



Barnardo's response to
The CAMHS Review: Next Steps to Improving the Emotional
Well-Being and Mental Health of Children and Young People

Call for Evidence

7th July 2008

For further information please contact:

Jane Glover, Policy and Research Officer, Barnardo's

T: 020 8498 7065

E: jane.glover@barnardos.org.uk

Permission is granted for Barnardo's response to be quoted

[Type text]

1. Introduction

- 1.1. As one of the UK's leading children's charities, Barnardo's believes in children regardless of their circumstances, gender, race, disability or behaviour. Every year Barnardo's works directly with over 115,000 children, young people and their families through 394 vital projects across the UK.
- 1.2. We work in a range of ways to improve the emotional wellbeing and mental health of families and children. We aim to intervene early through resilience-promoting interventions based on the factors that enable some children to resist and recover from adversity. We work with emerging mental health difficulties by providing emotional and practical support through a variety of approaches including counselling; therapeutic work; someone to talk to; arts; peer support or through helping young people to access counselling or other specialist mental health services. We also support children, young people and families when things reach crisis point.
- 1.3. Examples of our services in this field are provided in Q26a. For more information about our services or any aspect of this response please contact the author of this review.

2. Barnardo's policy and research work

- 2.1. Barnardo's lobbied on the Mental Health Bill as it passed through Parliament. At Lords' Committee Stage our two probing amendments tabled by a Labour peer, Baroness Gibson of Market Rasen received cross-party support. These would have required professionals to provide information to children in light of the child's age and understanding, and to undertake an assessment under s.17 Children Act 1989 when appropriate. The Minister responded: "In summary we believe that there is already a legal framework to ensure that children's needs are assessed and met. However we recognise that practice in this area must be improved, hence the need to cover it clearly in the code of practice – not just in the children's chapter – and to continue policy development in this area. Indeed we would welcome cooperative work with Young Minds, Barnardo's and the NSPCC to ensure that the code of practice is, in their view, adequate"¹
- 2.2. Barnardo's also responded to consultation on the Mental Health Bill Code of Practice in January this year. In particular, we emphasised the need for language and content to better reflect recent government commitment to 'Think Family'

¹ Lords Hansard 17 January 2007, Col.688

outlined in the Cabinet Office *Reaching Out: Think Family* review². It emphasised that training must not only address adult mental health practitioners' skills and confidence in working with children and young people.

- 2.3. Last year Barnardo's collaborated with the Care Services Improvement Partnership (CSIP), Family Welfare Association (FWA) and the Mental Health Act Commission³ to review the policies, arrangements and facilities that promote contact between parents and children when a parent is in hospital. The review⁴ highlighted that although adult mental health practitioners regarded themselves as accessible to children, young people were less positive about the support they received. The review demonstrated the stigma attached to mental ill health and called for the emotional wellbeing needs of the whole family to be addressed by staff as part of a holistic approach to care.
- 2.4. Barnardo's recently published *Family Minded*⁵ (May 2008) which highlighted some of the best policy developments and early intervention practice that have sustained children in families when a parent has become mentally ill. It draws on the experiences of Barnardo's services.

3. Barnardo's response to the CAMHS Review consultation

- 3.1. Barnardo's works closely with statutory partners in health and local government as well as delivering services to children, young people and families affected by mental illness.
- 3.2. It is understood that the review is seeking feedback and evidence from practitioners working in the field of mental health and emotional wellbeing. Therefore, this response draws predominantly on the day to day experiences of Barnardo's practitioners who are based within the services listed under Q26a. It summarises broad themes from across the country as well as providing specific examples at local and regional level where relevant.
- 3.3. Responses are given in the order dictated by the Call for Evidence Response Form, and use the headings provided. This has led to some repetition and therefore we have consolidated a brief summary below.

² *Reaching out: Think Family - Analysis and themes from the Families at Risk Review*. Cabinet Office. 2007.

³ The review was funded by jointly by the Department of Health CAMHS Programme and from CSIP's Social Inclusion Programme

⁴ Scott, S, Robinson, B and Day, C (2007) *Parents in Hospital: How mental health services can best promote family contact when a parent is in hospital*. Barnardo's, Barkingside.

⁵ Evans, J and Fowler, R (2008) *Family Minded*. Barnardo's, Barkingside.

http://www.barnardos.org.uk/family_minded_report.pdf

1.1. We highlight four main areas of concern:

- Opaque commissioning processes and the difficulties that come with the separate commissioning budgets across integrated children's services;
- The dominance of the medical model in access, diagnosis and treatment;
- Overlooking the participation of children and young people in commissioning and developing services; and
- The continued stigma attached to mental health difficulties.

1.2. We identify four areas where significant improvements are needed:

- Increased strategic and financial support for early intervention and preventative approaches;
- A shift in culture to embed collaborative working and knowledge sharing;
- Improved information and access to services for vulnerable groups; and
- Improved monitoring and dissemination of service outcomes.

