

Guidance on commissioning targeted mental health and emotional wellbeing services in schools



Contents

Introduction	3
About this guidance	3
Who it is for?	4
Targeted Mental Health in Schools programme – an overview	5
1 Delivering Targeted Mental Health in Schools (TaMHS)	7
The three-wave TaMHS intervention model	8
Delivering TaMHS – other important considerations	9
2 How to commission targeted mental health and emotional wellbeing services in schools	12
Schools as commissioners	12
What do we mean by commissioning, procuring and contracting?	13
Practical Stages for Commissioning and Procuring services	13
Stage 1 – Assessing the needs of service users	14
Stage 2 – Evaluating the evidence on what will work best	15
Stage 3 – Finding out about and developing the local market of provision	16
Stage 4 – Assessing and assuring the quality of your services	17
Stage 5 – Planning the services	19
Stage 6 – Procuring the services	20
Top Tips	23
3 Learning from TaMHS phase 1 and schools	26
Case study 1 – Southwark TaMHS	26
Case study 2 – Northumberland TaMHS	27
Case study 3 – Sunderland TaMHS	29
Case study 4 – Norfolk TaMHS	31
Case study 5 – Luton TaMHS	31
Case study 6 – Gloucestershire TaMHS	33
Case study 7 – Specialist children’s mental health provision in a special school	35

Annex 1: Understanding third sector and non-statutory providers	36
Annex 2: Top tips for procurement	38
Annex 3: Top tips for effective partnership with providers	41
Annex 4: Where to find out more on commissioning	43
Annex 5: How emotional health (including NI50) can contribute to other priorities	45
Annex 6: TaMHS commissioning action plan	47
Annex 7: Organisations involved in developing this guidance	49
References	51

Introduction

About this guidance

This publication is intended to provide guidance on commissioning targeted mental health services for children and young people in schools. We have identified a clear demand for this product through working closely with local authorities, schools and delivery partners in our Targeted Mental Health in Schools pathfinders. It gives information about the services themselves and the commissioning process. We then take commissioners through the steps to follow when commissioning these services. This guidance should always be used in conjunction with your organisation's own governance, policy and frameworks for commissioning services. Any contract for the purchase of goods or services must be let in accordance with the provisions of the Public Contracts Regulations 2006 and/or the relevant provisions of the EU Treaties, where applicable. This is non-statutory guidance but it will help local areas implementing TaMHS to meet the conditions of their TaMHS grants.

We have not assumed any prior knowledge and experience of commissioning, so you may find that you are already familiar with certain sections.

We have assumed that you will already be familiar with the Targeted Mental Health in Schools (TaMHS) programme, either through being part of

a TaMHS local project or as a service provider or strategic partner associated with a TaMHS project.

This guidance is particularly useful for:

- TaMHS phase 3 LAs as they commission services
- TaMHS phase 1 and 2 LAs who might be recommissioning services

This document should be seen as part of wider framework to support the children and young people's emotional wellbeing and mental health through schools including a duty on schools to promote the wellbeing of its pupils. The White Paper *Your Child, Your Schools, Our Future and Implementation Plan* builds on this by setting the aspiration that every pupil should receive Personal, Social, Health and Economic (PSHE) education and that all schools should be Healthy Schools which promote emotional health and wellbeing. There is already evidence which suggests that school-based emotional health and peer support programmes have been shown to reduce bullying and that engagement with programmes which promote emotional health (e.g. some social and emotional skills development programmes; nurture groups) can lead to improvements in levels of achievement. Brain research shows that it is difficult for someone to learn if they are feeling angry, while other emotions (such as a sense of

wellbeing and feeling valued) can promote learning.

This TaMHS guidance has been developed by the National CAMHS Support Service (NCSS), drawing on the experience of TaMHS pathfinders, which include NHS providers of CAMHS within their delivery partnerships. It has also been developed in close consultation with a number of national and local third sector organisations who provide children's mental health and emotional wellbeing services in schools either as part of a TaMHS model or independently. A full list of organisations involved in producing this guidance can be found in **Annex 7**.

Who it is for?

These commissioning guidelines will support anyone working to improve services for children, young people and their families and carers. They are mainly aimed at people who carry out the commissioning for the Targeted Mental Health in Schools programme in particular, phase 3 TaMHS local areas. They may be school leaders, school business managers or TaMHS project managers, working jointly with the primary care trust (PCT) and local authority children's services commissioners.

The guidance could also be used by the following stakeholders who will be influential in the successful implementation of the TaMHS programme and beyond:

- TaMHS local area steering group members, who will link in with children's services commissioning groups at higher strategic levels.
- School leadership teams and governing bodies, so they can effectively link in with and influence the work of the Children's Trust Board and related strategic commissioning on emotional wellbeing and mental health and steer commissioning of relevant services to be delivered in their own schools, as they deliver on their duty to promote pupil wellbeing.
- Statutory partners, so that they understand better how to link in with and engage with third sector partners and schools – as part of the TaMHS programme and into the future.
- Third sector service providers, so that they can better link in with different partnership groups for strategic commissioning and operational delivery on this agenda.

For general background information on TaMHS go to: www.everychildmatters.gov.uk/health/tmhsproject/

Targeted Mental Health in Schools programme – an overview

Targeted Mental Health in Schools (TaMHS) is a £60 million programme, funded by the Department for Children, Schools and Families (DCSF), between 2008 and 2011. TaMHS aims to transform the way that emotional and mental health support is delivered to children aged 5 to 13 years old. It is intended to improve their emotional wellbeing and mental health by tackling problems more quickly, working preventatively and intervening at an earlier stage.

TaMHS complements existing national initiatives such as the Healthy Schools Programme (and in particular the enhancement model) and the Social

and Emotional Aspects of Learning (SEAL) programme by enabling schools to identify children and young people who are at risk of experiencing mental health difficulties and by providing access to more intensive support and therapeutic interventions for those children and young people who need it. The TaMHS programme provides an opportunity for schools to extend and deepen their existing work on promoting mental health and emotional wellbeing and supporting children with problems. For example, the skills-focused work of SEAL can be supplemented by therapeutic support for children and families – something which schools often say they need but are currently unable to offer.

TaMHS emphasises an ecological approach to promoting mental health: children's strengths and needs are viewed in the context of the environments and structures they are part of (family, peer group, class, school, wider community) – not simply in relation to the child themselves. This means that a whole-school approach should be at the heart of every TaMHS area local project.

In 2008, 25 pathfinders LAs were funded to develop and deliver locally-informed, evidence-based, innovative models of mental health support. From April 2009, a further 55 LAs began implementing TaMHS, and by March 2011 every local authority partnership in England should be delivering TaMHS.

The model is made up of two key elements:

- **Strategic integration** – all agencies involved in delivering mental health services for children and young people (for example, local authorities, PCTs, other health trusts, the third sector) working together, strategically and operationally, to deliver flexible, responsive and effective early intervention mental health services for children and young people.
- **Evidence-informed practice** – interventions for children and families at risk of or experiencing mental health problems are planned according to local needs, grounded in our increasing knowledge of 'what works', and delivered in and through schools.

In this document, 'schools' refers to special schools, pupil referral units (PRUs)* and other settings where children are being educated, as well as mainstream schools. Special schools and PRUs should be given special consideration, in terms of what services to commission, as the pupils attending these settings are significantly more likely to experience mental health problems than pupils in mainstream schools.

The TaMHS programme has a strong focus on learning about what works and on embedding and sustaining the approaches across each local area. To achieve this, an independent national evaluation has been commissioned to study the impact of TaMHS. The national evaluation aims to find out which evidence-based approaches seem to be the best ways for schools to support children, young people and families. The pathfinders are also carrying out their own local evaluations to help them build their local evidence base.

To improve outcomes for children and young people, we expect that each local area will:

- test models of effective early intervention work in school-based settings, which have a clear impact on improving outcomes for children and young people at risk of and experiencing mental health problems, which can be sustained and mainstreamed;
 - integrate effective early intervention models with wider local authority and PCT systems of assessment, intervention and referral work within targeted support services provided by the third, private and statutory sectors, including specialist child and adolescent mental health services (CAMHS);
 - understand the factors promoting the successful implementation of effective models, at strategic and operational levels, so that these lessons can be learnt and disseminated more widely; and
 - understand the barriers (structural, cultural, financial and professional) to successfully implementing effective models of work in schools at strategic and operational levels.
- implement these approaches as a coherent part of the local authority's assessment and referral systems, organisational structures, accountability frameworks and commissioning processes for integrated support and specialist CAMHS; and,
 - integrate the practices into existing and emerging models of extended services, integrated and targeted support for children and young people, particularly targeted youth support services.

The grant conditions for local areas receiving TaMHS funding require them to:

- decide what services to offer, from a menu of approaches that the evidence suggests are effective and cost-effective;
- use a range of providers, including the third sector, to deliver high-quality, evidence-based interventions in schools, that provide value for money;

* From 1 September 2010, PRUS will be known as 'short stay schools'

1 Delivering Targeted Mental Health in Schools (TaMHS)

Local areas will already have strategies to promote the emotional wellbeing and mental health of children and young people through school settings and to offer specific support including through the Healthy Child Programme, the Healthy Schools programme and SEAL. In addition, school collaboration and cluster arrangements, such as through Behaviour and Attendance Partnerships, are bringing together a wide range of support to meet young people's needs.

There are a number of other national programmes that support children and young people's emotional wellbeing. The decision to make PSHE education statutory underlines the key role it has to play in young people's personal development and well-being. It is consistent with the emphasis in the Children's Plan on schools developing young people in the round, as well as ensuring that they receive an excellent education. Subject to the passage of legislation (Children, Schools and Families Bill), statutory PSHE education will be introduced from September 2011.

In addition, opportunities to develop personal, learning and thinking skills (PLTs) have been embedded into the new secondary curriculum programmes of study. There is now stronger emphasis on the development of PLTs – such as initiative, enterprise, ability to work in teams, and

the capacity to learn independently – which will be taught across the curriculum. Every curriculum subject has been considered in the light of the contribution it makes to PLTs.

When developing the TaMHS model within a local area, the TaMHS steering group or equivalent should be planning for delivery in light of this wider context. It will need to have a clear vision and model of the targeted service it will offer and how it builds on and complements other local strategies. It will be much easier to develop this vision if all partners in the steering group understand the conceptual models for CAMHS and children's services. This has been one of the main challenges for TaMHS steering group members coming from very different professional backgrounds and working cultures including for example NHS CAMHS, schools and the third sector.

In developing targeted services, it is important to consider how the targeted level of services builds on the universal level – it is not just a case of inventing processes that will enable specialist CAMHS to sit on top of the initiatives and curriculum input delivered in schools at the universal level.

