

National CAMHS Support Service

National Workforce Programme

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# DEVELOPING LEADERSHIP IN CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

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## Who is this guidance for?

- Potential or current CAMHS leaders
- CAMHS Managers
- Managers of multi-agency children's locality teams
- Employers providing CAMHS in health and local authority settings
- Chief Executives, Human Resource Departments, CAMHS Directors/Leads
- GP commissioning consortia/CAMHS commissioners
- Directors of Children's Services in Local Authorities
- Health and Wellbeing Boards
- Providers of leadership development programmes, and those who commission such programmes
- National professional bodies
- Workforce development leads
- Sector Skills Councils

## Acknowledgments

The time, energy and wisdom contributed by the Expert Reference Group and project Steering Group, have significantly shaped this guidance, for which the National CAMHS Support Service (NCSS) is most grateful.

GVA and Outcomes UK, who undertook the evaluation of CAMHS leadership development programmes and supported the Steering and Expert Reference Groups in developing this guidance, would like to thank all those who took part in the initial evaluation for providing information and taking the time to think about their experiences. This has enabled the learning from a range of leadership development programmes to be distilled and shared more widely.

## Foreword by Chair of Steering Group

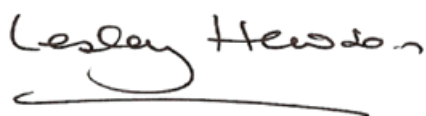
Whilst a change in government is leading to both new approaches in policy and changes in the architecture of services, improving the emotional wellbeing and mental health of children and young people continues to be a national imperative. The economic argument for investing in children early is now fully accepted and with it therefore the need to continue to provide high quality mental health interventions which can really make a difference to the lives of children and young people.

For this to happen the combined efforts of universal, targeted and specialist services across all agencies will be needed; at this time of considerable economic constraint considerable leadership skills will be required at all levels including frontline services. I am for this reason delighted to introduce this new guidance which describes good practice and what really works in 'Developing Leadership in Child and Adolescent Mental Health Services'.

Whilst there is an appropriate focus on the skills of the individual leader, the guidance highlights the importance of thoroughly understanding the strategic context of CAMHS and its complexities, and stresses the myriad of relationships and policy areas that need to be understood for successful service development.

In addition it recognises the crucial role of employers in supporting aspiring and improving leaders in CAMHS, both within their own organisations and through skilled supervision, mentoring and access to high quality training and development programmes.

The National Advisory Council came across many CAMHS leaders who had through creative and innovative changes in services made that real difference; this guidance should ensure that more leaders are supported to develop and go on to make the changes that are still needed.



Dr Lesley Hewson

Vice-chair National Advisory Council for Children's Mental Health and Psychological Wellbeing

## Foreword by Chair of Expert Reference Group

The impact of the Health and Social Care Bill (2011) will significantly change the Health and Social Care landscape. The Mental Health Strategy will further develop this, and with its inclusion of an all age strategic approach including children and young people, offers significant opportunities.

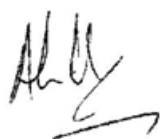
CAMHS services will therefore shortly find themselves with new commissioners, changed mental health (or emotional wellbeing) priorities, and in new relationships within an integrated social care and public health environment. There will be a clear need for strong leadership and leaders guiding children's emotional health, wellbeing and mental health services through this process.

John Scharr's observation seems particularly apposite here:

**“The future is not a result of choices among alternative paths offered by the present, but a place that is created -- created first in the mind and will, created next in activity. The future is not someplace we are going to, but one we are creating. The paths to it are not found but created, and the activity of creating them changes both the maker and the destination. The place reached is rarely the place intended, and is often unrecognizable to the actor, who is himself altered by the activity. The actor is not a static “I” who arrives unchanged at some predesigned future place.”\***

This guidance focuses upon how best to develop those leaders. It has reviewed previous CAMHS leadership development initiatives and drawn out the lessons from each of them. It strongly endorses the practice of leadership development in CAMHS taking place in a collegiate and CAMHS specific environment. Importantly however, it rejects the notion that the skills its leaders require are intrinsically different from leaders in other settings; rather it is the complexity of the environment in which those skills apply that is distinctive, simultaneously requiring a straddling of the overlapping worlds of the child, the adult, the family, the parent, the professional, health, social care, education, third sector.

Key to this is the concept of relatedness and the capacity of the leader to lead, to follow, and to accompany. It endorses a model that explicitly values autonomy and respect for the individual and his/her capacity for adaptive overcoming of challenge. It places an emphasis upon the time and investment necessary from individuals and organisations in order to develop successful leaders. It is deliberately non-prescriptive in its theoretical approach but nonetheless provides guiding principles for commissioners and providers on leadership development in CAMHS as they seek to implement *Liberating the NHS: Developing the Healthcare Workforce* (Department of Health 2010)†.



Dr Andrew Clark, Chair, Expert Reference Group

\*John Schaar 1989. *Legitimacy in the Modern State* (p321). Oxford: Transaction Publishers

†Department of Health 2010. *Liberating the NHS: Developing the Healthcare Workforce*. London: Crown

# 1. Leadership in the CAMHS context

## Why might you need to read this?

This guidance seeks to enhance leadership within Child and Adolescent Mental Health Services (CAMHS). It takes as its first principle that:

CAMHS leadership should make things better for children, young people and their families now and in the future.

Leadership is even more critical in difficult times, and the sections below offer both insights into the challenges for CAMHS leaders, and practical approaches to building more leadership capacity within services.

## More specifically, the guidance offers:

- perspectives on leadership in CAMHS and the challenges CAMHS leaders may face;
- evidence of what works when, and/or in what context ;
- a guide for aspiring CAMHS leaders, both service providers and commissioners, who want to develop their leadership skills;
- a tool for employers who want to enhance leadership within their CAMHS service;
- a source document for training providers when designing leadership programmes for CAMHS.

*1. The Guidance has its roots in an evaluation of CAMHS leadership development programmes in England conducted in 2010 on behalf of the National CAMHS Support Service National Workforce Programme. Seven regional CAMHS leadership programmes across England were evaluated in order to better understand what works well and derive pointers towards effective practice to share nationally. An extensive literature review underpinned this work and an Expert Reference Group (see Appendix 1) provided invaluable input and 'grounding'.*

## Why is it so important to promote CAMHS leadership now?

*“Children need champions: strong leaders who will advance their interests at all levels in the NHS.”*

Professor Sir Ian Kennedy

A series of recent reviews<sup>2</sup> has emphasised the need for stronger leadership both in children’s services and in CAMHS specifically to deliver better outcomes for children and young people. Leadership is most needed when there are many compelling issues to be addressed and especially when there is less money to smooth the way. While it may be more difficult to get employers to pay attention to leadership development in hard times, it becomes even more critical to do so to enhance the system’s capacity for change. More than that, even when services are running at full capacity, organisations need to dedicate time for reflection and deep thinking about how best to meet the challenges they face.