Specific answers to questions raised in the consultation document.

CHILDREN AND YOUNG PEOPLE'S RESPONSE SECTION

Q6a: How do you think services can be improved to better address the needs of children and young people with mental health concerns and their families?

1. Barnardo's (2005) consulted with 156 children and young people (aged 6-25) who use our services. We asked them about their understanding of emotional wellbeing (EWB) and mental health (MH) and how services can best help and support them. The children and young people's views of 'what works' summarized here contain important considerations for the CAMHS review team:
2. **Positive experiences and a chance to have fun**
"Doing things that make me feel good about myself like meeting new people";
"They need to focus on positive experiences and not just the problem";
"Something the person can look forward to...."
3. **Coping strategies**
"Learning ways of calming down";
"Knowing things can improve";

“Groups, but not just sitting and talking, but looking at ways of coping”;
“Give the person ideas and solutions on what to do to sort a problem”.

4. Alternatives to the medical model

“More services with physical activities and complementary therapies”;
“Neuro-linguistic programming helped me”;
”More young people friendly counselling services”.

5. Holistic support over specialist support

“Not a building with big signs outside advertising the service and labelling you”; *“...not a specialist building”;*
“A mixed service where someone is there to help you but where there are other things going on too”;
“More young people friendly places”.

6. Local and user-focused

“Close at hand”;
“Tolerant of missed appointments”.

7. 24 hour services

“I would use a website because I could talk about it but no one would know who I am”;
“A hotline for advice at weekend and 24 hours”;
“...for projects to be open nights and weekends”.

8. Prevention or early intervention

“It would have been better to talk before the problems got too big”;
“I’d like more support for young people before it gets to the stage of hospital”.

9. Family support

“...work with my family to help us to get on and help my mum stop drinking”;
“Super nanny”;
“A parent phone line”.

EXPERTS RESPONSE SECTION

7 a: Please describe the CAHMS commissioning arrangements in your area and your view on the effectiveness of these.

1. Commissioning processes vary greatly across health and social care. In many areas, the voluntary sector misses out at the expense of statutory health services.
2. **Barnardo's would welcome more recognition of the expertise of the voluntary sector.** Barnardo's services have a strong track record of reaching out to vulnerable groups and provide non-stigmatizing, preventative support directly to the point of need.
3. **Pooled budgets between integrated children's services** would ensure a fairer, more effective commissioning process based on agreed local need. Currently too many effective services are being lost when one funding stream is removed but not replaced by another.
4. In addition, Barnardo's would like to see **a longer term approach to commissioning** with contracts set at a minimum of three years and planning taking place well in advance of contract end. Short term contracts are less cost effective and undermine scope for providing continuity of care.

Q7b: What would improve them?

1. In addition to the points above, Barnardo's practitioners make the following suggestions:
2. **Development of SPA teams outside of the health sector** - In Rotherham, Yorkshire the Single Point of Access (SPA) Team holds the potential to ensure that services meet the needs of the local population. However, currently, cases with a medical diagnosis receive priority. Barnardo's would like to see the SPA model developed outside of the health sector so that more cases that are not medically diagnosed can access services.
3. **Learn from good practice.** The Heart of Birmingham (HoB) commissioning processes are an example of good practice for several reasons:
 - The commissioner in HoB has a specific focus on CAMHS.
 - Locality Planning Groups (LPG) in each of Birmingham's PCT areas involve statutory and voluntary sector representation. LPGs have historically been involved in the commissioning process and are now also involved in planning, development and monitoring of CAMHS.

- A needs assessment in HoB has been a valuable process for identifying gaps in service provision.
- There is a clear commitment to commissioning services from the voluntary sector - Barnardo's ARCH service receives funding through South Birmingham PCT (CAMHS) for its early intervention services. (see Q26a).

Q8: In your local area, how effective is the promotion of emotional well-being and mental health of children and young people and their families?

1. Barnardo's has welcomed the raft of initiatives in the last four years which have prompted EWB and MH and positioned CAMHS as an integral part of the Every Child Matters programme and a standard in the National Service Framework for Children, Young People and Maternity Services.
2. In particular, Barnardo's has welcomed initiatives such as the National Healthy Schools Standard, which includes EWB as one of its eight key areas of activity, and the Social and Emotional Aspects of Learning (SEAL) programme – both of which have underlined government commitment to the prevention agenda.
3. Therefore, promotion of EWB amongst the children's workforce is considered to be improving. However, the lack of collaborative working between different agencies, across statutory, private and voluntary services and between child and adult mental health practitioners needs urgent attention. This is addressed in Q9a.
4. Promotion of EWB and MH amongst families is lacking. Society still attaches significant stigma to mental ill health, and a lack of knowledge and understanding in relation to mental health reduces access to services. Barnardo's believes that more can be done from the top down to embed understanding and reduce stigma around mental health issues. Barnardo's, in collaboration with the Care Services Improvement Partnership (CSIP) North West and the local mental health trust Mersey Care, produced a pack of anti-stigma postcards and posters which have been used as training resources for professionals, and learning materials in schools and youth centres.
5. We have been impressed by some very helpful promotional campaigns in Scotland such as 'See Me Scotland' (an anti-stigma campaign) and high profile anti-bullying campaigns.