The challenge for TaMHS steering groups and commissioners of targeted mental health services in schools is to know what needs to be commissioned. This will be based on:

- assessment of needs
- agreement of the outcomes that the TaMHS service aims to achieve
- knowledge of what existing elements are already in place at universal, targeted and specialist levels, and
- deciding which new elements need to be added.

The TaMHS guide *Using the Evidence to Inform your Approach* (2008) provides guidance on which evidence-based interventions could be used within

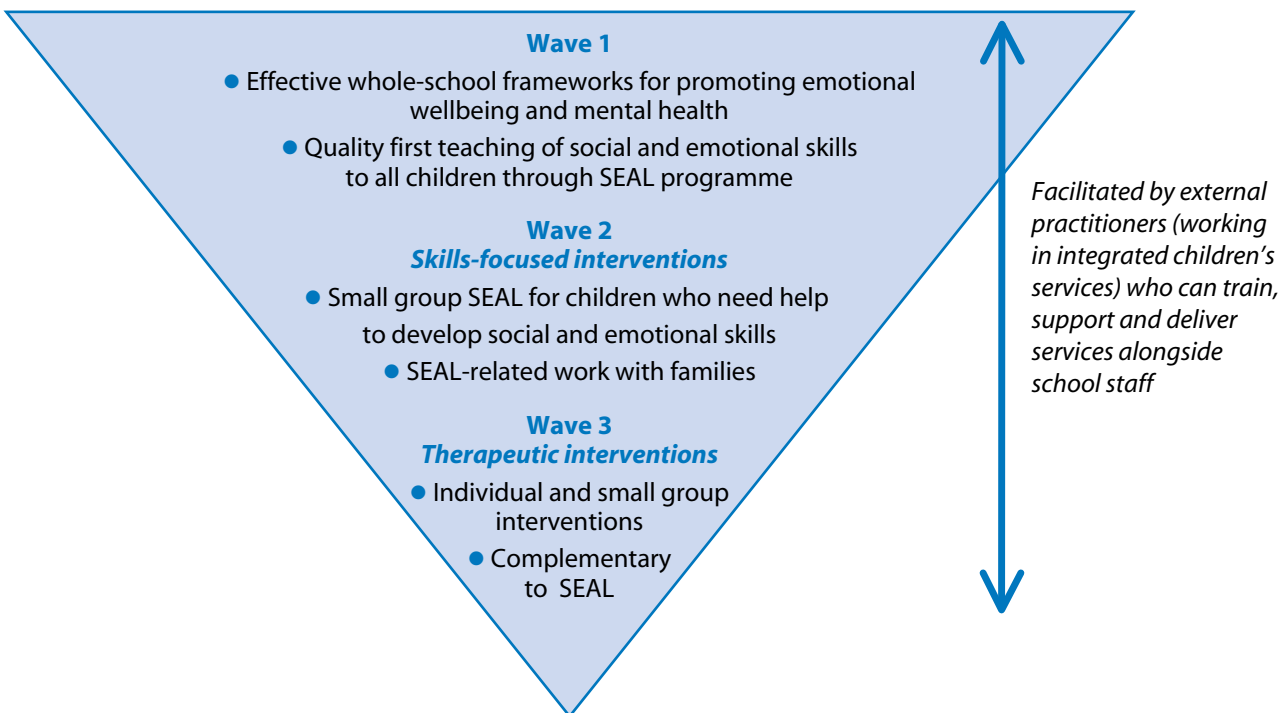
a TaMHS service. The guide can be downloaded from: www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00345/

The three-wave TaMHS intervention model

Schools will be familiar with the three-wave intervention model from the national literacy and numeracy strategies. The three-wave TaMHS intervention model is given below. The range of interventions is also used in the SEAL programme and is aligned with the recommendations of the National Institute for Health and Clinical Excellence (NICE) on promoting social and emotional wellbeing in primary and secondary schools.

The TaMHS model – operational

School-based mental health promotion will build on existing SEAL work and in addition will provide easier access to targeted therapeutic work with children and families



TaMHS local areas are required to implement this operational model. This guidance explains particularly how TaMHS local areas can commission services to deliver the Wave 3 therapeutic interventions and how to integrate these with those being offered as part of the Wave 1 universal approach and the Wave 2 skills-focused interventions. Case studies illustrating how TaMHS Phase 1 pathfinders have implemented this operation model are given in **Section 3**.

All staff who work with children and young people in any service should already be able to recognise the contribution they can make to children's emotional wellbeing and social development, and use their professional skills to support children when there is concern about their wellbeing. Staff also need to understand their responsibilities for safeguarding children and for supporting children in difficulty.¹

Keeping Children and Young People in Mind, the Government's full response to independent review of CAMHS (January 2010), provides a description of the effective services that the Government expects all local areas to be working towards.

In addition, the guidance *Promoting the emotional health of children and young people: Guidance for Children's Trust partnerships, including how to deliver NI 50* contains a detailed service specification (using evidence-based approaches) that sets out the core support and services for children, young people and families. This will support Children's Trusts in developing a comprehensive, strategic approach to promoting emotional health.

TaMHS steering groups should already have links to the local authority and PCT children's

commissioners who report through the Children's Trust Board on the achievement of these national indicators. TaMHS steering groups should also be familiar, through the Children's Trust partnership arrangements, with how different partner organisations contribute to the achievement of the national indicators and how the local TaMHS project fits into this.

Delivering TaMHS – other important considerations

It is important to recognise that other local arrangements may be in place to deliver targeted services, for example through existing clusters or Behaviour and Attendance Partnerships. The TaMHS steering group should consider how TaMHS can be delivered to complement and build on these arrangements where they exist, planning TaMHS services in the context of what is already being delivered.

TaMHS and safeguarding children

Both TaMHS commissioners and providers must make sure that anyone who works with children and young people has a clear grasp of the indicators of abuse² and what to do if they are concerned that a child or young person is at risk of or experiencing abuse, through mandatory access to training on safeguarding.

There are links to best practice guidance on safeguarding children in *HM Government: What To Do if You're Worried a Child is Being Abused*, which you can find at: www.everychildmatters.gov.uk/resources-and-practice/IG00182

TaMHS and Extended Services

In addition, by 2010, all schools will be providing access to a core offer of extended services. These services include swift and easy access to specialist health and social care services; parenting support provision; childcare in primary schools; a varied range of activities, including study support in a safe place to be for primary and secondary schools; and community use of facilities including adult and family learning and ICT.

Extended services sit at the heart of the vision for the 21st century school, which is increasingly seen as the community's hub for providing joined-up services such as health and social services, co-located alongside schools. It envisages schools providing a universal service of high-quality education and personal development and access to more targeted and specialist support for children with additional needs, while at the same time providing a resource to enable communities to meet wider local needs and aspirations.

TaMHS and the importance of commissioning training for staff

The Government's full response to the independent review of CAMHS, *Keeping Children and Young People in Mind*, emphasises the importance of supporting the workforces to deliver targeted services and sets out that effective local authorities and Primary Care Trusts are working towards the following characteristics of effective practice in delivering targeted services:

- staff in all services working with children and young people recognise the contribution they can make to emotional wellbeing, social development and mental health and understand their responsibilities for supporting children and young people in difficulties;
- training and supervision should address strategies for establishing therapeutic relationships and ensuring the high quality relationships necessary for successful intervention;
- all staff who are likely to be called upon to carry out an initial social and mental health assessment receive specific training;
- training and support are provided for staff in universal services in identifying and responding to children's and young people's emotional wellbeing and mental health needs, including through referral to other services; and
- staff have the capability to meet different levels of need, for example short or long term needs, and intensive or occasional levels of support.

The TaMHS project plan should therefore include arrangements for delivering basic training and continuing professional development for teaching, non-teaching staff and partner agencies in children's emotional wellbeing and mental health, as well as ensuring that anyone who works in the programme with children has access to safeguarding training to the appropriate level. The emotional wellbeing and mental health training should build on that already delivered to implement the SEAL and Healthy Schools programmes.

Many Phase 1 and Phase 2 TaMHS local areas have taken the opportunity of using TaMHS funding to identify training needs amongst multi-agency staff working at universal level according to their individual TaMHS service model and to commission training from either one of their partner service providers or from an organisation offering training in mental health awareness for universal staff.

In addition to multi-agency training for universal staff in understanding mental health, undertaking mental health promotion and knowing the referral processes for specialist support, some staff will require additional training. Those members of staff undertaking assessments, such as the Strengths and Difficulties Questionnaire (SDQ) or using other locally agreed assessment tools, and those staff delivering small group SEAL or group-based therapeutic interventions will need additional training for the specific aspects of TaMHS that they will be delivering.

For example, in one Phase 1 local area, teaching assistants and teachers who run small group SEAL within nurture groups as part of the TaMHS service model were offered training 'on-the-job' by working alongside TaMHS specialist practitioners who ran the first cohort of nurture groups. The TaMHS specialist practitioners then provided ongoing support and professional development in the form of supervision and consultation to the teaching assistants and teachers when they delivered the nurture group themselves.

Commissioning for training services as part of the TaMHS project is done in the same way as commissioning any other element of the integrated TaMHS service. The training that a

specific service provider is being commissioned to deliver should be included in the TaMHS service specification for that provider.

Standards for different training providers will depend on the types of training being commissioned. Training in assessment and in delivering therapeutic interventions at the appropriate level for school staff should be offered by qualified, registered practitioners. The links to the professional and regulatory standards for voluntary and employed practitioners on pages 18 and 19 will give further information about the levels of training that are required and that can be delivered by different types of registered practitioner.

TaMHS and spaces in school for counselling and therapeutic work

Due to the nature of the TaMHS, the need for confidential spaces in schools for counselling and therapeutic work should be understood by all service providers.

Many schools now have this kind of space, but it may be used by many different services so there may be limited availability for the new TaMHS service. Formal arrangements may need to be agreed with other service providers about the access of individual services to the confidential spaces in schools.

2 How to commission targeted mental health and emotional wellbeing services in schools

Schools as commissioners

The Apprenticeships, Skills, Children and Learning Act (ASCL) 2009 adds, amongst others, maintained schools, Academies, City Technology Colleges and City Colleges for the Technology of the Arts, non maintained special schools, short stay schools and Further Education institutions to the list of 'relevant partners' of the Children's Trust. This means they are entitled to be represented on the local Children's Trust Board and will have a role in developing, monitoring and reviewing the Children and Young People's Plan (CYPP). This is the joint strategy which sets out how the local partners will co-operate to improve children's 'wellbeing' – i.e. the five ECM outcomes: be healthy, stay safe; enjoy and achieve; make a positive contribution; and enjoy economic well-being (www.dcsf.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1670&external=no&menu=1).

