

**The impact of National Indicator 50 in improving the  
Emotional health and well-being of children and young people in  
North Somerset**

**January 2010**

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*Diane DeBell*

## Chapter 1 Introduction

### *Context and Background*

Within North Somerset's 2008 – 2011 Workforce Strategy (draft)<sup>1</sup>, two of the Strategic Goals read as follows:

*“Early intervention and prevention are improving the quality of life and life chances of children and young people” . . . and*

*“The workforce is following professional development, accreditation and career pathways within and across traditional professional and occupational boundaries.” (p. 13)*

I quote these at the outset because they capture an underlying ethos in North Somerset that I wish to recommend to the Department for Children, Schools and Families (DCSF) in this report.

In the two quotes above, we find both the focus on a shift to a *prevention policy* and also the determination that services become *embedded* in shared and joint working between the local authority and the NHS as well as partnership with other community services and the voluntary sector. In other words, the conceptual features of NI50 that are most difficult to achieve are identified as core values in North Somerset.

Throughout this report, I will be focusing on the repetition of these fundamental principles as they appear in strategies, operational plans, service provision specifications, managerial practice, leadership, and in the work of front-line practitioners and professionals.

This is not an evaluation of services in North Somerset but it does attempt to report the core of work that is focusing on improving children's and young people's emotional health and well-being (NI50). The questions we need to answer are about what North Somerset is doing and why and what we can learn from this local authority area.

### ***The concept of emotional health and well-being in North Somerset***

North Somerset is very precise about its use of language and this reflects an embedded understanding of the prevention agenda behind NI50. For example, *“When the term children and young people is used in this document, . . . it refers to children, young people, families, parents and carers” (A1. Glossary, p. 39<sup>2</sup>).*

And the first principle in North Somerset Partnership's Integrated Working Guide<sup>3</sup> specifies

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<sup>1</sup> *Supporting Children, Young People and Families: North Somerset Partnership's Integrated Working Guide Draft Version 7 (2009)*, North Somerset Partnership.

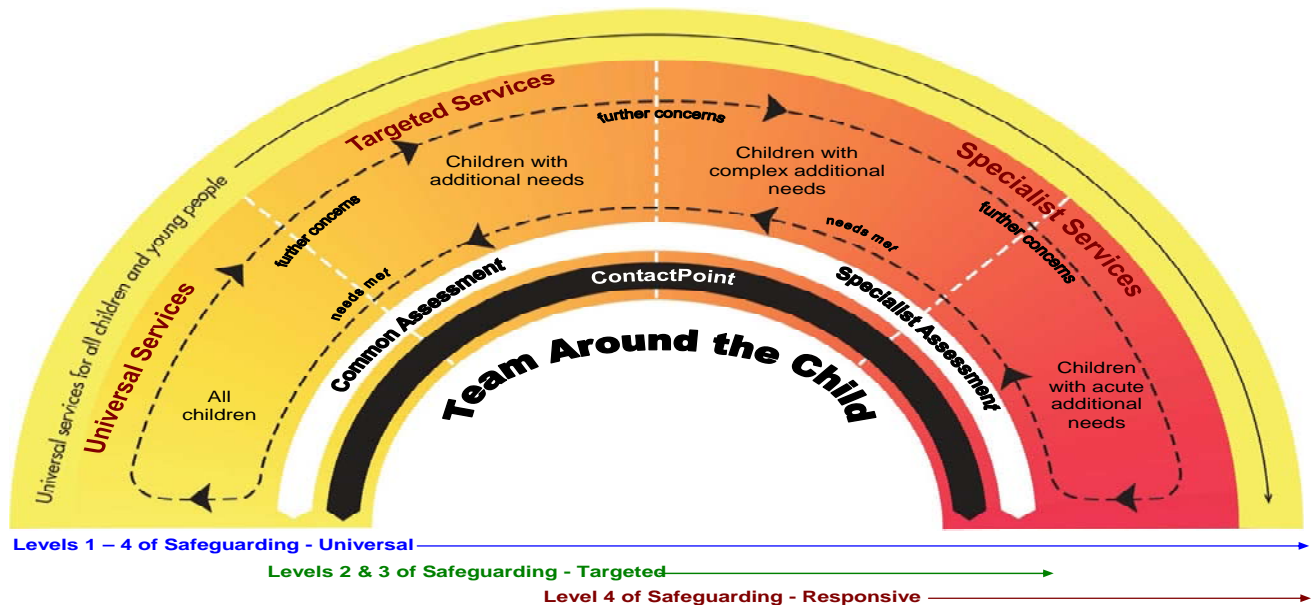
<sup>2</sup> See footnote 1.

<sup>3</sup> See footnote 1.

*“The needs of children, young people and families are at the heart of all activities provided or commissioned by schools and services. We are not here to serve the needs of organisations or professional groups (p. 1).”*

In my conversations with staff in North Somerset, I found that this approach to service planning is integrated in thinking, planning, and action. In other words, the starting point for all services is the child’s needs. I was also told that that this commitment to the *Every Child Matters* agenda originated in 2006 planning. The diagram below is a visualisation of the jointly agreed approach to meeting the *Continuum of Need* in North Somerset now. Each partner delivering services for children and young people within North Somerset specifies its work in terms of this understanding of universal to specialist provision according to need. For example, see the use of the model again in the *Children and Young People’s Health Needs Assessment*.

#### 4. CONTINUUM OF NEED



Furthermore, the *2020 Children and Young People’s Workforce Strategy* will be supported by a National Children’s Workforce Partnership (2010) to secure commitment of this kind to reform. North Somerset is in a good position to achieve the next stage planning for the *Every Child Matters* agenda.

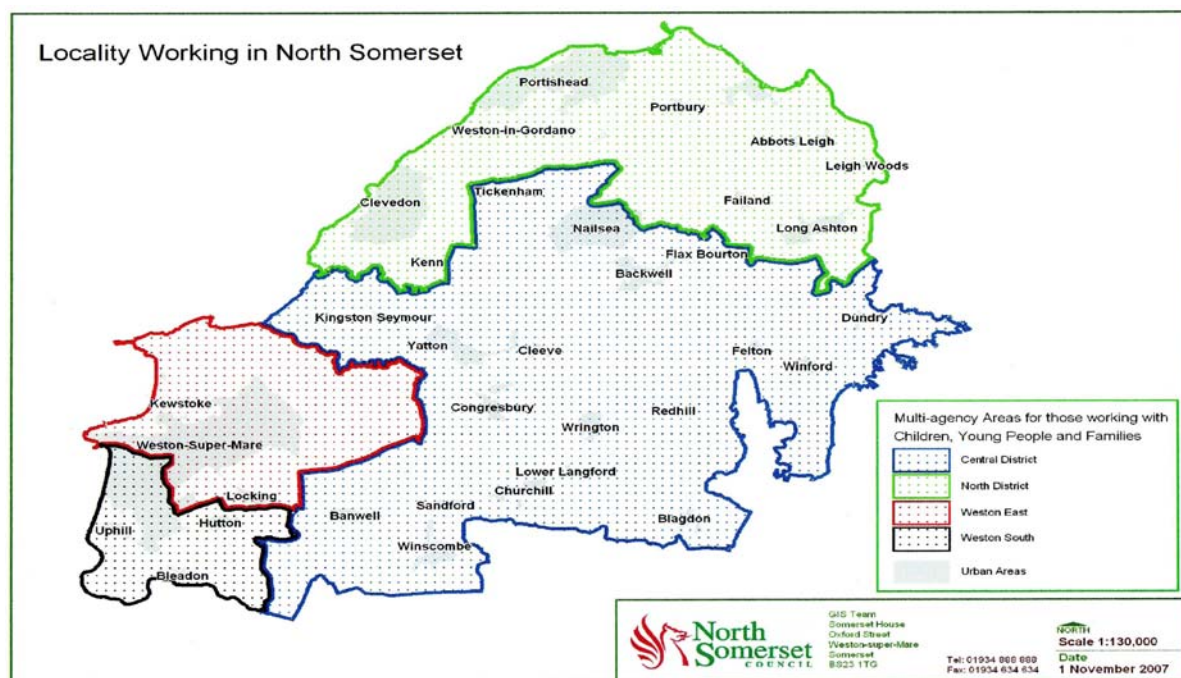
#### *An overview of North Somerset*

North Somerset is a unitary authority whose boundaries are congruent with NHS North Somerset and this boundary sharing is being used to great advantage in planning services for children and young people. The whole of this report also reflects an unaccustomedly determined approach to joint or shared working between the local authority, the NHS, and the voluntary sector.