Leadership capacity in CAMHS needs to be developed across organisational levels. This offers the best chance of riding the storm and continuing to deliver effective services that children and families want to take up. Developing leadership capacity more widely supports *subsidiarity*, the principle of decisions being taken at the lowest level, as close to service users as possible, as reinforced by the Health and Social Care Bill, 2011.

2. *Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs* A review by Professor sir Ian Kennedy, Department of Health, September 2010; *Children and Young People in Mind - The Final Report of the National CAMHS Review*, DH/DCSF, 2008; *One Year On - the first report from the National Advisory Council for Children’s Mental Health and Psychological Wellbeing*, DH/DSCF, 2010

## What do we mean by 'leadership'?

Leadership can be defined simply as the act of creating, communicating and enabling the implementation of a purposeful vision for change.

Effective leaders have the ability to forge new meaning and purpose for the service and its workforce. They start from a set of values and principles that underpin what they do. They lead from the heart and it is this quality that allows them to engage with others, not least those in other teams or agencies who are not under their managerial authority.

Leaders are crucial to shaping a vision even if it is articulated by others, and enabling it to be enacted in practical terms; even across organisational boundaries as often is needed in CAMHS. They know that to do this they must communicate both values and vision well to those they lead, and ensure that the workforce is equipped to do what is needed to uphold values and achieve the vision. They must be able to keep the bigger picture in mind, not drown in the detail.

Leaders must act if they are to change anything. Action-centred approaches to leadership<sup>3</sup> which consider the three overlapping spheres of task, team and individual have been found to be useful in a CAMHS context as they emphasise team working and team development needs in parallel with the needs of individuals. This is particularly important in multi disciplinary systems. Taking action, and learning through what happens as a result, is an essential attribute of leaders. '*Action learning*'<sup>4</sup> is a key tool in leadership development, and is explored further in sections 4 and 5.

Often leadership is defined by its absence, where leaders have failed to take action; for example, reviews of Serious Untoward Incidents often cite failures of leadership as their primary cause. While action is critical, sometimes leaders must '*watch, wait and wonder*', as might a child therapist, taking their time before acting, or knowing that sometimes not acting is also the right way to lead. Successful leadership is not always visible, and this is particularly so when leaders are skilled in delegation or when leadership is distributed through different organisational levels and across agencies, as is often the case in CAMHS partnership arrangements.

'*Low ego*' or '*servant*' approaches to leadership<sup>5</sup> in which the prime motivation of the leader is to serve others also fit well with the culture of public service. With an emphasis upon qualities such as listening, empathy, persuasion and healing, and on supporting others to grow, they build on the types of skills and qualities which are essential to working in mental health services and which CAMHS professionals should already possess.

Ultimately leadership has to deliver on desired outcomes or it strives in vain, and it is by outcomes that its success should be judged.

3. See for example John Adair's *Action Centred Leadership Model TM*.

4. See for example *Action Learning - A Practical Guide*, Weinstein K, Gower, 1999.

5. As influentially articulated by Greenleaf in "*The Servant as Leader*" in 1970, since drawn on by many other leadership theorists, but drawing on ancient ideas such as found in the *Tao Te Ching*, attributed to Lao Tsu.



## Who are the leaders in CAMHS?

Anyone in CAMHS can potentially exercise leadership, especially children, young people and families themselves, who should be enabled to be the leaders of their own care. However, this guidance does not attempt to address service users directly. While emphasising an inclusive view of leadership, it specifically seeks to inspire and assist clinicians, commissioners and managers at any organisational level to become better leaders.

Whether or not an individual chooses to be a leader may depend on their job title, their personal preferences, their character traits, the extent to which they perceive themselves as competent, and whether their environment is supportive. An individual may already be a leader and not aware of it. Alternatively, they may have an explicit leadership role but not be fulfilling the expectations placed upon them.

### Examples of leaders in CAMHS may include:

A CAMHS primary mental health worker exercises leadership daily in bringing emotional and mental health to the attention of partners in schools, resulting in positive action by the schools to support students' emotional well-being.

A specialist CAMHS team member with an interest in infant mental health decides to convene a meeting with colleague midwives, health visitors and paediatricians to discuss how a more coherent service response can be delivered.

A CAMHS professional newly acting up into a management post brings insights from professional practice that help in leading colleagues in delivering services in a more child-centred way.

An experienced and innovative CAMHS service manager who identifies an opportunity to initiate a service redesign project and has the tenacity to see the project through from concept to delivery.

A CAMHS commissioner convenes partners across children's services to see how emotional health can be promoted in universal services, and fosters ongoing relationships to underpin this.

A human resources manager reviews the personal development plans of staff working in CAMHS, identifies a need for a peer mentoring system, and persuades senior colleagues to include this in the Trust's leadership strategy.

These examples show how leadership can manifest both where it '*comes with the job title*' and where it arises spontaneously from an individual's motivation to change something. Both possibilities represent potential capacity within CAMHS for leadership to be developed and services to deliver better outcomes.

Leadership is crucial to developing and realising the local vision for CAMHS. Outcomes cannot improve without leadership being exercised right through the system. It is for this reason that this guidance proposes the importance of a sustained commitment to the challenge of CAMHS leadership.

## What is distinctive about leadership in CAMHS?

The qualities and capabilities required to lead in CAMHS may be no different from those needed to lead any other health or children's service, but the nature of CAMHS, and the context in which services operate, make it important to address their leadership challenges specifically.

CAMHS practitioners work in a number of contexts and their field of operation extends from the support of emotional and mental health in universal children's services through to highly specialised interventions provided by core specialist teams. Sometimes clinicians work directly with children and families, and other times they are supporting others to do so, through advice, consultation and professional supervision. Where the '*comprehensive*' vision is fully realised, the reach of CAMHS extends far into the community and across the spectrum of children and young people's services. The relationships involved are many and complex.

There has always been a goal for a full range of emotional health, wellbeing and mental health provision across the sector. However organisations and teams sometimes fail to achieve these collaborative goals in spite of good intentions. Teams and individuals can sometimes suffer from a sense of isolation and although this is not inevitable it is often observed.

Pressures on small services can make it harder to access them which can reinforce outside perceptions of separation and '*difference*'. A key challenge for CAMHS leadership is to build the range and quality of relationships within its own organisation, as well as with its wider partners. Improved relationships will ensure that such services are outward-facing and ultimately deliver better outcomes for children and young people.

It is considerations such as these that have led to the provision of CAMHS-specific leadership programmes in many areas, and which justify a specific look at the implications for leadership of CAMHS. The evaluation of leadership courses<sup>6</sup>, which sits behind this guidance, found that CAMHS-specific development programmes, that include clinicians, managers and commissioners, were highly valued by participants.

Participation by CAMHS leaders in the professional development opportunities set up for other leaders across children's services also has many benefits - so long as there are also opportunities to address the challenges particular to CAMHS.