This is consistent with the role for schools set out in the white paper, *Your Child, Your Schools, Our Future: Building a 21st Century Schools System* (2009), where schools work in partnership to enable every child to succeed (http://publications.dcsf.gov.uk/eOrderingDownload/21st_Century_Schools.pdf).

As well as being the main universal providers of services for children, schools can also be

commissioning bodies. Where schools commission services individually or in partnership they will use their own budgets and expertise to identify what their pupils need most. But because they are also statutory 'relevant partners' in the Children's Trust they will contribute and 'have regard' to the CYPP and ensure that their own commissioning fits into the wider strategic commissioning strategy of the Children's Trust Board set out in the CYPP.

Schools already have a duty to promote the well-being of their own pupils and can expect support from other Children's Trust partners to meet it. During inspection, schools will be assessed by Ofsted on the effectiveness of partnerships in promoting learning and wellbeing. Inspectors will take account of the effectiveness of the school's work with service providers, commissioned or brokered by the local authority to promote the safety and health of all learners.

This TaMHS guidance on how to commission targeted mental health and wellbeing services in schools will help to develop schools as commissioners and active partners within Children's Trust arrangements.

New statutory guidance on Children's Trusts will be published in March 2010 on the DCSF website: www.dcsf.gov.uk.

What do we mean by commissioning, procuring and contracting?

Commissioning can be defined as ‘the process of specifying, securing and monitoring services to meet people’s needs at a strategic level. This applies to all services, whether they are provided by the local authority, NHS, other public agencies or by the private or voluntary sectors’.³

Procurement is not the same as commissioning. Procurement is defined as acquiring goods and services from third party suppliers under legally binding contractual terms where all the conditions necessary to form a legally binding contract have been met. The process of procurement is sometimes called purchasing or buying.⁴ Procurement can also be through grants. Any contract for the purchase of goods or services must be let in accordance with the provisions of the Public Contracts Regulations 2006 and/or the relevant provisions of the EU Treaties, where applicable.

It is helpful to make sure that both commissioning groups and providers know what processes are being used and how the key stages of each process link.

When commissioning TaMHS services for children and young people you must follow guidance on commissioning, procurement and contracting. A robust approach to each of these processes provides certain assurances for improving and modernising services and ensures cost efficiencies, quality and improved outcomes.

Further information on Commissioning can be found at **Annex 4**.

Practical Stages for Commissioning and Procuring services

This section sets out the practical stages that TaMHS steering groups need to understand and undertake to commission children’s services.

This section introduces the key stages which should be followed when developing your TaMHS services:

1. assessing the needs of service users
2. evaluating the evidence on what will work best
3. finding out about and developing the local market of provision
4. assessing and assuring the quality of your services by referring to regulatory and professional standards and governance arrangements.
5. planning the service
6. procuring the service

The processes for each of these are described in full below.

School-based commissioners of children’s mental health and emotional wellbeing services should also refer to the key markers of good practice in developing services contained in *Keeping Children and Young People in Mind: The Government’s full response to the independent review of CAMHS*.

Stage 1 – Assessing the needs of service users

The first step is for the TaMHS steering group to gain an understanding of the needs and preferences of present and potential future service users, their families and carers.

The TaMHS needs assessment should both be informed by and itself feed into the Joint Strategic Needs Assessment (JSNA). The Joint Strategic Needs Assessment is jointly sponsored by the Director of Public Health, the Director of Adult Social Services and the Director of Children's Services to identify the health and social care needs of the local area, including commissioning priorities and targets by local area agreements.

The Joint Strategic Needs Assessment will inform and be informed by the Children and Young People's Plan, which also involves a comprehensive needs assessment and wide ranging consultation. From April 2010 the CYPP becomes the responsibility of the Children's Trust Board. The CYPP will be the agreed joint strategy of the partners in the Children's Trust on how they will cooperate to improve children's wellbeing across the five ECM outcomes.

Commissioners of children's services, whether from the local authority or the PCT, will already be taking a lead role in the JSNA and development of the CYPP. However, the wider TaMHS steering group membership may be new to these processes. The TaMHS steering group will need to focus on both assessing the needs of the school-based population within its clusters, relevant other clusters, or Behaviour and Attendance Partnerships

and also the needs of the local communities which the schools serve.

Sources of data and information

When developing a school based needs analysis, commissioners will want to be aware of the range of risk and protective factors that can impact on children and young people's emotional wellbeing and mental health, and how schools can best support young people to develop greater resilience, social and emotional skills and foster better emotional wellbeing, either individually or through cluster or partnership arrangements. *Promoting the emotional health of children and young people: Guidance for Children's Trust Partnerships including how to deliver NI50* sets these out in detail.

Schools already need to understand the current and projected impact of their existing programmes, such as SEAL, and this is a key element of the needs assessment process. Schools will have access to a wealth of information about their pupils that could be used to inform the needs assessment. The annual schools TellUs survey collects data on a range of issues including on bullying; whether pupils feel supported in managing their feelings; and, whether they have someone to talk to when they are worried. In addition teachers, SENCos and pastoral staff will also be able to offer useful insight.

Further sources of data are set out below:

- Other school level wellbeing indicators (as appropriate)

- Information on need from related national/ local indicators and surveys such as on bullying, behaviour and attendance, healthy schools, substance misuse, teenage pregnancy and wider public health data
- National indicators 50, 51 and 58 (as described in Section 1 – Delivering TaMHS)
- Vital Signs indicators for PCTs

Feedback TaMHS Me and My School National Evaluation can also be useful. Based on the surveys that are completed during the Autumn survey period each year of the TaMHS project between 2008-2011, the Me and My School evaluation team produce an individual feedback form for each school and for each LA for each year of the project. The information provided to LAs is aggregated to a local authority-level to maintain confidentiality of the schools involved in each area.

The local CAMHS partnership will also be able to provide the CAMHS needs assessment report and CAMHS self-assessment matrix which will give an indication of the priorities already identified for the local area.

There are other need assessment tools and child health profiles which can be found at the CHIMAT website (www.atlas.chimat.org.uk). The Children's Service Mapping website also contains relevant information and data (www.childrensmapping.org.uk). Regional public health observatories may have additional data relevant to the local area (www.apho.org.uk).

The TaMHS steering group may decide to carry out a more specific, detailed assessment of needs for the particular school clusters and vulnerable

groups of children for whom they will be delivering targeted mental health services.

Many local and national third sector organisations also carry out an analysis of the needs of their client group. These can be used alongside other needs assessments.

When commissioning TaMHS services, the responsibility for being aware of and incorporating the relevant elements of each of these needs assessments and plans sits with the TaMHS steering group.

Consultation and participation

Children, young people, their families and carers, both current users of services and potential future users, should be given the opportunity to participate fully as part of the needs assessment process to inform service planning.

Service users', their families' and carers' participation gives commissioners direct access to a degree and type of expertise that is not available from professionals. Present service users, their families and their carers know what they want and need, and if there is effective participation they can give informed opinions about the service. It is also important to use participation and consultation processes to feed back to service users the rationale for decisions that have been made.

The Children's Trust Board, which includes the local authority, will have formal participation processes, for example the local Youth Forum, which the TaMHS steering group should use. Most local authorities have participation officers who can advise on local participation processes and

support the TaMHS steering group to access these. The TaMHS steering group will also be able to use school councils.

Participation is different from consultation, and commissioners need to be clear about whether participation or consultation methods are being used and the rationale for using these methods.

Stage 2 – Evaluating the evidence on what will work best

Once a needs assessment has been done and the priorities have been identified, the development of the TaMHS service needs to be based on sound evidence and in the context of what schools delivering TaMHS or others in their cluster are already offering. This helps to determine which interventions are most likely to help children, young people and their families.

It is important that TaMHS steering groups consider those intervention programmes and approaches that are evidence-based, building where appropriate on programmes already set in place by schools. Knowledge about what works does change over time, and emerging and new evidence from the experience of practitioners as well as from the academic literature should be considered.⁵ The following guidance documents can inform the TaMHS steering group on a range of evidence based approaches:

- **The TaMHS guide *Using the Evidence to Inform Your Approach: A Practical Guide for Headteachers and Commissioners*** summarises current knowledge about what makes interventions effective. It offers a framework for using this evidence in a local context, building on local strengths and knowledge – available from www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00345/.
- ***Promoting Children’s Social and Emotional Wellbeing in Primary Education, published by the National Institute of Clinical Excellence (NICE)***: <http://guidance.nice.org.uk/PH12>
- ***Promoting Young People’s Social and Emotional Wellbeing in Secondary Education, published by NICE***: <http://guidance.nice.org.uk/PH20>

The NICE guidance documents also include costing statements which can support decisions to be made locally about value for money when commissioning services.

- **The guidance *Promoting the emotional health of children and young people: Guidance for Children’s Trust partnerships, including how to deliver NI 50*** (January 2010) shows how all the different areas of policy relating to emotional wellbeing come together and offers an evidence-based service specification for targeted services in schools. It is available at www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00639/.

Stage 3 – Finding out about and developing the local market of provision

Assessing the 'market'

Who can deliver TaMHS services?

A range of services from a range of providers, including statutory, independent or third sector, can be commissioned. Creating links to specialist CAMHS from NHS partnership providers or independent providers might provide the more specialist, clinical intervention elements, clinical supervision or training. TaMHS funding can be used to commission more elements of a specialist CAMHS service to be delivered in schools as part of TaMHS, but TaMHS funding should not substitute existing funded provision. Schools should also, therefore, take into account existing work that provides targeted support in the locality, such as through Behaviour and Attendance Partnerships, Targeted Youth Support or multi agency teams.

Third sector or independent organisations, for example, might provide a range of early intervention and targeted support services. They can also help provide a voice for children, young people and families and for learners of all ages. They develop services which are innovative and can engage users, especially those who may find it difficult to articulate their needs or who may be harder to reach through mainstream provision.⁶

To support the opportunities for the third sector to develop children's mental health and emotional wellbeing services, there is a need to include and engage with third sector colleagues, children, young people and their families right from the initial stages of commissioning. The third sector is well placed to contribute to local needs analysis,

both by representing local communities and by suggesting innovative service developments. Third sector providers will normally already be working with or alongside specialist CAMHS. Delivering services in schools might mean that arrangements work differently from what happens now.

Developing the provider market

TaMHS steering groups should work within Children's Trust commissioning arrangements to develop the market. Decisions will need to be made locally as to which is the most appropriate market management option in each situation, depending on the current services available and the requirements of the project, in line with the Children and Young People's Plan. The local authority or PCT children's services commissioner will be able to facilitate the appropriate links to the Children's Trust commissioning arrangements where these are not already known to the TaMHS steering group.

