Reviewing the Emotional Wellbeing and Mental Health Needs of Children and Young People in Sheffield

Future in mind

October 2015

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Executive summary

This research has been undertaken to support the implementation of Sheffield's Emotional Wellbeing and Mental Health Strategy, including informing future commissioning of services for children and young people. It provides a synthesised review of the UK evidence base and a snapshot of the local picture through engaging staff and young people.

The over-arching aim of the research was '… to inform Sheffield's plan to create a 'golden plan for Sheffield which meets the holistic needs of excluded young people; those across all groups who would otherwise find services challenging to reach.'[1] To do so, we have explored the emotional wellbeing and mental health issues for 11 to 18-year-olds who are in care, involved in criminal activity, at risk of suicide and/or not engaging with services (health and/or education).

Our findings highlight that young people, particularly those who are vulnerable, need to be supported on an individual basis and not because they fit within a certain cohort. The 'golden' plan is relevant to our four explored cohorts and probably many other vulnerable cohorts of young people in Sheffield. We know that young people do not neatly fit into one discreet cohort; their needs overlap, vary and are often complex. This report provides an overview of what the research says about good practice and Sheffield's strengths and areas for further consideration.

Highlighted **effective practice to inform future commissioning** includes:

- assessments that focus on individual need not criteria and take a strengths, assets based approach
- an emphasis on a key worker who builds a strong, trusting relationship to enable effective engagement and support the child/young person to make positive changes in their lives
- approaches that engage with, not 'do to', the child/young person in agreeing personalised plans that meet their diverse needs and increase their sense of 'agency'
- a focus on early intervention, including:
    - Improving Access to Psychological Therapies (IAPT) parent training
    - suicide awareness and prevention in schools
    - key stage 4 engagement programme
    - tackling bullying in schools
    - social and emotional aspects of learning
- attachment models for children/young people in care
- interventions such as the Campaign Against Living Miserably (CALM) mental health project, multi-systemic therapy (MST) and family group conferencing
- holistic, multi-agency approaches that draw in the different skills and resources to address the complex and different needs of children and young people, including multi-agency support teams (MASTs), multi-agency psychological support (MAP) and youth information, advice and counselling services (YIACSs)

[1] Emotional Wellbeing and Mental Health, Executive Group, Sheffield City Council.

- services that address the different transitions that young people face in moving into adulthood and specific interventions such as activity agreements that provide support in relation to training and employment.

The research's **key themes** point Sheffield to move away from putting young people into boxes but to provide a 'golden plan', a golden thread taking a whole-system view and focusing on the key approaches to effectively engaging young people and improving their outcomes. Future commissioning needs to focus on taking a whole-system approach.

Theme 1: Participation

There is a wealth of evidence on the importance of engaging young people both in relation to their own needs and to improve services generally. We found many examples of good practice in participation work across Sheffield and reports that have and continue to support service design. The feedback we were given suggests that joining up across service areas would maximise the power that participation can have to transform services and enable a whole-system approach. We recommend that Sheffield reviews current participation activities to develop a coordinated approach.

Theme 2: Prevention and Early Intervention

The importance of prevention and early intervention is clearly highlighted in the research; the need for clear and uniform prevention, diversion and early intervention policy and practice. Sheffield has placed great emphasis and directed resources towards preventative services and edge-of-care services, and has seen clear results, especially regarding reductions in numbers of young people in care. Some newer preventative approaches that have been recently introduced have not yet had the chance to embed and demonstrate their impact. Building in robust evaluation and again taking a whole-system approach are suggested as being key in developing new approaches.

Theme 3: Multi-agency working

This is cited in many research documents with an emphasis on integrated approaches to make the best use of skills and resources. We found many examples of joint work in Sheffield in relation to all the four cohorts of young people, including co-location arrangements. For children in care research emphasises the importance of a comprehensive strategy and joint working arrangements with clearly defined roles and responsibilities for corporate parenting and Sheffield takes this responsibility seriously. We have set out where good existing practice could be extended. This includes reviewing multi-agency procedures that are publicised and updated regularly are provided along with a contemporary and responsive local provision map. This was a common 'ask' of our research's participating stakeholders. We highlight the importance of one-stop shop approaches, that is, holistic services that enable children to access different services to meet specific needs. Included in this is the multi-agency 'team around the child' supported by good strategic direction with agreed outcomes shared. This whole-system approach is the bedrock of all the themes in this report.

Theme 4: Assessment

Assessment is obviously key; the need for early, effective assessment that identifies the vulnerabilities and needs of young people and also their families. It also establishes the need for an effective blend of universal and/or targeted services to be delivered in response, depending on the needs of the individual young person and their families. Integrated assessment processes support a holistic understanding of the events, environment and situations surrounding individual children. Sheffield has demonstrated how hard it is currently working to review assessment/services criteria in many areas and numerous good practice examples were provided. However, our fieldwork has evidenced a common view amongst stakeholders across Sheffield that emotional wellbeing and mental health services are commissioned using a rigid process where young people need to meet thresholds to go through assessment processes. This does not always enable the individual and holistic whole-system approach highlighted in the literature and is an area for Sheffield to consider in relation to future commissioning arrangements, particularly regarding Tier 1 and Tier 2 services.

An important consideration is the recognition of children's agencies in responding to need. Our reviewed evidence indicates that a focus on risk can lead to risk aversion and that trying to protect children from harmful experiences leaves us in danger of unintended consequences of limiting opportunities for growth and development. Children respond differently to adversity and negative outcomes cannot always be predicted. Our evidence leads us to agree that rather than trying to delineate the relative impact of adversity at different ages and attempting to refine tools to capture the risk of that impact being negative, it would be more fruitful for Sheffield to develop some key principles for practice that could be applied to any individual, regardless of their chronological age. This is particularly important in reviewing early intervention approaches with the inclusion of strengths building. Key to effective assessment is clear and effective joint working arrangements. We suggest a review of the accessibility of early intervention services that include such approaches within commissioning arrangements.

Theme 5: Interventions

Interventions are clearly linked to the assessment undertaken in determining whether outcomes are achieved. We have set out various interventions and methods that are highlighted by the research as best practice in responding to our four cohorts. Their commonality is their responsivity to the individual, the critical importance of an effective, strong and enduring working relationship between a professional and a young person, their individual focus, and their inclusion of strengths building and positive approaches in addition to addressing risk. Sheffield has again demonstrated its commitment to effective intervention. There are many newly introduced interventions and approaches across the partnership that have not yet had time to embed, and their robust and continual evaluation will be important in Sheffield's onward learning and service development. Highlighted, and taking account of the Government's recently announced review of youth justice, is the importance of considering new models, including to reduce re-offending.

Theme 6: Transitions

Transitions and tracking progress are emphasised in the research as one of the most challenging periods for vulnerable young people. Enabling effective transitions can transform lives, protect society and save money. Sheffield's Youth Justice System has transition arrangements in place that are well known and involve different partners. To widen and also evidence positive experiences for young people, it is recommended that Sheffield maps and reviews transitions provision and monitors multi-agency arrangements. The agreement of shared multi-agency outcome measures to do so would be necessary. It is also suggested that Sheffield explores the extension of support for transition arrangements to wider age ranges and as proposed for young offenders by the Transition to Adulthood Alliance. Transitions work also has wider relevance for other aspects of vulnerable children and young people's lives, beyond the justice system.

Theme 7: Workforce development

This is a focus in Sheffield's new Emotional Wellbeing and Mental Health Strategy and research affirms the importance of a skilled, competent and efficient workforce with the necessary mix of skills and abilities to work effectively with vulnerable young people with often challenging and complex needs. Given the introduction of new services and approaches, including preventative services, developing the workforce has emerged from our fieldwork as a key area for attention. It is recommended that Sheffield build a more collaborative approach to enhance training and workforce development opportunities founded on common core skills.

Recommendations

Sheffield should consider:

1. **Jointly commissioning and delivering services, taking a needs-led, whole-system approach with specific outcomes, making it a requirement of all children and young people contracts to demonstrate specific targets/outcomes in relation to emotional wellbeing and mental health.**
2. **Embedding the new strategy in implementing Sheffield's wider strategies and plans, including drawing in the resources that support improved outcomes for the emotional wellbeing and mental health of young people across the city.**
3. **Ensuring robust evaluation frameworks are in place and undertaking cost-benefit analysis for newly introduced services in order to inform practice, contribute to improving outcomes and inform commissioning.**
4. **Building a more collaborative, multi-agency approach to training and workforce development opportunities founded on common standards and core skills.**

In addition Sheffield should consider:

5. Reviewing and coordinating the different approaches to participation to ensure that the views of young people inform the delivery and ongoing improvement of services and implementation of the new strategy
6. Ensuring that assessments take a holistic approach that does not define children and young people solely on the basis of their experience or primary need
7. Further developing and promoting services that support prevention, early intervention and diversion, including in schools and working with Building Successful Families cohorts
8. Developing a multi-agency approach to preventing suicide to include self-harm and links to other factors, e.g. social and economic life circumstances
9. Reviewing the approach to delivering youth justice services in the community, including reducing the number of first-time entrants and re-offending
10. Developing a strategic and joined-up approach to transitions, including through establishing a multi-agency transition forum
11. Creating a map of service provision and detailing how these services link with each other to promote a whole-system approach, enabling effective and dynamic communication and evidence of collaboration.

Chapter 1: Aims, definitions and context

Research aims

This report was jointly commissioned by Sheffield City Council, Public Health and the Clinical Commissioning Group to support implementation of Sheffield's new Emotional Wellbeing and Mental Health Strategy for children and young people. It provides a synthesised review of the UK evidence base and a snapshot of the local picture to inform future commissioning of health and wellbeing services for children and young people. Sheffield's commissioners want to review and redefine service delivery for vulnerable groups of children and young people in need, drawing on national and local data, research and best practice. Commissioners identified the following aims for the review:

'… to inform Sheffield's plan to create one 'golden' plan which meets the holistic needs of excluded young people; those across all groups who would otherwise find services challenging to reach.'[2]

The brief was to explore the emotional wellbeing and mental health of 11 to 18-year-olds in the following groups:

- children in care
- children involved in criminal activity
- children at risk of suicide
- children not engaging with services (health and/or education).

In line with the original brief we have focused on good practice highlighted in the research and Sheffield's current fit with the evidence base.

Emotional wellbeing and mental health: definitions

Definitions of mental health and emotional wellbeing vary across different disciplines.[3] We were guided by Sheffield City Council, Public Health and the Clinical Commissioning Group's definition:[4]

'Emotional and mental health and wellbeing refers to a combination of feeling good and functioning effectively. The concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence and affection. The concept of functioning effectively (in a psychological sense) involves the development of one's life, having a sense of purpose such as working towards valued goals, and experiencing positive relationships.'

We also took account of the views of young people we consulted in Sheffield who described emotional wellbeing and mental health as shown in the table below.

[2] EWBMH, Executive Group, Sheffield City Council.
[3] Children and Young People's Emotional Wellbeing and Mental Health: Health Needs Assessment Public Health Team, Children Young People and Families (CYPF), Sheffield City Council, page 13 of 72.
[4] Children and Young People's Emotional Wellbeing and Mental Health: Health Needs Assessment Public Health Team, CYPF, Sheffield City Council, page 13 of 72.

Emotional wellbeing	Mental health
How you express your emotions	Aspects of cognitive thinking
Having positive relationships: friends and family	100% of people have mental health
Peer support	Everybody can have issues
Having access to support when needed	Seen as extreme, i.e. mental health is usually seen in a negative context
Services based on individual needs	Multiple issues: not just one thing that creates mental health issues
Listened to, 'not brushed off as being a teenager'	Mental health can change
Self help: support with what to put in place	
Encouraged in a positive environment: positive interaction with services 'staff who smile and make young people feel welcome'	

Emotional wellbeing and mental health are complex areas.[5] Many factors influence a young person's resilience and ability to cope with 'normal life' or the events/trauma that some young people may face. This research sought to highlight the commonalities of evidence-based approaches and best practice in the area, together with local evidence to help in the continued development and shape of services in Sheffield.

Appendix E provides a practice based learning digest which references further examples of relevant practice.

Risk and protective factors

Wider determinants of health[6] illustrate that the factors that affect a young person's emotional wellbeing and mental health are within and outside the control of local authorities. The following table lists the protective and risk factors that affect our identified cohorts' emotional wellbeing that were identified in the literature.

[5] www.gov.uk/government/uploads/system/uploads/attachment_data/file/215628/dh_126004.pdf
[6] Dahlgren, G. and Whitehead, M. (1991) Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Futures Studies.

Risk factors[7,8,9]	Protective factors[10]
History of self-harm and mental health difficulties	Strong bonds with family/foster carer and social worker
Substance misuse	Educational attainment and positive education experiences
Difficulties in relating to others	Opportunities for involvement in families, school and community
Adverse childhood experiences	Social learning skills through positive peer influences
Limited educational attainment	Strong community and neighbourhood links
Family history of suicide and experience of loss	Being listened to
Parental mental health difficulties	Having choice
Financial adversity	Treated as an ordinary child
Living in an area of deprivation	Contact with birth family
	Receiving needed support
	Own space
	Enjoying leisure activities

The literature also speaks of risk factors and how these are cumulative, i.e. children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems.[11,12] Theme 2 provides more detailed evidence in relation to prevention and early intervention. **Appendix B** provides definitions in relation to each of the four cohorts discussed in this research report.

Five Ways to Wellbeing

'Five Ways to Wellbeing'[13] was quoted by a number of stakeholders and within a number of strategies at local and national level. The language used is important when developing strategies and services. Care needs to be taken when adopting a holistic approach to ensure it meets the different needs of vulnerable groups, but the protective factors and risk factors clearly highlight synergies. Young people consulted provided their thoughts on the five ways to wellbeing:

[7] Joint Commissioning Panel for Mental Health (2013) Guidance for commissioners of Child and Adolescent Mental Health Services (www.jcpmh.info).
[8] Sheffield Child Death Overview Panel (CDOP) (2014).
[9] www.nice.org.uk/proxy/?sourceUrl=http%3A%2F%2Fwww.nice.org.uk%2Fnicemedia%2Fdocuments%2FsuicidesummaryPO.pdf
[10] Farrrington, D., Loeber, R. and Ttofi, M. (2012) Risk and Protective Factors for Offending. In Welsh, B.C. and Farrington, D.P. (eds) *The Oxford Handbook of Crime Prevention*. New York: Oxford University Press.
[11] www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2
[12] Brown, E., Khan, L. and Parsonage, M. (2012) *A Chance to Change: Delivering effective parenting programmes to transform lives*. Centre for Mental Health.
[13] New Economics Foundation (NEF) (2008) *Five Ways to Wellbeing*.

Way to wellbeing	Young people's feedback
Give	Empathy required Putting other people first Young carers: giving to others all the time 'nobody gives back to me' A time to give and a time to receive: knowing when to give and when to receive Being a voice for others: peer support Knowing boundaries Volunteering: want to feel valued and appreciated when giving (not used) Like to help others learn from their mistakes: peer support
Keep learning	Don't give up Motivate: yourself and others Ensure you chose things you will enjoy Inspire and be inspired Adapting: learning from experiences Make the most of opportunities Support required to enable young people to do this (finance and transport)
Be active	Keeping physically and mentally active Want to be with others Lack of free opportunities: recognise they don't have to go to the gym Resources are often targeted to the areas of deprivation Recognise the mental benefits of being physically active Want to get out of the house and keep busy Some like competition
Take notice	Notice if somebody needs support Young people don't always know when things are wrong: things are seen as normal if that is all they know Self-awareness Appreciation: for yourself and others Aspiration and inspiration Look out for opportunities Praise and pride 'Are you ok?': one of the most important things to ask
Connect	Networking and building trusting relationships Allowed to be individual Confidence: young people felt this was the key Lack of community in some communities (more deprived areas have a better community spirit) Services to support young people: advocacy

'Some board meetings are already using Five Ways to Wellbeing and others are using different approaches.' Stakeholder

This evidence suggests that in developing a whole-system, holistic approach to providing emotional wellbeing and mental health services for children and young people Sheffield would benefit from adopting common language. The Five Ways to Wellbeing provides a basis to a clear prevention and early intervention approach that Sheffield could build upon.

National context: *Future in mind*

The significant report *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing* states that: 'There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families'. There is an emphasis on not focusing too narrowly on targeted clinical care, but to also look at the wider influences and causes of rising demand and risk.

Future in mind[14] sets out proposals which are all underpinned by the commitment to involve children, young people and parents in their own treatment, in service design and in commissioning. It has five key themes:

- promoting resilience, prevention and early intervention
- improving access to effective support – a system without tiers
- care of the most vulnerable
- accountability and transparency
- developing the workforce.