Q9a and Q9b: In your local area, what factors enable and hinder the effective promotion of children and young people's emotional well-being and mental health?

1. **The medical dominated approach within CAMHS**

- 1.1. Barnardo's remains concerned about the heavy influence of the medical model on CAMHS. The language used in describing a child or young person's experiences (*'diagnosis'*) and providing support (*'treatment'*) can stigmatize vulnerable young people – affecting both the young person themselves, and the reactions of those around them.
- 1.2. Yet the medical-centric nature of CAMHS service provision extends across the tiers. Even at tier 1 medical interventions (drugs) are sometimes prioritized over counselling, psychotherapy or other holistic treatments in some areas. In Bristol, Barnardo's practitioners have reported a tendency by some GPs to prescribe medication for depression and ADHD rather than try local services for non-medical support. Eighty percent of the mothers that Barnardo's Community Family Worker Service in Bristol works with are on anti-depressant medication.
- 1.3. Research carried out by Barnardo's found that children and young people want options for different types of care: *"more access to services providing physical activities and complementary therapies"*; *"we want groups, but not just sitting and talking, but looking at ways of coping"* (Barnardo's service users in 2005)
- 1.4. Recommendations from Barnardo's practitioners:
 - Barnardo's welcomes the recent addition of Indicator 5 in the government's Public Service Agreement 18 to increase access to psychological therapies. It is hoped that **significant funding will be ear-marked to meet this target.**
 - Families with complex problems will not usually be helped by short term interventions. They would like programme providers to be willing to **fund medium or long term multi-dimensional involvement.**

2. Lack of foresight in information management for professionals

- 2.1. In the context of what is a very competitive commissioning market for CAMHS, it is unsurprising that agencies might wish to guard their own information. However, an important driver for collaborative child and family working is knowledge sharing.
- 2.2. Barnardo's welcomes the forthcoming roll out of Contact Point. It is hoped that this will start to shift the culture towards more openness and proactive information sharing where appropriate.

2.3. Barnardo's would like to see more adherence by statutory agencies to the Information Sharing Practitioner Guidelines (2006) published by DCSF. More needs to be done to ensure mental health practitioners are aware of scope for information sharing where appropriate, and the limits to that – which are commonly assumed to be tighter than they really are.

3. Vulnerable groups are still missing out

3.1. Vulnerable groups are missing out because they are unable to navigate the CAMHS system. More needs to be done to ensure accessible information and services to children and young people with autism, learning difficulties, ADHD, refugee and asylum seeking children, young people in the criminal justice system, young carers, black and minority ethnic (BME) children and those with complex needs.

3.2. Summary of recommendations from Barnardo's practitioners:

- **More innovative and sensitive outreach work** with hard to reach groups and an emphasis on face to face communication.
- **Roll out of CAMHS Community Development Services.** In HoB this team is proving effective in engaging BME families in particular.
- See also response to Q12.

4. Enable participation of service users

4.1. While the NSF outlines the importance of participation in developing CAMH services, in reality Barnardo's practitioners report that children and young people are only involved at best in consultations, but tend to be excluded from service development.

4.2. There are signs that participation is increasing, but this is currently very ad-hoc. Children and young people's vulnerability and often their inability when young to articulate what they are feeling, poses a challenge for all those involved in delivering health and social care services to meet their individual needs, but it must be recognised that children and young people are experts in their own right.

4.3. Barnardo's practitioners recommend that:

- **All CAMH services should provide evidence of how they are enabling children, young people and families to participate actively** in aspects of CAMHS design and delivery.

10a In your local area, how effective is the prevention of mental health problems for children and young people and their families?