North Somerset has a population of 206,800<sup>4</sup> with a projected increase to 229,000 by 2026. Age distribution is 22.9% of the population (over the age of 60 female and age 65 male) with 23% under age 19 (47,000). Compare 19% children and young people nationally. Both population groups (the young and the older adult groups) are above the national average for each age group and both population groups are predicted to grow in North Somerset.

The geographic area is marked by relative rural prosperity but also includes two Weston-super-Mare wards that are classed as amongst the most deprived wards in England. The employment of public sector personnel for delivering services to these two wards indicates a slightly larger staffing and investment profile than the rest of North Somerset. This is in keeping with a focus on poverty and the need to reduce health inequalities.

The North Somerset area is south of Bristol Unitary Authority, north of Somerset County Council, and adjacent to Bath and North East Somerset Unitary Authority with the Bristol Channel to the west. The area is subdivided into four localities for service planning purposes – North, Central, East, and South.



### ***Children in North Somerset***

North Somerset has a relatively small profile of cultural diversity within its population. The School Census in May 2009 indicated 3.86% of children from a Black and Minority ethnic background. Findings reported in the *Children and Young People's Health Needs Assessment* show variations in health profiles between the four cluster areas (South, East, Central, and North). For example, Weston-super-Mare (South and East) are amongst the most deprived areas in England and we find high levels of need amongst children, young people and their families. In contrast, North Somerset is a relatively prosperous area (within the 40% least deprived local authority

<sup>4</sup> ONS, Mid-2007 Population Estimates, Experimental Statistics In **Children and Young People's Needs Assessment 2009**, Final Draft.

areas in England). These comparisons are broadly stated. In fact, families experiencing deprivation exist in diverse locations. The meaning of this is that children and young people's needs are specific as well as patterned within the whole population.

*The Children and Young People's Needs Assessment 2009* maps need in terms of the *Every Child Matters* outcomes framework and this is an approach to be recommended to the DCSF as a valuable means of underpinning planning in local authority areas.

The work behind the Assessment included both the results of the Tellus3 survey (Spring 2008) but also commissioned consultations with children and young people that have been conducted in North Somerset by Barnardos, who are commissioned by the Children's Trust Management Board (CTMB).

Discussions with staff in North Somerset noted the limited value of the Tellus survey and the issues raised were congruent with my own observations elsewhere and are worth consideration by the DCSF. There are limitations in the survey and there are important questions about both its coverage and the reliability of the answers provided by children and young people. Effectively, it is a spot check of emotional well-being and thereby it is subject to mood, time of day, the surrounding environment at the point of answering these questions, and the matter of control in the testing circumstances. Its use is limited but so long as that is recognised, the Tellus survey can provide an impressionistic 'spot check'.

For this reason, North Somerset places a high value on direct consultations with children and young people about the services they themselves identify as needed. In 2009, a Barnardos-led consultation involved 285 children in four focus groups from schools across South and Central Weston-super-Mare.

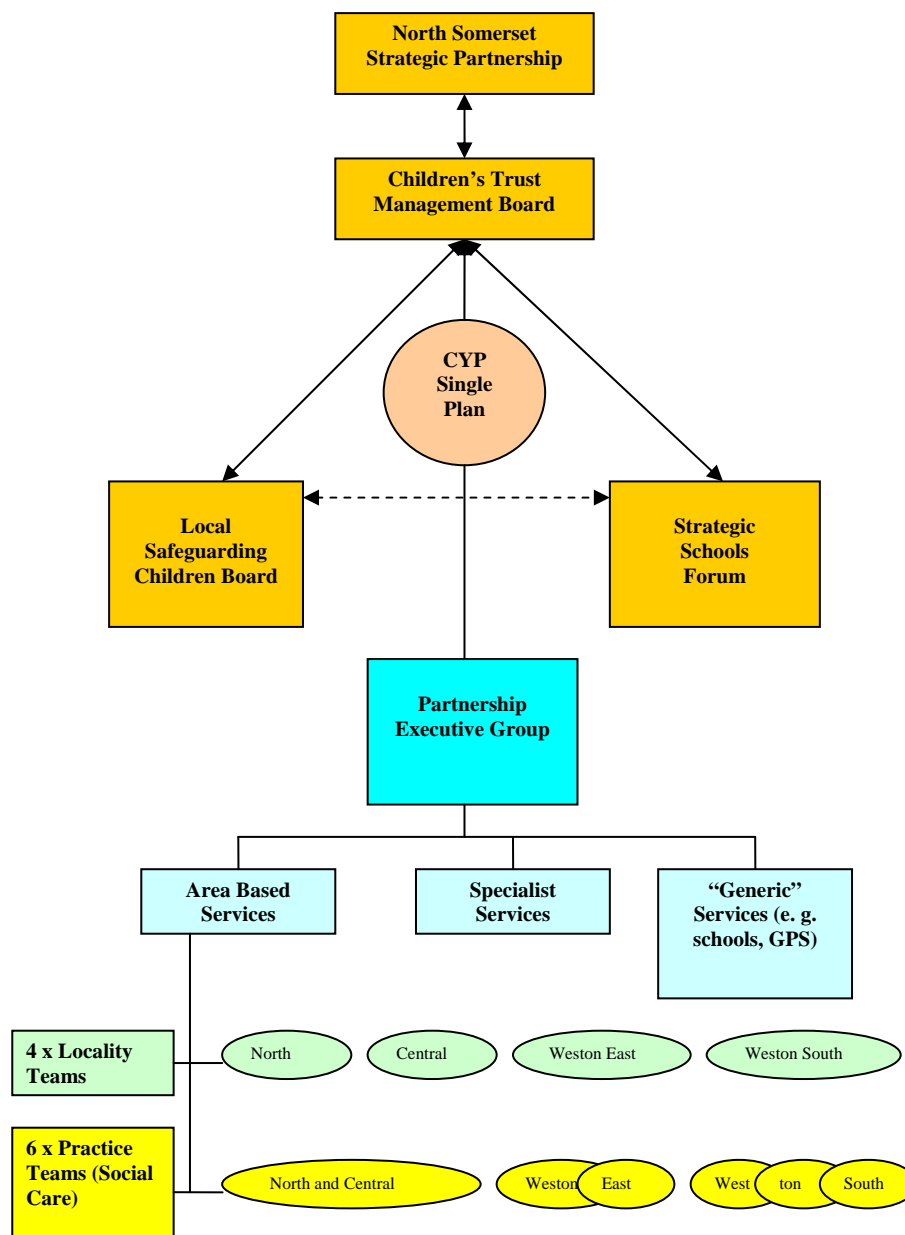
*"Results concluded that participating older Children were very concerned with community safety issues and wished to be involved more in decision-making in this area. Some had particular concerns regarding the promotion and selling of weapons in Weston-super-Mare. Bullying was another concern raised frequently."* (p. 49)

Barnardos has engaged in a range of other consultations and presentation conferences with and for children and young people and this is proving to be a successful approach. It is also a valuable example of commissioning services from the voluntary sector. North Somerset CTMB has reported that this form of consultation with children and young people will continue across the area.

## Chapter 2 Commissioning, governance and accountability arrangements

### Ownership of NI50

The North Somerset Children’s Trust Management Board (CTMB) was established in late 2006. At the point of writing this report (November 2009), and in only three years, the functions of joint working have been specified and are virtually in place. A Partnership Executive Group (PEG) is accountable to the CTMB (see figure below<sup>5</sup>). Ownership of NI50 lies with the PEG and with the CTMB and is actively led by an Associate Director of Children’s Services. In other words, ownership of NI50 is at the very heart of planning for all children and young people’s services in North Somerset (health, education and the voluntary sector).