Local context

During the period of this research Sheffield has been completing its *Future in mind* self-assessment to inform the new Emotional Wellbeing and Mental Health Strategy[15]. *Future in mind* has also informed this research and the synergies are identified throughout this report. Sheffield has a wealth of strategies that span across all four cohorts of young people. This is a complex maze that has been difficult to navigate in the allocated time frame. We found clear synergies with the research on best practice and often use of the same language, focused on providing the best future for young people in Sheffield. Other strategies and evidence that have been used to inform and support our research are listed in **Appendix A**.

[14] Department of Health/NHS England (2015) *Future in mind*. London: Department of Health
[15] Sheffield Emotional Wellbeing and Mental Health Strategy (2015).

Chapter 2: Methodology

The research team consisted of four independent researchers commissioned by Catch22, supported by Catch22's Strategic Director and with advice from Charlie Howard, Clinical Psychologist and founder of MAC UK. The team's skills and expertise reflected the research aims and thematic areas.

Literature review methodology

A rapid evidence assessment (REA) was undertaken. REAs provide a balanced, rigorous and explicit assessment of what is already known about a policy or practice issue by using systematic review methods to search and critically appraise existing research.[16] Given the requirements of the current research balanced against the available timescales to conduct the research, the REA methodology was agreed as the most robust available within parameters and was conducted using the REA Government Social Research Service Rapid Evidence Assessment Toolkit.[17]

Interview methodology

A framework of questions was developed to explore the current provision of services for the identified cohorts of young people aged 11 to 18-years-old. The team sought to interview a cross section of delivery partners across Sheffield, including voluntary/community and faith sectors, statutory provision, direct and indirect emotional and mental health services, and primary and secondary care. The interviews provide a snapshot of the current emotional wellbeing and mental health offer in Sheffield, ways into the voluntary and statutory services, how the sectors interact and work together, and how models and types of delivery fit with the REA findings. Agencies were chosen on the basis of their core work being emotional health and wellbeing, their work with 11 to 18-year-olds and / focus on any other cohorts.

We interviewed a cross-section of delivery partners across Sheffield identified for the team by commissioners, including the statutory, voluntary and community sectors in primary and secondary care (45 in total). See **Appendix C** for the organisations consulted. The interviews sought to establish the following:

- What is the current emotional wellbeing and mental health offer in Sheffield?
- What are the current pathways between the voluntary and statutory services and how do the sectors interact and work together?
- What are the models and types of delivery currently in place?
- How do the models and types of delivery fit with the literature review findings of what works to address the emotional health and wellbeing of young people?
- What are the expected service outcomes, i.e. what would young people expect to gain from entering the service and how this is aligned to literature?
- How do services currently manage non-attendance/exit and discharge?
- Informing Sheffield's developing *Future in Mind* plan

[16] www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment/how-to-do-a-rea
[17] www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment

The interviews were a combination of the following:

- Face to face interviews
- Telephone interviews
- Young people small (two to three) and larger group (five to10) based consultation
- Questionnaires[18]

A total of 19 young people were engaged in the following cohorts:

- Young people at risk of suicide
- Care leavers
- NEET young people
- Young people previously engaged with the criminal justice system

The interviews took place over July and August 2015, and difficulty was experienced due to this time frame, to engage young people currently in care and/or currently engaged within the criminal justice system.

Limitations

There are number of gaps in the evidence we gathered. While the review sought out the best empirical evidence available, there was some variation in the robustness of the evidence reviewed and, as a consequence, best practice rather than empirical evidence has been presented. This was particularly the case in available evidence regarding young people not in employment, education or training (NEET). The research team were also unable to include many schools in the completed fieldwork, mainly because the research was conducted during school holidays. The team were unsuccessful in getting responses to a survey of schools perhaps for this reason. The scope of the research included the UK evidence base only, and a wider review for discreet areas of onwards service development is suggested that includes international evidence bases.

The timescales of the research fieldwork spanned the summer holidays. Fieldwork interviews were therefore inevitably limited by staff availability. The research findings are based on a small number of stakeholders to provide a snapshot, not to make clear statements of fact. The research team scope has therefore not included full information on all services or full contextual information to verify or triangulate statements made by interviewees. The research provides an informative snapshot and its utility lies within these parameters.

[18] No response from Education colleagues.

Chapter 3: Young peoples' journeys

Background and context

Throughout our engagement with Sheffield partners and young people, many views on journeys were explored. Services view a journey as the process that a young person goes through, i.e. it is linked to the pathways of provision. However, our consulted young people described their journeys using a very personal approach, outlining how all young people experience very different journeys depending on their circumstances. Young people found it difficult to describe a single 'journey of a young person'.

'A young person's journey is full of ups and downs.' Young person

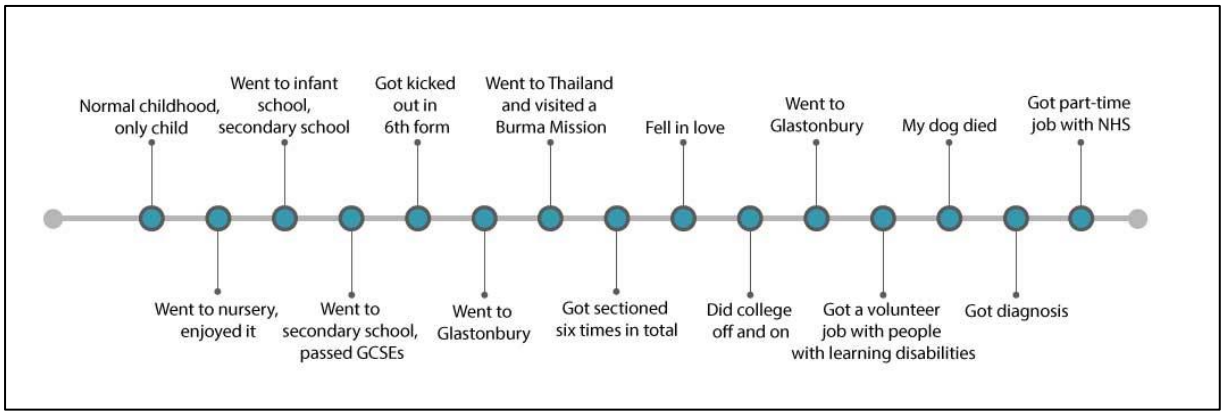


Figure 1: A young person's description of their personal journey

Key stages and transitions

'Young people need support at different stages.' Young person

The young people we spoke to highlighted different transition points depending on the needs of the individual, particularly if their circumstances were complex, leading to complexities in their own needs.

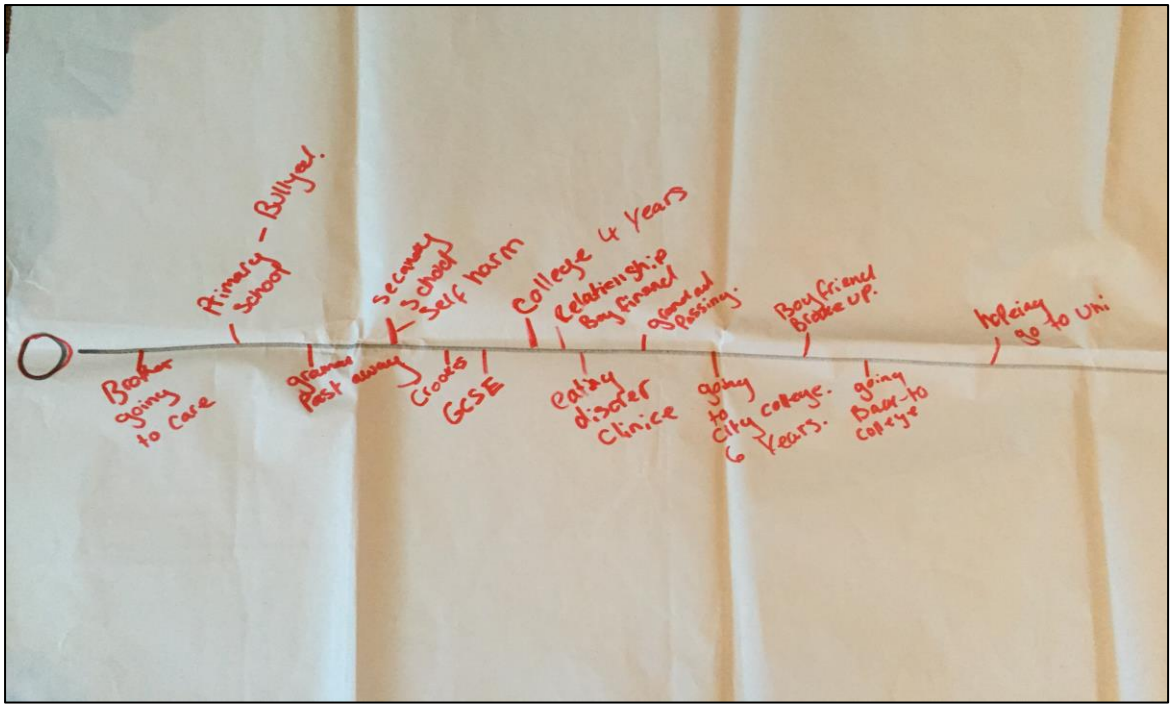


Figure 2: A further personal journey description

Some commonalities in our young people's journeys are summarised below:

- significant life event(s), e.g. death of a family member, taken into care
- school transition, i.e. starting school and primary to secondary
- leaving school
- relationship breakdown – personal or family
- bullying/racist abuse – noted particularly in primary school
- eating disorder, hospital admission or emotional/mental health event (crisis)
- becoming a carer, increased responsibilities
- family changes – birth of a sibling
- parents' ability to cope, changes in employment/circumstances
- religious changes, i.e. wearing the hijab, changing religion

These events can happen to a young person at any point in their life. The Marmot Life Course Approach, drawn from the Marmot Review of Health Inequalities in England, draws attention to the effects of different positive or negative influences that accumulate through young people's individual journeys.[19] There is wide variation in the process and experience of childhood adversity. Adversity, risk, vulnerability and resilience, and the complexity of the routes and pathways to 'harm' [20] pose challenges that Sheffield partners need to respond to effectively.

Evidence from studies of resilience suggests that there is a need to give greater recognition to children's agency. It is also suggested that a focus on risk leads to risk aversion and that in trying to protect children from harmful experiences we are in danger of promoting the unintended consequences of limiting opportunities for growth and development. Rather than trying to delineate the relative impact of

[19] Fair Society: Health Lives; Marmot review (2010).
[20] https://dspace.stir.ac.uk/bitstream/1893/2783/1/Daniel-Concepts%20of%20Adversity,%20Risk,%20Vulnerability%20and%20ResilienceA%20Discussion%20in%20the%20Context%20of%20the%20.pdf

adversity at different ages and attempting to refine tools to capture the risk of that impact being negative, it may be more fruitful to develop some key principles for practice that could be applied to any individual, regardless of their chronological age. Sheffield's new Emotional Wellbeing and Mental Health Strategy includes the priority 'improving the experience and outcomes for the most vulnerable children and young people by removing the barriers to access services and developing bespoke care pathways'.

We explored the complexity of individuals experience with our consulted young people. They provided the following accounts of their experiences.

A young person's entry into a service: assessment criteria and thresholds

The young people consulted expressed a clear desire to be treated as individuals, not to be fitted into a tick box. The following quotes from young people exemplify this view:

'Young people don't always want to ask for help.'

'Young people are stubborn, they need somebody to see past the exterior of what is presented in front of them, i.e. their behaviour.'

'At the end of the journey you will have peace of mind and be comfortable in your own skin.' Young people

Common overarching themes identified by the young people from the four cohorts are:

- not meeting thresholds until crisis – having to reach crisis to be heard
- having a number of assessments by various professionals before being heard
- having to see a 'professional' to be diagnosed or not
- having to repeat their story and still not being heard.

This is firmly supported by the reviewed evidence of individualised approaches that is presented later. The research highlighted key principles and features of effective assessment and intervention across our four cohorts of young people: intervention based on careful assessment and established need, appropriate to individuals, holistic and involving whole families and communities, utilising effective and strong relationships between children and professionals, and long-term engagement and sustained outcomes. The Children and Young People's Views on being in Care[21] literature review highlighted 'bright spots' of practice (relationships, respect, rights and responsibility), which were also echoed by our consulted young people.

'There is a lack of advocacy support for young people in Sheffield.'

'Young people can be judged by their appearance and do not always want to ask for help.'

[21] www.coramvoice.org.uk/sites/default/files/Children's%20views%20lit%20review%20FINAL.pdf

'Positive relationships and role models are important for young people to aspire towards.' Young people

We had great support from the MAP service, enabling us to work collaboratively to support a young person's needs, reducing the requirement for access to specialist services but we still had clinical input and guidance.'

'There is good practice between Becton inpatient facility and Becton School. They provide outstanding support to the young people.' Stakeholders

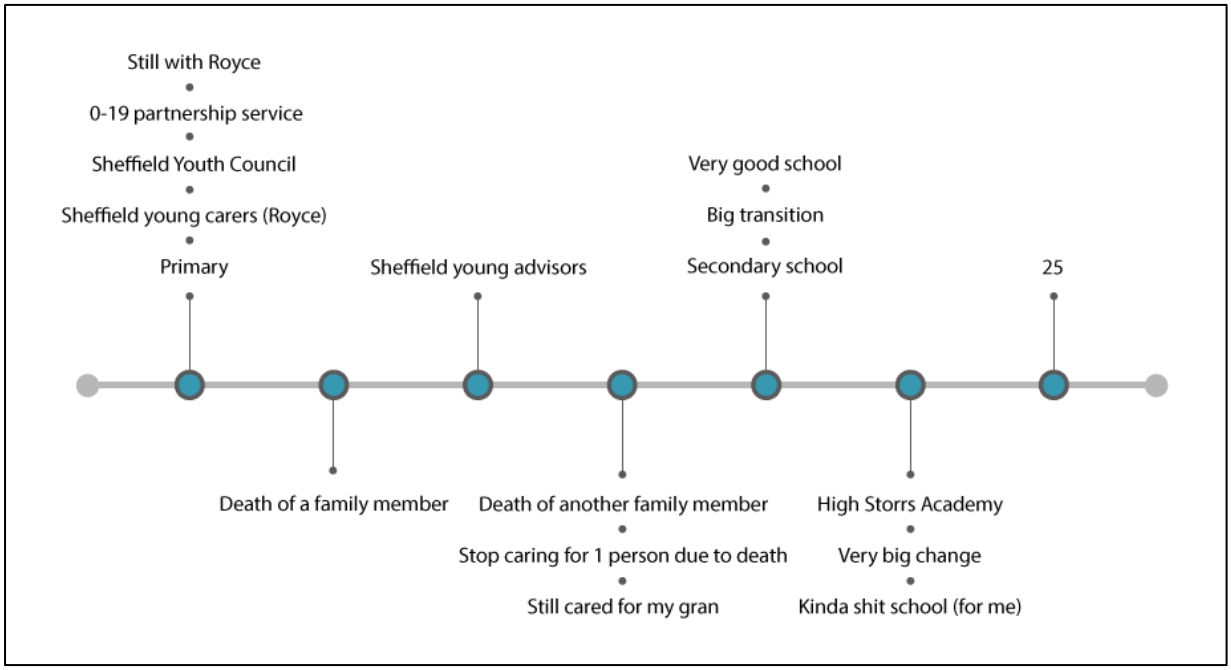


Figure 3: A young person's journey

'I think one thing the city is doing well is art projects within the city such as break dancing. If you find something that young people want to do that will really motivate them to sort themselves out.'

'I think there's a lot of gaps where young people can't get help because they don't fit into a box.' Young people

Stigma

Negative labelling and the stigmatisation of young people is a cause of concern to many young people in care.[22] They describe facing reactions of curiosity or sympathy, or assumptions that they were criminals or troublemakers. Peers mistakenly assumed that children were placed in care due to their own poor behaviour, or they failed to appreciate the difficulties faced by children before entering care and the effects of this on their behaviour and thus children were labelled or blamed for their behaviour.