1. Barnardo's has welcomed the government's Social and Emotional Aspects of Learning (SEAL) programme which provides positive prevention work with children and young people in schools, but has concerns that its provision is not consistent across different local authorities.
2. Despite the high level commitment to early intervention and prevention, Barnardo's has concerns that preventative services in some areas have reduced over the past decade (for example, the withdrawal of health visitor posts). This has resulted in some cases becoming more complex. In the South West of England, Barnardo's Tapestry service has started to receive increasingly complex referrals particularly for cases of domestic violence and sexual abuse. For a summary of the innovative work of this project, please see Q26a.
3. Barnardo's is also concerned about the imbalance between specialist services and proven early intervention services, such as counselling. In Bristol, for example, there is a range of excellent specialist services (to support those with behavioural difficulties, eating disorders, self harm, ADHD and more) using a variety of evidence-based approaches including family therapy and play therapy. However, as far as Barnardo's is aware, there is no counselling service for children and young people.
4. Research shows unequivocally that the benefits of early intervention are significant in terms of building resilience, coping skills and self esteem for children and young people. Many of Barnardo's services offer preventative and early intervention support to children, young people and families *before* things get to crisis point (see description of Barnardo's ARCH project in Q26a). However, we are aware that access is limited – there is currently a three to four month waiting list for the ARCH service – and requires CAMHS referral in some areas.
5. Summary of recommendations from Barnardo's practitioners:
 - **Ensure that the preventative services envisaged by the Children's Fund⁶ in 2000 and backed up by the Children's Plan⁷ in December 2007 are realised.**

⁶ Children's Fund (November, 2000). DCSF. The Children's Fund has now been mainstreamed into Children's Trust arrangements.

⁷ The Children's Plan (2007). DCSF. The plan included a commitment by DCSF to "have in place by 2010 consistent, high quality arrangements to provide identification and early intervention for all children and young people who need additional help".

- **Sustainable funding for the significant role that the voluntary sector plays** in providing effective early intervention services that boost resilience and coping.
- **Ensure that mental health promotion is embedded in workforce training**, including GPs and those working in nurseries, parenting groups, youth centres and ante-natal services.
- **Promote strong links with Children’s Centres and the Healthy Schools and Extended Schools Agendas** to ensure that EWB and MH are embedded.
- **Commission national research into the outcomes of early intervention strategies**. There are some very positive examples in the field which could be evaluated and shared.
- **More investment of services around the ‘pressure points’** of transition phases and movement into nursery, primary and secondary school.
- **A higher profile for the issues that may impact on mental health difficulties** through advice and information for parents, carers, children and young people and primary care workers.

Q12: In your local area, how effective is access to services for children and young people and their families who have concerns about their emotional well-being and mental health?

1. Sensitivity to the needs of vulnerable children and young people

1.1. Government acknowledges that families needing access to CAMH services are significantly more likely to be in the ‘high cost - high harm’ category, often associated with living in poverty, chaotic life styles, or substance misuse.

1.2. The logistics of accessing CAMHS prohibits engagement for many users. Significant problems with current access are: the distance required to travel; no access to transport; rejection from services and lack of follow up on missed appointments.

2. Learn from the voluntary sector

2.1. While Barnardo’s, like every other child care organisation encounters some families who are resistant to help, we encounter far more families who are desperate for help but lack the resources to navigate the CAMHS system and access the care they need *before* their difficulties necessitate specialised care.

2.2. Barnardo's services help users to access support by providing localised services in the community. See for example the description of the Community Family Worker Service in Bristol (in Q26a)

2.3. Service users summarised Barnardo's support in the following ways:

"Even when I miss appointments, I can still get support at a later time that's convenient, whereas other services have closed the door on me in the past."

"Barnardo's offers help with transport so I can get there"

"It is helpful that the timing of appointments is flexible and decided by me". (Research with young Barnardo's service users in 2005)

3. Learn from good statutory practice

3.1. CAMHS in Birmingham employs Primary Mental Health Workers across the city. Barnardo's practitioners consider these posts to be valuable in promoting children and young people's EWB and MH, especially in Tier 1 services.

3.2. In addition, the development of a CAMHS Community Development service has enabled a focus on referrals from BME children and young people and those from emerging communities.

3.3. Barnardo's practitioners report that a community engagement model has also been successful in HoB by identifying volunteers in the community who can champion and support families in relation to mental health issues.

4. Over-reliance on particular models and ways of working

4.1. Barnardo's practitioners are concerned that over reliance on particular models in some areas (such as Webster-Stratton) may be to the detriment of some service users whose needs are not suited to the designated approach.

5. Referral processes

5.1. Long waiting times (upwards of thirteen weeks) are compounded by strict referral routes which vary by locality. Barnardo's would welcome more transparency of referral processes, so that where open referral is available, local agencies are made aware of this.

5.2. Summary of recommendations from Barnardo's practitioners:

- **Needs assessments for every locality** to ensure that services meet the needs of the community and are not duplicated.
- **Services to be delivered to the point where children and young people are**, such as localised clinics based in health centres, children's centres or schools, and home visits.
- **Less emphasis on medical diagnosis** for access to CAMHS.
- **Keeping children and young people informed** about when they will be seen rather than being kept waiting indefinitely.
- **Embedding (through collaborative working) a culture of 'no wrong door'** when families make contact with a service. See Q17 for more detail.
- **CAMHS delivery needs to rethink the expectations placed on families** when they are accessing care. Many live chaotic lives and simply closing the door on them for missed appointments serves to them closer to a point of crisis.
- **A more flexible approach to care** – tailoring the approach (and model used) to suit the service user.

