 See [www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star](http://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star)
- 12 See [https://en.wikipedia.org/wiki/Strengths\\_and\\_Difficulties\\_Questionnaire](https://en.wikipedia.org/wiki/Strengths_and_Difficulties_Questionnaire)
- 13 See [www.coreims.co.uk/download-pdfs](http://www.coreims.co.uk/download-pdfs)





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