<sup>5</sup> CTMB Annual Report 2008-09, p22.

In addition, for implementation from April 2009, the Director of Children's Services introduced *Integrated Working and Locality Service Implementation*<sup>6</sup> and described the plan as a "watershed moment".

*"The publication of this document is a watershed moment. Our vision for integrated working is both progressive and radical. The remodelling of services into teams around the child, informed and driven by the Common Assessment Framework is a bold move. We have strong and effective services currently – but to implement the full Change for Children Programme and Youth Matters Next Steps requires significant change."* Director of Children and Young People's Services (p. 1)

The integrated model in North Somerset is for delivery of all children's services – universal and specialist (health, social care and education). By placing responsibility on each of four Locality Teams, North Somerset established this year a model of working that will be wholly integrative for each of the four Locality Teams.

*"In North Somerset we are adopting the integrated working service model in providing a range of services from universal to complex and acute across the Continuum of Need."* (p. 11)

In other words, North Somerset has established a model of working that will optimise its ability to ensure that children and young people and their families are at the heart of service planning.

In the work we have conducted across England since June 2009, we have found little similarity between local authority areas in the ways in which they have approached ownership of NI50. And ownership has been a key indicator of the prominence or not of the goal to improve children and young people's emotional health and well-being. In other words, NI50 has not generally been at the heart of planning in the local authority areas we have studied. It is therefore valuable to see the work in North Somerset, which does actually place children's health and well-being at the heart of all its work.

All planning procedures in North Somerset are integrated and include health, the local authority, and the voluntary sectors. In addition, integrated planning systems are in place for children and young people's services and these systems include families as a feature of children's and young people's needs and the services necessary to meet those needs.

The *Every Child Matters* principles inform all planning. Furthermore, North Somerset has a "Be Healthy" Lead, who is on both the PEG and the CTMB and who is also the NI50 Lead and the Associate Director of Children's Services. She reports to both North Somerset PCT and to the local authority. It is fair to say that improving health and well-being is thereby at the heart of all children's services planning in North Somerset.

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<sup>6</sup> Skinner J, Sidebottom D, and Baber S (23 February 2009) *Integrated Working and Locality Service Implementation*. Connexions West of England, Weston Area Health Authority, North Somerset NHS, North Somerset Council.

North Somerset has also carried out a mapping exercise and the “health example” is useful as illustration. See below.

North Somerset reports that current service mapping is a continuation (modified for the purposes of NI50) of the area’s earlier National Child Health/CAMHS Mapping exercise (pre-2006/07).

I wish to point out that the key planning documents are currently in late draft and will not be made public until early 2010. However, I have been able to read these and they provide evidence of a thorough and sophisticated approach to improving children and young people’s health and well-being.

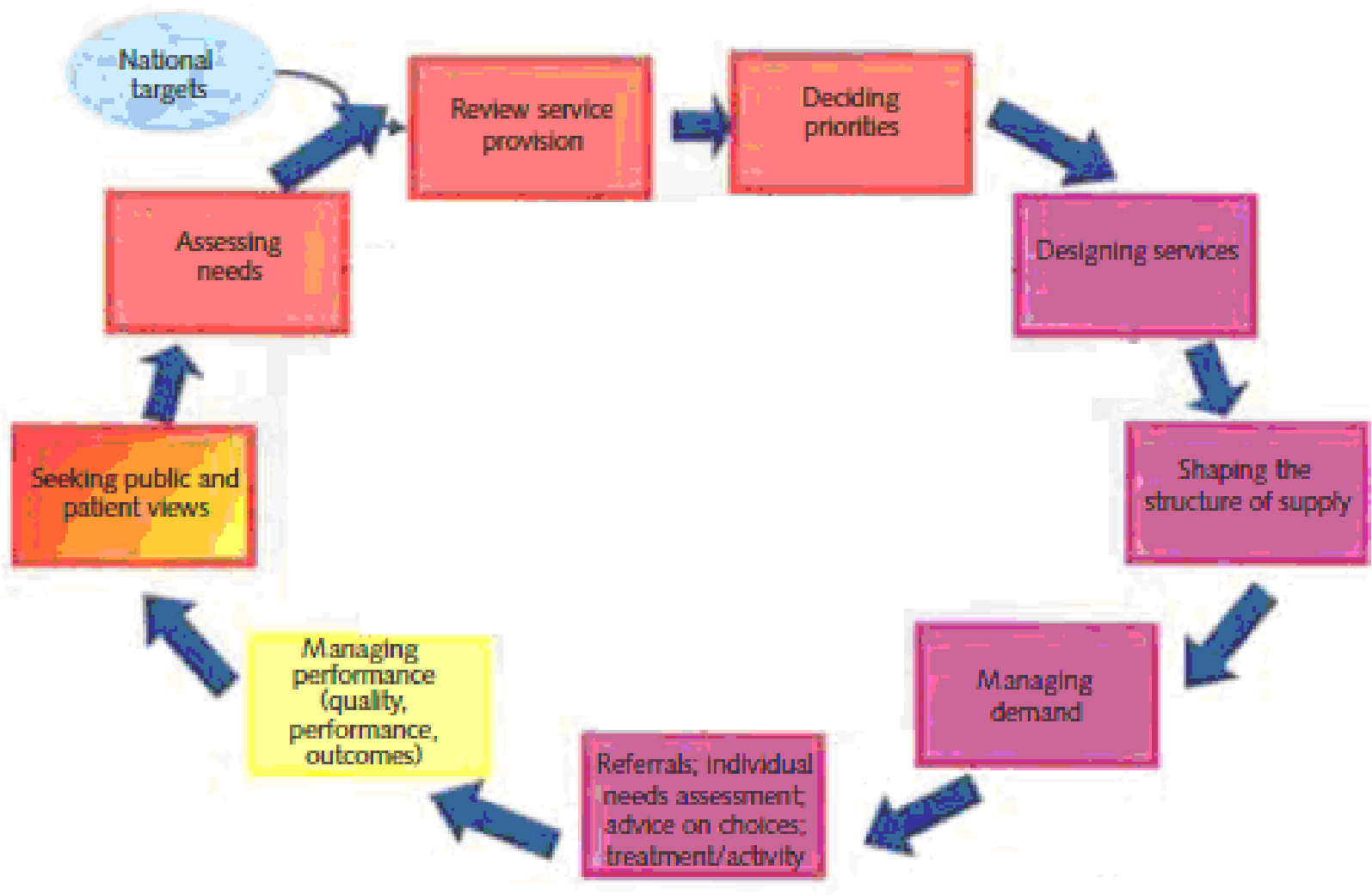
### **Commissioning Framework**

*“The benefit of effective commissioning is that **‘it keeps the primary focus on the needs of children, young people and their families, unclouded by the consideration of providers’** but making best use of the statutory, voluntary and private sectors to enrich and enhance what is on offer.”<sup>7</sup>*