Q13 Have your services established care pathways for children and young people with mental health problems? If so are they useful? If not, do you think they would be useful?

1. Barnardo's considers care pathways to be very helpful, particularly for those with complex needs (such as learning disability and mental health problems). When they are well defined, they can work well in both preventative, and specific intervention work for universal, targeted and specialist areas.
2. Barnardo's practitioners report that care pathways to specialist services are better defined than those to universal services. Children and young people can be referred to Specialist Consultation Advice Brief Intervention (CABI), however, this system is not widely promoted and our practitioners tell us that it is not made clear *who* can refer into this system.
3. Barnardo's services have their own care pathways and are able to inform potential service users and professionals about what they can expect from Barnardo's. These pathways are also used in relation to accessing CAMHS.
4. Unfortunately, currently there is often a duplication of referrals to the voluntary sector services and to CAMHS, which can make initial engagement confusing for families, as they await a decision on which is the most appropriate agency.
5. **Barnardo's recommends a broader pathway which includes EWB and MH services and which includes statutory, private and voluntary sector**

services. This would be invaluable to schools and other universal services in identifying the most appropriate service to refer a child or young person to.

Q14 To what extent do variations in the terminology used across the different professions, that provide services for children and young people with emotional well-being and mental health concerns, affect the way that services are provided? What are the main issues? How can they best be addressed?

1. Barnardo's services promote the use of language that respects and does not label or attach stigma to children and young people. In 2005, Barnardo's consulted with our service users and found that children and young people have more of a connection with the term 'mental health' than 'emotional wellbeing.' However, 'mental health' had mostly negative connotations for the children and young people. Many children and young people were confused between mental health, mental illness and disability.
2. Our practitioners report that each discipline within CAMHS and social care give emphasis to different aspects of a child or young person's difficulty. For example, GPs focus on the medical diagnosis, therapists focus on the emotional aspects, and social workers on child protection. A truly integrated approach should take into account the medical, psychological and social aspects of the client.
3. Barnardo's is aware of a number of families where services were only accessed because they had a professional who was able to help them negotiate around the various referral criteria and support them in continuing to ask for help. The voluntary sector has learned to adapt language depending on which section of CAMHS we wish to refer a child or young person to. In our experience, language can open or close doors for a young person in need of care.
4. As the medical model has been prioritised historically, some services use language that labels or places pathology on children and young people. This can stigmatise and confuse— particularly when different labels are used by different professionals.
5. In Barnardo's services where there is more joint working and networking with CAMHS, staff have reported that language differences are less of a problem. In Birmingham, Barnardo's ARCH project works closely with local CAMHS (even sharing the same building) and this has really helped to bring language and working culture in line. Barnardo's recommends that more close collaborations such as this one would encourage shared aims and working.

Q15 In your local area, how good is the expertise of those working in mainstream/universal services (such as GP surgeries, early years settings,

schools) to identify and effectively assess concerns about children and young people's emotional well-being and mental health?

1. Expertise of those working in mainstream services is mixed, depending on the locality and the individuals, resources and local networking opportunities. Therefore, the support that a child or young person receives may depend upon who they choose to report their concerns to. For example, some GPs will address concerns early on, while others will delay a referral until problems are very significant - due to long waiting lists and high thresholds.
2. Frontline staff may have more skills and awareness of mental health than they realise. Barnardo's practitioners have been impressed with school nurses, health visitors and children's centre workers across many English regions.
3. In Barnardo's experience, however, these frontline workers often feel unconfident to identify and assess concerns, and prefer to refer to specialist CAMHS immediately (therefore providing only signposting rather than much needed direct early intervention).
4. We know from our work with vulnerable children and young people that many have not heard of the term mental health and are not aware of what 'CAMHS' is. Service users often find it extremely difficult to talk about mental health issues due to the associated stigma. They need to feel safe, accepted and understood before they are able to share emotional and mental health difficulties. Frontline professionals (particularly teachers who are often the first port of call) need the time, training and appropriate supervision to provide the required level of sensitivity, understanding and expertise for these very vulnerable children and young people.

Q17a In your local area, how well does collaborative/integrated working across agencies work?

1. Several Barnardo's practitioners have suggested that collaborative working is held back by a lack of joint training initiatives and the different status and pay scales for social and health services.
2. Barnardo's has welcomed the Common Assessment Framework (CAF) which provides a gateway to joined-up preventative services and supporting the broader needs of the child, but our practitioners report concerns that such services are often in short supply and links with schools remain under developed.
3. In Liverpool and Birmingham, well organised Local Planning Forums and CAMHS Operational Delivery Groups are aiding partnership working. There has been some

discussion in Birmingham as to whether these should continue and Barnardo's practitioners assert that they remain extremely valuable in relation to networking of agencies, joint training and identifying gaps in provision.