6. Evaluation of CAMHS leadership programmes; GVA & OUK, NCSS (2010)

Viewing leadership as a social phenomenon shaped by relationships within groups and networks offers a helpful perspective for CAMHS. Given the reach of CAMHS across many and varied boundaries and the importance of relationships to service delivery, paying attention to what works well in systems may be as important as relying on the qualities of individual leaders. New relationships may be needed to take services forward, and this may mean building stronger alliances with service users, the voluntary sector and other services or agencies where previously there have been ‘weaker ties’<sup>7</sup>.

Where visions need to be created and implemented across complex systems, leadership needs to be shared. Distributed leadership involves leadership being allocated across organisations and management levels<sup>8</sup> in a way that recognises the systemic nature of how services work. This approach is particularly suited to the context in which comprehensive CAMHS operates; where the collective strengths of the team offset the weaknesses of individual members. In this context, shared leadership approaches can reduce the reliance upon one leader embodying all necessary qualities and capabilities. As part of this process, consideration is required to ensure that the leadership task can be carried out effectively by those involved.

Leaders in complex systems may need to behave in different ways to others working in less complex models, acknowledging the more dispersed nature of power and influence. The metaphor of leaders as ‘hosts’<sup>9</sup>, creating safe meeting spaces and facilitating others to shine, is one that informs leadership across boundaries and sectors. It moves away from a reliance on strong leaders within hierarchies. The challenge then, is to build a shared vision and purpose across the emotional health and wellbeing and specialist CAMHS system, using approaches that enable organisations to align their objectives and transcend traditional barriers.

Relationships are particularly critical in circumstances where individuals do not have a managerial relationship with those being led. Often the significance of bringing CAMHS stakeholders together is reinforced by the opportunity to develop a shared set of principles and values. This provides a foundation from which challenging and permeable boundaries to joint working can be overcome. CAMHS leaders need to be effective hosts, and experienced in building and sustaining relationships with a range of partners.

7. For concept of weaker ties see for example Carolan, B and Natriello, G. (2005), *Strong Ties, Weak Ties: Relational Dimensions of Learning Settings* which is available at [http://edlab.tc.columbia.edu/files/EdLab\\_Strongties.pdf](http://edlab.tc.columbia.edu/files/EdLab_Strongties.pdf). Subscribers to the *Health Services Journal* online at [hsj.co.uk](http://hsj.co.uk) can read Helen Bevan, Chief of Service Transformation at the NHS Institute for Innovation and Improvement, discussing this in NHS context: “Community Organising, Leading Change, and Shifting Power; Why the NHS Needs to Build Weak Ties NOW.”, 14th October 2010.

8. For example, see Bowens, Brookes and Grint.

9. As used by Mark McKergow, [www.hostleadership.com](http://www.hostleadership.com).

## Changing ideas about how leadership works

A recent Social Care Institute for Excellence (SCIE) report<sup>10</sup> provides an excellent analysis of how leadership in mental health services has changed over the last century and a half. It charts a journey from the dictatorial and hierarchical styles that both created and complemented the asylums, through the still current development of multi-disciplinary approaches driven by transformational leadership, and towards the values of personalisation where service users are co-producers of their journey to recovery.

Transformational leadership emphasises the individual traits and competencies of leaders and the development of capability and competency frameworks. Transformational leaders lead by example and change perceptions, values, raise aspirations and change behaviours within and outwith their services. Section 3 considers what qualities and capabilities may be needed to support effective leadership in CAMHS.

### A matter of style

*“Whilst I had been comfortable with my style as a clinician, leading colleagues and delivering change required a different approach –for a start I had to adjust to not always being popular. What mattered was that I was always sure that the changes would in the long run improve services for young people.”*

CAMHS Clinical Director

Personal style can be a help and a hindrance in leadership terms. Because of the nature of their work, CAMHS professionals will be skilled in reading people and genuineness and authenticity are attributes which are highly valued.

Even if being authentic is a capability that many in CAMHS will already have from their professional practice, the challenge may be in practising leadership ‘*from the self*’ beyond the clinical interaction. The notion of authentic leadership frees clinicians and newly promoted managers from the idea that they should create a different persona for their leadership role<sup>11</sup>, even if they will need to adapt their style for different situations and adopt behaviours that don’t come naturally to them.

10. *Leadership for Personalisation and Social Inclusion in Mental Health*, Allen R, Gilbert P, Onyett S, Adult Services Report 27, Social Care Institute for Excellence, 2009.

11. See *Clever: Leading Your Smartest, Most Creative People*, Goffee R, and Jones, G, Harvard Business Press, 2006.

## Leader or Manager?

Despite leadership theories being often ambiguous, there is an established consensus that a distinction exists between leadership and management. There are important overlaps and synergies between these two roles as this simple definition shows:

*“If leadership provides and promotes the vision, management puts it into action through attention to the operations, processes and HR deployment needed.”<sup>12</sup>*

It is common to see CAMHS clinicians succeeding in being promoted to management and leadership roles. Further consideration is required of the leadership qualities and capabilities needed by CAMHS leaders and the support they will need to develop into their new role. This guidance offers new managers the tools for developing their thinking and commitment to their own leadership development and provides employers with practical suggestions on how they should support this.

12. Leadership for Personalisation and Social Inclusion in Mental Health, Allen R, Gilbert P, Onyett S, Adult Services Report 27, Social Care Institute for Excellence, 2009

## Leadership founded on values and principles<sup>13</sup>

*“Professionals of all types need to re-engage with the mission that they chose: to serve children and young people. The system must allow them to do so.”*

*“What single thing can we do today to become better leaders? Pause, reconnect with what you care about, and be guided by that.”*

For the purposes of this guidance we summarise the key ingredients of good leadership as:

- a set of values;
- principles derived from these values;
- a clear vision and purpose;
- a set of interpersonal skills;
- a clear awareness of the realities of what will and will not work; and
- methods of learning about these through taking action and seeing what happens.

Leadership starts with values and principles. This section highlights those which have already been developed for public and mental health services to emphasise their importance<sup>14 15 16 17</sup>. Subsequent sections address other leadership qualities and components. Section 3 sets out the Qualities and Capabilities List which highlights many desirable behaviours and modes of action which a good CAMHS leader might adopt.

13. Quotes from *Leadership for Personalisation and Social Inclusion in Mental Health*, Allen R, Gilbert P, Onyett S, *Adult Services Report 27, Social Care Institute for Excellence*, 2009

14. *First Report on Standards in Public Life*, Nolan Committee, 1995.

15. *NHS Constitution*, Department of Health, 2010.

16. *The Ten Essential Shared Capabilities – A Framework for the whole of the Mental*

*Health Workforce*, Hope R, National Institute for Mental Health in England/Sainsbury Centre for Mental Health, 2004

17. *National CAMHS Support Service 2010*

The seven principles of public life (the Nolan principles) offer some core characteristics of a good leader: selflessness, integrity, objectivity, accountability, openness, honesty, leadership. Nolan emphasises that '*holders of public office should promote and support these principles by leadership and example*'.

The NHS Constitution sets out values for NHS England, specifically: respect and dignity, commitment to quality of care, compassion, improving lives, working together for patients and '*everyone counts*'.