[22] www.coramvoice.org.uk/sites/default/files/Children's%20views%20lit%20review%20FINAL.pdf

Evidence based policy summarises how the labelling of children's behaviour as 'criminal' can be harmful, as it has potential to stigmatise and reinforce negative self-image and behaviour.[23] It is essential that interventions do not stigmatise or further label young people and their families. This, in conjunction with the recognition of any existing strengths and/or protective factors that may be further developed in order to motivate, enhance resilience, build human and social capital, and affect positive change, will encourage responsive participation and increase the probability of the effectiveness of any programme of work.[24]

Effects of stigma:

- prevents young people from fulfilling their true potential
- leads to loneliness, depression and loss of confidence
- fear of stigma can be as damaging as actual discrimination
- stops young people seeking help
- young people fear they won't be taken seriously
- talking about mental health is hard.[25]

'There is more stigma against girls with emotional and mental health needs, however recent suicide and national statistics indicate it's more men who commit suicide.' Stakeholder

Some of the young people consulted indicated that stigma is still an issue in Sheffield, but work has been completed through Support, Think, Act, Motivate, Participate (STAMP), a participation group in Sheffield who designed, developed and implemented anti-stigma materials. Right Here also supported Sheffield to develop Mental Health Ambassadors and the Y-Act Counselling Group, both comprising young people with mental health problems, trained to act as advocates and role models for other young people experiencing mental health issues.

Summary

We highlight the gravity, complexity and very personal journeys of emotional wellbeing and mental health for young people in Sheffield. The research points to wide variations in the process and experience of adversity, risk, vulnerability and resilience, and the complexity of the routes and pathways to 'harm'[26] and this was confirmed by the experience of our consulted young people. A key message from the experience of engaging young people in our four identified cohorts that they do not fit neatly into boxes: their commonality is their complexity of need and not their experience or primary need. The research signals the importance of a whole-system approach.

[23] www.gov.scot/Publications/2015/06/2244/4
[24] www.cycj.org.uk/wp-content/uploads/2015/06/Section-3-Theory-and-Methods.pdf
[25] www.time-to-change.org.uk/sites/default/files/ttc-children-yp-programme.pdf
[26] https://dspace.stir.ac.uk/bitstream/1893/2783/1/Daniel-Concepts%20of%20Adversity,%20Risk,%20Vulnerability%20and%20ResilienceA%20Discussion%20in%20the%20Context%20of%20the%20.pdf

Chapter 4: Key themes

The literature and fieldwork identified **seven themes** to support Sheffield in developing a 'golden plan' for the identified cohorts. These are:

1. participation
2. prevention and early intervention
3. multi-agency working
4. assessment
5. interventions
6. transitions
7. workforce development.

The research evidence is set out for each theme with accompanying evidence drawn from the field research in Sheffield.

Synergies with the *Future in mind* principles have been identified. The reviewed evidence has highlighted key principles of good practice regarding the focus, features and types of interventions to improve outcomes for the four identified cohorts of young people. It has also highlighted the importance of key features, including structure, approach, duration and sustainability, flexibility and responsivity. We have provided some of the examples of best practice in our research.

Theme 1: Participation

All the evidence points to the importance of children's voices being at the heart of decision-making: where children are consulted and listened to, they are more likely to want to use the support that is offered.[27] The literature review *Children and Young People's Views on being in Care*[28] highlights that many children in care expressed a desire for a right to information, more choice, and participation in decisions about their care journey. Listening to children's views can enhance feelings of security and how arrangements for full consultation and involvement of children and young people in foster care can make a real difference.[29]

A key recommendation within *Future in mind*[30] is to ensure services are based on needs. Participation is an effective way to ensure Sheffield designs services appropriately for the needs of the population group. Enabling Sheffield to build more practice-based evidence will enable them to truly build and design services to meet the needs of young people in Sheffield.

[27] www.gov.uk/government/uploads/system/uploads/attachment_data/file/292032/Children_in_Care_Research_priorites_and_questions_FINAL_v1_1.pdf
[28] www.coramvoice.org.uk/sites/default/files/Children's%20views%20lit%20review%20FINAL.pdf
[29] www.nottingham.ac.uk/children-and-childhood-network/documents/promoting-best-outcomes-for-children-and-providing-best-support-for-carers.pdf
[30] Department of Health/NHS England (2015) *Future in mind*. London: Department of Health.

Figure 4: Sheffield's 'Right Here' project

Benefits of participation

- Children and young people have a positive influence on service delivery and decision-making processes.
- Children and young people can bring new ideas to enhance policy and practice.
- The involvement of children and young people becomes more meaningful.
- The 'real' needs of children and young people as identified by themselves or skilled, informed adults can be reflected in the services offered and improve the quality of decision making for the organisation.
- Resources can be targeted to meet children and young people's needs.

The Right Here[31] project highlighted ways to support young people in Sheffield and the Figure 4 illustrates the key findings that still resonate with young people.

'Young people have been asked and asked what we want. Sheffield knows what young people want. It is now time for action.' Young person

Sheffield's Emotional Wellbeing and Mental Health Needs Assessment[32] reflects on the Right Here model and we recommend that Sheffield factor this into practice.

It is clear that Sheffield has a wealth of youth participation groups and this commitment to engagement was embedded with the Right Here project through the integration and development of STAMP, a group of young people aged 14 to 25-years-old who are working to improve the mental health and emotional wellbeing of

[31] *Right Here Guide 3* (2013).
[32] Children and Young People's Emotional Wellbeing and Mental Health: Health Needs Assessment (2014).

young people.[33] Sheffield also has a clear manifesto in place, created and developed in partnership with young people. [34] Nationally, Natasha Devon MBE, the Government's first mental health champion, has also developed a mental health manifesto.[35] The new Emotional Wellbeing and Mental Health Strategy includes the priority of 'service users, families and carers having an equal voice within our governance structure and regular and meaningful engagement opportunities throughout the redesign process.'[36]

Strengths

- Sheffield has a number of leads/organisations working in and around participation, with some excellent work informing practice.
- The care leavers' participation group was said to be active and embedded into service redesign/consultation.
- Participation by young people in the Youth Justice Board's re-offending programme.
- Co-location of mental health staff in the Youth Justice Service.
- Peer support and challenge recognised by Sheffield partners as a means of embedding good practice that could be used in further developing approaches to children at risk of suicide.
- Sheffield Futures has a number of participation groups.[37]

Further considerations

- Future commissioning needs to focus on taking a whole-system approach.
- Join up approaches to participation to support the development of a whole-system approach to providing services that meet the expressed needs of children and young people, and inform future joint commissioning.
- Support the development of new participation groups or forums that do not mirror service boundaries and demonstrate the multiplicity of need that children and young people have.
- Review all participation groups and ensure no duplication.
- Action to ensure that participation groups remain impartial and all have clear support functions.[38]
- Review mechanisms to ensure the engagement young people not already engaged in health and education, including NEET 'older young people'.
- Review and link with young people excluded/Pupil Referral Unit attendees and ensure these young people are integrated within terms of reference for existing and new groups. The funding and contractual requirements of services to include meaningful participation.

[33] *Right Here Guide 3* (2013).
[34] www.chilypep.org.uk/current-campaigns/mental-health-manifesto/
[35] www.youngminds.org.uk
[36] Sheffield Emotional Wellbeing and Mental Health Strategy (2015).
[37] The team did not engage due to the large number of participation groups and limited time available.
[38] www.chilypep.org.uk/wp-content/uploads/2014/10/Participation-Toolkit.pdf

Best practice example

Chilypep participation

Chilypep has created a valuable tool aligned to the Roger Hart ladder [39] of participation, including participation standards and principles, providing Sheffield with a clear and usable document. They have developed a young commissioner's pilot project and in 2014 trained 13 young people who have since been involved in and influenced service specifications and tender processes for the early intervention around the mental health service, young carers service and weight management service. Their model of working has been quoted as best practice by the Children and Young People IAPT collaborative.

Recommendation

1. Sheffield would benefit from reviewing the different approaches to participation to ensure that the views of young people inform the delivery and ongoing improvement of services, and inform implementation of the new Emotional Wellbeing and Mental Health Strategy.

Theme 2: Prevention and Early Intervention

Early intervention and preventing a young person ending up in Tier 2 and above services has been a key theme arising from the literature review and the local fieldwork. The evidence points to the need to blend universal and targeted services,[40] taking a holistic approach.

Best practice example

Tower Hamlets has high levels of young people with behavioural and emotional disorders, and attention deficit hyperactivity disorder (ADHD). Their children and adolescent mental health service (CAMHS) CYP-IAPT partnership provides IAPT-funded parenting training. Therapeutic sessions (12–18) for parents of children aged 3 to 5 years and 6 to 10 years take place over 3 months. The sessions involve psychologists, parenting therapists, nurses and interpreters, and a high proportion of the attendees have children that have been identified as child-in-need cases, with complex and additional needs beyond parenting.

Care

The evidence regarding approaches for young people in care has repeatedly emphasised the importance of attachment-informed practice. Attachment theory describes 'attachment' as the quality of the relationship from the child's perspective[41] and refers to strong, enduring relationships based on trust, collaboration and young

[39] http://www.chilypep.org.uk/wp-content/uploads/2014/10/Participation-Toolkit.pdf
[40] http://archive.c4eo.org.uk/themes/earlyintervention/files/early_intervention_desk_study.pdf
[41] www.gov.scot/Publications/2014/08/6262/7

person engagement to ensure that resources meet the needs of the young person. The importance of strong relationships begins at the prevention and early intervention stages. In relation to early intervention, biological evidence provides strong evidence towards the importance of improving attachment security and organisation for infants in order to prevent physical and mental health problems throughout the life course. The same evidence demonstrates a link between attachment experiences and later social difficulties.[42]

In order to meet the emotional health and wellbeing needs of looked-after children it is important to ensure that the correct children are brought into care and once they are in care plans to achieve permanence should be put in place quickly. If children in care have good placements that are well supported by carers, social workers and birth families they are likely to be more successful in their education and be resilient. This will provide the basis for good emotional health and reduce the need for more specialist interventions.

However, it needs to be recognised that the disruption of leaving the birth family and the abuse and trauma children may have suffered prior to coming into care and whilst in care means that they will often need to access specialist support to address these needs. Consideration of how Sheffield organises its services to support the stability of placement for children in care and also to respond to those children who are in crisis and have immediate or very deep-seated problems is required.

Sheffield has placed great emphasis and resources on preventative services and edge-of-care services.[43] The impact of this is that the number of children in care has reduced over the last five years at a time when nationally the figures have been going up and regionally they have plateaued. In 2011, 56 children per 10,000 were looked after by Sheffield but in 2014 this had reduced to 47; nationally the figures are 58 in 2011 and 60 in 2014.

Crime

The Ministry of Justice is currently undertaking a review of youth justice arrangements, including regarding the 'nature and characteristics of offending by young people aged 10 to 17-years-old and the arrangements in place to prevent it.'[44] The Scottish Government has set out its strategic vision regarding youth crime prevention in its document *Preventing Offending: Getting it Right for Children and Young People*,[45] with priority themes of advancing a whole-system approach, improving life chances, and developing capacity and improvement. These three priorities place importance on partnership working, and seek to increase capacity to use co-production and asset-based approaches involving children and young people building on their strengths and attributes.

A whole-system approach includes integration and sustainability as part of community planning, improving practice aligned with implementation of legislation, timely and effective interventions to minimise the number of children in the Criminal Justice System and formal processes, and assessing and managing risk and complexity for the small number of young people posing the greatest risk to themselves and others. Improving life chances includes increasing school inclusion,

[42] www.iriss.org.uk/sites/default/files/iriss_insight10.pdf
[43] Sheffield City Council: Inspection of services for children in need of help and protection, children looked after and care leavers (2014).
[44] www.gov.uk/government/uploads/system/uploads/attachment_data/file/461529/youth-justice-review-terms-of-reference.pdf
[45] www.gov.scot/Publications/2015/06/2244

strengthening relationships and engagement, victims and community confidence (assuring services confer victims and community confidence as well as enabling effective rehabilitation for each offender), improving health and wellbeing, and providing opportunities for all transitions. Developing capacity and improvement includes supporting workforce development and encouraging a culture of continuous learning and improvement, and improving systems and making best use of performance information nationally and locally. These priority themes for youth crime prevention reinforce the findings of our research.

The Youth Justice Service (YJS) most recent annual data (2013/2014) demonstrate that the overall number of young people in the YJS has continued to reduce and that reductions have been seen in the number entering the system for the first time (first-time entrants) as well as in those receiving sentences in and out of court, including those receiving custodial sentences. It is of concern that the re-offending rate has increased, but there were significant falls in the number of young people in the re-offending cohort, the number of re-offenders and the number of re-offences.[46] In Sheffield the following data is available:

	2014 / 2015 data	**Increase or decrease**
First time entrants	277	28% increase
Recidivism	38.7%	Increase
Custodial sentencing[47]	21	33% increase
Young people in care receiving a youth justice disposal	36	24% increase

The Sheffield YJS 2015–2017 Annual Plan details the background and context of this data. In relation to first-time entrants, Sheffield's numbers have been rising but they remain lower than pre-2010, when tracking commenced, and Sheffield's rate is lower than that of most other core cities. Sheffield reports that detailed analysis is being carried out to understand this trend, which is a national trend, and this will parallel the national Prison Reform Trust enquiry.

A key recommendation from most of the stakeholders interviewed was the need for Sheffield to further develop diversionary activities to prevent young people entering services. The evidence indicates approaches should be evaluated before committing resources and should be seen in line with a whole-system approach rather than isolated provision.[48] Explicitly considering the wider system within which services are embedded and making improvements to services with a view to this broader context will lead to more sustainable services[49] Sheffield currently has diversionary activity provision through community youth teams and other voluntary sector organisations, for example Zest and the Brathay Trust, who provide provision in specifically targeted areas of deprivation across Sheffield. A further issue for Sheffield and nationally is the focus required on the re-conviction rates of young offenders highlighting the importance of addressing their complex needs including health and wellbeing.

[46] www.gov.uk/government/uploads/system/uploads/attachment_data/file/399379/youth-justice-annual-stats-13-14.pdf
[47] Sheffield YJS 2015–2017 Annual Plan. Draft version, unpublished.
[48] www.natcen.ac.uk/media/25254/prevention-reduction-review-strategies.pdf
[49] http://sustainablehealthcare.org.uk/commissioning-sustainable-healthcare/news/2013/05/sustainable-commissioning-guide

Suicide

In relation to the trigger points for suicide, it is important to note that Professor Louis Appleby who has studied suicide for 25 years and is the chair of the national suicide prevention strategy advisory group in England has looked at what causes suicide and states: *"we know a lot about the risk factors that can lead to suicide but we are less good at putting these risk factors into a causal mode*". The 2015 National Confidential Inquiry report into suicide and mental health[50] also states:

- The rise in **suicide among male mental health patients** appears to be greater than in the general population - suicide prevention in middle aged males should be seen as a suicide prevention priority.
- It is in the **safety of crisis resolution/home treatment** that current bed pressures are being felt – the safe use of these services should be monitored; providers and commissioners (England) should review their acute care services.
- **Opiates** are now the most common substance used in overdose – clinicians should be aware of the potential risks from opiate-containing painkillers and individuals access to these drugs.
- **Families and carers** are a vital but under used resource in mental health care – with the agreement of service users, closer working with families would have safety benefits.
- **Good physical health** care may help reduce risk in individual with mental health problems – individuals physical and mental health care needs should be addressed by mental health teams together with GPs.
- **Sudden death among younger in-patients** continues to occur, with no fall – these deaths should always be investigated; physical health should be assessed on admission and polypharmacy avoided.

There are also numerous lists of 'risk and resilience' factors that Sheffield can look at in addition to the risk and resilience already mentioned (above) and embedded within mental health services in Sheffield.

Possible indicators which Sheffield may find useful on children and young people's mental health and wellbeing which have been extensively reviewed, documented and evidenced can be found in the Centre for Public Health Liverpool John Moores University: Children and Young People's Mental health and Wellbeing: Review of Intelligence and Evidence.[51]

There is emerging quantitative evidence that more access to robust treatment of mental health disorders in adolescents who self-harm actively contributes to reductions in the suicide rates of young adults.[52] Prevention and promotion strategies in schools have been demonstrated to improve attitudes to disclosure and awareness. [53] Tailored approaches are recommended for preventing suicide, including for children in care, care leavers and young people in the YJS.[54] The dominant mitigating factors of suicide risk in children and young people are social and financial circumstances and associated deprivation. Interventions to improve the

[50] The University of Manchester National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, Annual Report England Ireland Scotland and Wales July 2015
[51] Ubido, J (2015) Children and Young People's Mental Health and Wellbeing. Review of Intelligence and Evidence. Promoting resilience, prevention and Early intervention in Cheshire and Merseyside. Cheshire and Merseyside Public Health Intelligence Network. Interim Report. Liverpool John Moores University.
[52] http://blogs.rch.org.au/cah/files/2011/11/The-natural-history- of-self-harm-from-adolescence-to-young.pdf
[53] See n11.
[54] https://www.nice.org.uk/guidance/ph20/resources/guidance-social-and-emotional-wellbeing-in-secondary-education-pdf

material and physical circumstances of young people's lives should therefore be included as a priority.[55]

Best practice example
The WISH centre in Harrow has been working since 2004 to support young people, women and children who self-harm or have experienced abuse, violence or neglect. Services include counselling in schools and at their centre, group work, peer support programmes, online and text mentoring, early intervention work and sexual violence advocacy. Referrals are made by young people themselves and many agencies. In 2013/2014 they supported 217 young people each week.