Some examples of capacity building and market development will be led by the local authority and PCT children's commissioner. Below are a couple of examples:

- running procurement 'open days' or 'meet the buyer' events and appointing named officers to follow up from these events
- producing guidance on 'How to do business with the local authority/PCT'

Stage 4 – Assessing and assuring the quality of your services by referring to regulatory and professional standards and governance arrangements.

Standards of service for organisations providing emotional wellbeing and mental health services

One of the ways to assess and ensure the quality of TaMHS services is through standards of service. All provider organisations should give evidence showing how they will quality assure their services.

Quality assurance typically consists of three key areas:

- policies and procedures
- quality standards, kite marks and quality systems – both generic and specific for working with children and young people
- inspection and audit.

Policies and procedures

Another way to ensure the provision of quality services is through policies and procedures. Some policies and procedures are required by legislation, and apply to all organisations. Others are non-statutory but based on good practice.

- Providers of emotional wellbeing and mental health and services must have policies on:
 - data protection and confidentiality
 - employment, recruitment and induction
 - equalities, diversity and harassment
 - health and safety
 - safeguarding children and vulnerable adults.

- Good practice would also show a provider having policies on:
 - communications, ICT, email and internet use
 - complaints, comments and user feedback
 - environment and recycling
 - office and financial systems
 - risk assessment
 - supervision/support and management of staff
 - training and development
 - volunteering.

Quality standards

Another point to consider is that of quality standards. Those specific to work with children and young people include:

- ***Turning What Young People Say into What Services Do: Quality Standards for Children and Young People's Participation in CAMHS*** – launched by the National CAMHS Support Service in March 2009. The standards are supported by two other important resources: *An Interactive Annotated Bibliography* and a *Literature Review for Informed Practice*. All three publications can be found on the Participation page on the NCSS website (www.cypf.org.uk/camhs/participation-in-camhs.html)
- ***You're Welcome*** – quality assurance for NHS and health services for young people, outlining a set of principles to ensure services are 'young people-friendly'. For more information, see: www.dh.gov.uk/en/Publicationsandstatistics/

Publications/PublicationsPolicyAndGuidance/DH_4121562

- **National Quality Improvement Network** – quality assurance for the participation of children and young people. For more information, see: http://partner.ncb.org.uk/Page.asp?originx_9086vw_2762343720985b30k_2007525951t
- **The Quality Improvement Network for Multi-Agency CAMHS (QINMAC)** is part of a programme that brings together disparate standards for the provision of multi-agency services, which should be of relevance. For more information see: <http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement/quinmaccamhs.aspx>

Inspection and audit

Inspection and audit of providers is done both externally and internally. The Charity Commission (www.charity-commission.gov.uk) and Ofsted (www.ofsted.gov.uk) act as regulators and/or inspectors. Ofsted will inspect organisations in their own right, or organisations may be monitored by the local authority when they receive grants for a particular service.

Informal audit would usually include user feedback and references.⁸

Professional and regulatory standards for voluntary and employed practitioners

In addition, all practitioners, whether employed or acting in a voluntary capacity, are bound by professional and regulatory standards.

Further information can be found from the sources listed below:

- Primary Mental Health Worker competencies www.pmhw.org.uk
- Social Care Council www.gsccl.org.uk
- Health Professions council www.hpc-uk.org
- Nursing and Midwifery Council www.nmc-uk.org
- British Association for Counselling and Psychotherapy www.bacp.co.uk
- United Kingdom of Registered Counsellors www.ukrconline.org.uk
- Social, Emotional and Behavioural Difficulties Association www.sebda.org
- The National Occupational Standards for Psychological Therapies gives information on national occupational standards for four modalities of psychological therapy: cognitive behaviour therapy, psychoanalytical/psychodynamic therapy, family and systemic therapy and humanistic therapy (www.skillsforhealth.org.uk/competences/competences-in-development/psychological-therapies.aspx)

- The Professional Standards Programme aims to ensure better and safer care for all, by raising further the standards of everyone who works in health and social care. It will help to deliver the high-quality workforce needed to ensure the safe, respectful and effective care that patients expect, by supporting professional desires for high standards and excellent education, and safely enabling new professional roles to serve the public. Similarly, in social care, it seeks to make sure users of social care services are served safely and respectfully by well-qualified and high-quality professionals and social care workers. To find out further information on the Professional Standards Programme website: www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modernisingprofessionalregulation/ProfessionalRegulationandPatientSafetyProgramme/DH_093976

Stage 5 – Planning the services

There will be a range of local provision already funded or in place to support children and young people's emotional wellbeing and mental health at both the universal and targeted level. Examples of this could include SEAL, targeted support delivered through Behaviour and Attendance Partnerships, or support through the range of services offered by tier 1 or 2 CAMHS. TaMHS services should be planned for in this context so they build on existing provision, rather than duplicating existing work, to ensure additionality. Just as evaluating existing provision is a key part of the needs assessment process, making arrangements for

evaluating the impact of any new services should be built into the service planning process.

Planning cycles

Make sure the planning cycle allows a reasonable start-up period for any service. The service will need a reasonable amount of time to put trained staff in place. If the service needs to start immediately, this should be specified in the service delivery criteria.

A sensible notice period (i.e. six months) should be built in towards the end of the contract to either continue or end the provision.

Planning should also take into consideration what service outcomes are expected and how value for money will be measured. This will be relevant in informing the case for sustainability of resources in the future.

Sustainability

Any service will lose staff over time, so there will be ongoing needs for training and induction of new staff over the life of a service.

Schools will need to retain the expertise, and the nominated expert should be allowed the time to carry out their duties as part of their core duties. If a service is regularly delivered by the same nominated expert, this will help to develop trust and familiarity, and will enable communication to be established. Frequently changing the nominated expert is likely to have a negative impact.

A firm commitment should be offered to service providers when establishing a contract and service level agreement. The school must ensure that the funding for the service is guaranteed to be there for the length of the contract.

Funding streams and sustainability of resources

Local authorities delivering TaMHS should have plans in place which set out how they will mainstream and sustain TaMHS.

However, public sector funding and planning cycles mean that often a local authority, PCT or other partners in the Children's Trust can only make a funding commitment within the current planning cycle.

It is therefore essential that TaMHS local areas are able to monitor and communicate their outputs and outcomes, so that when the time comes to make the case for ongoing funding there is evidence of the service's effectiveness.

The local TaMHS steering group needs to include children's services commissioners, who will be able to advise on local timescales and processes for making bids for funding.

Stage 6 – Procuring the services

The Procurement process

The proper procurement of services is imperative within the commissioning process.

Local Areas

The process given below is taken from the *Guide to Procuring Care and Support Services*, Department for Communities and Local Government, 2006, and is drawn from local authority procurement practices. Find out more on this at: www.communities.gov.uk/publications/corporate/caresupportservices

A Primary Care Trust Procurement Guide for Health Services can be found at: www.dh.gov.uk/en/

[Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084778](http://www.dh.gov.uk/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084778)

Schools

In addition, the **Guide to procurement for schools in England** includes a basic introduction and Top Tips for schools users.

http://www.teachernet.gov.uk/management/epc/Procurement_Guidance/

BuyWays is a free resource designed for anyone working on any aspect of schools procurement. BuyWays explains procurement basics and best practice through a series of interactive modules, using typical schools-based examples and scenarios.

This resource can be used by anyone who is new to procurement or unsure of how basic procurement skills can help them meet wider objectives. Anyone working in any school in England can register and access the modules at the Buyways site (www.buyways.co.uk).

It is important that the procurement framework used by your own organisation or commissioning partnership is followed. The table below provides general practical steps on procurement.

Five-step guide to procurement

Step 1: Getting started

The start of the procurement project will include planning and agreeing the resources required to manage and govern the project, and recognising the skills needed for a successful outcome (e.g. financial and legal advice, stakeholder involvement, human resources). The business case will need to be developed and a procurement strategy will be required to support the procedure. The procurement option used will dictate how the process needs to be managed – this usually involves decisions such as whether to use an in-house service or whether to outsource it. It is essential to get guidance and advice on your individual organisation's procurement process.

Step 2: Assessing the market

This involves engaging with providers – both current providers and potential new ones – to make sure there is interest in the procurement project. You will know the scale of the project, the requirements and the timescales involved, which should have enabled you to assess the state of the suppliers. It will be important to have a proactive approach to encouraging providers to submit tenders.

Step 3: Producing the specification

This is a key product – providers need to know what is required of them – so the specification needs to be clear, detailed and specific. Tenders will be evaluated against the specification, so it must be right. You need to set out the outcomes and outputs clearly, but also make sure they are achievable.

Step 4: The tendering process

You need to decide how bids will be evaluated before inviting tenders, and the evaluation process should be explained in the documents to ensure transparency. The process then involves advertising to invite expressions of interest from potential providers – this should be done using a number of sources to maximise interest. The invite should include definitions, introduction, instructions to tenderers, terms and conditions, the specification and schedules.

Step 5: Awarding the contract

The evaluation of the tenders needs to be a rigorous process which is approved by the project board. Once the contract has been awarded it should be executed by the legal team. The contract is then managed to ensure that both parties meet their obligations.

Top Tips

Top tips for commissioning

The following table is adapted from *World Class Commissioning – Achieving the Competencies: Practical Tips for NHS Commissioners*.

<p>Ensure commitment to the TaMHS programme</p> <p>Encourage the TaMHS steering group to talk to staff about their work and how it fits into the overall vision of the TaMHS programme.</p>
<p>Build your knowledge of stakeholders and providers who can support the programme</p> <p>Build a comprehensive picture about individual stakeholders and providers so that you do not have to go out and ask more questions.</p>
<p>Focus on outcomes throughout the commissioning process</p> <p>Discussion with stakeholders and providers should focus on health outcomes and links to inputs, outputs and costs – e.g. have referrals to specialist CAMHS decreased and how is this linked to deliverable outputs? What protocols can be agreed about access to specialist services? What services could be delivered in universal settings?</p>
<p>Challenge providers</p> <p>Meet your providers regularly to discuss the services they provide and challenge their role in contributing to improving public health.</p>
<p>Input to the Children’s Trust strategy</p> <p>Share your TaMHS project within the Children’s Trust – be explicit about how each partner contributes to the whole.</p>
<p>Ensure representation on the appropriate Children’s Trust Board sub-group to its board</p> <p>Make sure your organisation has a representative on the appropriate Children’s Trust Board sub-group or has established links to the Board. The TaMHS steering group should have formal links to the local Children’s Trust Board, usually through the local CAMHS partnership steering group.</p>
<p>Develop robust participation</p> <p>Engage with current and future service users so that they can participate in commissioning services and planning future developments.</p>
<p>Use research to inform practice</p> <p>Invest in ways to find out people’s views – e.g. using community development workers, ‘mapping and gapping’, social networking, websites and workshops.</p>

Promote leadership

Make sure there is adequate leadership capacity for the TaMHS project to link with other key strategic programmes.