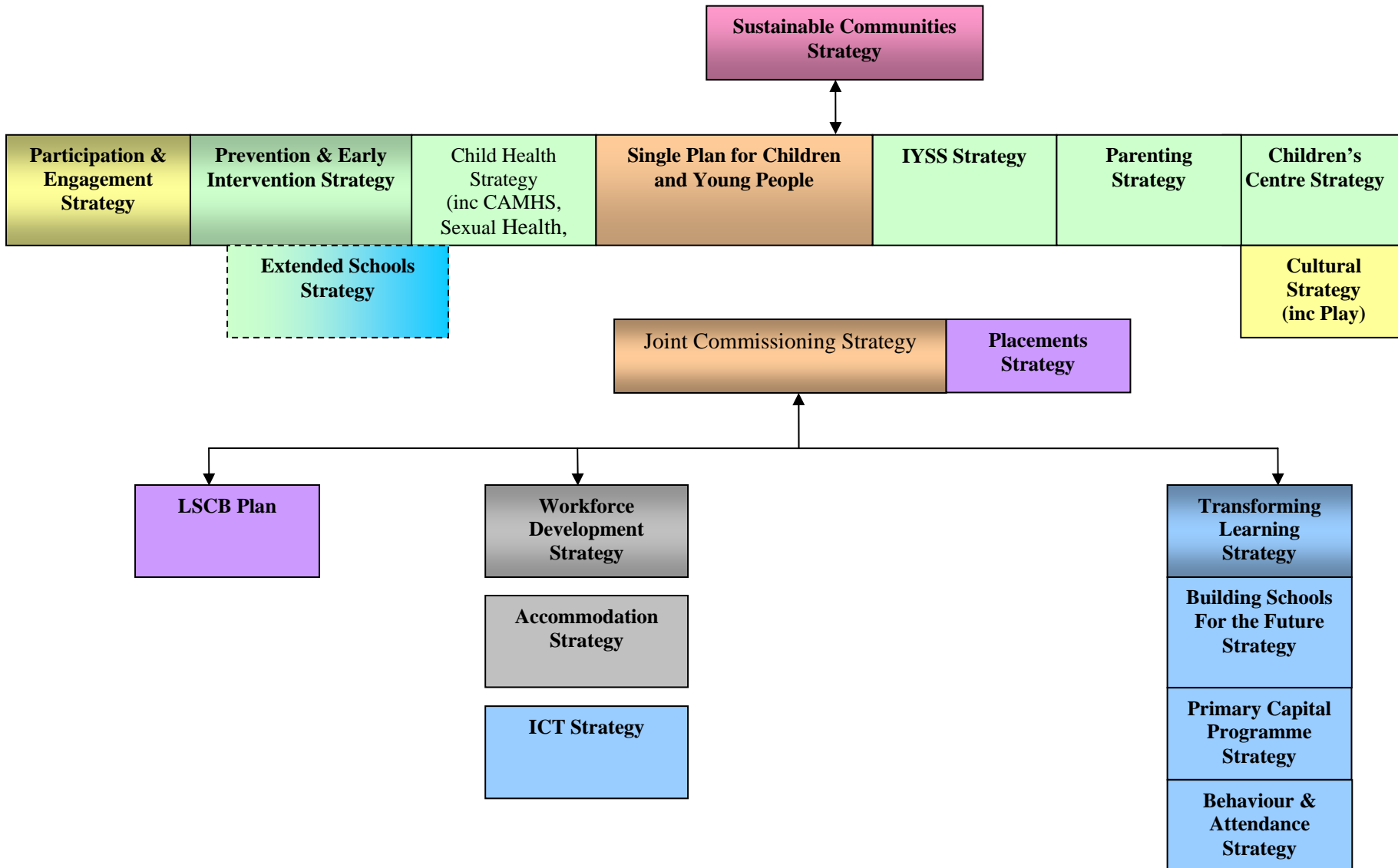
See below for the Joint Commissioning Model in North Somerset, adapted from world class commissioning.

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<sup>7</sup>D Sidebottom (1 October 2009) *North Somerset Children’s Trust Management Board* Agenda Item 6, p. 7.

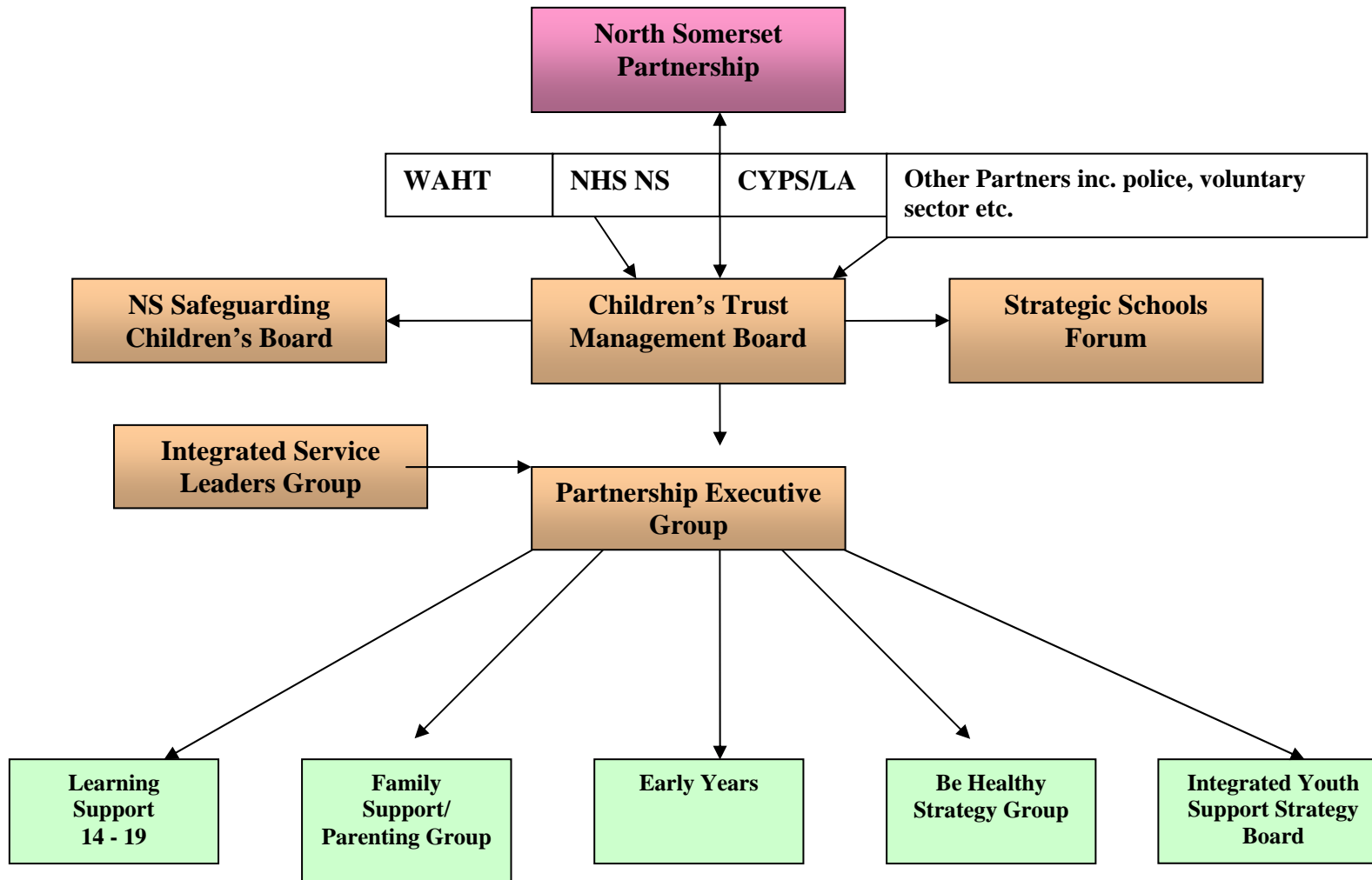


Also, a recent model for the relationship within strategic planning for the Joint Commissioning Framework in North Somerset is outlined below. This is in support of a new *Single Plan for Children and Young People* (1 October 2009 CTMB meeting).



In addition, the diagram below illustrates the North Somerset Partnership structure for governance and accountability.

### Governance and Accountability Structure



## **Children and Young People's Health Needs Assessment**

Across England, it is unusual to find a local health needs assessment that is actually generated at the local level. On the whole, health care trusts use data extrapolated from the regional public health observatories. In some cases, local Directors of Public Health translate this material, including data from Joint Service Needs Assessments (JSNAs) into local profiles for the direction of service planning.

The purpose of a health needs assessment is to enable commissioners to make decisions about service allocation that are based on a sophisticated understanding of the population needs within the commissioning area.

In Final Draft at this point (November 2009), North Somerset's Management Information and Research Team has produced a detailed and sophisticated health needs assessment of children and young people. It includes an assessment of need against the *Every Child Matters* outcomes framework and it reports in terms of the five goals. Furthermore, it amalgamates data from and for social care as well as health, education, and community environment issues such as transport.