The lessons for prevention throughout the literature search include that suicide prevention in young people is likely to require a multi-agency approach. Emphasis needs to be placed on improving engagement with services, and better management of severe mental illness and behavioural problems. Two factors emerge as important in relation to informing strategies for prevention:

1. There is a clear relationship established between self-harm and suicide in children and young people who experienced both childhood abuse and bullying.[56]
2. Young people need to receive the most appropriate treatment for their condition, delivered to an agreed high standard that is cost effective. There is now a growing evidence base of effective interventions for a range of disorders, including conduct disorder.[57]

Best practice example
There is a range of sources of data on suicide rates in local areas that can assist with a suicide prevention need assessment, including:

- Office for National Statistics suicide statistics, which include England and Scotland figures, as well as covering the armed forces and prisons
- Public Health Outcome Indicators (suicide and self-harm) per area
- Exeter University's guidance on activities that can assist in identifying and responding to local suicide hot spots
- Leeds Suicide Audit.

Best practice example
U Can Cope
The U Can Cope film and online resources were designed for people in distress and those trying to support them to instil hope, promote appropriate self-help and inform people about useful strategies and how they can access help and support. These resources have been endorsed by the International Association of Suicide Prevention (www.connectingwithpeople.org/ucancope).

[55] Royal College of Psychology (2010); Crowley, Kilroe and Burke (2004).
[56] www.mentalhealth.org.uk/content/assets/PDF/publications/truth_hurts.pdf
[57] www.nice.org.uk/guidance/cmg41

Further practice examples that specifically link with evidence based practice focus on interventions, evidence base and national examples of good practice can be found within recent research and include:

- Perinatal and family mental health
- Early years
- Primary and secondary school age
- Young people to adult
- All children and young people[58]

Engagement

The research evidence shows that not engaging in education and health are closely linked for young people.[59,60] Promoting the health and wellbeing of pupils within schools can improve their educational and health and wellbeing outcomes.[61] The literature also speaks of risk factors and how these are cumulative, i.e. children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems.[62] There are emerging common threads that appear to contribute to the success of NEET prevention programmes, including tailored, flexible programmes reflecting the needs and interests of the individual young person, open, supportive relationships between staff and students, providing young people with the knowledge to feel confident in making decisions for their future, ensuring that students do not feel labelled as a 'problem' through receiving additional support, recognising the expertise, support and training brought to the school from external partners, and buy-in from senior leaders, staff, students and families/carers, including regular communication.[63]

At the end of March 2015, the percentage of NEET young people in Sheffield was 5.9%, meaning Sheffield had surpassed its target and made a significant improvement on 2013/2014 figures of 6.6%.[64] Given this improvement, Sheffield is clearly making strides in reducing the number of NEET young people. The research evidence shows that education and health are closely linked, so promoting the health and wellbeing of pupils and students within schools and colleges has the potential to improve their educational outcomes and their health and wellbeing outcomes.[65] Currently, 24% of Roma children are in the top 8% most at risk of becoming NEET in the city.[66]

Strengths identified through the fieldwork

- Sheffield is currently developing pilots within schools to build an effective locality based on a prevention and early intervention service.

[58] Ubido, J (2015) Children and Young People's Mental Health and Wellbeing Review of Intelligence and Evidence Interim Report. Liverpool John Moores University.
[59] Bradley, B. and Greene, A. (2013) Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors. *Journal of Adolescent Health* 52 (5): 523–532.
[60] www.bctf.ca/pebc/pdf/e94805.pdf
[61] www.gov.uk/government/publications/the-link-between-pupil-health-and-wellbeing-and-attainment
[62] www.centreformentalhealth.org.uk/a-chance-to-change
[63] www.nfer.ac.uk/schools/neet-prevention.pdf

[64] Cited in Community Youth Teams Q4 Spring Newsletter (2015).
[65] Bradley, B. and Greene, A. (2013) Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviours. *Journal of Adolescent Health* 52 (5): 523–532.

- It is our understanding that work is currently underway to develop an effective suicide prevention strategy.

Feedback from a number of people in different agencies suggests that clarity is required on the current approach to prevention and early intervention. Specifically:

- Who is delivering what?
- Who needs to refer to whom and who cannot refer to whom?
- Who needs to refer through a GP and not direct to services?
- Where do young people go who do not reach the criteria for services?
- Where do young people go who do not want to access statutory services, i.e. they just want to talk to somebody?

Sheffield has clearly identified this as a priority within the new strategy,[67] with a drive for clear information to be published on the mental health services available, but the feedback was a need for more Tier 1 and Tier 2 services that young people can access without going through a referral process or assessment. In other words, Sheffield needs to consider how it can further develop and promote accessible services that take a holistic approach to supporting children and young people.

Prevention and intervention directly link into the following themes on joint working and assessment and intervention approaches, highlighting the requirement for a whole-system approach, rather than isolated service provision that is not joined effectively.

'There are a lot of people that wouldn't be as bad as they are today if they had been caught earlier.' Young person

'Sheffield is working really hard to create a prevention and early intervention approach. Commissioners are behind this approach, and it's just how we get there.'

'Budgets currently create a divide in service provision.'

'There are currently too many short-term pilots that do not offer long-term sustainable programmes.' Stakeholders

Future in mind synergy: 'Improve resilience, prevention and early intervention services'

Sheffield needs to consider further how and whether services across different sectors provide a clear prevention strategy that takes the recommended whole-system approach.

Further considerations

- Strengthen links between CAMHS and youth offending teams (YOTs) to enable timely access to relevant help and support for young people identified at risk of offending and anti-social behaviour.

[67] Sheffield Emotional Wellbeing and Mental Health Strategy (2015).

- Develop and implement protocols to follow up where a young person fails to attend appointments with professionals.
- Review particular groups that maybe at risk, for example the proportion of Roma at risk of becoming NEET is higher than the overall school figure.
- Action to agree protocols for referral, support and early intervention between all agencies.[68]
- Produce an information document on service provision, including Tier 1 voluntary and community sector provision.
- Develop clear data-recording processes to capture the complexity of qualitative and quantitative data regarding young people's suicide.
- Make use of 'what works' resources such as the Social Research Unit at Dartington and the Early Intervention Foundation.

Recommendations

2. Further develop and promote services that support prevention, early intervention and diversion, including in schools and working with Building Successful Families cohorts.
3. Develop a multi-agency preventative suicide strategy to include self-harm and links to other factors e.g. social and economic life circumstances.[69]
4. Embed suicide prevention into all local policy initiatives and priorities (e.g. the Sheffield Poverty Strategy 2015–2018).
5. Ensure an ongoing commitment to training on awareness of this type of loss and how to provide support for children, young people and carers.

Theme 3: Multi-agency working

The importance of effective multi-agency working, which includes effective communication, information sharing and flexible collaboration, is evident across the research in securing improved outcomes for vulnerable young people.

Evidence for effective sustainable multi-agency provision indicates that a number of elements can contribute to more effective multi-agency working, including organisational structures that facilitate co-working, joint commissioning and the pooling of budgets, and a mutual respect for the different contributions made by practitioners in the statutory, voluntary and private sectors to integrated service delivery. There is also strong evidence that children, young people and their parents/carers welcomed integrated, personalised approaches.[70, 71]

Multi-agency partnerships need to ensure that there is a clear and transparent evidence and evaluation base. These are important because they enable organisations to demonstrate outcomes for young people and also highlight how less successful projects can be redesigned.[72] Performance management, data analysis, information system management and quality assurance are key elements of effective management and evaluation arrangements for vulnerable groups. It is also reflected in more contemporary reviewed literature that there has been a shift from a singular

[68] Department for Education (2004).
[69] Royal College of Psychology (2010).
[70] www.gov.uk/government/uploads/system/uploads/attachment_data/file/182255/DFE-RR078.pdf
[71] www.gov.uk/government/publications/helping-children-to-be-safer-healthier-and-free-of-crime
[72] http://project-oracle.com/about-us/

focus on quantitative performance data that measures outputs to understanding the impact and process of practice. This is not an exclusive shift, but an incorporative shift that recognises the importance of both, rather than a reliance on one or the other.

The research evidence indicates that co-located teams are able to achieve quicker responses, easier and faster access to information, caseload transparency and a collegial learning environment. Crucial to the success of such working is clear management arrangements.[73] Sheffield has developed this approach through Star House, where teams appear well integrated due to the co-location approach.

Best practice example

Merseyside partnership with CALM

In 2000, six local authority areas commissioned CALM (at the time a Department of Health project) to provide a helpline for young men in Merseyside, managed by Liverpool Community Health NHS Trust. A local CALM zone worked in collaboration with the local community – pubs and clubs, venues and universities, sports teams and clubs – to encourage them to join and promote the campaign. CALM provided the local commissioners with anonymised reports on numbers and trends of calls and web chats within Merseyside. CALM has an up-to-date local database of agencies to which local callers can be referred.

Austerity has created a real drive for partnership working and collaboration in Sheffield. It has also created difficulties with constraints in budgets, but it still remains a lever for collaboration in developing effective services, particularly for the identified groups, i.e. Tier 4 services commissioned by NHS England and Youth Justice budgets were cited as an example as these are currently being disconnected with health, and adults and children's services are commissioned by different managers and different services.

Individual contracts and target-driven behaviour is evident in Sheffield, as with all commissioned services. A different approach is required for the future, including joint commissioning to enable integrated working and better use of resources. Sheffield has stated its commitment to making the changes required and is working towards joint health and social care commissioning arrangements. The new strategy includes a priority of a 'single and transparent pooled budget across social care for mental health services for children and young people'. The stated intention is for funding that is focused on need and considers whole-system approaches. The team around the child/family approach is evidenced as leading to better outcomes for vulnerable children and families, particularly where these arrangements are combined with access for families to tailored evidence-based interventions. It is crucial to ensure that a lead professional or key worker is allocated and supported to work with a family to generate their engagement in change and coordinate services. Families greatly value lead professionals/key workers, and there is evidence of better relationships for families with a range of services, higher morale and less isolation where key workers are involved.[74]

A whole-school approach to mental health and wellbeing as 'everyone's business', with genuine involvement of all staff, is also highlighted, including students, governors, parents and the community, and outside agencies. Such multi-

[73] www.gov.uk/government/uploads/system/uploads/attachment_data/file/182255/DFE-RR078.pdf
[74] http://ipc.brookes.ac.uk/publications/pdf/Early_Intervention_and_Prevention_with_Children_and_Families_June_2012.pdf

professional teamwork, which is aimed at producing engagement and consistency, has been the focus of several successful projects.[75] Sheffield was said to be working towards this approach through school-based pilots and locality model development.

Best practice example

The Well Centre is a one-stop 'health' shop that supports 13 to 20-year-olds in Streatham, London. It gives young people access to youth workers, counsellors and GPs, all under one roof, so it can cover a range of cases, often without the need to refer on. It also offers a confidential drop-in service three days a week.

Care

NICE guidelines[76] highlight that high-performing local authorities are those with strong leaders who have an aspirational vision of effective support for all children in care. These authorities embed partnership and multi-agency working at the heart of the planning process and ensure that children and young people are fully engaged in the design and delivery of services.

Research[77] summarises evidence of good corporate parenting, where young people highlighted the positive support they had received from a range of members of the corporate family, including carers, lead professionals, education and training providers, housing support workers, specialist workers in health or drug and alcohol services, and their own friends and family. NICE Quality Statement 2[78] clearly sets out that children in care should receive care from services and professionals that work collaboratively. Ofsted[79] identified that Sheffield has changed the way it works to ensure more young people are protected and supported. It did identify, however, that Sheffield does not include the relevant agencies and statutory partners as a matter of routine, and records of strategy discussions are not comprehensive. The following was noted as good practice:

'Early help is provided to children who require it. The council has invested considerably in prevention and early help for children in need. This investment is improving children and families' access to help at an earlier stage. Good support is offered quickly and the number of repeat referrals is reducing. Families receive the help that they need. Children who need child protection plans are quickly and properly identified, and families are given effective help. The number of children looked after is reducing.' [80]

Also: 'Children and young people in need of help are referred quickly: Multi-Agency Support Teams (MASTs) for lower level services, or the Prevention and Assessment Teams (PATs) for children who need extra support or protection ... deliver a wide range of support ... includes individual direct work with a child or their family, group work or classes and very specialist therapy and support if required.'[81]

[75] www.chimat.org.uk
[76] www.nice.org.uk/guidance/ph28/chapter/recommendations
[77] www.york.ac.uk/inst/spru/research/pdf/CparentSumRep.pdf
[78] www.nice.org.uk/guidance/qs31/chapter/List-of-quality-statements
[79] Sheffield City Council (2014) Ofsted inspection of services for children in need and protection, children looked after and care leavers.
[80] Sheffield City Council (2014) Ofsted inspection of services for children in need and protection, children looked after and care leavers.
[81] Sheffield City Council (2014) Ofsted inspection of services for children in need and protection, children looked after and care leavers.

Crime

In relation to young people involved in crime, all the reviewed evidence clearly highlighted that effective multi-agency working is required in order to provide and access appropriate provision and that this takes time, skills and effort to develop.[82] The Youth Justice Board sets out how frontline workers need the support of managers in ensuring that protocols are developed and adhered to. However, multi-agency or joint working is likely to be required around particular issues, such as accommodation or other areas that are not primary functions of Youth Offending Teams (YOTs), or particular groups of young people who offend, for example those with mental health problems or those who have particularly complex needs and do not fall under the responsibility of a single primary agency. The Ministry of Justice's review of youth justice signals the importance of exploring new approaches to delivering services and an opportunity to review whether the current model of multi-agency delivery is achieving the outcomes required, including effective rehabilitation.

Suicide

The reviewed evidence to reduce the levels of self-harm, suicide and other mental health problems amongst vulnerable and disadvantaged children and young people indicates that often commissioning arrangements around young people and mental health are complex.[83] This leaves the potential for children and young people with mental health needs to be missed. Joint commissioning along the lines of a single plan on integrated health and wellbeing offer to young people is required. Involving both child and adult services is crucial in commissioning arrangements to ensure all partners are aware of the offer, what is available and how collectively services can be shaped with the young people.[84] This would enable commissioners to further focus on service transformation, less on a model of tiers and more on a model built around the needs of children, young people and their families. Sheffield has commenced work to address identified issues in suicide prevention, but the research team have not been provided with the details of this work.

Best practice example

Bolton's multi-agency Suicide Prevention Partnership has published its third local Suicide Prevention Strategic Framework (SPSF). The SPSF represents a map of total risk and associated evidence-based affective interventions taken from the National Suicide Prevention Strategy for England and the supporting guidelines for delivery. These national priorities have been 'localised' in the SPSF, drawing from local evidence and audit data.

Engagement

The evidence highlights the importance of working across organisational and geographical boundaries and the involvement of local employers.[85] Feedback from a small number of stakeholders identified differences across schools in Sheffield, for example some engage and are proactive, whilst others are reported as being less open to change and partnership developments.

[82] www.gov.uk/government/uploads/system/uploads/attachment_data/file/356204/Final_EYP_source.pdf
[83] www.chimat.org.uk/resource/view.aspx?RID=104048
[84] www.cqc.org.uk/content/transition-arrangements-young-people-complex-health-needs-children's-adult-services
[85] Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET). Health equity briefing 3, September 2014.

'Sheffield is really raising the profile of emotional wellbeing and mental health with schools.' Stakeholder

'It depends on what department and staff member.' Young person

'We can't solve young people's problems through silo working.' Stakeholder

'Communication is the key.' Young person

Strengths

- Sheffield is committed to working collaboratively with ongoing innovation and collaboration through adults' and children's trusts, and examples of joint commissioning across health and social care
- MASTs, MAP: support for children in care and Multi-Agency Safeguarding Hub
- There is a current co-location hub available for young people at Star House.
- Interchange CIC and Family Action partnership development
- Safeguarding board: identified as 'Good' by Ofsted and stakeholder feedback (monitors the effectiveness of local arrangements effectively)
- CAMHS workers embedded within youth justice and MASTs.

Future in mind: 'Improve access to services and support' and 'Improve care for the most vulnerable' and 'Improve transparency and accountability.'