4. In Bristol where several Barnardo's services are based, partnership arrangements and protocols are also working well. Joint assessments have been carried out with social services staff and CAMHS staff and Barnardo's takes part in a range of local networks to help develop cross agency working, including multi-agency training events, Wiltshire Domestic Abuse Consortium and the Wiltshire Pathways for Children.
5. Also see point s2.2 and 2.3 under Q9a.
6. Summary of recommendations from Barnardo's practitioners:
 - **Professionals in all services should think beyond their discipline to support the whole family** where a parent, child or young person has mental health difficulties.
 - **More needs to be done on the ground to ensure that CAFs are embedded as standard procedure** and to increase the availability of preventative services to address identified needs.
 - **Clearer care pathways must be developed.** Currently, mainstream services such as schools are unclear as to where referrals should be made and often duplicate referrals are made to Barnardo's and to CAMHS.
 - **More efforts required to engage and work collaboratively with GPs** to encourage referrals to non-medical interventions where appropriate.
 - **Joint training opportunities and joint commissioning strategies** are practical ways to build relationships between professionals.

Q18 In your local area, how effective is access to training and development opportunities for those working with children and young people to improve the quality of work on emotional well-being and mental health concerns?

1. Access to training and development varies between regions and local authorities. Barnardo's practitioners recommend that training be made more widely available for voluntary sector professionals. For example, in Liverpool, the strategic health authority has opened up training opportunities including degree courses to voluntary sector workers.
2. Barnardo's practitioners report concerns about reduction in training for those who have been in post for some time. Basic level training now seems to take priority in most regions, and ongoing training and development varies greatly across regions.

3. Barnardo's staff have also reported a lack of training in more advanced, specialist issues, for example autism, attachment, and using approaches such as family therapy or narrative therapy.
4. Barnardo's Tapestry Service in Wiltshire have, for many years, provided two specialist training workshops every year for professionals in the south west of England working with the families of children who have been sexually abused. Despite very positive evaluations, our service has told us that these have now been cut due to lack of funding.
5. Barnardo's also advocates for more basic awareness raising of mental health issues for children and young people – particularly for adult mental health professionals who frequently come into contact with the children of adults with mental health problems⁸.

Q20a Thinking about the workforce in your local area, including people who work in health, education and social care across universal, targeted and specialist services, what do you think are the current issues (for example, capacity, training, joined-up working, mix of different professionals)?

1. A House of Commons select Committee on Workforce Planning recently concluded that 'In sum, there has been a disastrous failure in workforce planning. Little if any thought has been given to long term or strategic planning. There were, and are, too few people with the ability and skills to do the task. The situation has been exacerbated by constant re-organisation...'⁹
2. The workforce will need to be more flexible to meet future NHS challenges. Professionals will need to be skilled and confident enough to change and adapt roles to make the best use of their expertise and experience and to extend their roles. In addition, it should be recognised that a broader range of professionals from a variety of disciplines can be used to deliver EWB and MH services to children and young people.

⁸ Evans, J and Fowler, R (2008) *Family Minded*. Barnardo's, Barkingside.
http://www.barnardos.org.uk/family_minded_report.pdf See page 19 of the report for a list of ten key messages from young people to adult mental health professionals.

⁹ House of Commons Health Select Committee, 'Workforce Planning' Fourth Report of Session 2006-7 vol 1, March 2007. pg 100

3. Our practitioners frequently work with CAMHS practitioners and it has been noted on many occasions that CAMHS practitioners are in need of more encouragement to work together after the many restructuring initiatives they have faced. Strong leadership and clear strategy will be key to encouraging this.

Q21a What have been the weaknesses in current funding arrangements for CAMHS?

1. See response to Q7a

Q22 How do you think resources could be used more effectively at local, regional and national level? What kind of investment offers best value for money in terms of improving the outcomes for children and young people? (please indicate in your answer whether you are referring to local, regional or national level.)

1. See response to Q7a

Q23a Are mechanisms in place to assess outcomes and the impact of services provided for children, young people and their families?

1. Barnardo's measures and monitors outcomes for all service users as a high priority. An example: Barnardo's Tapestry service based in Wiltshire, South West England uses pre and post intervention questionnaires in individual work and group work as well as reliable and validated measures recommended by the Department of Health for work with families (Goodman Strengths and Difficulties Questionnaire, The Parenting Daily Hassles Scale, Adult Well Being and Adolescent Well-Being Scales). Change is then monitored across the outcomes on a continuous basis. For more information about the Tapestry project see 26a)
2. Many of Barnardo's services receive 'cocktail' funding from integrated children's services, the Children's Fund and the CAMHS grant. Currently monitoring processes (outputs and outcomes) vary across each of these different agencies. Barnardo's is currently working to ensure that all our outcomes are reported and measured in a standard way. We would welcome more joined-up monitoring requirements from funders where possible.
3. Barnardo's welcomes the Cabinet Office's recent *Think Research* report which informs commissioners and service providers how to use research. It is hoped that this will enable decision makers to make transparent, evidence-informed choices about which services are funded and developed – ensuring a fairer system of access to funds for the voluntary sector.