The Ten Essential Shared Capabilities for Mental Health Practice describes a set of value-based capabilities for all those working in mental health, derived from user and carer consultation. These capabilities have informed the development of a complementary set for children, as articulated by young people. CAMHS leaders should take account of the values embodied in these capabilities in practicing leadership. (Both sets of Capabilities are included in Appendix 2 for reference).

Other values which inform good practice in CAMHS leadership are:

- child-centred;
- enabling each individual to reach their full potential;
- respecting diverse experiences and perspectives and allowing individuals to develop their own solutions;
- respectful;
- outcomes-focussed;
- responsible and accountable;
- corporate;
- genuinely multi-disciplinary/multi-agency;
- safeguarding of children's welfare; and
- efficient and effective.

## Principles and ethics

Values-based practice means that clinicians become adept at recognising the values involved in their interactions with children and families, and skilled at acknowledging and addressing value conflicts. Being value-aware is a key skill for managers and leaders<sup>18</sup>. Values should be the starting place for developing principles, which in their turn should inform policy and service development.

CAMHS leaders have a responsibility to understand the issues relating to ethics and ethical choices which can arise, both in a clinical setting - where more than one person is involved - and also when considering how whole populations might be served. A fundamental ethical principle might be '*equal concern and respect for all*', which can then be expanded into a set of principles to guide decision-making. This approach has been successfully used in other contexts<sup>19</sup>, and can be a starting place for leaders to be clear about the values and principles which should inform their actions.

18. Williams R, and Fulford KWM. Values-based and values-based policy, management and practice in child and adolescent mental health services. *Clinical Child Psychology and Psychiatry* 2007, 12; 223-242.

19. An Ethical Framework for commissioning Health Services to achieve the Healthcare Standards for Wales - Welsh Health Circular 076, Welsh Assembly Government (2007).

## 2. The Strategic Context for CAMHS

This section summarises a number of important contextual policy themes for children and young people with mental health problems and identifies a range of associated workforce challenges; before exploring the impacts of these challenges on the types of leaders required in CAMHS.

### Policy Context

The cross-service nature of CAMHS provision means that the relevant statutory and policy context is broad in nature<sup>20</sup>. However, there are a number of emergent themes that are of particular relevance to the provision and leadership of support services for children's mental health and wellbeing. A list of Coalition policy documents is included in Appendix 3.

#### Increased focus on Outcomes

The Coalition has committed to a stronger focus on plurality of outcomes in relation to health and social care policy. As part of this approach the Government intends a shift in emphasis to put mental health outcomes alongside physical health indicators as a measurement of quality in the NHS. The aspirations of the National Service Framework for children's mental health and psychological well being remain relevant, however, they must be considered in the context of the Government's programme of NHS reform and stronger focus on outcomes. The Coalition continues to promote the NHS' quality, innovation, productivity and prevention (QIPP) agenda which focuses on improving quality and productivity while making efficiency savings. The statement of priorities for the NHS included a number of priorities of direct relevance to children's mental health and emotional wellbeing and focused on improving inclusion and accessibility to services, including: developing an expanded and stronger health visiting service; improving young people's access to evidence-based early intervention services; extending access to talking therapies (IAPT) to children and young people.

*Relevant strategies: No Health Without Mental Health: A cross-Government mental health outcomes strategy for people of all ages (2011); Relevant strategies: NHS Outcomes Framework for 2011/12*

#### Personalisation

The Coalition continues to maintain the drive towards the personalisation of public services in health and social care. Based on the values of freedom, fairness, and responsibility the reforms are focused on providing more control to individuals and their carers. Specific the Government's commitments relate to breaking down barriers between health and social care funding to incentivise preventative action and extending the rollout of personal budgets to give people and their carers more control and purchasing power.

20. *Better Mental Health Outcomes for Children and Young People – A Resource Directory for Commissioners (2011).*



## Local Democratic Legitimacy

Changes to public health delivery structures are being introduced to empower professionals and providers and, in return, making them more accountable to the public at local level. Specific examples of proposed structural changes include the establishment of directors of public health and local health and wellbeing boards in each local authority area. Core membership of the health and wellbeing boards will include at least one local elected representative, GP consortia, the director of adult social services, the director of children's services, the director of public health and the local HealthWatch organisation. As part of these proposals, boards are required to complete a Joint Strategic Needs Assessment (JSNA) and produce a Joint Health and Wellbeing Strategy (JHWS).

*Relevant strategies: Healthy Lives Health People: Our strategy for public health in England (2010); Health and Social Care Bill (2011)*

## GP Commissioning

The 2010 White Paper detailed the Coalition's proposals for a National Commissioning Board and the empowerment of local consortia of GP practices to commission health services to meet the needs of local people.

*Relevant strategies: Equity and excellence: Liberating the NHS (2010)*

## Special Educational Needs (SEN) and Disability

The Department for Education (DfE) Green Paper sets out options to ensure that children with SEN and/or disabilities get the best quality support and care. The document proposes a radically different system to support better life outcomes for young people; give parents confidence by giving them control and transferring power to professionals on the front line and to local communities.

*Relevant strategies: Support and aspiration: A new approach to special educational needs and disability – DfE Green Paper (2011)*

## Specific workforce challenges

In light of this changing policy context, the following challenges have been identified as relevant and important for the CAMHS workforce:

- Managing professional uncertainty relating to roles and responsibilities and providing clarity;
- Mitigating the impact of community services being transferred to either Foundation Trusts or Social Enterprise organisations;
- Ensuring the capability to plan effectively for both current and future workforce requirements;
- Taking an integrated and multi-professional approach to workforce planning and to education and training where possible, with stronger whole workforce approaches;
- Succession planning of CAMHS staff; and
- Staff support and development.

## Potential impact on the type of leadership required

If the identified CAMHS workforce challenges are to be met effectively, CAMHS leaders may need to demonstrate particular capabilities in the following areas:

- The need to be an effective leader in change management;
- The ability to harness, articulate and implement strategic ideas and objectives;
- Support learning and service transformation as part of the same agenda;
- Inspiring, motivating and developing others;
- Comprehensive understanding of and drive to improve the organisational processes through which CAMHS operates; and
- Driving the agenda for sustainable organisational growth and change.

### 3. Qualities and capabilities required by CAMHS leaders

This section introduces a CAMHS Leadership Qualities and Capabilities Framework which was developed following the leadership evaluation. Based around the NHS Leadership Qualities Framework (NHS LQF), it places this in a CAMHS context and extends it by drawing on a range of other qualities and capabilities frameworks used in children's services and commissioning. The Framework itself, and the methodology used in its development, can be found in Appendix 4.

The CAMHS Leadership Qualities and Capabilities Framework helps individual leaders and their managers to identify their development needs, informed by their highest aspirations and most positive values. It offers a structure to guide personal development reviews, and to inform management supervision and mentoring. With its roots in the NHS LQF the Framework retains some compatibility with other NHS leadership frameworks and development materials such as 360 degree appraisals, allowing these to be used alongside.