It is a recommendation to the DCSF that North Somerset's *Children and Young People's Health Needs Assessment 2009* is a good model for other local authority/health trust areas in England. Its structure and its local detail are both supportive of NI50 implementation.

## **Resources**

It needs to be noted that significant funds have been allocated during the past three years from central government in order to "kick start" change at the local level in line with the *Every Child Matters* agenda. The management of such funding is diverse across the country. In other words, the question is always about whether or not such project funding is used in order to fill gaps in local resources or is used to enhance local provision (short or long term) or is used to build sustainable services that can continue to function long after short term funding ends.

The principles I found in North Somerset (see TaMHS project meeting, page 27 below) are systematically planned such that they can be sustainable. This is not easy but it is an important principle in the planning structure in North Somerset. (Note that the workforce is the main funding need.)

*"A significant vulnerability of the resources of this Strategy<sup>8</sup> is the reliance on external funding sources. A further complexity to this situation is the number of strategic, infra-structural and management functions that are funded through grants. Over the period of this Strategy (2008 – 2011) a realignment of available resources will move toward securing these functions through available core funding"* (p. 38).

Thus, explicitly addressing this issue in the workforce strategy suggests long term planning sophistication. I observed the way in which this operates when I sat in on the first TaMHS project meeting (November 2009).

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<sup>8</sup> Workforce Development Strategy.

And, in the diagramme<sup>9</sup> below, North Somerset provides a model for service mapping as well as an indicator of the universal to targeted and specialist services to be provided in terms of planning.

**(Health example for illustration only)**

<p><b>Universal</b> (services for all children and young people)</p>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Maternity</li> <li>• Specialist Public Health Nursing (health visitors, school nursing as part of integrated locality service)</li> <li>• Healthy Schools Programme</li> </ul>
<p><b>Targeted</b> (services for children and young people who are identified as vulnerable or having additional needs)</p>	<ul style="list-style-type: none"> <li>• Integrated locality service which includes Specialist Public Health Nursing (health visitors, school nursing, education and social care professionals)</li> <li>• ‘No Worries’ Teenage Health Service</li> </ul>
<p><b>Specialist</b> (services for children and young people with complex additional need who require specialist support/treatment)</p>	<ul style="list-style-type: none"> <li>• Community Child Health (community paediatrics, physiotherapy, OT, speech and language therapy) and Child and Adolescent mental health</li> <li>• Lifetime service for children and young people with life limiting conditions</li> <li>• Mental Health Specialist Nurse in Youth Offending Team (YOT)</li> <li>• Substance Advice Service based in YOT</li> <li>• Complex needs nurses in integrated team for children with complex additional needs(CAN)</li> <li>• Specialist Nurse for Children Looked After</li> <li>• Service for vulnerable families (provided by Specialist Public Health Nursing)</li> <li>• Acute hospital services provided at Bristol Children’s Hospital (in-patient) and Weston Hospital (extended day care unit)</li> </ul>
<p><b>Children with acute/additional needs</b></p>	<ul style="list-style-type: none"> <li>• Individual packages of care for children and young people who are identified as needing highly specialist support/treatment) , some funded jointly with social care and education</li> </ul>

<sup>9</sup> DRAFT Outline for commissioning framework for children and young people’s services (1 October 2009) for CTMB meeting.

## Chapter 3

### Provision for emotional health services

In consultation with the Associate Director of Children's Services and the Lead for NI50, the following diagrammatic representations of services<sup>10</sup> were approved as representative of North Somerset's provision. The examples of delivery vehicles have been double-checked (7 December 2009).

It is important here to note that the examples of service delivery do not fully reflect the integrative approach I found in North Somerset. Nor does this diagrammatic format fully represent the four locality-based teams. For example, North Somerset's North Locality Team works with schools as well as with the voluntary sector and with the Children Social Care Referral and Assessment Team. That profile is the plan for all four Locality Teams.

**Table 1: Early years and pregnancy**

High level aim	Type of provision	Examples of delivery vehicles
<b>Universal (Parent-focused)</b> <ul style="list-style-type: none"> <li>Pre- and post-birth all mothers receive support that promotes their own and their children's emotional health.</li> <li>All parents are able to access high quality information and advice on children's emotional health and know where and how to access additional support if needed.</li> </ul>	<ol style="list-style-type: none"> <li>Information and advice on supporting emotional health, including opportunities to discuss concerns.</li> <li>Skills for parenting</li> </ol>	Healthy Child Teams Midwives and health visitors GPs Extended schools Community settings Midwives and Health Visitors Family Nurse Partnerships Think Family Strategy Online / helpline Health Visitor Teams Social and Emotional Aspects of Development (SEAD)
<b>(Child-focused)</b> <ul style="list-style-type: none"> <li>Early years provision supports children's personal, social and emotional development.</li> </ul>	2. Accessible child care	Children's centres and other day care provision
	3. High quality child care provision which addresses: <ul style="list-style-type: none"> <li>- language development</li> <li>- impulse control</li> </ul>	<i>Birth to Three Matters</i> and <i>Foundation Stage</i> . Evidence-based programs for early years development (e.g. High Scope)
<b>Targeted* (Parent-focused)</b> <ul style="list-style-type: none"> <li>Vulnerable parents have access to high quality advice and support to improve parenting skills</li> </ul>	<ol style="list-style-type: none"> <li>Action to identify vulnerable parents, in universal settings and on outreach basis</li> <li>Help with accessing</li> </ol>	Health visitor led teams Family workers, with support and supervision from primary mental health worker. Healthy Child team (range of

<sup>10</sup> These are taken from the National draft interim report to the DCSF on 19 October 2009. These Tables were subsequently deleted for the Interim report version 2 on 17 November 2009.

		information and advice 1c. Parenting support programs (focusing on attachment and interaction) 1d. Access to adult services (including adult mental health services)	practitioners working across general practice and children's centres). Local authority parenting support strategy. Voluntary sector provision. Community development workers. Family Nurse Partnership (in areas of higher need). Adult mental health services.
<b>(Child-focused)</b>	<ul style="list-style-type: none"> <li>Children at particular risk of experiencing mental health problems are identified and have access to support from relevant practitioners, including those with mental health expertise where therapeutic support is required.</li> </ul>	2. More intensive support to identify and address signs of mental health problems (e.g. therapeutic interventions). Needs to be co-ordinated with any other services being delivered to the child.	Mental health specialists via: - Healthy Child team - Children's Centres - CAMHS. Working in partnership with other agencies as appropriate. Health Visitor led teams.

**Table 2. School age**

High level aim		Type of provision	Examples of delivery vehicles
<b>Universal (Parent-focused)</b>	<ul style="list-style-type: none"> <li>All parents are able to access high quality information and advice on children's emotional health and know where and how to access additional skills and support if needed.</li> </ul>	1. Information and advice.  2. Parenting skills	Extended schools GP surgeries / health centres Community settings Online / helpline Connexions  Think Family Strategy
<b>(Child-focused)</b>	<ul style="list-style-type: none"> <li>Children and young people are educated in an environment that promotes their emotional health.</li> </ul>	2a. A comprehensive, 'whole school' approach to children's social and emotional wellbeing. 2b. All school staff understand the contribution they, and their school, can make to children's social and emotional wellbeing.	Healthy Schools Programs Social and Emotional Aspects of Learning Programme (SEAL) Behaviour and Attendance Strategy Targeted Mental Health in Schools (TaMHS) CAMHS work with universal services (Forthcoming Healthy Child Programme – part of child health strategy)
	<ul style="list-style-type: none"> <li>Children are supported in developing social and emotional skills, including the development of friendships and positive relationships with appropriate adults.</li> </ul>	3. A comprehensive social and emotional skills programme.	Social and Emotional Aspects of Learning Programme (SEAL) Personal, Social and Health Education Targeted Mental Health in Schools (TaMHS) Connexions