Further considerations

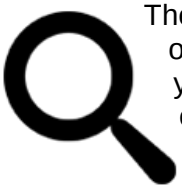
- Consider having lead commissioning arrangements for children and young people's emotional wellbeing and mental health services, responsible for ensuring services are integrated and take a holistic approach to meeting children's different needs.
- Consider developing a shared dataset and performance framework to monitor trends and assist in targeting of resources, workforce development and practice.
- Further build joint working through CAMHS noting this appears effective and valued where clear structures and formal relationships have been developed, e.g. YJS.
- Review existing information-sharing protocols to reduce barriers to joint working.
- Develop and implement a clear voluntary, community and faith sector capacity-building strategy.
- Review duplication across MAST and other schools-based prevention programmes, ensuring resources are utilised effectively and schools are clear on the offer.
- Adherence to pathway guidance to support school nurses and youth justice professionals working with young people who are in the YJS or at risk of being involved.[86]

[86] www.gov.uk/government/publications/helping-children-to-be-safer-healthier-and-free-of-crime

Recommendations

6. Jointly commission and deliver services, taking a needs-led, whole-system approach with specific outcomes and making it a requirement of all children and young people's contracts to demonstrate specific targets/outcomes in relation to emotional wellbeing and mental health.
7. Embed the new strategy in implementing Sheffield's wider strategies and plans, including drawing in the resources that support improved outcomes for the emotional wellbeing and mental health of young people across the city.

Theme 4: Assessment



The research evidence highlighted necessary key principles and features of effective assessment and interventions across the four cohorts of young people: interventions based on careful assessment and established need, appropriate to individuals, holistic and involving whole families and communities, utilising effective and strong relationships between children and professionals, and with long-term engagement to achieve sustained outcomes.

Quality assessment is the first step in identifying which children and young people require services and the type and intensity of service provision they require. Integrated assessment supports a holistic understanding of the events, environment and situations surrounding individual children. In certain cases, assessment may need to be aided by more specialised assessments of complexity. Clearly, assessment and intervention need to have a direct link with agreed outcomes. We were told by a number of people we interviewed that Sheffield does not appear to have in place consistent approaches to assessment across services.

To achieve the best possible outcomes for children and young people with mental health problems, services should be 'outcome-focused, simple, timely and easy to access, based on best evidence, and built around the needs of children, young people and their families rather than defined in terms of organisational boundaries.'[87,88] There is an emphasis on making it easier for vulnerable young people to access timely and appropriate support, including access to the provision of mental health services in the least restrictive setting as an alternative to inpatient care when appropriate. Also, it is important to recognise that some children will require inpatient care. This should form the starting point of any strategic and operational planning. This requires an initial risk assessment of high-risk young people as a priority along with clear links between children's services and mental health services.[89] Access in a simple and timely manner was an issue raised by most of the people we interviewed and was a particular focus of the discussions with young people.

Children in care

Children and Young People's Views on Being in Care[90] highlights the bright spots of practice within local authorities that contribute to the positive aspects of being in

[87] Report of the children and young people's health outcomes forum (2015).
[88] FIM (2015).
[89] Department of Health/NHS England (2015) *Future in mind*. London: Department of Health.
[90] www.coramvoice.org.uk/sites/default/files/Children's%20views%20lit%20review%20FINAL.pdf

care. Four primary themes emerge: relationships, respect, rights and responsibility. Developing and maintaining positive relationships was at the heart of the concerns of the children and young people who participated in this research. They identified the overriding importance of having trusting relationships with adults, friends and family members, and for these relationships to be loving, caring and affectionate.

Identity development is also a key consideration regarding both children in care and children involved in offending. Research highlights that children and young people want to see greater efforts to promote their sense of identity beyond that of being a child in care.[91] NICE Quality Statement 4[92] specifically notes that children in care should have ongoing opportunities to explore and make sense of their identity and relationships. The quality guidance states that the development of a positive identity is associated with high self-esteem and emotional wellbeing, and that life-history work can help young people to explore and make sense of their family history and life outside the care system.

Corporate parents need to assess their needs, make sure their voices and opinions are heard, provide opportunities, advice and assistance when they're needed, and make sure services are easy to access.[93] Sheffield was perceived to take their corporate parenting[94] responsibilities seriously and has developed a pledge to children in care that covers an evidence-based approach.[95] The research team's scope did not expand to reviewing the current practices of social workers, but the fieldwork completed suggests that Strength and Difficulties Questionnaire measures are used along with subjective measures that assess a young person's emotional wellbeing. What was not clear was how that data was used, interpreted or followed up.

Strength

- Ofsted (Sheffield): 'Decisions to look after children and young people are made by senior managers following full consideration of the risks. The right decisions are made about children returning home and arrangements are safely managed.'

Crime

Similar evidence was found regarding children involved in crime. Young offenders require assessments that take account of not only their risks and needs but also their maturity in deciding upon the interventions required and how they should be delivered. The Asset plus framework that is being introduced by the Youth Justice Board in 2015/2016 is designed to reflect the changing context for practice in which greater emphasis is now being placed on flexibility and the importance of professional discretion.[96] Asset plus also emphasises the views of young people and

[91] www.coramvoice.org.uk/sites/default/files/Children's%20views%20lit%20review%20FINAL.pdf
[92] www.nice.org.uk/guidance/qs31/chapter/list-of-quality-statements
[93] www.sccyp.org.uk/news/in-the-news/corporate-parenting-what-it-is-and-why-it-matters
[94] www.gov.uk/government/uploads/system/uploads/attachment_data/file/292032/Children_in_Care_Research_priorites_and_questions_FINAL_v1_1.pdf
[95] www.sccyp.org.uk/news/in-the-news/corporate-parenting-what-it-is-and-why-it-matters
[96] www.gov.uk/government/uploads/system/uploads/attachment_data/file/367782/AssetPlus_Rationale_revised_October_2014_1_0.pdf

parents/carers being thoroughly considered and on helping young people and parents/carers to 'own' or contribute to intervention plans on an ongoing basis.[97]

The research highlights that involving young people and family members increases co-operation and ownership of the plan, leisure activities give young people an increased sense of social inclusion, engaging the wider family enables better outcomes, and one-to-one support is the most significant element in improving young people's outcomes and is an essential ingredient in effective intervention.[98]

Strength

- Assessment of education and accommodation need has contributed to the maintenance of good performance in these areas in Sheffield.

Suicide

Timely and effective assessment of all vulnerable children is crucial for speedy identification and referral to appropriate support services. Risk assessment for young people and suicide is a complex and complicated interplay between risk factors and outcomes, with the impact of these factors varying from person to person and fluctuating depending on the mood and circumstances of a young person at any one time, so it will be necessary to revisit risk assessment regularly. While mental health specialists, CAMHS and safeguarding leads will be involved in assessing and addressing the risk of suicide and attempts, suicide prevention is a relevant issue for all services/agencies, with each one required to risk assess as part of the assessment process.[99]

The use of tools regarding assessment has a mixed evidence base. For example, the STOP suite of measures, which is a web-based tool, uses the HealthTracker outcome monitoring system. This can be used to assess and monitor suicide risk, including increased risk associated with the side effects of common medications for childhood mental health problems, asthma and respiratory allergies. [100] NICE, however, states that such risk-assessment tools and scales should not be used to structure the assessment process or predict future suicide or repetition of self-harm.[101]

Local approaches to suicide and young people that are mentioned in the evidence base include, for example, Gloucestershire, which established a time-limited multi-agency task and finish group to share skills and knowledge, and identify short and long term actions to improve the prevention of suicide in children and young people.

Engagement

The evidence highlights that young people facing barriers to learning make up almost two-thirds of those young people who become NEET. It was highlighted through the interviews that within Sheffield pupil referral units around a third of the young people had special educational needs. Learning and special educational needs were outside

[97] www.gov.uk/government/uploads/system/uploads/attachment_data/file/367782/AssetPlus_Rationale_revised_October_2014_1_0.pdf

[98] www.gov.uk/government/uploads/system/uploads/attachment_data/file/182255/DFE-RR078.pdf

[99] Choose Life: National strategy and action plan to prevent suicide in Scotland (2002).

[100] Department of Child and Adolescent Psychiatry, Institute of Psychiatry, King's College London, April (2014)

[101] NICE (2011); Royal College of Psychology (2010); Appleton et al. (2010).

the scope of this research and further work is required to assess the prevalence in identified cohorts.

'The assessment of young people varies from school to school.'

'Often the quietly coping young people are the ones who may need emotional and mental health support. These young people are the ones that have the potential to fall through the net.'

'Schools identify young people through presenting behaviours, not always based on presenting or identified needs of the young person.' Stakeholders

Strengths

- Statutory assessments are complex and it is positive that Sheffield is reviewing protocols in line with national changes.
- MAST is currently reviewing their access criteria.
- Sheffield is leading a Department for Education funded Innovation Programme to support the emotional wellbeing and mental health needs of children and young people experiencing or at risk of sexual exploitation.

Best practice example

Sheffield is moving towards locality-based MASTs supporting thousands of families by delivering around 60 parenting programmes and whole-family support in 16 children's centres, including:

- family crisis
- behaviour and parenting skills
- problems at school
- finding services
- employment and training.

However, our participating stakeholders reported a perceived rigidity in the emotional wellbeing and mental health commissioning models of Sheffield, where young people need to meet thresholds and go through assessment processes. This does not enable the individual and whole-system approach evident in the literature and is an area for Sheffield to consider in relation to future commissioning arrangements.

'Targeted services do not work holistically with young people. They offer their service and complete their bit etc.' Stakeholder

***Future in mind*: 'Improve access to services and support' and 'Improve care for the most vulnerable'**

Further considerations

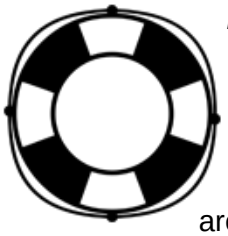
- Ensure decisions on changing placements are taken on a current assessment

of the child or young person's needs, or when their care plan indicates that it is in their best interests to move, and not on the basis of resource shortfalls.
- Action to monitor emergency placements to understand why they happen and reduce their frequency.
- Identification of placements that allows siblings to live together unless there is clear evidence that this would not be in their best interest, or the child or young person is unhappy with the arrangement.
- Action so that that 'excluding' and 'receiving' schools share responsibility for the pupils who move.
- Evaluate the impact that Sheffield YJS can make in their contributions to vulnerability assessments for 15/16-year-olds, i.e. how influential the YJS recommendations are in Youth Justice Board custodial placement decisions in the context of national bed shortages and austerity.

Recommendation

8. Children and young people in Sheffield should be assessed by taking a holistic approach that does not define them solely on the basis of their experience or primary need.

Theme 5: Interventions



Future in mind[102] highlights difficulties in access, access to crisis, out-of-hours and liaison psychiatry services, and specific issues facing highly vulnerable groups. Local research corroborates these issues in Sheffield. A number of stakeholders and young people have identified these issues at a local level. Sheffield has also recognised these through a number of reviews and strategies as areas of priority.

To make changes *Future in mind*[103] identifies the need to simplify structures and improve access, ensuring young people have easy access to the right support from the right service. Sheffield has identified ways to improve access through the new strategy,[104] with new models of delivery, improving waiting times and appropriate crisis support. The identified success measures have synergy with our research findings, but the further considerations and evidence base within this report should be reviewed to support implementation of the strategy.

Best practice example

YIACS offer a proven integrated model in which advice is provided alongside a range of complementary services, including counselling and other therapeutic interventions, specifically for young people aged 13 to 25. Investment in YIACS has been identified by the Children and Young People's Mental Health and Wellbeing Taskforce as crucial to any local youth mental health service offer. Locally, joint commissioning of YIACS across child and adolescent mental health services, adult mental health services, clinical commissioning groups, public health, housing, youth services and legal advice budgets may offer the best chance of securing the holistic services young people need.

[102] Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.
[103] Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.
[104] Sheffield Emotional Wellbeing and Mental Health Strategy (2015).

Best practice example

The NHS Liverpool Clinical Commissioning Group ensures CAMHS offers a single point of access to services for children and young supported by a shared referral form, robust partnership and information-sharing agreements, and a CAMHS passport[105] (so information follows the young person) to prevent duplication of assessment. A flexible approach to appointments, including home visits, telephone support and out-of-hours and weekend cover, ensures that young people have comprehensive support. Feedback from service users shows that over 90% have had a positive experience of services and 90% have had improved outcomes.

Care

Stability[106] is one of the most significant factors associated with the wellbeing of children in care, and their outcomes and placement stability shows a correlation with educational attainment.[107,108] Local data on placement stability shows that long-term placement stability (those looked after for over 2.5 years, being in the same placement for 2 years) is good, with Sheffield placed 36th of the 152 English local authorities. Short-term stability (those who have had three moves or more in a year) is poorer, with Sheffield placed 92nd.

Ofsted commented on the lack of placements for children with complex or multiple needs, specifically focusing on demanding adolescents who are difficult to place. The data seem to suggest that Sheffield admitted more 16 and 17 year olds to care in 2013/2014, with this group making up 20% of all admissions compared with 9% and 15% regionally and nationally. Interviewees suggested this may be because some of this age group had not been subject to intensive family support and at 16/17-years-old were more able to 'vote with their feet'.

A review of attachment-informed practice[109] highlights the following:

1. Successful placements are more likely when carers are able to respond to children at their emotional age rather than their chronological one.
2. Interventions with children should aim to address developmental brain impairment by providing care that can build fundamental brain capacities.
3. A consistent theme throughout the evidence of effective intervention with children looked after away from home is the central importance of the adult caregiver's capacity to reflect on the child's behaviour in order to help them understand the child's thoughts, feelings and needs.
4. Any assessment of a child should identify possible alternative attachment figures, and good planning should include maintaining and supporting such relationships even in the event of a child being removed.

The review also highlights two good practice examples:

1. The Pillars of Parenting[110] model emphasises the crucial role of direct carers in healing severely hurt children through being attuned to their needs, despite

[105] Now a national policy requirement.
[106] www.nice.org.uk/guidance/qs31/chapter/List-of-quality-statements
[107] www.demos.co.uk/files/In_Loco_Parentis_-_web.pdf?1277484312
[108] www.gov.uk/government/publications/children-in-care-research-priorities-and-questions
[109] www.iriss.org.uk/sites/default/files/iriss_insight10.pdf

being exposed to extremely challenging and rejecting behaviour.

2. Edinburgh City Council has adopted an explicitly attachment-promoting model of residential child care based on work in Canada focused on the need to understand the meaning of behaviour and to develop self-regulatory skills in the context of positive safe relationships. These approaches share a focus on the relationship between carers and children as the basic tool in creating healthy change and good outcomes.

Best practice example

Promising evidence base

- Mindfulness in schools has a promising evidence base and has been recommended by an all-party parliamentary group for inclusion in the training of all teachers.[111] The University of Oxford is leading a seven-year pilot study into mindfulness in schools.
- Nurture groups have proven to be useful in developing emotional and social wellbeing in more vulnerable pupils through fostering a sense of safety and belonging.[112] This has been promoted in several successful targeted mental health in schools projects.

Strengths

- A good range of services in Sheffield were identified that support families at a time of crisis (Building Successful Families, MST, family group conferences and MASTs).
- Work is being done by social workers and foster carers on developing a holistic view of the child when they need a placement and not just focusing on the immediate presenting problem or placement breakdown.
- MAP service provision: all residential units have a named MAP worker and a CAMHS worker.
- Family group conferencing: Sheffield is currently reviewing this provision to ensure it is fit for purpose.

Best practice example

The MAP service works to help Sheffield City Council's children in care (aged 0 to 18-years-old) with psychological issues that may have been caused through the trauma of early life experiences. They offer various approaches: therapeutic work on an individual basis for young people or their carers, for carers and young people together, and/or for the professional system around the child.

Crime

The consensus[113] on what constitutes effective offending behaviour intervention is based on careful assessment and should include an element that focuses on

[110] www.christianchildcareforum.org.uk/documents/Cameron-Maginn-BJSW-Sept-5-2008.pdf
[111] All Party Parliamentary Group on Wellbeing Economics (2014) Wellbeing in Four Policy Areas.
112 Cooper, P. (2009) Nurture groups, an evaluation of the evidence. In Cefai, C. and Cooper, P. (eds) *Emotional Education: Engaging Young People with Emotional, Social and Behavioural Difficulties*. London: Jessica Kingsley.
[113] www.gov.uk/government/uploads/system/uploads/attachment_data/file/356204/Final_EYP_source.pdf

cognitive skills; appropriately matched to the individuals level of motivation[114]; include an element of reparation; delivered as designed; individually appropriate (using a risk and protective factors framework); high-quality relationships, long-term engagement and contact time; case work and co-ordination, especially through transition periods, and based on a sound assessment of risks, needs and responsivity. Desistance studies have found that rebuilding ties with family, friends and the wider community and developing new prosocial relationships through work or marriage are important aspects of desisting from crime.[115] Interventions that aim to increase offenders' sense of agency, self-efficacy and good problem-solving skills are also more likely to be effective in reducing re-offending as offenders are more likely to eventually desist from offending if they manage to acquire a sense of agency and control over their lives and a more positive outlook on their future prospects.[116]

Sheffield's MST team aims to address serious antisocial behaviour in 11 to 17-year-olds. Team members each have a small case load and work intensively with the young person and their family over a period of three to five months. The MST team is located within the YJS and is currently funded through cash and kind contributions from the Department of Health, YJS and Sheffield City Council. Good practice has been identified in Sheffield's delivery of MST for problematic sexual behaviour.