Develop clear governance arrangements

Make sure you have governance arrangements and accountability between commissioners and providers in place and that they are understood.

Assess needs

Use your local Joint Strategic Needs Assessment and CAMHS strategy to help develop your service.

Data and information

Identify available data/information/knowledge and understand how it is being used to support commissioning.

Programme budgeting

Establish how much funding is available, whether it is recurring and where additional financial support could be found.

Whole pathway review

Create a process for 'whole pathway review', which is comprehensive and broader than health providers.

Align the priorities

Identify your key strategic priorities and focus on developing your relationships with the providers who are working in the areas of the market you want to change.

Understand your providers

Establish and develop effective formal and informal relationships with existing and potential providers.

Develop internal capacity

Resource your commissioning team effectively, with the right number of appropriately skilled staff.

Build measurable improvement into the commissioning process

Use benchmarking data to identify a number of improvement priorities that matter to local service users and publish these widely with providers, the public and other stakeholders.

Engage with providers

Engage in early dialogue with all potential providers while ensuring transparency and fairness.

Define your procurement strategy

Make sure your procurement strategy is clearly defined and that you bring in professional procurement expertise where you have gaps in capacity or capability.

Contracts

Have a contract for everything you buy and be prepared to exercise sanctions built into service level agreements if agreements are breached.

Share your vision

Share your vision for TaMHS with providers to give clarity and purpose and explain the outcomes you are looking for.

Work collaboratively

Develop constructive and collaborative relationships with providers rather than adopting an adversarial approach.

Integration

Teams need to work together throughout the commissioning cycle – this includes finance, commissioning, contracting, procurement and TaMHS project teams.

Training requirements

Build training needs into your programme to make sure staff are fully competent to support TaMHS.

Access support and expertise

Ensure contact is made with the CAMHS regional development worker for your area to support your TaMHS project.

3 Learning from TaMHS phase 1 and schools

The following case studies illustrate how some TaMHS phase 1 pathfinders and TaMHS service providers from the third sector experienced the commissioning and procurement process. There is a focus in these case studies on how third sector providers can be included in TaMHS service models to work alongside statutory specialist CAMHS providers.

There is also a case study from a special school providing specialist therapeutic interventions. This illustrates the differences between the targeted and specialist levels of provision, and how these sit in different types of schools.

Case study 1 – Southwark TaMHS

Strengthening schools' commissioning roles

A key component of Southwark's TaMHS has involved setting out to strengthen the commissioning role of the 13 schools and to develop a partnership approach to commissioning third sector and statutory organisations to contribute to delivering the three strands of the programme.

Expected outcomes to be evaluated locally are:

- increased commissioning knowledge and skills in schools
- increased confidence in procuring services and measuring impact

- strengthened partnership working across schools and provider agencies
- commissioned organisations delivering appropriate and effective universal mental health promotion services.

Work streams to achieve these outcomes include:

- Family Action's Building Bridges project working with the CAMHS schools team to provide family support to referred families
- The Place2Be supporting a whole-school framework including parenting, strengthened SEAL and Enhanced Healthy Schools provision by delivering a programme of staff training to improve emotional health and wellbeing
- schools purchasing themed universal mental health promotion services from local organisations, including drama and peer mentoring.

In addition to the core TaMHS services, each school was given £3,000 to purchase a universal health promotion service with the intention of using a structured commissioning approach to this. A provider market place was held to bring together interested organisations with the participating schools, and a commissioning toolkit has been developed to support the process. Tools include:

- templates for schools to customise, including provider applications, specifications, letters of agreement

- monitoring and evaluation tools, including the ‘outcome star’.

The golden thread running through the focus on establishing a commissioning approach has been building up relationships with schools and providers. The starting point for this was carrying out an in-depth review of schools’ needs. This was then built on through holding termly school workshops to establish commissioning intentions and one-to-one visits to develop a bespoke set of services for each school.

The anticipated benefits of this approach in developing local joint commissioning capacity are:

- strengthening accessibility, effectiveness and quality of mental health services in the longer term
- contributing to development of key skills in the school community through supported commissioning of additional services
- providing schools with evidence of impact which Ofsted school inspectors can consider in assessing aspects of wellbeing and the Enhanced Healthy Schools requirements as well as to support the future sustainability of the programme.

Case study 2 – Northumberland

Commissioning third sector counselling providers

The TaMHS model of service delivery in Northumberland includes a significant contribution from third sector organisations providing targeted interventions in schools. The decision to involve them was based on three objectives:

- To increase access for children in schools to high-quality, targeted therapeutic support.

- To evaluate the impact of third sector provision in schools and to compare two different models of delivery in Northumberland.
- To show that the third sector was able to deliver a counselling service at Tier 2 that is currently not offered by mainstream CAMH services in schools.

The commissioning process

Northumberland identified the third sector providers through a competitive tendering process, in line with the local authority’s procedures. All local third sector providers were invited to express their interest in delivering a counselling service as part of the TaMHS project.

Two providers, The Place2Be and Action for Children, were chosen – based on the robustness of their systems and evidence of working in an integrated way with mainstream services. Both demonstrated that they could offer effective counselling provision for children and young people, and that they had processes for continual evaluation of their services. They were both considered to provide good value for money. The two were chosen to provide two different models of delivery that could be compared and evaluated for effectiveness and acceptability.

Schools in the partnership were initially offered the opportunity to match-fund one day of counselling, with TaMHS providing funding for a second day. Some schools have been unable to provide matched funding, but still receive one day of counselling funded by TaMHS.

The third sector organisations are now delivering school-based counselling in 10 of the 37 TaMHS

schools in addition to the schools that were already receiving a service from The Place2Be in the Blyth area.

The services

Both service providers provide one-to-one counselling to children in first and middle schools. Children are referred to The Place2Be and Action for Children by school staff, school nurses, primary mental health workers, GPs, families and by the children themselves.

The Place2Be delivered a training programme for school staff as part of the project start-up, introducing its work and making the links between the SEAL and Healthy Schools initiatives. It offers a lunchtime drop-in for children, called Place2Talk, which is fully operational in all of the schools. There is a high demand for this lunchtime self-referral service. Children attend for a variety of reasons, including bullying, family issues, bereavement, personal issues and friendship issues.

Action for Children aims to:

- provide weekly one-to-one counselling for a contracted block of six weeks
- identify with the referrer, parent/carer and child/young person their concerns and establish goals for the counselling
- work in a solution-orientated way while integrating creative methods to engage the clients, so that the impact of counselling can be assessed
- signpost to other community and school support services, and refer on to CAMHS

- work in partnership with CAMHS and other specialist Tier 3 services to meet the needs of children.

The Place2Be has also worked with a local building company to develop appropriate therapeutic spaces in the schools that receive their service. The Action for Children school counsellors worked with key staff to develop a referral system and embed the service in school. They needed a suitable room, and storage for resources and casework.

Running the service

Representatives from both providers attend the regular TaMHS multi-agency steering group meetings. This helps information flow between the public and third sector workers and raises awareness of the role they each play in offering a Tier 2 service in TaMHS schools. The TaMHS project managers also attend The Place2Be steering group, which is attended by local stakeholders, and have regular meetings with the service manager from Action for Children to discuss progress.

As The Place2Be are embedded in the school environment and are part of the school team they have easy informal access to SENCOs, emotional literacy support assistants, inclusion workers and other support staff who have a role in the emotional wellbeing of children.

Action for Children are not embedded in the school in the same way. However, they have robust systems of information sharing and regularly refer children on to other agencies. They are also developing support systems for school staff.

The third sector providers were also involved in a working group looking at a single point of referral

for children who need additional support, and this work will be carried forward into the development of the new Children's Early Intervention Teams in Northumberland in 2009/10.

The benefits to Northumberland TaMHS of using the third sector providers include:

- a quality service offering therapeutic interventions in schools
- an easily accessible service for children and families
- trusted and robust systems for information sharing and safeguarding
- strong principles of involving children and families in service provision
- greater capacity in schools where there are gaps in public service provision
- support and training for school staff on the emotional wellbeing of children.

Case study 3 – Sunderland Counselling Services

Commissioning from a service provider's point of view

Sunderland Counselling Services (SCS) is a well-established local third sector organisation. It has a long-standing and positive relationship with Community CAMHS services (CCAMHS). SCS provide an individual counselling service for children and young people facing a range of issues including bereavement, loss, family breakdown and bullying. This service is now co-located and integrated with CCAMHS at their locality bases throughout Sunderland. SCS formally employs the counsellors, but they are managed by CCAMHS.

The Young People's Counselling Service, known as YPCS, is co-located and integrated with CCAMHS at their base in Carley Hill Education Centre. Sunderland Counselling Services formally employ YPCS, but the counsellors are managed by CCAMHS.

In June 2008, as part of the Sunderland TaMHS project, the Children's Health Improvement Commissioning Lead at Sunderland Teaching PCT contacted the SCS Service Manager to ask SCS to recruit an additional counsellor for the CCAMHS counselling service. This additional post was planned to increase capacity in the existing CCAMHS counselling service so that the roles of all of the counsellors could be expanded to provide support for delivering the TAMHS pathfinder. SCS advertised and recruited the new counsellor in August 2008. The selection process demonstrated the positive partnership working between SCS and CCAMHS, as the interview panel was made up of the SCS Service Manager, the CCAMHS Manager and the Acting TAMHS Project Manager.

The planned service delivery model was as follows. Before the TaMHS project, three counsellors provided city-wide coverage within the structure of the CCAMHS team. This existing service was enhanced by recruiting an additional paid counsellor and a team of volunteer counsellors under the TaMHS funding. The service is also being extended to work directly in schools, providing much more comprehensive coverage. The system is organised around clusters of schools – made up of a secondary school and its feeder schools – with a team of counsellors operating in each cluster.