The Framework serves as a long list from which to identify the qualities / behaviours required to make a 'good' leader for a given role, based on level of seniority and responsibility within the organisation. As such it should assist employers in designing job descriptions and person specifications.

At the strategic level the Framework can set the standard of leadership development across the whole service, and assist in the creation of a '*leadership journey*'<sup>21</sup> for the development of new leaders, identifying those with the potential for more senior leadership roles and a progression of opportunities from basic to senior level.

For education providers it serves as a reference tool to draw on when designing training interventions. It helps those commissioning leadership development programmes to specify training objectives when going out to tender, and to assess the effectiveness of providers in delivering these. It also assists in assessing the effectiveness of training inputs in addressing individuals' development needs (see Section 6 for further discussion of this area).

Quality and capability frameworks should be viewed with a caveat. Like the scaffolding around a building they are the constructs within which leadership is demonstrated and exercised. They do not in themselves represent leadership, as leadership is more than the sum of their constituent parts.

21. [http://www.cipd.co.uk/hr-resources/factsheets/talent-management-overview.aspx#link\\_1](http://www.cipd.co.uk/hr-resources/factsheets/talent-management-overview.aspx#link_1)

## 4. What action should employers take to develop CAMHS leadership?

### Overview

This section looks at how established organisational processes and other targeted interventions can be used to address CAMHS leadership development needs. It offers practical options and activities informed by evidence from the national evaluation of CAMHS leadership development programmes, which drew out important lessons regarding ‘*what works*’ for those seeking to develop themselves, or others, as leaders within CAMHS.

It enables current or potential leaders, together with their employers, to identify and pursue a process of learning and development that is tailored both to individual and organisational needs.

### Identifying talent and planning for leadership succession

Professor Sir Ian Kennedy put the challenge to sustain leadership in his recent review<sup>22</sup>.

*“I have seen what inspired leadership can do, bringing professionals together, getting leaders of services round the same table, negotiating protocols with previously warring professional tribes, having the vision that a local school could become the focal point for a range of services for the health and welfare of a whole community struggling with disadvantage and deprivation. Such charismatic leadership is inspiring but ultimately over dependent on the energy and vision of one person or a small group. Leadership has to be sustained and sustainable.”<sup>1</sup>*

Employers need to take a strategic approach to leadership development. A talent management strategy should set out how leaders will be recognised and developed. The concept of talent management has evolved into a common and essential management practice and what was once solely attached to recruitment now covers a multitude of areas including organisational capability, individual development, performance enhancement and succession planning<sup>23</sup>.

22. Department of Health, *Getting it Right for children and young people – Overcoming cultural barriers in the NHS so as to meet their needs: A review by Professor Sir Ian Kennedy*, (London, 2010)

23. [http://www.cipd.co.uk/hr-resources/factsheets/talent-management-overview.aspx#link\\_1](http://www.cipd.co.uk/hr-resources/factsheets/talent-management-overview.aspx#link_1)

Key features of a talent management strategy include the following elements:

- Alignment to corporate strategy.
- Inclusive versus exclusive approaches – inclusive is a ‘whole workforce’ approach to engagement and talent development, while others develop a more exclusive focus segmenting talent according to need.
- Involving people with human resource expertise.
- Focusing on the talent management loop - attracting, developing, managing and evaluating talent.

Alternatively employers can develop a workforce plan focusing on aspirational leaders and succession planning.

Employers need to consider individuals’ potential leadership qualities and capabilities in terms of the requirements of different roles. This should not only be on recruitment, but through regular appraisal. They will also need to consider the level of entry to formal leadership development and how progression in leadership opportunities will be achieved in relation to different organisational groups. Employers should not hesitate to fast track those with potential.

### **Being clear about the outcomes of leadership**

Organisations may find the following questions helpful to work through in developing their vision for CAMHS leadership:

- What difference would good leadership make to outcomes for children?
- What would good leadership look like locally?
- What would good leadership achieve for you?
- How would you know if you had it?

### **Appraisal**

CAMHS leaders should have access to regular appraisal by experienced appraisers who have vision and the ability to think holistically and creatively around the appraisee’s needs. Effective appraisals should oversee objectives and development, create opportunities for the CAMHS leader to discuss and further develop strengths, and provide support in taking actions to resolve any issues. The CAMHS Leadership Qualities and Capabilities Framework (Appendix 5) could usefully support the appraisal process.

The outcome of appraisal should be a personal development plan that makes clear the CAMHS leader's development needs and how these are to be addressed. This information needs to be collated at a strategic level to inform leadership development planning and the commissioning of continuing professional development. Leadership development should be one strand of a '*whole organisation*' approach to continuing professional development.

### **Leadership supervision, coaching and mentoring**

Whether via the CAMHS leader's line manager, or through coaching or mentoring arrangements outside line management, CAMHS leaders will need opportunities to talk about their work with someone who can help them to develop their leadership effectiveness. This should support and challenge the operational complexities and enable a deepening self-awareness. There is some blurring of definition between coaching and mentoring, but some essential features are as below<sup>24</sup>.

Mentoring traditionally involves a more experienced person who is not in a managerial relationship with the mentee providing long term independent, objective and confidential support and advice. This can often be helpful at times of transition in individual's careers. It may also work best when both mentor and mentee can learn from each other.

Coaching also offers independent and confidential support and challenge but interventions may be shorter term and more focussed on developing insight and improving specific aspects of performance to achieve organisational goals.

For any such arrangement the mentor or coach needs to be appropriately skilled to offer this support, though not necessarily expert in CAMHS. Before a coaching or mentoring relationship is established it is important to discuss expectations and needs and to be clear about the purpose of the arrangement. Care should be taken to ensure a good match of personalities.

It is important to recognise the different development needs in specific situations and for support to be relevant to that situation, for example taking into account:

- new leaders versus established leaders;
- new scenarios and difficult scenarios; and
- different sorts of authority.

24. See Chartered Institute of Personnel Development for useful exploration of coaching and mentoring approaches [www.cipd.co.uk](http://www.cipd.co.uk).

The leadership evaluation<sup>25</sup> participants valued the use of 360o appraisals when used in a formative manner, which accords with Prof Beverly Alimo-Metcalfe's suggestion<sup>26</sup> that a 360° should be seen as a development not an appraisal tool. Done well, such tools<sup>27</sup> contribute to effective development of the individual and delivery of outcomes.

There are a range of other development tools which could be used as a 'conversation generator' to inform coaching and other leadership development interventions. However the technical aspects of using development tools should be understood in order to make them fully effective.

## **Practical Actions to Develop Leadership Capabilities**

Once development needs are understood there is a range of activities for addressing these, in addition to mentoring and coaching. The national evaluation of leadership development programmes identified five key areas of activity considered to be effective in the development of confident and capable CAMHS leaders. These are as follows:

- Ensuring a core level of knowledge;
- An understanding of leadership theory;
- Practical experience of leading and implementing change;
- Reflective practice and action learning sets; and
- Maintaining relationships.

The sections below explain the rationale behind the activities and offer a number of potential methods by which they could be undertaken. It may be that a decision is made to work through all of the development activities or to focus on specific areas.