'Current provision is inadequate to meet the demands for Sheffield's MST service.'

'A reduction in MST and Family Group Conferencing provision has resulted in a reduction in families services are able to work with.' Stakeholders

In relation to re-offending, the 38.7% of those who re-offended committed an average of 1.2 re-offences each. Both of these measures are the highest since Sheffield commenced recording them, and are above the national totals, but average amongst core cities. Sheffield is part of the Youth Justice Board's Reducing Reoffending programme, which enables access to a range of analytical tools to assist in understanding of the patterns of re-offending.

Sheffield's YJS monitors the education, training or employment status of the re-offending cohort and also their accommodation status. Both of these factors are maintaining good performance, with 84.2% of young people in education, training or employment at the end of their YJS interventions and 98% in suitable accommodation.

Strengths

- Sheffield reports that detailed analysis is being carried out to understand the trend regarding first-time entrant increases. First-time entrants, recidivism and custodial sentencing are priorities for the forthcoming year.
- Sheffield is part of the Youth Justice Board's Reducing Reoffending programme, which enables access to a range of analytical tools to assist in understanding the patterns of re-offending.
- Sheffield also reports that there were 21 custodial sentences given to young people in 2014/2015, which, whilst it exceeded stretch targets, made it the second-best performing core city.

[114] Andrews, D.A. and Bonta, J. (2010) *The Psychology of Criminal Conduct*, 5 edn, Newark, NJ: Lexis/Nexis.
[115] www.sccjr.ac.uk/pubs/Changing-Lives-Desistance-Research-and-Offender- Management/255
[116] www.gov.scot/resource/0038/00385880.pdf

- Good performance in education, training, employment and accommodation for young people involved in the YJS.

Suicide

There are significant problems in establishing accurate rates of prevalence for suicide in the population of young people in the UK. Caution should be exercised in drawing conclusions. Suicide rates vary depending on regional location, gender, age, ethnic origin and definitions used in death registration practices. In the 2004 Office for National Statistics survey [117] self-harm prevalence increased dramatically in adolescence, with rates of 1.2% in those with no disorder, rising to 9.4% in those with an anxiety disorder and 18.8% in those with depression.[118] In Sheffield it is difficult to determine the level of suicide in the cohorts and ages provided as current data analysis has focused on those aged 15-years-old and over, but in recent years there have been a number of suicides in adolescents. These case reviews have support this research.[119]

One interviewed young person gave a candid account of her self-harm, describing how she took two attempts on her life yet did not meet thresholds for mental health services. A number of other stakeholders who were interviewed gave accounts of young people not meeting thresholds, leaving Tier 1 and Tier 2 services (community and statutory) to support vulnerable young people without the specialist therapeutic work required. The examples provided by a number of young people and recent suicide review services[120] highlight that failure to intervene early places young people at greater risk of suicide and injury, unemployment and other adverse life circumstances.[121] Furthermore, promoting evidence-based emotional wellbeing at a population level or in specific high-risk groups is key.[122]

Sheffield has commissioned a therapeutic service for young people, but this is a new service currently being embedded into local delivery. It is understandably unclear to some services interviewed how this service will work with young people at risk of suicide, e.g. how schools will be supported to identify at risk young people. The research team found no evidence of support that is currently bridging gaps between workers or carers, except from the commissioned service outcomes of training and development of school staff. This leaves a potential gap in the opportunity to work earlier to prevent the young person requiring specialist support. As detailed within Theme 2 this could be an area where Sheffield could build capacity within its prevention-based model.

Best practice example

Public Health England has recognised the specific inequalities in self-harm and suicide affecting lesbian, gay, bisexual and trans populations, and the challenges in responding to this at local government level. As part of work to respond to this need they are developing a toolkit with the Royal College of Nursing for nurses and allied health professionals to develop their skills and knowledge around lesbian, gay and bisexual young people who are at risk of suicide and recognise the wider context of their mental health in relation to their sexual orientation and identity.[123]

[117] www.hscic.gov.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep2.pdf
[118] Children and Young People's Emotional Wellbeing and Mental Health: Health Needs Assessment Public Health Team, CYPF, Sheffield City Council, page 38 of 72.
[119] CDOP review of recent cases detailed in the EWBMH (2014).
[120] Children's Trust Executive Board, July 2014.
[121] www.iris-initiative.org.uk/silo/files/early-detection-report.pdf
[122] www.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf
[123] http://iapdeathsincustody.independent.gov.uk/harris-review/

'Carers are being faced with situations where young people are self-harming but assessments highlight the young person is not mentally ill so little support is offered and the carer or family are left to cope.' Stakeholder

'The crisis team were brilliant, they really listened to me.' Young person

Best practice example

Derby has a dedicated CAMHS liaison service that responds rapidly to all young people under 18 years old who present at the Royal Derby Hospital following significant self-harm, suicide attempts or severe and acute mental health concerns. They work closely with a dedicated safeguarding nurse. The relationship between mental health, acute health, and safeguarding services ensures that families receive effective discharge planning meetings and reduces the likelihood of readmission. Families report raised confidence that physical, social and mental health services are working together and 'getting it right first time'.

Engagement

Large-scale interventions such as healthy/health-promoting schools, the primary and secondary Social and Emotional Aspects of Learning programmes and the Targeted Mental Health in Schools (TaMHS) programme in England provide valuable learning regarding what works.[124] Sheffield is already ahead, with a school-based pilot[125] and recent commissioning of emotional wellbeing services, but it is not clear what evidence base the pilot is working from.

While it is often seen that NEETs in the UK are a secondary school responsibility, a growing evidence base[126] suggests that pre-school and early primary schools can help to address this situation as many decisions by young people, conscious or unconscious, about their future are influenced by experiences early in their schooling.[127]

Some of the key messages for primary schools about young people at risk of disengaging about how they can help include early intervention, and as early as possible, by:[128]

- identifying early misbehaviour and absence patterns
- reducing barriers to learning in the home environment
- addressing early literacy and numeracy deficits
- boosting confidence and inter-personal skills at a young age.

[124] Weare, K. (2015) What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for Schools and Framework Document.
[125] Emotional Wellbeing Pilot Report: Sheffield Park Academy; Interchange Sheffield CIC & Family Action TAMH's service.
[126] National Child and Maternal Health Intelligence Network; *TaMHS Final Evaluations* (2011). http://www.chimat.org.uk/ camhs/tamhs/eval
[127] Research Programme's *From Education to Employment* theme presents four substantial reviews that establish what recent research says about ways to help those pupils at risk of becoming NEET.
[128] Headteacher Update, NFER (2012).

Best practice example

Programme evaluation with positive outcomes

The Key Stage 4 Engagement Programme for young people aged 14–16 is a well-resourced programme that was integrated into the school curriculum. It was successful because there was effective management and quality assurance of the provision, well-sourced out-of-school provision, a range of provision to meet differing pupil needs and holistic approaches to the delivery of programme elements.[129]

Risk and protective facts, the complex interplay with what makes children more resilient, feature throughout the evidence base and are an important factor in young people's mental health. Resilience is multi-layered, including a sense of self-esteem, confidence, a belief in self-efficacy, the ability to deal with change/adaptation and a range of social problem-solving approaches. The role of schools in resilience, as safe and affirming places for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems, is important.[130]

Best practice example

Programme evaluation with positive outcomes

Activity Agreement (AA) pilots for young people aged over 16 intervened early (after 13 weeks NEET). They were successful because they offered a personalised and flexible programme, involved young people in the design of their learning, offered the intensive support of an AA advisor and provided a financial incentive.[131]

Strengths

- Sheffield's schools have an increased budget for pastoral support.
- Accident and emergency liaison service: feedback from a number of stakeholders suggests this requires review for a younger age group, i.e. below 16 years.
- Flexible detached work in place through Children and Young People Teams.

***Future in mind*: 'Improve access to services and support' and 'Improve care for the most vulnerable'.**

Further considerations

- Careful consideration is needed in assessing whether an intervention that has been positively evaluated in relation to one age group needs to be adjusted or modified to assist successful implementation with a different age group.
- Consider whether support for all care leavers should be extended up to 25 years of age,[132] including the development of a clear risk management process for older care leavers.
- Action to address the lack of placements for young people with complex or multiple needs with a specific focus on demanding adolescents, including

[129] Nelson, J. and O'Donnell, L. (2012).
[130] Department for Education (2015) *Mental health and behaviour in schools*.
[131] Nelson, J. and O'Donnell, L. (2012).
[132] www.childrenscommissioner.gov.uk/sites/default/files/publications/Care%20monitor%20v12_1.pdf

short-term placement and current systems for diverting 16/17-year-olds from the care system.
- Review high-level needs young people who do not meet criteria for Tier 4, also ensuring clear admission criteria for Tier 4 services.
- Alternative delivery and staffing models need to be considered for the delivery of YJS to take account of shrinking budgets and achieve better outcomes, including in relation to first-time entrants and reducing re-offending.
- Consider working with outreach teams to address the lack of home treatment for young people, noting there has been a successful pilot for adults but nothing in place for young people.
- Review out-of-hours services for target cohorts, i.e. 11 to 18-years-old
  Review emergency bed spaces for young people, identified by a number of stakeholders along with a young person who ended up on an adult ward, as an area of concern.
- Build on previous pilots and existing work to develop and commission an effective school-based programme.

Recommendations

9. Review the approach to delivering youth justice services in the community, including reducing the number of first-time entrants and re-offending.
10. Develop a strategic and joined-up approach to transitions, including through establishing a multi-agency transition forum.
11. Create a dynamic map of service provision and detail how these services link with each other to promote a whole-system approach, enabling effective communication and collaboration – facilitating this where possible, for example through a 'market place' networking event.
12. Ensure robust evaluation frameworks are in place and undertake cost-benefit analysis for newly introduced services in order to inform practice, contribute to improving outcomes and inform commissioning.

Theme 6: Transitions and tracking progress

Transitions are consistently identified by the research as one of the most challenging issues/times for vulnerable young people as they navigate complex and often inefficient mazes of assessments and interventions between, and also within, services. Transitions should also be thought of in terms of any movement into, between or onwards from placements, schools, services or agencies at any age. Transitions do not just relate to a young person moving onto adult services. Much of the synthesised evidence highlighted the need to understand the importance of attachment to inform the planning and management of transitions for children and adults. It has recently been argued that the relationships with people who care for and about children are the golden thread in children's lives, and […] the quality of a child's relationship is the lens through which we should view what we do and plan to do (Care Inquiry, 2013, p2)[133]

[133] Care Inquiry (2013) Making not breaking: Building relationships for our most vulnerable children. London: House of Commons.

Emotional and physical transitions involved in moving up through the school years can be challenging and can affect learning. The reviewed research focuses on school staff needing to have close awareness of the transitions all their pupils are going through and helping them manage them. Staff need to ensure they keep up to date with on-going rapid social changes, including new technologies and the opportunities and threats they pose, and formulate appropriate responses, especially for safeguarding more vulnerable pupils.[134]

Care

Research strongly highlights the particular importance of the transition from residential care into independent living and how policies should support the continuation of relationships between young people and those who have been caring for them.[135] NICE Quality Statement 8 supports this finding by emphasising the necessity for care leavers move to independence at their own pace.[136] There are agreed principles of good transitional care, but there is evidence that these principles are not always reflected in practice, and that transition support is often patchy and inconsistent. Feedback from many stakeholders and all young people consulted in Sheffield corroborates these findings.[137,138,139,140]

The relationships of children and young people at different stages of their journey into, through and transitioning out of care is an issue of particular concern because it is clear that children and young people coming into care have been exposed to abuse, neglect and harm. A key process in helping them come to terms with their experiences is the development and experience of trusting, stable and nurturing relationships[141]

The Social Policy Research Unit at the University of York and Catch22[142] suggest an increased risk of onset of mental ill-health during the late teenage years for young people who have experienced childhood trauma, often coinciding with the transition from care. It also identifies how access to specialist mental health services for those aged 18+ continues to be a challenge. This challenge appeared to be present within Sheffield, particularly pertaining to 16/17/18-year-olds, but the newly developed services will seek to provide Sheffield with a step forward in developing effective transitional services.

Crime

The Transition to Adulthood Alliance has provided ample evidence of the many transitions facing young people moving from the youth to the adult justice system and the importance of a distinct approach and guidance regarding the interventions needed, including taking account of different levels of maturity.[143] The Scottish Government summarises in their evidence review of effective approaches for

[134] Weare, K. (2015) What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for Schools and Framework Document.
[135] www.iriss.org.uk/resources/attachment-informed-practice-looked-after-children-and-young-people
[136] www.nice.org.uk/guidance/qs31/chapter/List-of-quality-statements
[137] Beresford, B. and Cavet, J. (2009) *Transitions to Adult Services by Disabled Young People Leaving Out of Authority Residential Schools*. York: Social Policy Research Unit, University of York.
[138] Clarke, S., Sloper, P., Moran, N. et al. (2011) Multi-agency transition services: greater collaboration needed to meet the priorities of young disabled people with complex needs as they move into adulthood. *Journal of Integrated Care* 19: 30–40.
[139] Hovish, K., Weaver, T., Islam, Z. et al. (2012) Transition experiences of mental health service users, parents, and professionals in the United Kingdom: a qualitative study. *Psychiatric Rehabilitation Journal* 35: 251–257.
[140] Singh, S.P., Paul, M., Ford, T. et al. (2010) Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study. *British Journal of Psychiatry* 197: 305–312.
[141] www.iriss.org.uk/resources/supporting-positive-relationships-children-and-young-people-who-have-experience-care
[142] www.york.ac.uk/inst/spru/research/pdf/CparentSumRep.pdf
[143] www.t2a.org.uk/wp-content/uploads/2012/11/T2A-Pathways-from-Crime.pdf

children involved in crime[144] how effectively managed transitions can transform lives, protect society and save money. The Welsh Government/Youth Justice Board joint evidence informed strategy to improve services for young people from Wales at risk of becoming involved in, or already in, the YJS[145] highlights that those remaining in the YJS not only have more complex vulnerabilities, they are also generally older, with a far greater proportion of 16 and 17-year-olds. Many of these young people will consequently transfer to adult services, both in the justice system and other services such as the move from CAMHS to adult mental health provision. The point of transfer from youth to adult services is a critical time for the young person involved and for professionals, who must work to ensure the safeguarding of the young person and any risks posed to the public by them are minimised.

Evidence from Skills Development Scotland[146] indicates that just 16% of young people leaving NH YOI Polmont move onto positive destinations. The report summarises how planning for a young person's transition needs to start before the process itself. The Scottish government report also highlights the particular importance of housing support as a priority area for those young people moving on from custodial sentences. Housing option approaches by local authorities and their partners should include a focus on addressing needs including helping individuals to access mediation, employability and health services. The Youth Justice Board of England and Wales has provides a number of good practice resources for transition related practice[147].

Suicide

The evidence base on transitions for young people and suicide examines the age range category 16 to 25-years-old and vulnerability. Young people in this age range go through a number of important and stressful transitions, such as moving from home to university or moving from education to employment or finding these routes are not open to them. New issues growing in importance include eating disorders, self-harm and the impact of social media and experience of cyberbullying.[148]

Young people in contact with mental health services may have to make the transition from child and adolescent services to adult services, which is well documented that nationally young people are falling through the gap of tiered provision. This can result in very vulnerable young people being left with no support at a time when they most need it.[149]An increasing evidence base to address improving transitions is focused on flexible and individual needs-based service provision for young people rather than a tiered approach or separate children and adult services.[150]

Commissioning arrangements are discussed throughout the evidence base in order to support young people and young adults as they seek to move from child to adult

[144] www.gov.scot/resource/0038/00385880.pdf
[145] www.gov.uk/government/uploads/system/uploads/attachment_data/file/374572/Youth_Justice_Strategy_English.PDF
[146] www.gov.scot/Publications/2015/06/2244/7
[147] http://webarchive.nationalarchives.gov.uk/20130128112038/http://justice.gov.uk/youth-justice/youth-to-adult-transitions/youth-to-adults-transitions-framework
[148] Department of Health/NHS England (2015) *Future in mind*. London: Department of Health.
[149] Young Minds (2013); HM Government (2011) *No health without mental health: a cross-government mental health outcomes strategy for people of all ages*. London: Department of Health.
[150] Process, outcome and experience of transition from child to adult mental healthcare: multi-perspective study. *British Journal of Psychiatry* 197(4): 305–312; Department of Health/NHS England (2015) *Future in mind*. London: Department of Health.

services and in relation to mental health services working with a wide range of partner agencies to meet the needs of the individual.[151]

Best practice example

City and Hackney extended CAMHS East London Foundation NHS Trust and partnership with colleges and the voluntary sector to continue Tier 3 service provision for young people aged 18 to 25 years. The extended service works primarily with young people who do not currently meet the threshold for Adult Mental Health Services in Hackney but who need support from mental health services. It targets young people who need a period of preparation before they are ready to make the transition to adult services because of their developmental needs.