Interventions will be provided at a range of levels:

- **Peer mentoring/support:** A group of peer mentors will be recruited in each school and trained to provide support directly to other children and young people in distress. These mentors will act as a first port of call for support and advice and as a bridge to the next level of support, the volunteer counsellors. They will be able to refer young people on where necessary.
- **Volunteer counselling:** 10 volunteer counsellors were recruited during the summer of 2008. Some are trainee counsellors who need a counselling placement, and others are trained counsellors wanting to develop their skills and experience. The specialist CCAMHS counsellors give them support and counselling supervision, and have trained them in techniques and approaches for working with children and young people. Each volunteer counsellor will be attached to a cluster of schools, and they will provide a bridge between the peer mentors and the specialist counsellors. They have access to the CCAMHS counsellors if they feel that a problem brought by a child or young person requires more specialist provision.
- **Specialist counselling:** The specialist CCAMHS counsellors are each attached to a CCAMHS locality base in the city, and one specialist counsellor will oversee each cluster, providing support and supervision.
- **Supervision:** The model provides for all counsellors to be supported and supervised; the peer mentors receive supervision from the volunteer counsellors and volunteer counsellors receive supervision from the specialist counsellors. The CCAMHS counsellors have all taken a counselling supervision course from September 2008 to prepare them for this role. The CCAMHS counsellors themselves already have a supervision structure.
- **Training and advice:** The CCAMHS counsellors contribute to the training of the peer mentors, volunteer counsellors and staff in schools, working with the Pathfinder Project Manager and other CCAMHS professionals. They have also given advice to the schools joining the pathfinder project on defining and developing an appropriate therapeutic space in each school.

The SCS Service Manager has been involved with Sunderland pathfinder steering group since it first met in September 2008. The TaMHS Project Manager ensured that the SCS Manager was involved in the initial meetings with schools, where the project and its scope were put forward. The Commissioning Lead has also been instrumental in making sure the SCS Service Manager is involved in developing national commissioning guidance. It is very positive that the Commissioner and Project Manager have promoted this level of involvement.

In its first year (2008/09) Sunderland has been preparing in detail for:

- recruiting volunteers and paid staff

- training volunteer counsellors and staff in schools
- supervision training for the CCAMHS counsellors.

Some direct counselling will be provided in schools, with the remainder delivered from CAMHS locality bases. In 2009-10, Sunderland plans to train peer mentors and increase the amount of counselling offered in each school.

Case study 4 – Norfolk TaMHS

Commissioning and delivering bereavement services

Following an assessment of need undertaken with the 44 TaMHS schools in west Norfolk, a range of interventions and training courses were identified as elements of provision to be commissioned through partner agencies. The TaMHS commissioners identified training on bereavement and loss, for teaching and non-teaching staff, as a high priority. As part of the tendering process, the TaMHS project manager developed an outcome-focused brief to make sure the training would provide the right balance between theory and practical strategies to support staff in a classroom environment.

Nelson's Journey, a local child bereavement charity, used a costing tool to prepare a proposal using the principle of full cost recovery. This included resources, travel and management costs. The Norfolk TaMHS pathfinder commissioned Nelson's Journey to deliver three days' training – days two and three would be delivered if the evaluation of day one showed it was a success.

The Nelson's Journey Child Bereavement Services Manager wrote a new training course which included facilitator's notes and further information on other services and school-based resources. As training in bereavement can often raise difficult personal experiences of loss for participants, the sessions were delivered by tutors working in pairs so that they could respond effectively to the delegates' needs. The TaMHS Project Manager has worked closely with the charity to develop the learning outcomes and produce an evaluation plan.

Case study 5 – Luton TaMHS

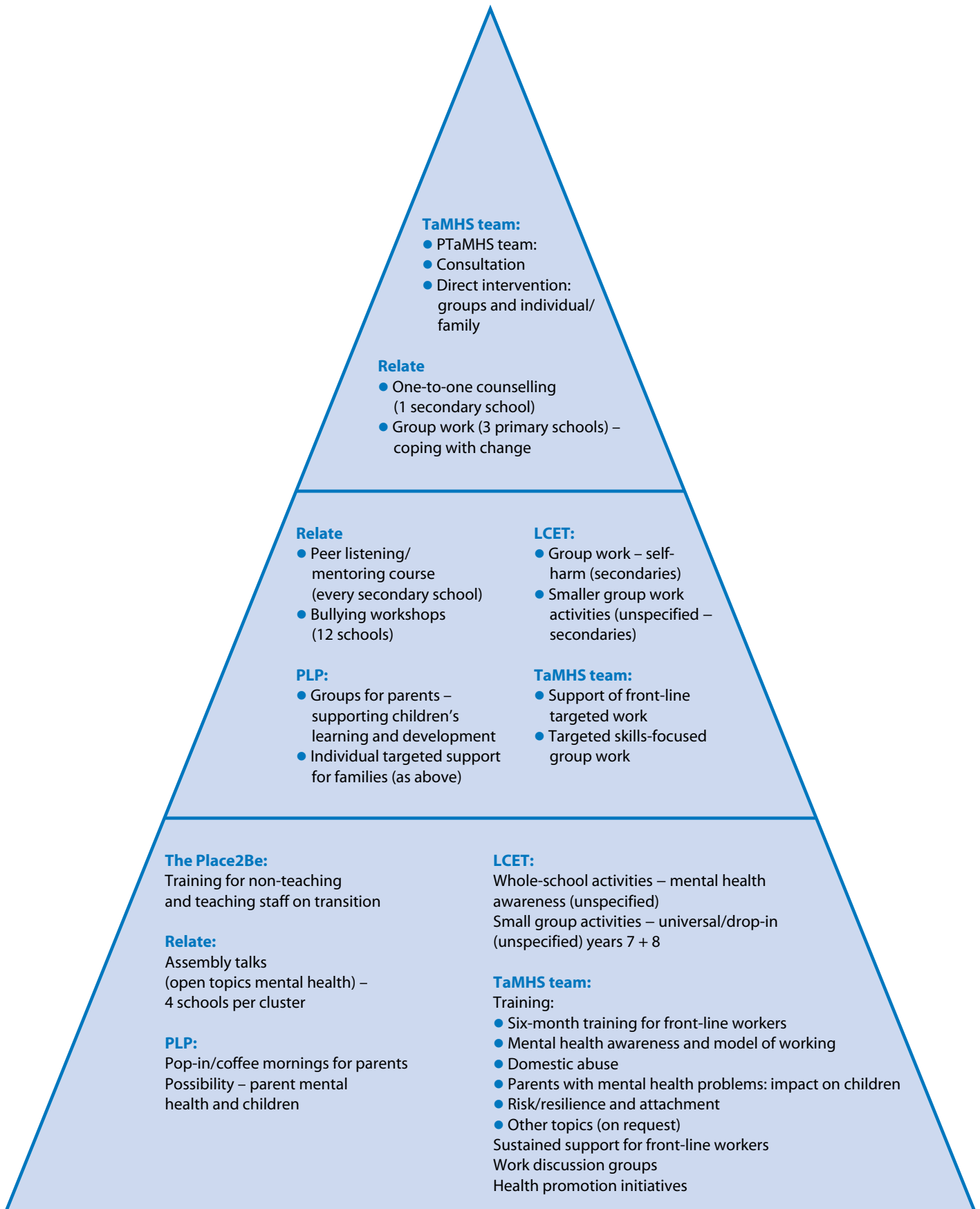
Luton TaMHS pathfinder comprises 13 schools: three secondary schools and most of their feeder primary schools.

Luton follows the TaMHS wave model of intervention very robustly, as shown in the diagram below. The model includes:

- specialist CAMHS
- ACCESS services provided by Luton Council, including educational psychology, behaviour support and tuition
- school improvement services provided by Luton Council
- family workers and other school support staff provided by both the schools and third sector agencies.

Luton TaMHS is jointly led by a clinical psychologist and commissioner.

Luton’s TaMHS model of Intervention



To offer a range of services, Luton TAMHS carried out a tender exercise. Four third sector organisations were informed that they had been successful in January 2009. Relate Bedfordshire and Luton was one of these, along with Parentline Plus, The Place2Be and Luton Churches Education Trust (LCET).

Following the tender exercise, the third sector providers awarded contracts have been represented on the TaMHS strategic and operational steering groups from the time their contracts were awarded, and have regular one-to-one meetings with the children's services commissioner and TaMHS project clinical lead. The management time to attend multi-agency meetings and for service planning and recruitment was built into the service proposal.

Relate Bedfordshire and Luton initially spent time engaging with partners and assessing how it would fit with the TaMHS strategic and operational structures. Their staff attended school cluster meetings to work out how their services would fit with the existing wellbeing activities in the school and the services of the other organisations. It is also delivering a pilot project working with the younger age range, so needed time to recruit appropriately qualified staff and give them Relate core training.

Relate Bedfordshire and Luton began delivering services in June 2009. The services are on a phased basis so not all the provision is starting at once, and some services are to be reviewed following discussions with schools.

The third sector agencies complement other TaMHS work by providing training for school staff on transitions (Place2be), group work for children and young people to build resilience (LCET), and support for parents through individual and group work (Parentline Plus). This has supported the Luton project by providing a broader range of interventions, most of which are already tried and tested, but also allowed some newer interventions to be developed with the schools.

Case study 6 – Gloucestershire TaMHS

Checklist for commissioning a therapeutic service

This checklist is part of a complete commissioning guidance document created by Gloucestershire TaMHS pathfinder for use by its schools and partners.

Checklist for commissioning a therapeutic service

Questions	Checked
About the therapy	
What is the therapy and how might it help?	
What supporting evidence is there for the effectiveness of the therapy from other professionals or parents, or available research?	
What involvement is required from the young person, their family and the professionals working with them?	
Does the therapy use methods that are appropriate for children and young people?	
Qualifications and experience of staff and therapists	
What qualifications and training does the therapist have?	
Is the therapist registered with a recognised professional governing body?	
Do they have enhanced CRB clearance for work with children?	
Does the organisation or therapist have public or professional liability insurance?	
Do they follow a recognised ethical code and can they give you information about it?	
Who supervises their work?	
Is there a complaints procedure?	
What is their experience with children and young people?	
Have they worked with children who have similar needs before?	
Is the person warm, caring and non-judgemental, and are you comfortable with them working with your child or young person?	
Costs	
How many sessions are planned and what is the cost per session? What does the cost include/not include?	
What are the terms if the therapy is terminated before it is finished?	
What are the arrangements for payment?	
Practical arrangements	
When and where will the therapy take place?	
Will any special equipment be needed?	
Will it be necessary to suspend any other treatments or activities?	
What are the arrangements if the child needs to be taken out of school so that they are not victimised?	
What are the arrangements for monitoring, review and evaluation when the therapy comes to an end?	

Case study 7 – Specialist children’s mental health provision in a special school

The therapeutic intervention model that Nugent House School offers at specialist level is comparable to the models found in schools in the Targeted Mental Health in Schools programme. Many features are the same. The difference is that at Nugent House School there is a range of Tier 3 specialist CAMHS provision delivered in school, as well as interventions usually found at a targeted level. This is appropriate given its special school status.