4. Summary of recommendations from Barnardo's practitioners:

- **Outcomes measures should place more emphasis on quality rather than just quantity.** We would welcome more **joined-up monitoring of outputs and outcomes** particularly across integrated children's services.
- It should not be assumed that those working with children and young people know how to evaluate their activities. Barnardo's in collaboration with *Research in Practice* runs some well received **training** in this field.
- Barnardo's asserts that **more follow-up research is needed to compare the long term outcomes** of different interventions. In particular, more needs to be done to **measure the impact of multi-agency interventions locally** and then act on these findings through commissioning decisions.

Q24d How do you involve families in performance management?

1. Barnardo's uses narrative, family-centred and solution focused approaches to intervention and outcomes measurement, involving families throughout the process.
2. Some of Barnardo's services also use 'contracts' for terms of engagement between providers and service users.
3. Barnardo's models of user-involvement could be adapted for use in CAMHS. More details of our projects are given in the next section.

Q26a Are you aware of any examples of good and innovative practice in the area of supporting children and young people with mental health problems?

Barnardo's has various examples of evidence-based and innovative practice showing positive measured outcomes. Much of the work links parenting with children's work in both group and individual settings. All are transferable to other settings, and models could be adapted by CAMHS or commissioned directly from Barnardo's. Some examples are given below.

Early intervention and whole family work

Barnardo's Tapestry: West Wiltshire Family Service

This project works with vulnerable children (5-11 years) and parents to promote children's rights to a positive family life through group and individual work. It is hoped that through working with these families before there is evidence of severe mental health problems that children can be protected and families empowered. The service is funded through Barnardo's voluntary funds, local authority and PCT grants.

Tapestry Explorers group provides early intervention work with children who have experienced domestic violence to develop their understanding of keeping and feeling safe, healthy and unhealthy anger and exploring emotions through games, stories and the arts.

Protectors Assessment draws on international theory to assess what a non-abusing carer is going through. It leads to a report on their ability to protect the child from the risk of sexual abuse.

Assertiveness workshops provide parents, in families experiencing violence, with the opportunity to discuss relationship forming, bonding with babies, the importance of attachment, and how to improve relationships within the family.

Collaborative working and enabling participation

Barnardo's 'The Junction', Yorkshire

This project provides tier 3 provision for children and young people (4-17 years) who display sexually concerning or harmful behaviour. This work is recognised as making an important contribution to the prevention of future sexual abuse. It is both preventative and reactive – providing therapeutic intervention to address low level concerns or to address situations when behaviour is more serious and children or young people have entered into the child protection or criminal justice systems. The service works with children and young people on their emotional wellbeing and mental health in the following ways:

The project uses a **Signs of Safety** Approach – an evidence based intervention which integrates assessment with case planning and risk management. Assessments are made based on the strengths of the child or young person and their family (rather than the typical medical model approach to wellbeing which focuses on risks).

In circumstances where sexually concerning behaviour has been displayed in an educational setting, then Barnardo's practitioners offer collaborative support to educational staff with the aim of empowering other children within the school, and enabling the child exhibiting the behaviour to stay in school and make a positive contribution.

In addition, the project delivers group work within residential homes. This involves working with the young people and staff to develop a safe environment within the home. The project also ensures the participation of children and young people in development and delivery of services and ensures that they are included on interview panels for the recruitment of staff. All this work is effective in increasing self esteem and self efficacy through empowerment, shared ownership and collaboration.

Long term outcomes of the project (including improved emotional health) are measured through a series of measurable outcomes including children and young people understanding how their relationships impact on their health, improved school

attainment, reduction in school exclusions and increased understanding of age appropriate, respectful and safe relationships.

Building resilience

Barnardo's Achieving Resilience, Change and Hope (ARCH) Project, Birmingham

The project, targeting families in the HoB, provides an early intervention service for children and young people (aged 5–14 years) who have emerging mental health needs, to complement specialist CAMH services and other preventative provision for children and families. Practice is based on an evidence-based model developed by Brigid Daniel and Sally Wassell 'Assessing and Promoting Resilience in Vulnerable Children'.

In January 2004, through funding from South Birmingham CAMHS, ARCH services were expanded to cover south Birmingham. The ARCH early intervention service thus frees up specialist CAMHS to concentrate upon children with more complex needs.