25. Evaluation of CAMHS leadership programmes; GVA & OUK, NCSS (2010).

26. Beverly Alimo-Metcalfe (January 1998) 360 Degree Feedback and Leadership Development, *International Journal of Selection and Assessment*, Volume 6, Issue 2, Pages 35-44.

27. As provided by various organisations eg. NHS LQF 360 degree - [www.lqf360.institute.nhs.uk](http://www.lqf360.institute.nhs.uk), MRG LEA 360 degree appraisal [http://www.mrg.com/products/LEA\\_360.asp](http://www.mrg.com/products/LEA_360.asp), Real World 360 degree - Transformational Leadership Questionnaire, [www.realworld-group.com/resources/](http://www.realworld-group.com/resources/).

## (i.) Ensure a core level of knowledge

To operate effectively as a leader within CAMHS an understanding of the strategic and operational context within which CAMHS operates is essential. The evaluation of national leadership development programmes highlighted a number of individuals who, prior to attending the leadership development programme, felt they had gaps in their knowledge. This was typically as a result of either:

- Being new in post and having no previous experience of working within CAMHS or even, in some cases, in children's services; and
- Working within CAMHS for many years but with limited exposure to policy and strategy development, and perhaps with no wider understanding of the complex and constantly evolving landscape of children and young people's services.

Where knowledge gaps exist, it is essential that action is taken to address them prior to undertaking any further leadership development activity. Options include:

- **Formal inductions:** Employers should develop induction programmes for CAMHS leaders which give the widest possible exposure to their own and partner organisations. This will support better understanding of the whole system organisation and the part CAMHS has to play in the matrix of agencies which support children and their families. Consideration could be given to linking induction programmes for NHS/ health and local authorities. Induction sessions could be scheduled on a quarterly basis with responsibility for facilitation shared across service areas.
- **Short secondments or work shadowing opportunities:** Secondments to other areas or agencies and shadowing can provide rich development opportunities. Shadowing and secondment arrangements need to have clear objectives. Dedicated time and space for reflection and supervision will help the learning from these opportunities to be understood. Mutual agreements between different service areas to provide such opportunities can be helpful.
- **Developing networks:** Providing individuals with sufficient time and scope to develop and/or expand their own professional networks by attending events or scheduling one-to-one meetings with service leads/other individuals as appropriate.



## (ii.) An understanding of leadership theory

The evaluation of leadership development programmes demonstrated that, whilst not essential, many individuals valued the opportunity to develop a greater understanding of leadership. For many, the value of this was maximised when opportunities were provided to apply leadership theory to a CAMHS context. For example this may include considering the impact of different aspects of leadership theory on the following areas:

- Personal influence;
- Self awareness;
- Developing networks;
- Developing teams;
- Managing change;
- Emotional intelligence; and
- Organisational life and dynamics.

Recognising the need for a more flexible approach, potential methods by which individuals can be helped to expand their understanding of leadership theory may include:

- Commissioning an accredited leadership training provider to deliver one or more sessions on leadership theory;
- Exploring options for individuals to undertake short-courses or modules of accredited programmes, for example the ILM Level 3 Award in Leadership; and
- Supporting individuals to engage in self-directed study by following the links to information regarding different models of leadership contained within section 1 of this guidance. This could include self-directed learning e.g. internet searching, and opportunities for putting learning into action through undertaking a 'stretch' project with support and supervision.

*"I suddenly realised the value of reading about others experience of leading, from Richard Branson to the work of the latest health service management guru. But even more the opportunity it provided for me to reflect on my own skills and progress."*

CAMHS Clinical Manager

### (iii.) Practical experience of leading and implementing change

- The inclusion of specific service improvement projects was a common element of good practice in all successful programmes. Leadership programme participants therefore had an opportunity to apply learning from real-life situations and, as a consequence of addressing challenges from their host organisations, deliver tangible benefits to both colleagues and service users.

In-service projects can be developed for new leaders in the following ways:

- emerging leaders can proactively identify an area for development within their service, develop a project that aims to address the challenge and seek permission from their line manager to carry out this project;
- heads of service, or line managers task individuals with a specific service improvement project that has been identified at a senior level; and
- As part of the appraisal process, individuals and their line managers jointly identify an area for development and an appropriate project to address it.

To maximise the learning and development benefits obtained from service improvement projects the following actions should be taken:

- Be clear about the specific issue or challenge the project will address and the outcomes it is intended to generate (see potential outcome measures in Section 6);
- Identify a clear methodology for the project and the timescales for delivery;
- Agree what proportion of time will be spent on the project per week/month. Where possible it can be helpful to allocate a specific day each week to assist long-term planning and support arrangements for clinical cover if necessary;
- Establish an appropriate supervision process that enables the individual delivering the project to reflect on progress and seek advice and guidance in relation to any challenges experienced;
- Where possible, seek to incorporate exposure to and interaction with a diverse range of posts. For example, existing and potential leaders in clinical roles may benefit from delivering projects that involve liaison with commissioners and/or business managers;
- Explore opportunities to cut across more than one service area; and
- End with a process of formal dissemination where lessons learnt and good practice are shared across CAMHS and other service areas as appropriate.

#### (iv.) **Reflective practice and action learning sets**

A core finding from the evaluation was that programme participants valued, the opportunity to spend time with their peers in a reflective environment. Participants identified a number of key benefits connected to this including improved confidence levels, a reduced fear of isolation and the development of a formal and informal support network.

The most common method for engaging participants in reflective activity was the delivery of action learning sets. Action learning sets are typically comprised of a group of between four and seven people who meet regularly to support one another to take purposeful action on issues that present themselves within a work environment. They are typically most effective when lead by a professional set facilitator who is skilled in enabling set members to ask searching questions that allow the problem holder to reflect on the actions to be taken.

**Creating opportunities for participation in action learning sets is one of the most effective methods of developing effective leadership.**

The precise format of an action learning set and the way in which it is delivered will clearly vary. However in all cases it will be important to ensure that:

- A suitable number of individuals are engaged in the action learning process and wherever possible with a range of complementary skills and experience;
- An appropriately skilled and qualified facilitator is identified. Ideally this person would be independent of the service(s) represented in the action learning set but with an understanding of the context within which they operate;
- All participants have the support of their line managers to attend action learning sets; and
- Discussion within action learning sets is generally structured around issues that impact on the ability of an individual to lead effectively. This may also be in relation to the challenges arising in a specific service development project.

#### (v.) **Maintaining relationships**

Many participants of structured leadership development programmes said they benefited from developing diverse professional networks. To ensure that individuals are engaged in a continual process of development, activities that maintain and further develop professional networks are crucial and should be supported by line managers. Potential methods for maintaining relationships include:

- Ongoing informal and/or peer-facilitated action learning sets; and
- Establishing online networking opportunities, for example through the use of LinkedIn or Google Groups.