	<ul style="list-style-type: none"> <li>Children and young people have opportunities for positive personal development.</li> </ul>	<p>4a. Peer support programs.</p> <p>4b. After school activities and other personal development and play / leisure opportunities.</p>	<p>Extended schools (including links with voluntary sector)</p> <p>Pupil involvement</p> <p>Peer support / mentoring</p> <p>Connexions services and other information, advice and support services</p>
	<ul style="list-style-type: none"> <li>Children have access to information and advice.</li> </ul>	<p>5. Access to information, advice and guidance on a range of issues relevant to emotional health.</p>	<p>School nurse services</p> <p>Connexions</p> <p>Connexions Direct</p> <p>FRANK</p> <p>Other helplines and websites</p>
<b>Targeted*</b>	<ul style="list-style-type: none"> <li>Vulnerable parents have access to high quality advice and support to improve parenting skills and confidence, plus access to adult services to address other issues that they are facing.</li> </ul>	<p>1a. Action to identify vulnerable parents, in universal settings and on outreach basis</p> <p>1b. Help with accessing information and advice (including adult services)</p> <p>1c. Parenting support programs (focusing on relationships and behaviour)</p>	<p>Parenting strategy</p> <p>Extended schools (Forthcoming Healthy Child Programme – part of child health strategy)</p> <p>Adult mental health services</p> <p>Think Family Strategy</p> <p>Young Carers Support</p>
	<ul style="list-style-type: none"> <li>Children at particular risk of experiencing mental health problems are identified and have access to support from relevant practitioners, including those with mental health expertise where therapeutic support is required. This is co-ordinated with any other services being delivered to the child.</li> </ul>	<p>2a. Action to identify at-risk children, in universal settings and on an outreach basis.</p> <p>2b. A timely and co-ordinated response when a child has a range of needs.</p> <p>2c. Referral mechanisms and care pathways in place to facilitate access to specialist support where necessary.</p>	<p>School pastoral support</p> <p>Targeted mental health in schools (TaMHS) programme</p> <p>Integrated working where appropriate:</p> <ul style="list-style-type: none"> <li>- CAF</li> <li>- Lead professional</li> </ul> <p>CAMHS</p> <p>SENCOs</p> <p>Connexions</p>
		<p>3. Provision of appropriate mental health support for vulnerable children.</p>	<p>SEAL silver set</p> <p>CAMHS input via extended schools</p> <p>TaMHS</p> <p>Primary Mental Health Workers</p>
		<p>4. Training and support for staff in universal services in identifying and responding to need.</p>	<p>CAMHS input via extended schools</p> <p>TaMHS</p> <p>Primary Mental Health Workers</p> <p>Behaviour Support Programs</p>

**Table 3. Young people**

High level aims		Type of provision	Examples of delivery vehicles
<b>Universal (Young person focused)</b>	<ul style="list-style-type: none"> <li>Young people receive education / training in an environment that promotes their emotional health.</li> </ul>	1a. Promotion of emotional health within FE colleges, youth services and other settings. 1b. Post-16 practitioners understand the contribution they, and their service, can make to emotional health.	National Healthy Colleges programme (forthcoming) Hear by Right (involvement of young people in service delivery) Mentor programs Connexions
	<ul style="list-style-type: none"> <li>Young people are supported in developing social and emotional skills, including the development of friendships and positive relationships with appropriate adults.</li> </ul>	2a. Colleges provide a comprehensive social and emotional skills programme. 2b. Peer support programs. 2c. Mentoring programs.	FE college pastoral support Personalised learning programs Peer support /mentoring programs Youth Services Connexions
	<ul style="list-style-type: none"> <li>Young people have opportunities for positive personal development.</li> </ul>	3a. Personal development opportunities. 3b. Sport and leisure opportunities.	Youth Services Healthy Youth Work (NYA guidelines) Community services YOT prevention and rehabilitation programs Connexions
	<ul style="list-style-type: none"> <li>Young people have access to information and advice.</li> </ul>	4. Access to information, advice and guidance on a range of issues relevant to emotional health.	Connexions; voluntary organisations; other information, advice and support services Sexual health services GP surgeries/health centres School nurse services
<b>Specialist Needs</b>	<ul style="list-style-type: none"> <li>Vulnerable young people</li> </ul>	5. Access to specialist assessments & interventions	Specialist Children's Services CAMHS
<b>(Parent-focused)</b>	All parents are able to access high quality information and advice on young people's emotional health and know where and how to access additional support if necessary.	1. Information and advice.	GP surgeries / health centres Community settings Online / helpline Voluntary sector Local policing support Regeneration projects

## Chapter 4

### Building capacity in the children's workforce

#### Children and Young People at the Heart of Workforce Development



*“Multi-agency, multi-professional locality teams will be established and the integrated working practices that support effective universal service provision and early intervention and prevention strategies will be in place.” (S8. Strategic 3 Year Targets, 24/10/2008, p. 16)*

The North Somerset draft workforce strategy (*Every Child Really Does Matter* June 2008) is one of the few approaches to workforce development we have found in our sample in England that is written entirely for children and young people's service provision. (In most areas, the children's workforce constitutes a small part of the whole workforce strategy within local authority areas.)

Furthermore, North Somerset's workforce strategy is based on a comprehensive needs analysis and is integrated into a target and outcomes format congruent with its measures for effectiveness (see Chapter 5 below). The Strategy can be recommended to the DCSF as a sophisticated good practice model.

*“The Children's Trust Management Board considers the implementation of this Strategy as fundamental to the success of their ambitions and the vision for children and young people” (p. 17).*

The most recent estimate of the children and young people's workforce for North Somerset is 7000 (about 4000 employed in schools). This figure includes the local authority, the Primary Care Trust (PCT), Weston Area Health Trust, Connexions, and

the private, voluntary and independent sector staff. This workforce is concerned with services for children and young people age 0 to 19.

North Somerset identifies its workforce strategy as the “*main vehicle*” (p. 7) for implementing the *Change for Children* programme<sup>11</sup> and it specifies *entitlement to universal services for all children and young people as the starting point for its strategy*. Thus it begins from a preventive premise.

Throughout the evidence for recent service planning in North Somerset, the period since 2006 has been, effectively, managed via a system of individual and team secondments that indicate a flat organisational structure (“*distributed leadership and flatter management structures that support multi-agency/multi-professional team development and work*” p. 21).

This is a resource-wise approach during a period of change and development for the simple reason that it is a method for seconding front-line workers into managing development and change responsibilities in time-limited appointments. They can then take back into their home teams these skills for the implementation of new ways of working. In other words, it is a management approach that does not depend entirely on new managerial appointments but rather builds skills mainly from within the existing front-line workforce. This can produce high levels of commitment and ownership during a period of change.

The current draft workforce strategy for the period to 2011 rests on the following principles of *how* to achieve effective outcomes for children and young people<sup>12</sup>.

1. Organisation and job design based on the needs of children and young people.
2. Shift to a “team around the child/young person” rather than hierarchical or Service Area approaches (realisation of a multi-professional approach).
3. Greater flexibility in individual and team working in order to achieve genuinely “joined up” work.
4. The workforce strategy is the main vehicle for change in a flatter organisational structure that brings together agencies to the common goal of implementing the Change for Children programme.
5. A child and young person “centric” culture.
6. A needs led approach to professional development that is based on appropriate learning needs and accreditation routes where appropriate.
7. An evidence based approach to monitoring, evaluation, and review.

Workforce capacity to deliver children and young people’s services is a major issue across the country and it is particularly problematic for public health and prevention services. North Somerset has identified the following occupational areas as of “ultimate concern”.

- Social Workers
- Foster Carers

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<sup>11</sup> *Every Child Really Does Matter: A Workforce Strategy and Plan for Services for Children and Young People in North Somerset 2008-2011* (Draft at 24/10/2008).

<sup>12</sup> These are paraphrased summaries and do not fully represent the articulacy and sophistication of the Draft Strategy.

- Health Visitors
- School Nurses
- District Nurses
- Teachers in some specialist subjects in secondary schools
- CAHMS specialist practitioners.