Best practice example

Central Norfolk Early Intervention Youth Team

The Central Norfolk Early Intervention Youth Team has established a specialist youth team to work specifically with 14–18-year-olds referred to its Early Intervention in Psychosis (EIP) service who can then continue to receive the EIP service for up to 5 years in order to reduce the need for unnecessary transitions between services and to improve the transition to Adult Mental Health Services or back into primary care. There is a focus on promoting social activity and engagement with existing educational and vocational services, and peer and family support.

Engagement

Emotional and physical transitions involved in moving up through the school years can be challenging and can affect learning. Research focuses on school staff needing to have close awareness of the transitions all their pupils are going through and helping them manage them. Staff need to ensure they keep up to date with ongoing rapid social changes, including new technologies and the opportunities and threats they pose, and formulate appropriate responses, especially for safeguarding more vulnerable pupils.[152]

Strengths

- Sheffield partners are committed to improving school-to-work transitions for the older age range of NEETs and offer a number of work programmes and learning opportunities to students at Key Stage 4.
- Sheffield is working hard to develop effective transition protocols in many areas, with recognition of the importance of supporting young people at this time of their lives, e.g. the YJS/probation transition process where cases are retained until their order expiry rather than automatically transferring on the young person reaching the age of 18-years-old. This has been a common theme emerging from both the literature and local fieldwork where the identified cohorts often fall through the gaps.

[151] Lamb, C., Hall, D., Kelvin, R. and Van Beinum, M. (2008) *Working at the CAMHS/adult Interface: good practice guidance for the provision of mental health services to adolescents/young adults*. London: Royal College of Psychiatrists.

[152] Weare, K. (2015) What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for Schools and Framework Document.

- Adult services also identified developments through their transition groups, which they are particularly proud of. Feedback from a number of other stakeholders, however, identified a need to build and develop a better system, particularly for the identified cohorts of young people, who may be the ones who do not attend the transition groups.

'All young people have different maturity ages and we cannot assume they are mature enough to be independent based on their age.' Stakeholder

'My foster carer has helped me through a lot.' Young person

***Future in mind*: 'Improve access to services and support' and 'Improve care for the most vulnerable'.**

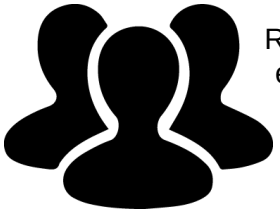
Further considerations

- Build on the current work with CAMHS and Chilypep, and consider establishing a multi-agency transitions forum to review and monitor transition protocols, contributing to improved delivery outcomes.
- Review continuity of care procedures for young people discharged from hospital or in transition to adult services using a care programme approach to address potential gaps in service when young people do not meet thresholds or require a greater level of support.
- Action to refresh transitions protocols to include guidance regarding alternative care pathways for young people who do not meet the threshold for CAMHS.
- Ensure processes are in place for young people to transition effectively from the community to secure care or custody and when returning to communities after periods of being accommodated or sentenced.
- Practice with young adult offenders should be informed by the Transition to Adulthood Alliance guidance and other related resources.
- Seek to develop more flexible start provision that is suitable for 16 to 18 year-old young people who are NEET, or at risk of being NEET, and ensure that satisfactory progression routes are available.

Recommendation

13. Build on the current work with CAMHS, adult services and Chilypep to consider a local transitions forum, including representatives from children and adult mental health services and the voluntary sector, to review and monitor the application of transition protocols, and provide the opportunity for regular communication and service development.

Theme 7: Workforce development



Research highlights the importance of a skilled, competent and efficient workforce with contemporary skills and abilities to work effectively with vulnerable young people with often challenging and complex needs. Given the budget reductions and the suggested introduction of new, proactive innovations,

developing the workforce has emerged as a key area for attention for Sheffield to enable the delivery of effective services.

Developing the workforce is a core theme of the *Future in mind*[153] report and Sheffield has embedded this into their new Emotional Wellbeing and Mental Health Strategy,[154] with a clear focus on supporting universal offers in schools and building the digital provision to support staff and young people to access appropriate advice and guidance.

Sheffield's new strategy places an emphasis on workforce development where 'all universal, specialised and paediatric services and commissioners are supported to develop their skills, knowledge in emotional wellbeing and mental health needs of children and young people and effective ways to engage and support young people'. Sheffield is currently developing a workforce development plan within MASTs, CAMHS services offer a range of training opportunities to professionals, and the new Emotional Wellbeing and Mental Health Strategy offers training and development to school staff (details were not obtained on the scale of this offer).

Best practice example
In Liverpool the CAMHS Partnership offers a range of training, including targeted training for health visitors, school nurses, social workers, teachers and youth offending services case managers, to identify and support young people early and prevent inappropriate referrals.

'Sheffield has a great partnership approach, with mutually agreed protocols in place.' Stakeholder

Care

Linking into Theme 2's attachment-informed practice, the evidence suggests that training and support should be provided to caregivers on a frequent and regular basis to ensure that they are able to maintain their capacity to be reflective about children rather than reactive to their behaviour.[155] The same review also emphasises the need to ensure that specialist services can provide support such as consultation and training to carers and frontline practitioners, and can work directly with children and carers on interventions that focus on supporting secure attachments.[156] The Department for Education Innovation have funded a pilot scheme for children and young people experiencing or at risk of sexual exploitation that places an emphasis on skills development, working with partners across South Yorkshire. The aim is to support the mental health needs of these children and young people, as well as to build capacity and different skills through training youth workers, social workers, families and foster carers in therapeutic interventions.

[153] Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.
[154] Sheffield Emotional Wellbeing and Mental Health Strategy (2015).
[155] www.iriss.org.uk/resources/attachment-informed-practice-looked-after-children-and-young-people
[156] www.iriss.org.uk/resources/attachment-informed-practice-looked-after-children-and-young-people

Crime

Recruiting, retaining and developing the workforce is vital to deliver on better outcomes for young people involved in offending. The skills and knowledge of those working with young people who offend are crucial to the continuing progress in preventing re-offending. To enable the targeting of skills, knowledge and resources in the right areas, best practice highlights that we need to use evidence of trends, patterns and volume of offending and support partners to learn, reflect and improve.[157] Sheffield is part of the YJB's Reducing Re-offending Programme and this learning, including in relation to skills development, should inform future practice.

Strength

- Positive focus on desistance approaches, incorporated into recent YJS training.

Suicide

The reviewed evidence states that tailored approaches for preventing suicide in young people, young people and their families are predicated on having appropriately trained and qualified professionals in all services, with the right mix of skills, competencies and experience. Safeguarding, confidentiality and the ability to engage with young people, including a focus on more vulnerable young people, is considered integral.[158]

Engagement

In relation to NEET, the research indicates that a number of elements can contribute to more effective multi-agency working, including the provision of training that involves sharing of knowledge and understanding of the different professions and roles that can contribute to a multi-agency response.[159]

Strengths

- The new Emotional Wellbeing and Mental Health Strategy includes a strong focus on workforce development.
- MAST training with non-clinical/specialist staff.
- CAMHS are delivering training with MASTs.
- Sheffield partners have a rolling training programme that includes suicide and young people (April 2016).

Future in mind: 'Develop our workforce'

Further considerations

Action so that workforce development plans to support the implementation of a whole-system approach to delivering services:

[157] www.gov.scot/Publications/2015/06/2244/5
[158] www.rcn.org.uk/__data/assets/pdf_file/0004/78583/004542.pdf
[159] www.gov.uk/government/publications/intervening-to-improve-outcomes-for-vulnerable-young-people-a-review-of-the-evidence

- Consider the development of a core set of competencies that support staff to engage with children and young people, taking a holistic, assets-based approach.
- Build on current training and toolkits to ensure all schools have access to appropriate tools and skills.
- Foster carer training should be complemented by ongoing consultation, training and learning opportunities to ensure that carers can generalise what they have learned in the context of a specific carer–child relationship and apply this to their work with other children.
- Review and ensure that leadership development at all levels, but particularly for frontline managers, includes an emphasis on supporting staff to take a holistic, integrated approach in engaging children and young people and working with partners.
- Action to ensure practitioners' roles are supported by regular high-quality supervision, with a particular focus on the implementation of plans that support children and young people to improve their outcomes and take corrective action where necessary.
- Develop appropriate forums to share knowledge and good practice, and further develop skills.
- Alongside any current toolkit, commission the use of the Royal College of Nursing and Public Health England toolkits.

Recommendation

14. Build a more collaborative, multi-agency approach to training and workforce development opportunities founded on common core skills.

Appendix A

Local context: strategies and evidence informing this report

- Joint Health and Wellbeing Strategy, 2013-2018
- Children and Young People Emotional Wellbeing and Mental Health Needs Assessment
- Sheffield's Emotional Wellbeing and Mental Health Strategy for Children and Young People: consultation strategy, 2011
- Sheffield Strategy for Mental Health, revised 2015
- Better Care Fund, 2014
- Right Here
- Sheffield Clinical Commissioning Group commissioning intentions, 2015
- Concordant, 2015
- Sheffield City Strategy
- Child and Adolescent Mental Health Service Working Group, 2013
- Sheffield Children In and Leaving Care: Looked After, Adopted Children and Care Leavers Strategy, 2014/2015
- Sheffield Youth Justice Service Draft Annual Plan, 2015-2017
- Department for Education, March 2015
- Wider strategies, i.e. adult mental health strategy

Pre-inspection evidence and case reviews

- Child Death Overview Panel review of recent cases detailed in the Emotional Wellbeing and Mental Health, 2014
- Sheffield City Council: Inspection of services for children in need of help and protection, children looked after and care leavers. Ofsted report, 2014
- Briefing Paper re locality-based hubs: A model of prevention and early intervention
- Emotional Wellbeing and Mental Health Executive Group findings
- Emotional Wellbeing pilot report: Sheffield Park Academy, Interchange Sheffield Community Interest Company and Family Action TaMHS service

Appendix B

Glossary and terminology

Glossary

AA	Activity Agreement
ADHD	Attention deficit hyperactivity disorder
CALM	Campaign Against Living Miserably
CAMHS	Children and adolescent mental health service
EIP	Early Intervention in Psychosis
IAPT	Improving Access to Psychological Therapies
MAP	Multi-agency psychological support
MASH	Multi-agency safeguarding hub
MAST	Multi-agency support team
MST	Multi-systemic therapy
NEET	Not in education, employment or training
PAT	Prevention and assessment team
REA	Rapid evidence assessment
Sheffield	Sheffield City Council
SPSF	Suicide Prevention Strategic Framework
STAMP	Support, Think, Act, Motivate, Participate
TaMHS	Targeted Mental Health in Schools
YIACS	Youth information, advice and counselling services
YJS	Youth justice service
YOT	Youth offending team

Definition of 'children in care'

The term 'looked-after children' is defined in law under the Children Act 1989. A child is 'looked after' by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. For the purpose of this report Sheffield requested the terminology be 'children in care'.

Definition of 'children involved in criminal activity'

In England and Wales the age of criminal responsibility is 10 years.[160] Young offenders aged 10 to 17-years-old (i.e. up to their 18th birthday) are classed as juvenile offenders.[161] Between the ages of 18 and 21-years-old (i.e. up to their 21st birthday) they are classed as young offenders. Offenders 21-years-old and over are referred to as adult offenders. Young offender and adult offender groups fall out of the scope of the current review but are referenced and considered, especially in regard to transition arrangements.

[160] Section 50 of the Children & Young Persons Act 1933 states: 'It shall be conclusively presumed that no child under the age of ten years can be guilty of any offence.'
[161] www.justice.gov.uk/offenders/types-of-offender/young-adult-offenders

Definition of 'children at risk of suicide'

The National Statistics definition of suicide includes deaths given an underlying cause of intentional self-harm or an injury/poisoning of undetermined intent.[162] This research explores the evidence base to support and identify young people at risk of suicide. Through this research the following have been identified as direct links to suicide:[163]

- young men
- people in the care of mental health services, including inpatients
- people with a history of self-harm
- people in contact with the criminal justice system
- children and young people who are vulnerable, such as looked-after children, care leavers, and children and young people in the youth justice system
- survivors of abuse or violence, including sexual abuse
- people with untreated depression
- people who are especially vulnerable due to social and economic circumstances
- people who misuse drugs or alcohol
- lesbian, gay, bisexual and transgender people
- black, Asian and minority ethnic groups and asylum seekers.

Definition of 'young people not engaged' (health and/or education)

A NEET young person is one who is not in employment, education or training. A young person not engaging with health is difficult to define. For the purpose of this report we have taken into consideration those young people who fall through the gaps and do not meet criteria for 'health' services. The identified cohorts have been noted as difficult to engage in the current structure of services.

Local authorities have three main statutory duties in relation to young people's education and training:[164]

1. Secure sufficient and suitable education and training for all young people in their area.
2. Support these young people's participation up to the age of 18.
3. Identify those who do not participate.

Definition of 'participation'

'Participation is a process through which all children and young people are involved and taken seriously in processes to make their own decisions, define their own agenda, express themselves and be heard.'[165]

Consultation means asking the advice and seeking the views of children and young people and using the information to inform decisions about matters and services affecting children and young people's lives.

[162] www.ons.gov.uk/ons/dcp171778_395145.pdf
[163] Preventing suicide in England: A cross-government outcomes strategy to save lives.
[164] Department for Education (2014). *Participation of young people in education, employment or training*.
[165] A Strategy for the Participation and Consultation of Children and Young People in Sheffield 2008-2011.

Involvement means engaging children and young people in decision-making processes and activities or in delivering the services themselves.

Young people's consultation

Young people were engaged through existing participation groups to ensure the safeguarding of vulnerable young people and adults. This included support from Chilypep and the care leaver's participation lead, along with other agencies that engaged their service users for the purpose of the fieldwork.

Appendix C

Agencies involved in the research

Agency
MAST
Sheffield Health and Social Care Foundation Trust
CAMHS
Out-of-hours team
Youth offending
School nurse
Children in care team
Substance misuse services (The Corner, CRI)
YMCA
Chilypep
Sheffield Futures
Interchange CIC
NSPCC
Barnados
Primary care – GPs
Education – psychologists and inclusion
SCART short break
Fieldwork
Safe@Last
Zest
Sheffield Alcohol Support services
Public health
Family Action
Police
SOAR
Sheffield United
Sheffield City Council

Appendix D

Summary of recommendations and further considerations

Recommendations

The following recommendations are based on a foundation of evidence and also local research throughout this report:

- Sheffield would benefit from reviewing the different approaches to participation to ensure that the views of young people inform the delivery and ongoing improvement of services and inform implementation of the new Emotional Wellbeing and Mental Health Strategy.
- Further develop and promote services that support prevention, early intervention and diversion including in schools and working with 'Building Successful Families' cohorts.
- Develop a multi-agency preventative suicide strategy to include self-harm and links to other factors e.g. social and economic life circumstances.[166]
- Embed into all local policy initiatives and priorities (e.g. the Sheffield Poverty Strategy 2015-18).
- Ensure an ongoing commitment to training on awareness on this type of loss; how to provide support with children, young people and carers.
- Jointly commissioning and delivering services taking a needs led, whole system approach with specific outcomes making it a requirement of all children and young people contracts to demonstrate specific targets / outcomes in relation to emotional wellbeing and mental health.
- Embed the new Strategy in implementing Sheffield's wider strategies and plans including to draw in the resources that support improved outcomes for the emotional wellbeing and mental health of young people across the city.
- Children and Young People in Sheffield should be assessed taking a holistic approach that does not define them solely on the basis of their experience or primary need.
- Build on the current work with CAMH's / Adult Services and Chilypep to consider a local Transitions Forum, including representatives from children and adults mental health services, the voluntary sector to review and monitor application of transition protocols, and provide the opportunity for regular communication and service development.
- Build a more collaborative, multi-agency approach to training and workforce development opportunities founded on common core skills.