## Maximising Impact

Whatever the level of investment in developing CAMHS leaders, employers can ensure that they maximise their return by:

- **Supporting individuals** in their development at the same time as encouraging them to be pro-active in identifying and creating opportunities to undertake development activities;
- Establishing a **planning and preparation** phase prior to all leadership development activities where individuals and their manager's jointly agree:
  - the purpose of their involvement in the development activity and the format this will take;
  - any measures that will need to be put in place to facilitate their involvement (e.g. clinical cover); and
  - how they will implement their learning to ensure that it brings value to the organisation.
- Ensuring that individuals with leadership potential are given **sufficient time** to undertake development activities, reflect on their learning and implement changes as a result of this; and
- Enabling emerging leaders to **implement change**.

## 5. Designing and Delivering Leadership Programmes – Lessons Learnt

For those who wish to deliver a structured leadership development programme, it is clear that using the feedback from other leadership programmes can provide a framework around which programmes can be tailored in order to meet local need. The evaluation of leadership development programmes highlighted a number of learning points in relation to the process of design and delivery. These include:

- Internal versus external delivery;
- Course composition;
- Course content and delivery;
- Course timescales; and
- Accreditation.

### (i.) Internal versus external delivery

The decision to deliver the programme internally or commission to an external provider is likely to be based on a number of factors including:

- The type of programme required and the desired inputs;
- Internal capacity and skills; and
- The level of funding available to support leadership development activities.

The evaluation of leadership development programmes found no evidence to suggest that programmes delivered by external training providers were more effective than those delivered internally, however there are clear advantages and disadvantages to each, several of which are highlighted below:

Internal Provider	
<ul style="list-style-type: none"> <li>• Greater awareness and understanding of service specific context and challenges.</li> <li>• Can often be a more cost-effective option.</li> </ul>	<ul style="list-style-type: none"> <li>• Risk that boundaries between leadership and management may become blurred.</li> <li>• Time taken to develop materials etc. may increase the cost associated with delivery.</li> </ul>
External Provider	
<ul style="list-style-type: none"> <li>• Ability to select a provider with appropriate accreditation (e.g. ILM) who can also offer accredited programmes.</li> <li>• Independence supports a greater level of objectivity and the facilitator may be more confident in challenging participants.</li> </ul>	<ul style="list-style-type: none"> <li>• May be difficult to identify a provider with experience of delivering in a CAMHS context</li> <li>• Cost and quality of providers can vary significantly.</li> </ul>

Where an external training provider is the preferred approach, most will develop a bespoke programme of activity based upon the needs of individual organisations and the funding available. References should also be requested in order to assure quality.

If delivered internally it will be important to ensure that those leading both the design and delivery have the appropriate skills to do so, particularly in relation to facilitation and coaching. In some instances it may be appropriate to opt for a blended approach that incorporates both externally and internally facilitated elements.

In each case, to maximise economies of scale there will be value in exploring joint commissioning or delivery approaches with neighbouring trusts, local authorities and other areas, as and where appropriate.

## **(ii.) Course composition**

The evaluation found an imprecise rationale behind existing programme content and challenged the level of uniformity displayed in the selection of participants. A key finding was that participants benefited from attending courses that allowed them to interact with individuals working within a range of disciplines and roles as part of a CAMHS service. As a consequence, many were able to develop a better understanding of the differing personal and professional perspectives which subsequently enabled them to overcome the challenges associated and lead multi-disciplinary teams more effectively.

As part of the talent management and appraisal approach it is therefore important to have a clear rationale regarding the selection of candidates for leadership development programmes, to ensure that they remain supported and, as far as possible aim to ensure that the course is balanced in terms of its composition.

## **(iii.) Course content and delivery**

The majority of CAMHS leadership course attendees stated that their course content preference would include a combination of learning focused on:

- Developing **generic leadership skills**; for example: leading a team, delegation techniques, and setting strategic direction;
- Addressing **specific leadership challenges** within CAMHS / Behavioural, Emotional and Social Difficulties (BESD); and
- Generating **service improvements** through specific projects and action learning.

The evaluation indicated that the most successful leadership development programmes were those that incorporated a variety of learning methods. Specific examples included:

- Classroom-based sessions of leadership theory and strategic context;
- Action learning sets;
- One-to-one coaching sessions delivered either in person or via the telephone;
- Self-directed learning e.g. providing recommended reading;
- Service improvement projects; and
- Secondment/job shadowing opportunities.

The evaluation also highlighted the benefit of a distinctly local and area-based approach to selecting the specific content of leadership programmes as this enabled programmes to address current challenges and support effective future planning.

#### **(iv.) Course Timescales**

When agreeing the timescales for the delivery of a leadership development programme, the evaluation suggested that the following factors should be considered:

- Incorporating sufficient time for reflection between periods of structured learning. For example, facilitating one day of leadership development activity a month over a 6-8 month period; and
- Establishing defined dates and times for leadership development activity to enable individuals and organisations to plan workloads more effectively and schedule appropriate cover, therefore, reducing the risk of 'drop-out' from the programmes.

#### **(v.) Accreditation**

The evaluation demonstrated that accreditation is not essential to all programmes and does not necessarily result in more successful outcomes for leadership candidates. Although some individuals and employers value a recognised qualification, the additional work and, in many cases, costs associated with this can often act as a barrier to delivering and/or participating in leadership development activities.

Accreditation of courses should only be pursued where it clearly adds value or is desired by learners, service managers or commissioners; and does not impede the ability of the learners to complete the programme or impact on the specificity of the course content.

As part of the programme design, planning and recruitment process discussions should be held with potential participants and their managers, focusing on the level of time and commitment required from both parties, to obtain a recognised leadership qualification.

## 6. Assessing the impact of leadership development

Leaders need to deliver on desired outcomes and CAMHS leaders should be the first to question whether they have had an impact: are the outcomes for children improved? Has the organisational culture changed? Is the vision for CAMHS widely owned? Has the desired change taken place?

These kinds of questions will also allow better insights into what does and doesn't work. Outcomes are the new drivers set out in Coalition Government policy. There are many challenges to measuring outcomes and the Mental Health Strategy Annexes and NCSS's Resource Directory '*Better Outcomes for Children and Young People*' can help with these.

Showing that leadership development interventions have increased leaders' skills and being able to link this to specific service outcomes is not easy. It may be easier to show the effect on the individual leader though this is not necessarily simple either. Some studies suggest that it can take several years for adult learners to put learning into practice. Moreover it is not possible to predict what an individual will take from a leadership development intervention; the learning may even be more applicable to other aspects of their life.

The use of action learning approaches is valuable as it encourages participants to continually observe the effects of their actions in a real setting, and to reflect upon what they have learned, thus making an earlier impact more likely.

Using formative evaluation methods to assess whether desired changes have taken place may also enable outcomes to be achieved more quickly, and provides ongoing feedback and development during the process.

Formative evaluation is a developmental approach in which support for improvement is included within the evaluation process.

Summative evaluation focuses purely on outcomes.

Formative evaluation does not replace summative evaluation (they are complementary), but provides a better chance of overall success. Formative approaches can both help in refining services to match children and young people's preferences, and can also be used as an approach to shaping leadership development programmes through participant feedback along the way.