In addition, the draft Workforce Strategy calls attention to the need for “remodelling” some workforce practices with implications for “upskilling a stable workforce” (p. 15). Note that the Strategy includes the school workforce as well as the health workforce. In its *Actions at Strategic level* (pp. 25-26), the span includes the very local to the national and government resources alongside the “*Private, Voluntary and Independent sector*”. Specifications throughout the Workforce Development Strategy are detailed, coherent, and focused entirely on children and young people’s needs as the starting point.

In the brief period of time I spent in North Somerset, I was not funded to investigate the very many interventions and samples of integrative work. However, *all* the evidence I reviewed indicated impressive consistency of thinking and consistency of planning and sophisticated attention to the depth of planning needed to ensure implementation of good and integrated workforce planning. (However, see *Resources* above in Chapter 2.)

I asked specifically about North Somerset’s approach to the national issues around health visiting and school nursing shortages. Both are in seriously short supply across the country.

School health nurses and health visitors in North Somerset have been integrated into Locality Teams and are therefore co-located within their cluster/locality with a range of professionals. They are managed by a Locality Lead who may not be from a health background although there are Assistant Locality Leads within each cluster who are from health backgrounds. The identifier for these staff is SCPHN (Specialist Community Public Health Nurses) & Multi-professional teams. SCPHN is the new and higher level qualification programme for school nursing. It is also indicative of a community public health function.

### **Virtual locality teams**

As I write this report, the infrastructure planning is in place for a distributed pattern of responsibility for services across the four cluster areas of North Somerset. In September 2008, North Somerset was organised across these areas with resource allocation following staffing allocation and service planning focused at these four subset levels of service.

*“The full integration of service delivery across the Continuum of Need will require joined up working across all service providers in North Somerset. Locality Leaders (4) will need to work closely with Managers of the Complex and Additional Needs Team, Youth Offending Team Manager, Specialist Community Child Health and Child and Adolescent Mental Health Services and other specialist services.”* (p. 12)<sup>13</sup>

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<sup>13</sup> See footnote 11.

Below see the most recent audit of workforce numbers as specified in locality planning.

Area	Numbers of staff within practitioner groupings. The numbers of staff are approximate as workforce data constantly changes. FTE ( Number in brackets represent number of people)
<b>Weston East</b>	
Health Practitioners	7.5 (12)
Youth Practitioners	9.1 (18)
Family Support Practitioners	7.3 (9)
Learning Support Practitioners	6.0 (9)
Early Years, Childcare, Learning and Play	Children’s Centres – Ashcombe; Milton and Old Worle; Weston Central; Locking; Kewstoke; St Georges.
<b>North</b>	
Health Practitioners	11.5(17)
Youth Practitioners	11.5 (29)
Family Support Practitioners	3.9 (5)
Learning Support Practitioners	7.5 (11)
Early Years, Childcare, Learning and Play	Children Centres – Crockerne; Clevedon; Portishead; Long Ashton
<b>Central</b>	
Health Practitioners	9.0 (14)
Youth Practitioners	8.3 (25)
Family Support Practitioners	3 (4)
Learning Support Practitioners	6.2 (10)
Early Years, Childcare, Learning and Play	Children Centres – Banwell, Winscombe and Sandford; Nailsea and Backwell; Congresbury and Churchill.
<b>Weston South</b>	
Health Practitioners	13.4 (15)
Youth Practitioners	12.9 (24)
Family Support Practitioners	10.2 (12)
Learning Support Practitioners	6.2 (12)
Early Years, Childcare, Learning and Play	Children Centres – South West, part of Ashcombe and Weston Central
BIP	10.8

This delegated work and the resources to provide are currently under rapid development. I found evidence of full realisation of the Locality Team in the North. The following model illustrates the structure of the new Locality Teams.

**INTEGRATED WORKING HUB AND SPOKE MODEL**



## Chapter 5

### Measuring the effectiveness, impact and outcomes

North Somerset is using the DCSF's Common Assessment Framework as its starting point for continuous assessment. The CAF project in North Somerset began in May 2007 and more than 811 staff had been trained before December 2009, with more than 311 staff receiving more intensive CAF training<sup>14</sup>.

Implementation of the CAF process is in the hands of the four emerging Locality Teams. Again, the work is based on the Integrated Working Model (p.7) and the Continuum of Need model, which "*provides a multi-agency, integrated, whole systems approach to prevention, intervention and assessment, and directly supports the full implementation of CAF*" (p. 9).

CAF and integrated working guidance for all staff has been developed and the guidance clearly identifies the service delivery pathway and the Lead Professional role and responsibilities.

*Currently all completed CAFs are being managed and processed across the four Localities by the Locality Leadership Teams, consisting of the Locality Leader and Assistant Locality Leaders, and Business Support staff.*

*The Assistant Locality Leaders have responsibility for chairing the TAC (team around the child) meetings and for the action planning process.*

*An e-CAF solution has been commissioned, provided by Liquid Logic. This is currently in the development and testing phase with the intention of roll out and implementation in mid-2009. Training and support will be provided to enable effective implementation." (p. 10)*

North Somerset Specialist Children's Services also reported that CAMHS is involved in "*a lot of service evaluation, measuring the effectiveness of outcomes of both individual and group work*".<sup>15</sup>

*"Results have repeatedly shown North Somerset Specialist CAMHS to have excellent outcomes. Commitment to evaluation and practice based research is also highlighted by regular publications in national and international journals, presentation at conferences and cooperation in multi centre research projects (examples can be forwarded if necessary)." (email 17 December 2009)*

The purpose of this report was not to analyse each service within the area of North Somerset but this example is a valuable reminder of the way measurement of effectiveness is conducted within services.

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<sup>14</sup> Connexions, Weston Area Health, North Somerset Primary Care Trust, and North Somerset Council (4 February 2009) *Integrated Working and Locality Service Implementation Version 11*.

<sup>15</sup> Dr Liv Kleve, Email 17 December 2009.

## **External Assessment**

North Somerset reports Ofsted findings as one measure of the area's effectiveness in delivering children's services. The following is taken from the *Needs Assessment Final Draft 2009*.

*"The Annual Performance Assessment letter from Ofsted received December 2008, covering the period April 2007-March 2008 judged the Make a Positive Contribution as outstanding in North Somerset. The letter also noted the following strengths:*

- *Participation of looked after children is outstanding including continued engagement with elected members, a peer buddy system and a higher percentage of participation in reviews than similar councils and nationally.*
- *The youth offending team is well regarded and successfully works in partnership to engage young people in a preventative way. For example, disaffected young people and those at risk of offending have been engaged through personalised learning plans and a range of services and activities.*
- *Young people are actively engaged in school councils and representatives are involved in the Youth Parliament. Opportunities are used very effectively to promote young people positively within the local community, an example being the arrangement of a 'summit' meeting between young people and senior representatives of the local media to exchange views, to encourage positive portrayal of young people and their achievements."* (p. 70)

## Chapter 6

### What is working well?

Throughout this report, I have called attention to activities, strategies, and planning that are working well.

I wish to call attention to four case study examples of work that further supports this assertion about North Somerset. These are indicative only. They are not an exhaustive inventory of good practice in North Somerset.

#### *Mental health workshops for Year 9 pupils*

The focus of this initiative is to explore what mental health is and to assist those young people who may already be experiencing or at risk of developing mental health problems. The workshops are eventually to be delivered across all Year 9 classes in two 1- hour sessions.

The aims of the workshops are to provide an overview of mental health, consider life events and the impact they may have on a young person, dispel myths and challenge stigma, look at risk and resilience factors and discuss support networks and coping strategies that are available to young people.

The workshops are delivered through partnership working with CAMHS, Healthy Schools, School Nursing, Education, and more recently, the Early Intervention Psychosis Team. Training is joint for school based staff and school nurses. Two staff deliver the workshops together and they are given a guidance book (all lesson plans, case studies, DVD and other relevant information) during training.

Thus far, the workshops have been delivered in four secondary schools, one Pupil Referral Unit, and a Special school. Three additional secondary schools will be funded by the TaMHS project (see below) to deliver.