Nugent House School is an independent special school with charitable status in the North West. It provides primary and secondary education for boys, 38 or 52 weeks a year, on a residential or day basis. Referrals to the school are made through the child’s local education service or children’s services and boys from across the North West and whole of England attend the school.

Taught in small groups, pupils follow the national curriculum at primary and secondary level, working to gain academic and vocational qualifications at this stage. A number of classes are organised on a nurture group basis for those boys in both primary and secondary age groups who benefit more from the consistency that this brings.

The specialist therapeutic resources at Nugent House School enable an holistic package of education, care and therapeutic intervention. The therapy team, which includes a consultant psychiatrist, clinical psychologist, educational psychology and mental health practitioners, facilitates a wide range of assessments. Therapies

offered include speech and language therapy, person-centred counselling, cognitive behavioural therapy, loss and bereavement work, solution-focused therapy, occupational therapy, horticultural therapy, play therapy and music/drama/art therapy. Individual needs-led packages are built around the pupil and additional professionals commissioned where the skills do not lie within the current team.

In addition, the school works with the organisation A Quiet Place, which offers an holistic, emotional intelligence learning programme based on managing physiology through a variety of media including massage and computer-aided bio-feedback programmes in a specially designed sensory room. This learning programme is facilitated by a member of residential care staff who has received specialist training and ongoing CPD and supervision.

Annex 1: Understanding third sector and non-statutory providers

A key principle of TaMHS is partnership working with a range of providers at strategic and operational level, including non-statutory providers, to deliver high-quality evidenced-based interventions and support through schools.

TaMHS local areas are required to set out in their TaMHS project plans how they are working with a range of partners including third sector providers within the TaMHS service model at both strategic and operational level.

For many local areas this was an opportunity to formalise some existing delivery arrangements with the third sector and other non-statutory providers.

For other local areas this was an opportunity to develop proactive partnerships with a range of providers including the third sector and non-statutory providers in the delivery of emotional wellbeing and mental health services.

This annex is offered to clarify the role of the third sector.

Third sector organisations are independent, non-statutory organisations run on a not-for-profit basis. The term 'third sector' is increasingly being used interchangeably with 'voluntary and community sector' or 'VCS'. It describes the whole range of organisations between the state and the

private sector, including local community and voluntary groups, registered charities, foundations and trusts, as well as the growing number of social enterprises and cooperatives.

The third sector is complex and diverse.

Organisations may be large national charities staffed almost entirely by paid professionals, or small community groups run by a few volunteers. Third sector organisations also fulfil different functions. Some concentrate exclusively on delivering services, while other, usually larger, organisations also undertake capacity building activity such as training and development. There are also umbrella organisations, such as Councils for Voluntary Service or Councils for Voluntary Youth Services, that facilitate, support and coordinate a group of third sector organisations. These can also offer schools a way to reach a diverse range of voluntary and community sector organisations.¹¹

Strengths of the third sector

Every Child Matters is based on a vision of improving outcomes for children and young people that is shared by the third sector. As well as being major providers of services to children, young people and their families, third sector organisations have significant expertise to offer in

developing commissioning strategies and planning services. Their distinctive contribution grows from particular characteristics common to many third sector organisations. These include:

- **Strong community roots:** third sector organisations, especially those that are locally based, are often deeply embedded in local communities and have a thorough understanding of the political and social environment in which they operate. The trust and value that local communities place in these organisations means that they can often reach groups that public sector organisations may find more difficult to reach. This also means that they are in a good position to spot and address emerging needs and gaps in provision. They can draw on resources from the community and gain local support for new projects.
- **The ability to be flexible and responsive to needs:** as third sector organisations are independent and driven by their charitable aims rather than profit margins, they are generally less constrained in that they do not operate under complex structures and rules. This means that they can be well placed to offer fresh and innovative solutions. They can also draw on a range of funding sources that public sector bodies cannot.
- **Expertise in support for particular client groups:** because of their experience providing highly specialised services, the third sector has skills and experience in collaborative and cooperative working. They also know how to encourage service users – including children and young people – to take an active part. Their independence from the public sector means that they are often well placed to provide preventative services which are acceptable and accessible to the community.¹²

Local third sector organisations who could provide mental health and emotional wellbeing services

The local Council for Voluntary Services (CVS) is the local strategic and developmental support organisation for third sector organisations. In some areas the organisation will have a slightly different name, such as Council for Voluntary Organisations or Voluntary Service Council. Your nearest CVS can be found from the National Association for Voluntary and Community Action website: www.navca.org.uk

The local CVS will be able to give you the contact details for local third sector organisations and groups who offer services and support for children and young people's mental health and emotional wellbeing.

They will also have representation to local strategic partnerships and Children's Trust Board sub-groups.

Annex 2:

Top tips for procurement

Contracts are a critical part of the commissioning cycle and they represent a legally binding obligation between the commissioner and provider for delivering the services.

There is an example of a contract used when commissioning mental health services at: www.dh.gov.uk/en/Managingyourorganisation/Commissioning/DH_085048

Full cost recovery

Contracts need to be let on a full cost recovery basis, particularly when they involve the third sector. This is because most third sector organisations have very small core budgets and will appoint staff and create other capacity based on the individual contracts they are awarded in order to deliver to that particular contract. The survival of the entire third sector organisation may be threatened if contracts are not let on a full cost recovery basis.

Expertise on legal and business issues

Make sure someone who understands the legal and business issues is on the decision-making panel when letting contracts, so that the contract is tailored to the service and the provider. The local authority can provide procurement expertise to inform the decision-making panel as it receives and then devolves the TaMHS funding.

Use plain English

The contract may be written in legal language and based on a standard template from the local authority or PCT, but the actual service level agreements and service level specifications can be written in plain English. That way both the provider and the commissioners understand exactly what each other's expectations are.

Define targets and outcomes

Clear targets and outcomes need to be defined in the service level agreement, with agreed methods of measuring them.

References

Ask for references from organisations or schools that have already used the service provider you are considering.

Allow for inflation

Recognise that costs will rise over time as salaries increase in line with inflation. Don't assume that organisations can continue to provide the same level of service at the same cost indefinitely. Discuss the likely costs of next year's service in good time at a review in quarter 3 of the financial year so that you can adapt the service level agreement if necessary.

Flexibility

Be flexible once the service is up and running, and remain open to potential improvements or changes to what you originally expected. Build into the contract a commitment to regular reviews. The service level agreement can then be amended to take account of improvements or innovative changes that suit the commissioner and the service provider. Regular reviews also enable the commissioner to monitor the quality of the service being provided and can enable issues of poor quality or failure to deliver to be addressed in a timely manner with the provider.

User experiences

Contracts should include reference to providers gathering user experiences as part of the outcomes expected.

Safeguarding

Contracts should include a clear requirement for providers to follow safeguarding arrangements.

Standards for providers

Contracts should include reference to the professional and regulatory standards that providers must meet.

To see a template for a CAMHS service specification template go to:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091451

Financial regulations

The procurement procedure chosen depends on how much the service will cost. If the contract falls below the financial threshold set in the EU procurement directives then it can be awarded without involving the corporate procurement unit. For further details, please see:

www.dh.gov.uk/en/Procurementandproposals/Procurement/Procurementpolicy/FAQ/DH_065834#_6

Top tip: always refer to local procurement rules when commissioning TaMHS services and follow the guidance of local procurement and finance specialists.

Grants

Grants are an essential part of the local funding mix for community organisations, and are essential for thriving local communities. Grants, even relatively small ones, can mean that local third sector

organisations are able to make things happen for local people. They can often use an initial grant to lever funds from other sources.

The service specification

The service specification should include explicit elements relating to the place in school where counselling or therapeutic work will be carried out and the training that will be needed for school-based staff and other TaMHS service providers to enable them to link in effectively with the services from this particular provider.

There is an example of a service specification at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091451

Annex 3: Top tips for effective partnership with providers

Information that providers need from their commissioners

There are a number of things you can do to make it easier for partner organisations to develop bids to deliver TaMHS provision.

Keep the strategy clear

Make sure there is a clear and explicit commissioning framework across local government. Consistently involve providers in developing the commissioning strategies, purchasing plans and specifications, as well as in developing information and monitoring systems and reporting and monitoring arrangements.

Offer developmental support

This might mean running joint training and development groups, to enable providers to participate and to meet standards and other challenges. These also help everyone to reach a shared understanding of commissioning and commissioners' roles and responsibilities. Hold regular partnership meetings with providers, or provider forums, to monitor progress and resolve any issues.

Give longer lead-in times

It takes time to put together a good contract bid, and to prepare for delivering the service when a contract has been won.

Provide a clear contract

You need to clarify exactly what the contract entails, and be specific about the level of information required in the bid.

Make the effort proportional to the contract

There should be a direct correlation between the size of the contract being tendered for and the amount of work and time it will take to submit a bid.

Choose a realistic contract length

The contract must be long enough to make it worth tendering for. For example, third sector organisations have limited time, money and resources to commit to the application process, so unless a contract is of a significant length, it may not be worth them diverting valuable resources from their day-to-day activity of actual service delivery.

Develop local compacts with the third sector

Make a formal agreement for a local framework for the role of the third sector – procurement activities then take place in the context of that agreement.

Provide a level playing field

Make sure third sector organisations are subject to the same set of requirements and evaluation criteria as their private sector counterparts. Equally, you should use the same procurement process with statutory providers to make sure the system is transparent.

Commit to full cost recovery

You should also demonstrate a commitment to full cost recovery and make sure everyone understands what it means.

What do you need from providers?

A proactive approach

Organisations already working at the grassroots level can use their unique skills and qualities to propose solutions that meet the community's needs.

Attention to detail

Potential providers should read the tender documents carefully to make sure they provide exactly what you are asking for.

A businesslike attitude

Providers must be transparent about how they are using funds and what they have achieved to ensure value for money can be assessed.

Annex 4: Where to find out more on commissioning

There are other sources available to support the commissioning of TaMHS services. They are as follows:

- ***Improving the emotional wellbeing and mental health of children and young people: commissioning early intervention support services***, can be accessed at:
www.everychildmatters.gov.uk/health/camhs/
- **The Commissioning Support Programme will run until April 2011.** This will:
 - help Children’s Trust partnerships plan, design and implement services more effectively and sustainably
 - provide tailored support as and when Children’s Trust partners need it
 - provide online resources and networks to help commissioners share best practice.