Further considerations

The following considerations have been identified through the evidence based research; however due to the scope of the research and limitations identified, the team have been unable to determine if these are already in place or currently being developed. Also, Sheffield may consider these as stage two of their transformation:

- Future commissioning needs to focus on taking a whole-system approach.

[166] R. Coll. Psych, 2010.

- Join up approaches to participation to support the development of a whole system approach to providing services that meet the expressed needs of children and young people and inform future joint commissioning.
- Support the development of new participation groups or forums that do not mirror service boundaries and demonstrate the multiplicity of need that children and young people have.
- Review all participation groups and ensure no duplication.
- Action to ensure that participation groups remain impartial and all have clear support functions.[167]
- Ensure mechanisms are in place to engage young people not engaged in health and education, including NEET 'older young people'.
- Review and link with young people excluded/Pupil Referral Unit attendees and ensure these young people are integrated within terms of reference for existing and new groups. The funding and contractual requirements of services to include meaningful participation.
- Strengthen links between CAMHS and YOTs to enable timely access to relevant help and support for young people identified at risk of offending and anti-social behaviour.
- Develop and implement protocols to follow up where a young person fails to attend appointments with professionals.
- Review particular groups that maybe at risk, for example the proportion of Roma at risk of becoming NEET is higher than the overall school figure.
- Action to agree protocols for referral, support and early intervention between all agencies.[168]
- Produce an information document on service provision, including Tier 1 voluntary and community sector provision.
- Develop clear data-recording processes to capture the complexity of qualitative and quantitative data regarding young people's suicide.
- Make use of 'what works' resources such as the Social Research Unit at Dartington and the Early Intervention Foundation.
- Consider having lead commissioning arrangements for children and young people's emotional wellbeing and mental health services, responsible for ensuring services are integrated and take a holistic approach to meeting children's different needs.
- Consider developing a shared dataset and performance framework to monitor trends and assist in targeting of resources, workforce development and practice.
- Further build joint working through CAMHS noting this appears effective and valued where clear structures and formal relationships have been developed, e.g. YJS.
- Review existing information-sharing protocols to reduce barriers to joint working.
- Develop and implement a clear voluntary, community and faith sector capacity-building strategy.
- Review duplication across MAST and other schools-based prevention programmes, ensuring resources are utilised effectively and schools are clear on the offer.
- Adherence to pathway guidance to support school nurses and youth justice professionals working with young people who are in the YJS or at risk of being involved.[169]

[167] www.chilypep.org.uk/wp-content/uploads/2014/10/Participation-Toolkit.pdf
[168] DfE,2004
[169] www.gov.uk/government/publications/helping-children-to-be-safer-healthier-and-free-of-crime

- Ensure decisions on changing placements are taken on a current assessment of the child or young person's needs, or when their care plan indicates that it is in their best interests to move, and not on the basis of resource shortfalls.
- Action to monitor emergency placements to understand why they happen and reduce their frequency.
- Identification of placements that allows siblings to live together unless there is clear evidence that this would not be in their best interest, or the child or young person is unhappy with the arrangement.
- Action so that that 'excluding' and 'receiving' schools share responsibility for the pupils who move.
- Evaluate the impact that Sheffield YJS can make in their contributions to vulnerability assessments for 15/16-year-olds, i.e. how influential the YJS recommendations are in Youth Justice Board custodial placement decisions in the context of national bed shortages and austerity.
- Careful consideration is needed in assessing whether an intervention that has been positively evaluated in relation to one age group needs to be adjusted or modified to assist successful implementation with a different age group.
- Consider whether support for all care leavers should be extended up to 25 years of age, including the development of a clear risk management process for older care leavers.
- Action to address the lack of placements for young people with complex or multiple needs with a specific focus on demanding adolescents, including short-term placement and current systems for diverting 16/17-year-olds from the care system.
- Review high-level needs young people who do not meet criteria for Tier 4, also ensuring clear admission criteria for Tier 4 services.
- Alternative delivery and staffing models need to be considered for the delivery of YJS to take account of shrinking budgets and achieve better outcomes, including in relation to first-time entrants and reducing re-offending.
- Consider working with outreach teams to address the lack of home treatment for young people, noting there has been a successful pilot for adults but nothing in place for young people.
- Review out-of-hours services for target cohorts, i.e. 11 to 18-years-old.
- Review emergency bed spaces for young people, identified by a number of stakeholders along with a young person who ended up on an adult ward, as an area of concern.
- Build on previous pilots and existing work to develop and commission an effective school-based programme.
- Build on the current work with CAMHS and Chilypep, and consider establishing a multi-agency transitions forum to review and monitor transition protocols, contributing to improved delivery outcomes.
- Review continuity of care procedures for young people discharged from hospital or in transition to adult services using a care programme approach to address potential gaps in service when young people do not meet thresholds or require a greater level of support.
- Action to refresh transitions protocols to include guidance regarding alternative care pathways for young people who do not meet the threshold for CAMHS.
- Ensure processes are in place for young people to transition effectively from the community to secure care or custody and when returning to communities after periods of being accommodated or sentenced.
- Practice with young adult offenders should be informed by the Transition to Adulthood Alliance guidance and other related resources.
- Seek to develop more flexible start provision that is suitable for 16 to 18 year-

old young people who are NEET, or at risk of being NEET, and ensure that satisfactory progression routes are available.

- Consider the development of a core set of competencies that support staff to engage with children and young people, taking a holistic, assets-based approach.
- Build on current training and toolkits to ensure all schools have access to appropriate tools and skills.
- Foster carer training should be complemented by ongoing consultation, training and learning opportunities to ensure that carers can generalise what they have learned in the context of a specific carer–child relationship and apply this to their work with other children.
- Review and ensure that leadership development at all levels, but particularly for frontline managers, includes an emphasis on supporting staff to take a holistic, integrated approach in engaging children and young people and working with partners.
- Action to ensure practitioners' roles are supported by regular high-quality supervision, with a particular focus on the implementation of plans that support children and young people to improve their outcomes and take corrective action where necessary.
- Develop appropriate forums to share knowledge and good practice, and further develop skills.
- Alongside any current toolkit, commission the use of the Royal College of Nursing and Public Health England toolkits.

Appendix E

Practice based learning digest

Introduction

The following additional examples of practice have been drawn from the literature included in Catch22's Review of Emotional Health and Wellbeing Services for Young People in Sheffield. These examples are cited in the literature as 'good' practice. These examples are not all empirically evidenced as effective practice, but provide Sheffield with a Digest of Learning regarding nationwide good practice.

Children in care

1. **'*Support Foster Care*'** based on a Canadian model where foster carers work with the child and their family. International research indicates that appropriate parental involvement within looked after placements is associated with better outcomes for the child or young person[i].

2. **'*Youth4U*'** is a young inspectors pilot programme that ran from 2009-2011[ii]. Each project seeks to enable young people to shape services, identify their current strengths and weaknesses from a young person's perspective. A number of good practice examples are available detailing further content.

3. Ofsted good practice example: North Lincolnshire Children's social care's ***Cool Kidz Club***[iii] is group-work approach to consult with children and young people who have experience of the child protection system. The *Club* meets on a half-termly basis where participants discuss and share views about their experiences to help improve services for other children and young people who are subject to child protection plans. Consultation with children on child protection plans previously took place on an individual basis and although informative, was found to have limited impact on services overall.

4. Ofsted good practice example: ***London Borough of Ealing Horizon Project***[iv]. Consultation with young people identified that they wanted additional support to enable them to be successful. The Horizon service provides support care leavers, up to the age of 25 and beyond and includes youth work, education, health, mentoring, life skills, and advice about finance, accommodation and the law. It provides access to college, university and employment opportunities.

5. Essex County Council introduced a three-year scheme to implement a ***'social pedagogic'*** approach in all 12 of its children's homes[v]. Social pedagogy focuses on social relations between and among staff and young people. It values dialogue and critical reflection as a way of understanding events and interactions. Its mixed evaluation findings are positive.[vi]

6. Research shows that intensive support for young people 'on the edge of care' could be more successful in preventing young people entering care than other mainstream support services. Blackburn with Darwen's '***Adolescent Support Unit'*** has been developed to provide intensive support for those young people

who present such challenges that they would otherwise be placed in a costly external agency placement. It has integrated support from a range of partner agencies[vii].

7. Islington ***Adolescent Multi-Agency Support Service*** uses an Intensive Community Outreach model with complex need adolescents and their families. It also borrows from MST principles. It delivers services to families and foster carers who need targeted multi-agency support in order to live with and care for adolescents with challenging behaviour in the community. Developed for hard-to-reach families with adolescents with extremely complex needs, using a whole family approach, and where single agency interventions had failed to make sustainable changes in the past and includes a parent-focused intervention that builds their capacity and strengths to care for their children.

Children involved in offending

1. Preventing young people from getting involved in crime in the first place by dealing with the problems that make it more likely they will commit crime or anti-social behaviour is systematically highlighted as effective practice[viiiix]. The ***Early Intervention Foundation***[x]; one of the Government's 'What Works Centres' provide numerous resources and good practice examples regarding the evidence of what works in early intervention for tackling the root causes of social problems for children and young people, for example, Parents Plus Adolescent Programme (PPAP)[xi].

2. Leicester[xii] has introduced ***restorative approaches in children's homes*** in order to reduce criminal convictions for young people in local authority care. Evidence from its independent evaluation is so far is positive with a reduction in assaults on police and in criminal damage offences. It has also recently introduced a City and County wide Victims service for citizens aged 8 upwards, including restorative justice and mental health nurse provision[xiii].

3. Natcen[xiv] review of the key characteristics of 'what works' in terms of early interventions to prevent or reduce youth crime or anti-social behaviour, concludes that ***Multi-systemic therapy (MST), Functional Family Therapy (FFT)*** and ***Multi- dimensional Treatment Foster Care (MTFC) / Intensive Fostering (IF)*** are extensively evaluated and shown to work in reducing youth offending. These programmes contain many characteristics associated with effective early intervention; they are multimodal approaches attending to risk factors within the individual, family, school and the local community. The review also usefully identified some well-intended programmes that have the characteristics of interventions that are known to be ineffective, including Youth Inclusion Panels (YIPs); safer school partnerships and; After School Patrols are based solely on deterrence.

4. ***Plymouth Persistent Young Offender Project (PYOP)*** is a multi-modal intervention incorporating a variety of skills training and therapy for young people who offend and their families and aims to reduce criminality and recidivism in young offenders. The project is funded and supported by the police, social care and other voluntary agencies and it has seen positive independent evaluation results that saw reductions in young people's risk of reoffending[xv].

5. ***Youth triage and diversion schemes*** are yielding data to suggest that certain approaches to diversion are promising[xvi]. However, recent evaluations highlight

the need for longitudinal data.

6. The ***Youth Justice Liaison and Diversion (YJLD)*** pilot scheme was developed in 2008 to enhance health provision within the youth justice system and facilitate help for children and young people with mental health and developmental problems, speech and communication difficulties, learning disabilities and other similar vulnerabilities at the earliest opportunity after they enter the youth justice system demonstrates promising results[xvii]. Tees, Esk and Wear Valleys NHS Trustis an example area[xviii].

Children at risk of suicide

1. A 'passport' style brief of key facts that children and young people using mental health services can use to help them avoid repeating their history and preferences was launched by the NHS in October 2015. The thinking behind it is based on the Future in Mind report which states that young people should: "… only have to tell your story once, to someone who is dedicated to helping you, and you shouldn't have to repeat it to lots of different people". The passport, designed by young people, parents and carers, would include clinical information and key personal preferences. CAMHS services locally should be supported to develop this, in line with national best practice. It is designed to be used across care settings either on paper or on mobile phones.

2. In November 2015, the Department of Health launched a national anti-stigma campaign for teenagers and parents which will be run by Time to Change. It will include targeted marketing, information for parents and social marketing activity targeted at teenagers, as well as in-school activity to boost the support available for pupils. Young Minds and Public Health England are also involved in the campaign. Local interaction, referencing and use of this campaign could be considered.

3. One evidence based mental health successes in this UK is: Improving Access to Psychological Therapies (IAPT) programme. More than three million adults have now entered the programme, of which over 1.7million have completed treatment and over 700,000 are in recovery. See, for example, Oxford's Mind and IAPT services. The Children and Young People's IAPT programme is set to increase access and coverage across England from 68% to 100% by 2018. New areas of clinical practice will be added, and additional clinical staff will be trained in the most effective evidence based treatment for self-harm, depression and anxiety.

4. The Margaret Oates Mother and Baby Unit at the City and Hackney Centre for Mental Health focusses on early intervention in recognition that mental ill health if untreated before, during and after pregnancy can have long lasting effects on the mother, her children and the wider family.

5. Leicestershire Partnership Trust (2012)[xix] introduced street triage – known as MH01 – as a vehicle for change in approach to mental ill health. It involves dedicated mental health nurses and the police **working alongside each other in recognition** that the role of the police, primarily about criminal justice and public safety, in reality encompasses, far more.

6. In 2014, the British Transport Police (BTP) estimated that 326 people took their lives on Britain's railways, nearly one each day. To combat the rising number of suicides, the BTP launched a new programme that embeds mental-health care

into their police work and repositions the force as a shepherd into the care system. The first year of comprehensive results have now been collated and the data is striking. Of the 1,156 passengers the BTP brought into the programme in 2014; only 10 went on to take their lives.

Children not engaged with services (education)

1. Key messages on what works to reduce the proportion of young people NEET (Local action on health inequalities: Reducing the number of young people not in employment, education or training (2014)[xx] include:

    - Acting early, tackling barriers and obstacles, working across organisational and geographical boundaries, working with local employers, tracking and monitoring progress and basing interventions on features of other successful Local Authority area programmes. Measuring 'soft' outcomes is useful such as, increases in confidence, accessing support, building relationships particularly for those from vulnerable or at-risk groups for whom immediate re-entry into education, training or work may be unrealistic (Maguire 2013)[xxi].

2. **ThinkForward** is a programme created in 2010 by Impetus – The Private Equity Foundation (Impetus-PEF) and delivered by Tomorrow's People, a national employment charity. The programme aims to act early to ensure young people make a successful move from education into employment. The programme places coaches in schools, where they work with those who are most at risk from the age of 14, providing one-to-one coaching (ThinkForward Annual Review 2013 2014 [21/05/2014]))[xxii].

3. **CatZero** based in Hull, provides a 12-week programme designed to move young people into 'earning or learning' and improve their health and wellbeing. It has been running for three years, with a yearly target to recruit 150 people and move 100 of them off the NEET register (CatZero. CatZero: About Us 2014 [06/03/2014])[xxiii].

4. **Surrey County Council's 14-19 plan** Surrey County Council has put in place a plan for creating opportunities for all young people, called the Surrey 14-19 plan. This aims to widen participation, improve achievement and ensure that all young people have equal opportunities to progress to learning or employment regardless of ability, socio-economic background, ethnicity, gender, disability or learning difficulty. Outcomes include a 59% reduction in young people who are NEET from 2009 to 2014. Surrey now has the joint lowest number in England, whereas in 2013 they were joint twenty-fifth (out of 152 Local Authorities) (Surrey County Council. Surrey 14-19 plan: 2010-2015 2010 [21/05/2014])[xxiv].

5. **WorkingRite** is a charity that works in East Sussex, Herefordshire and Worcestershire. Its programmes are funded in part by Local Authorities, alongside the Education Funding Agency, colleges and Impetus. In order to help reduce NEET levels, WorkingRite works with local small and medium sized enterprises (SMEs) in order to arrange placements for school leavers who are struggling to find work due to a lack of skills, confidence, qualifications or stability. (WorkingRite in England 2012 [06/03/2014])[xxv].

[i] https://ipc.brookes.ac.uk/publications/pdf/What_works_in_promoting_good_outcomes_for_LAC.pdf
[ii] www.participationworks.org.uk/topics/young-inspectors/best-practice-examples
[iii] www.gov.uk/government/publications/group-work-with-children-and-young-people-subject-to-child-protection-plans
[iv] www.gov.uk/government/publications/improving-outcomes-for-looked-after-children-and-care-leavers
[v] www.thewhocarestrust.org.uk/pages/social-pedagogy-what-is-it-pioneering-pedagogy-in-essex-240.html
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[xxi] Maguire S. Will raising the participation age in England solve the NEET problem? Research in Post-Compulsory Education. 2013;18(1-2).
[xxii] http://think-forward.org. uk/wp-content/uploads/2014/02/ThinkForward-Annual-Review-2013.pdf.
[xxiii] http://catzero.fredsite.co.uk/history-of-catzero
[xxiv] www.surreycc. gov.uk/__data/assets/pdf_file/0006/174750/14-19-plan.pdf
[xxv] www.workingrite.co.uk/what-we-do/workingrite-england

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