The Mental Health Lead for Healthy Schools (and a Primary Mental Health Specialist CAMHS) made the following comment about this initiative.

*“I think one of the most rewarding and possibly challenging aspects of the workshops has been the integration and support of a wide range of agencies that have all put the mental health needs of young people as a priority within their work programmes and PHSE curriculum. We have had support regarding funding as well as time from the Healthy Schools Programme, which has proven invaluable in terms of resourcing training and the guidance books, etc. In addition, we have had considerable support from the PHSE Lead in the Local Authority and from the Service Managers from School Nursing, who have embedded the workshops into School Nursing work programmes. Without any of this, Jo and I would still be running the workshops in only one school or be otherwise exhausted!!!”*

The key point here is the practice of integrated working in North Somerset. In addition, the emphasis in this work is direct attention to preventive mental health work for young people.

### ***North Somerset Emotional Health and Wellbeing Conference 26 March 2009***

This locality-wide occasion was aimed at all professionals working with children and young people at Key stages 2, 3, and 4.

North Somerset Healthy Schools Programme provided the funding for this conference and the day itself included collaboration from a wide range of agencies concerned with the delivery of emotional health and well-being needs of young people (e.g., Youth Offending, Behaviour Improvement, CAMHS, the SEAL programme, the Substance Abuse Service, and others). Participants numbered 120 delegates from across North Somerset.

The programme covered a sophisticated and far-ranging set of issues and included specialists from inside North Somerset as well as a representative from the Department of Social Medicine at the University of Bristol and a representative from the Southwest Region's Strategic Health Authority. An important event during the day was a performance, devised and performed by a group of Year 10 students from Worle Secondary School.

The day was chaired by the Head of the Healthy Schools Programme for North Somerset and the Mental Health Lead for Healthy Schools. The following comment was reported to me.

*“The day proved to be a significant success having evaluated well, involved a wide range of services and groups of staff, gave an opportunity for individuals to reflect on their practice and the support they give to young people and mental health, in addition to supporting staff, giving them some time out and a sense of being valued for the work they are doing.*

*As a result of the conference, there has been a national trainer attending North Somerset to deliver the Friends Programme training to a wide range of services, this will enable the Friends Programme to be rolled out in a number of schools.”*

Note here the emphasis on joint training.

### ***TaMHS Planning***

I was invited to attend the first planning meeting for the Targeted Mental Health in Schools project in November 2009. North Somerset is being funded for one year (2010 – 2011) within the third wave of this programme. It will have funding of approximately £200,000 and the project team emphasised the need to ensure that this small amount of money is used wisely and that its outcome must be in building sustainability rather than attempting a completely new project. In other words, the continuing theme of sustainability in programme development ran through this planning meeting.

Three secondary schools and their primary schools (13 as of 16 November) will be participating. The criteria for inclusion required that these schools must already have SEAL and Healthy Schools programmes embedded in their working practice. The

TaMHS work in North Somerset will be involved in the national evaluation currently under way.

The project group will be ensuring that a needs analysis is conducted for each of the schools. This is itself a plan to be recommended nationally. For example, the evidence base for the national *Healthy Child Programme*<sup>16</sup> (2009) called specific attention to the value of individual schools (or their clusters) developing school area health needs assessments. Yet needs assessments at the school level continue to be rare in England.

The North Somerset team has already visited all the schools in England that have participated in Waves 1 and 2 of the TaMHS initiative.

The plan for North Somerset is to embed TaMHS in all its strategies. Both TaMHS leaders are Primary Mental Health Specialists and this occupational group is prominent in TaMHS programmes in other parts of the country. The meeting leads referred to plans for seeking good practice elsewhere in the country and also to the opportunity to integrate the Friends programme and other similar initiatives, notably the Healthy Schools programme portfolio.

The impact/outcome measures planned will be (a) numbers of children receiving interventions; (b) numbers of children in follow-up; (c) the types of intervention used/offered; (d) the voluntary sector organisations involved; (e) and the funding/costs involved.

The meeting included representation from all key service groups (schools, health, local authority, voluntary sector) and was Chaired with an efficiency and collaborative spirit rarely encountered in public sector environments. This project planning was a model of the tenor of collaboration I found throughout my brief period of fieldwork in North Somerset.

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<sup>16</sup> Department of Health and Department for Children, Schools and Families (4 December 2009) *Healthy Child Programme From 5 – 19 years old*. London: DH.

## **Chapter 7**

### **Challenges and barriers**

The following summary of Challenges and Barriers were supplied to me by the Chair of the TaMHS project.

#### *Comprehensive CAMHS*

- Scoping the full range of Universal and Targeted activity due to the numbers of initiatives which can fall under the heading of emotional health and well-being. This may result in duplication of effort due to lack of clarity about roles and responsibilities.
- Schools may be engaged in a wide range of initiatives, all competing with each other for staff time and resources.
- Time-limited funding for initiatives, which make sustainability an issue.
- Staff capacity, a small authority with limited staff resource and individuals often working in more than one role.

#### *Specialist CAMHS*

- Robust links between integrated locality working and specialist CAMHS which is part of an acute hospital now.

It is worth noting here that CAMHS becomes important in any local area in terms of response to declared individual need. In other words, it is not principally a public health tool in terms of prevention first. CAMHS has transformed our understanding of child and adolescent mental health and, indeed, has legitimised services that have historically been subject to stigma but no longer are in quite the same way.

However, the scope and range of intention behind NI50 and the concept of improving child emotional health and well-being is preventative rather than curative. And it is important to recognise this when planning services that arise from the NI50 concept.

At the same time, the targeted and specialist services do represent a significant form of need that links to whole child emotional health. In less than a decade, CAMHS nationally as well as locally has become a precise and significant foundation point for the understanding of targeted services within the *Every Child Matters* outcomes framework. And it is helpful to see the originating influence of CAMHS on the now transformed programmes and intrinsic planning stimulated by the concept of NI50 in North Somerset. North Somerset specialist CAMHS has much experience in planning, implementing, analysing and publishing outcome measures that need to be captured at the universal and targeted levels.

Note that this section is not a full account of Challenges and Barriers encountered by North Somerset. *This kind of audit is in the hands of the PEG and the CTMB.* I did not have sufficient resources to make an accurate analysis of all challenges encountered by North Somerset.

## Chapter 8

### Recommendations to inform government guidance and local developments

1. North Somerset exemplifies the two key strategic goals that need to be informing work to achieve against NI50: (a) early intervention and prevention; and (b) workforce planning, training, development within and across traditional professional and occupational boundaries. These two focuses need to be recommended to the DCSF in its development of perspectives on NI50.
2. *The Children and Young People's Needs Assessment 2009*<sup>17</sup> maps health needs in terms of the *Every Child Matters* outcomes framework and this is an approach to be recommended to the DCSF as a valuable means of underpinning planning in local authority areas.
3. The Tell Us Survey is limited in its reliability as a method for planning against NI50.
4. Consultation with children and young people is commissioned by North Somerset and the results of this form of involvement is particularly to be commended as a model to the DCSF for use in other parts of the country.
5. North Somerset's workforce strategy is based on a comprehensive child health needs analysis and is integrated into a target and outcomes format congruent with its measures for effectiveness (see Chapter 5). The Strategy can be recommended to the DCSF as a sophisticated good practice model.
6. Outcomes measures continue to be a challenge in North Somerset as they are elsewhere in the country when seeking to measure NI50. North Somerset wished that we report "*outcome measures are a critical issue*" that needs to be called to the attention of the DCSF.
7. North Somerset has used Ofsted data and this is one form of external assessment available to local authority areas.
8. Outcomes measurements are of both a qualitative and "soft quantitative" form in reports from the Healthy Schools Programme.

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<sup>17</sup> See footnote???

9. The *North Somerset Children's Centre Strategy Draft 2009/2011*<sup>18</sup> specifies outcomes in its planning and this strategy is to be commended to the DCSF as a model.

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<sup>18</sup> North Somerset Partnership (Draft 2009) *North Somerset Children's Centre Strategy 2009/2011*.