The project aims to build the emotional resilience of each child and their family to promote positive mental health, encourage social inclusion, strengthen protective factors and increase the confidence and skills of parents in responding to the emotional needs of their children. In addition, the service works to increase knowledge and evidence about the effectiveness of emotional resilience interventions, parent education and support. The project works in partnership with a range of professionals including CAMHS, children's centres, school SENCOs and nurses, GPs, and social care and health professionals.

Resilience is nurtured in children and parents through focusing on six specific areas or domains of their life including their talents and interests, friendships, self esteem and self efficacy and enabling them to find a secure base (or someone to trust). The project is unique in that both child and parent agree the intervention plan, are worked with in parallel, and are worked with intensively for up to ten weeks. As a short term intervention it is vital that the skills are given which will promote a child's resilience beyond Barnardo's involvement.

ARCH practitioners use a range of resources to help children, young people and their families achieve the intended outcomes. These include *Think Good, Feel Good* cognitive behaviour therapy, 'Socially Speaking Game', *The Feeling Finder* and anger volcanoes. All of these are techniques adapted by Barnardo's ARCH practitioners to provide off-the-shelf solutions that could be utilized by other early intervention services across the country.

Strong partnership working and dissemination of practice

Barnardo's Keeping the Family in Mind

This is a developmental project which has grown out of Barnardo's Action with Young Carers Project in Liverpool¹⁰. One of its objectives is to increase awareness and understanding of the effects of adult mental ill health on the emotional wellbeing of the whole family, especially children. The staff specialise in enabling the participation of children and young people in development work, and are active in developing partnership working across the region. They also sit on the CAMHS operational delivery group in the area.

The project worked with the local mental health trust Mersey Care and the Care Services Improvement Partnership North West to produce postcards, posters and billboards to address the negative stigma of mental health problems.

The project also worked in partnership with a collection of organisations to develop a *Mad, Bad, Misunderstood (MBM)* training manual (2007) to deliver training to 1000 frontline professionals from the children's workforce.

Joined-up working in practice

Barnardo's Community Family Worker Service (CFWS), Bristol

The service delivers parental and family support through a programme of outreach work (home visiting) encouraging isolated and vulnerable families with young children under five years old in the city to benefit from the full range of local children's centre and family support services so that they achieve the five ECM outcomes.

The project was commissioned by Bristol City Council Children and Young People's Services, and referrals come from a range of sources including health visitors, CAMHS, children's centres, self referrals, and drug and alcohol services. The model of intervention is based on the outreach and home visiting services previously being delivered by Sure Start family link workers.

The project is unique in that service users are directed to specialist services because relationships have been developed through strong partnership working. The project has developed strong links and joint-working partnerships with health visitors, CAMHS and drug and alcohol units. CFWS then supports the service user and the specialist service in achieving the desired outcomes. CFWS will support the family in getting to the specialist service, helping them to understand the meaning, purpose and value of the support, give them the confidence to get through the door, and advocate on their behalf.

¹⁰ Barnardo's Action with Young Carers (AWYC) Project works closely with specialist CAMHS (tier 3) to support young carers. It is an excellent example of partnership working where referrals pass in both directions and there is a recognition from mental health practitioners that AWYC supports their specialist work with skilled work on a child or young person's emotional well being.

In addition, a CAMHS clinician works with the project – undertaking direct work with families, acting as a consultant to practitioners, and offering training and seminars to staff.

Partnership working where the voluntary sector meets the emotional wellbeing needs of the family, while CAMHS practitioners provide support for mental health problems

Barnardo's Peepul Centre, Croydon

Peepul is a well established project that has developed over years in response to the needs of children and families in the Croydon area. Outcomes are measured in relation to the Every Child Matters Framework using Department of Health approved scales.

The project has service level agreements with social services and CAMHS to work with families focussing on the emotional needs of children where there are relational difficulties. The project employs a small, skilled multi-disciplinary team consisting of systemic and integrative psychotherapists, social workers and a clinical psychologist. They use a range of interventions including cognitive behaviour therapy, play, group, family and art therapies and long term individual therapy.

In complex cases working with children who have experienced extreme trauma, partnership working is employed seamlessly. CAMHS often retains a psychiatric overview of the service user while Peepul works on family or relational issues. The project prides itself on having developed a strong relationship with relevant professionals within CAMHS.

Q26c and what, in your view, has enabled this practice to develop?

Barnardo's practitioners report that a combination of factors have allowed innovative practice to develop in each of these projects:

- Responding to specific local demand and tailoring to the community's needs.
- Effective commissioning strategies
- Strong willingness to work in partnership.
- Ability and commitment to measure 'what works'.
- Security of longer term funding.
- Commitment of individual workers to the families that they serve.
- Openness to the needs of users and willingness to share knowledge and good practice.
- Commitment from funders for a whole family approach where work is often carried out with the parent and the child or young person. There is a recognition that this model is better value for money in the long term.