The programme covers commissioning any services for children, young people and their families, including both health and education. (For further information visit see www.commissioningsupport.org.uk)

- Securing better health for children and young people through world class commissioning. This guidance is designed to support any form of commissioning – from strategic planning (e.g. *The PCT Strategy Plan* and the *Children and Young People’s Plan*) through to case-by-case commissioning. It is intended for anyone involved in commissioning for better health outcomes for children, young people and their families, including all partners in the Children’s Trust. If you are part of the commissioning process, then this document will help you to develop as a world class commissioner, to make sure children, young people and their families have the best possible chances of good health. It is available at:www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094401
- ***Targeted Mental Health in Schools – Using the evidence to inform your approach: a practical guide for Head Teachers and Commissioners.*** This document summarises existing knowledge about effective interventions in a school context. It offers a framework for using this evidence locally, building on local strengths and knowledge. It is intended for TaMHS local areas to help shape their TaMHS services. www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00345/

TaMHS commissioning should also be informed by the following guidance

- **Promoting the emotional health of children and young people: Guidance for Children's Trust partnerships, including how to deliver NI 50.** This guidance contains a detailed service specification (using evidence-based approaches) that sets out the core support and services for children, young people and families. This will support Children's Trusts in developing a comprehensive, strategic approach to promoting emotional health. www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00639/
- **Improving the psychological wellbeing and mental health of children and young people: Commissioning early intervention support services. Guidance for commissioners on the requirements of PSA 12, indicator 4, 4th proxy measure available** should also be referred to and is available at www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00640/
- **Children and Young People: Promoting Emotional Health and Wellbeing.** This fact sheet summarises key public health issues, based on evidence, to facilitate good practice and improve health at both local and regional levels. www.sepho.org.uk

Annex 5: How emotional health can contribute to other priorities

HOW EMOTIONAL HEALTH (INCLUDING NI50) CAN CONTRIBUTE TO OTHER PRIORITIES

NI 51 VS12	Effectiveness of CAMHS: NI 51 concerns the effectiveness of CAMHS, including the delivery of early intervention support services in universal and targeted settings. NI 50 complements this through its focus on promotion and prevention. Action on both indicators can help ensure the delivery of a comprehensive range of services to tackle mental health problems before they become entrenched.
NI 54	Services for disabled children: This indicator is based on parental ratings of the quality of provision available for their child. Many negative perceptions of services centre on the fact that disabled children and young people say that they are not treated with respect, that they experience bullying, that they do not have full access to community facilities, and that they do not always have their needs met in school and college settings. The service specification outlined in this guidance addresses some of the specific issues in relation to participation, bullying and support when problems arise.
NI 58	Emotional and behavioural health of looked after children: Vulnerable groups, including looked after children, require universal approaches to promote their emotional health, as well as targeted CAMHS support where necessary. Positive health outcomes for looked after children are important in relation to improved education outcomes.
NI 69	Children who have experienced bullying: School-based emotional health and peer support programmes have been shown to reduce bullying.
NI 72	Achievement across the Early Years Foundation Stage: Emotional health is a core aspect of this indicator, which focuses on personal, social and emotional development alongside communication, language and literacy. The most effective early years programmes see social development and cognitive development as complementary. Promoting emotional health can achieve a range of positive outcomes for children, in particular through work with parents and carers.

HOW EMOTIONAL HEALTH (INCLUDING NI50) CAN CONTRIBUTE TO OTHER PRIORITIES

NI 73 to NI 108	Indicators relating to achievement at school and in further education: There is evidence of improvements in levels of achievement and engagement from programmes which promote emotional health (e.g. some social and emotional skills development programmes; nurture groups). Brain research shows that it is difficult for someone to learn if they are feeling angry, while other emotions (such as a sense of wellbeing and feeling valued) can promote learning.
NI 86	Secondary schools judged as having good or outstanding standards of behaviour: The characteristics associated with an emotional health promoting school also have a positive impact on behaviour – e.g. a positive ethos in which each pupil is valued and respected; good relationships between pupils and staff; an orderly and safe environment; good pastoral support systems.
NI 87	Secondary school persistent absence rate: School absence in many cases has an emotional health component – e.g. anxiety (in the case of school refusal) or conduct problems (in some cases of truancy).
NI 111	First time entrants to criminal justice system The risk factors for youth offending, substance misuse, educational underachievement and young parenthood overlap to a large degree with those for adolescent mental health problems, though causal links have not been established.
NI 112	Under 18 conception rate Action taken to address these risk factors (and to increase levels of protection) can help to prevent a range of negative outcomes. Moreover, because these outcomes are closely related, a broad-based approach to prevention is likely to offer the greatest prospect of securing lasting reductions in negative outcomes.
NI 114	Rates of permanent exclusions from school Because children and young people are influenced by the prevalent behaviour, norms and values held by those to whom they feel attached, there is an important role for parents, teachers and community leaders to lead by example and hold clearly stated expectations regarding young people's behaviour.
NI 115	Substance misuse by young people Because children and young people are influenced by the prevalent behaviour, norms and values held by those to whom they feel attached, there is an important role for parents, teachers and community leaders to lead by example and hold clearly stated expectations regarding young people's behaviour.
NI 116	Proportion of children in poverty: Children in families living on the lowest incomes have a higher risk of mental health problems than those living in more affluent circumstances. Early intervention helps mitigate the effects and enables children to thrive and learn effectively, reducing the risk of poverty flowing down the generations.

Annex 6: TaMHS commissioning action plan

Action	Lead	Timescale	Financial/ resource implication	Completed
Identify who in your school or organisation has contact with the local authority children's services commissioner and Children's Trust Board sub-groups				
Is your local area already involved in a TaMHS project? Your children's services commissioner will know which schools or localities are involved with TaMHS. All local areas will have some localities and school clusters involved with TaMHS from April 2010.				
Who in your school or organisation is the representative on the TaMHS steering group?				
Who in your school or organisation knows about the relevant legislation, policies and targets which influence service provision for TaMHS?				
How have policies and plans relevant to TaMHS been shared between partner agencies through the TaMHS steering group and the strategic groups it reports to within the Children's Trust?				
If you are a school leader, have you identified a leader and champion in both your school leadership team and board of governors for mental health and emotional wellbeing?				

<p>How do the school staff and governing body leads for mental health and emotional wellbeing link in with the school leadership team member responsible for TaMHS to give them the information and support they need to commission targeted mental health and emotional wellbeing services?</p>				
<p>How can you link in with a partnership group or federation of local schools to commission services jointly and to achieve some economies of scale? How should this partnership group or federation link in with the Children’s Trust?</p>				
<p>Access the following to identify the priority groups for the school and TaMHS cluster:</p> <ul style="list-style-type: none"> ● local area’s Children and Young People’s Plan ● local area agreement ● CAMHS partnership needs assessment ● Behaviour and Attendance Partnership for its priorities and local Anti-bullying Alliance lead for their input. 				
<p>How will you enable children, young people and their families and carers to participate in planning your school’s TaMHS service?</p>				
<p>Also refer to the Children and Young People’s Plan and local area agreement to see what the other priorities are for developing and delivering services around the school and how children’s mental health and wellbeing fits into these priorities.</p>				
<p>Discuss these in the TaMHS clusters and in any schools that provide access to extended services clusters to decide the best option for service commissioning and delivery for individual schools.</p>				

Annex 7: Organisations involved in developing this guidance

4 Children

www.4children.org.uk

AMY Health in Education Ltd

Antidote

www.antidote.org.uk

Blackpool TaMHS pathfinder

Childhood Bereavement Network

www.childhoodbereavementnetwork.org.uk

ContinYou

www.continyou.org.uk

Barnardo's

www.barnardos.org.uk

Cornwall TaMHS pathfinder

Family Action

www.family-action.org.uk

Gloucestershire TaMHS pathfinder

Hackney TaMHS pathfinder

Independence Trust, Gloucestershire

www.independencetrust.co.uk

Kent TaMHS pathfinder

Leeds Voice

www.leedsvoice.org.uk

Leeds Counselling

www.leedscounselling.org.uk

Leeds TaMHS pathfinder

Leicester TaMHS pathfinder

Lincolnshire TaMHS pathfinder

Luton TaMHS pathfinder

'Me and My School' TaMHS national evaluation project team, UCL

www.meandmyschool.info

Merton TaMHS pathfinder

NSPCC

www.nspcc.org.uk

National CAMHS Support Service

www.cypf.org.uk/camhs.html

Norfolk TaMHS pathfinder

North East Lincolnshire TaMHS pathfinder

Northumberland TaMHS pathfinder

Office for Public Management

www.opm.co.uk

Relate

www.relate.org.uk

Samaritans

www.samaritans.org.uk

Shropshire TaMHS pathfinder

Southwark TaMHS pathfinder

Sunderland Counselling Services

www.sunderlandcounselling.org.uk

Sunderland TaMHS pathfinder

Swindon TaMHS pathfinder

The Place2Be

www.theplace2be.org.uk

This Way Up

www.twup.org.uk

Volition Org

www.volition.org.uk

Wolverhampton TaMHS pathfinder

Yorkshire and the Humber Improvement

Partnership www.yhip.org.uk

References

- 1 Department of Health, 2004, Mental Health Promotion and Early Intervention
- 2 NSPCC, 2009, Child protection fact sheet: The definitions and signs of child abuse www.nspcc.org.uk/inform
- 3 Audit Commission, 2003, Making Ends Meet
- 4 HMSO, 2006, A Guide to Procuring Care and Support Services
- 5 National CAMHS Support Service, 2008, Knowing Where to Look: How to find the evidence you need www.cypf.org.uk/silo/files/knowing-where-to-look.pdf
- 6 Cabinet Office, 2009, Real Help for Communities: Volunteers, Charities and Social Enterprises www.cabinetoffice.gov.uk/third_sector/real_help_for_communities.aspx
- 7 Ibid
- 8 Newcastle Council for Voluntary Service, 2008, Quality Assurance in voluntary sector work with children and young people
- 9 DfES, 2005, Engaging the Voluntary and Community Sectors in Children's Trusts
- 10 Office of Government Commerce, 2004, Think smart... think voluntary sector!: Good Practice Guidance on Procurement of Services from the Voluntary and Community Sector
- 11 CSIP, 2007, Managing Relationships between Commissioners and the Voluntary and Community Sectors: Briefing Paper
- 12 Institute of Public Care, 2008, Managing Relationships between Commissioners and the Voluntary and Community Sector
- 13 DfES, 2004, Scoping the market for children's services, study by Price Waterhouse Coopers
- 14 HMSO, 2003, Every Child Matters
- 15 Commissioning Support Programme, 2009, Achieving Better Outcomes: Commissioning in Children's Services



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