The Kirkpatrick Model Four Levels TM Evaluation Model<sup>28</sup> sets out four dimensions against which to evaluate training and learning and these have been drawn upon here to suggest approaches useful in CAMHS leadership development evaluation, specifically:

1. **Reaction** - Learner's own views about the leadership development intervention:
  - Course evaluation both during (to enable refinements to be made) and at the end of course; and
  - Feedback by learner to the employer/sponsor of the leadership development intervention.
2. **Learning** - degree to which learners increase their knowledge, skills and capabilities:
  - Ask participants in the final stage of study to rate their capabilities using a 'now' and 'prior to the course' approach. (Post and pre measures can be more effective than pre- then post<sup>29</sup>); and
  - Longitudinal evaluation, for example, using a 360 degree appraisal tool.
3. **Behaviour** - extent to which learner applies what they have learned within leadership role:
  - Longitudinal evaluation as above; and
  - Assessment against Personal Development Plans (PDP) or Continuing Professional Development (CPD) plan objectives.
4. **Results** - Impact on children and families and effect upon organisational performance:
  - It may be appropriate to evaluate the outcomes of a specific development or action learning project or of services in general, depending on the role and range of influence of the leader in question; and
  - There are a number of possible quantitative and qualitative measures by which outcomes for service users and staff can be measured and evaluated. Here is a list of examples<sup>30</sup> of those which have been most commonly and successfully employed:

- Evidence to show whether children and young people's emotional and mental health has improved (using tools such as Strengths & Difficulties Questionnaire, Children's Global Assessment Scale (CGAS), Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)).
- Qualitative indicators of how far the organisation or service has moved towards providing what people want (e.g. using Commission for Health Improvement Experience of Service Questionnaire or case studies which tell the story of what has been done and the impact the service change has had on the child, young person or family).

28. [www.kirkpatrickpartners.com](http://www.kirkpatrickpartners.com).

29. See for example *Post- then Pre- Evaluation*, S Kay Rockwell, Harriet Kohn, *Extension Journal*, Inc. ISSN 1077-5315, Summer 1989, vol. 27, no.2.

30. See <http://www.corc.uk.net/>.

- Increased access or take up of service provision.
- Rate of reported complaints or compliments.
- Improved relationships between service users and CAMHS practitioners.
- Improved relationships across the strategic partners in CAMHS in a way that enables service improvement.
- Degree to which vision and values are understood and shared across teams, services and organisations.
- Results of 'values audits' - these entail establishing service values in advance, auditing services according to these values, taking action to realign services to values, then reviewing finally to see what has changed.
- Population changes (youth crime rate, exclusions, number of referrals to acute services)
- Impact evaluation against CAMHS strategic objectives.
- Board on Board analysis – benchmark against other areas in terms of issues such as patient safety and the extent to which leadership has impacted on changes to patient safety levels and 'near-miss' rate.
- Improved staff retention, staff opinion, and staff well-being metrics including absence rates.

The CAMHS Outcome Research Consortium (CORC) supports member CAMHS in measuring outcomes and benchmarking against other areas<sup>31</sup>.

There is no simple relationship between improving leadership and economic performance. The systems of which CAMHS practitioners are a part are complex, and there is evidence to suggest that one individual alone cannot exert a significant impact on the economic performance of a large and complex organisation.

31. <http://www.corc.uk.net/>.

## 7. Conclusion

Effective leadership of CAMHS provides the best chance to improve mental health outcomes for children, young people and families in difficult times. Leaders need to be identified, supported and developed. Others need to be inspired and enabled to become leaders. Employers should invest in good leaders to improve outcomes for children and young people.

A specific challenge for all in public services is to create and use sufficient thinking time and development capacity to plan a way forward.

The mental health of children and young people will be shaped by people who are capable, encouraged and supported to take a lead. Small steps may bring large benefits.

Whether an acknowledged CAMHS leader, or simply embarking on the journey, the guidelines in this document should help you become a better leader.

## Appendix 1 – Steering Group Membership

Dr Lesley Hewson (Chair)	Co-Chair National Advisory Council / Consultant C&A Psychiatrist
Dr Andrew Clark	Royal College of Psychiatrists (Lead for Workforce)
Dawn Rees	National CAMHS Programme Manager
Barry Nixon	NCSS National Workforce Lead
Angie Pullen	CAMHS Programme Development Officer and Evaluation Project Manager
Graeme Jeffs	Department of Education
Jacqueline Naylor	Head, Ill and Disabled Child, Department of Health
Deborah Chafer	Director of the NHS North West Leadership Academy
Daniel Murray	GVA Director of Social Policy
Margaret MacArthur	Outcomes UK

## Appendix 2 – Expert Reference Group Membership

Dr Andrew Clark (Chair)	Royal College of Psychiatrists (Lead for Workforce)
Barry Nixon (Co-Chair)	NCSS National Workforce Lead
Dr Lesley Hewson	Co-Chair National Advisory Council / Consultant C&A Psychiatrist
Pam Truman	Skills for Health
Prof. Steve Onyett	Senior Development Officer
Prof Richard Williams	Professor of Mental Health Strategy (University of Glamorgan) and Consultant child and adolescent psychiatrist
Deborah Arnott	Deputy Director NW Leadership Academy
Claire Owens	Children’s Workforce Development Council
Dr Sonya Wallbank	Consultant Clinical Psychologist
Dr Tim Morris	Child & Adolescent Psychiatrist
Julie Moss	CAMHS Regional Development Worker (North West)
Janis Stout	National Programme Specialist CHaMP

## Appendix 3 – List of Coalition Policies

Department / Author	Title	Date
Department of Health	No Health Without Mental Health: A cross-Government mental health outcomes strategy for people of all ages.	2011
Department of Health	Healthy Lives Healthy People: Our strategy for public health in England	2010
Department of Health	Equity and Excellence: Liberating the NHS	2010
Department of Health	Achieving Equity and Excellence for Children: How liberating the NHS will help us meet the needs of children and young people	2010
Department of Health	Liberating the NHS: Legislative framework and next steps	2010
Department of Health	Health and Social Care Bill	2011
Department for Education	Green Paper on disability and special educational needs (SEN)	2011
Dame Clare Tickell	Review of the early years foundation stage	2011
Prof Eileen Munro	Munro review of child protection	2011
Department for Education	Review of commercialisation and sexualisation of childhood	2011
Department of Health	NHS Operating Framework for 2011/2012	
<b>Statutory Guidance</b>		
Department for Education	Working Together to Safeguard Children	2010
Department of Health	Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children	2009
Department for Children, Schools and Families	Securing Sufficient Accommodation for Looked After Children	2010

## Appendix 4 – Ten Essential Shared Capabilities for Mental Health Practice; Children’s Essential Capabilities

### A. Ten Essential Shared Capabilities for Mental Health Practice

**Working in Partnership.** Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.

**Respecting Diversity.** Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.

**Practicing Ethically.** Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.

**Challenging Inequality.** Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.

**Promoting Recovery.** Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued life- style within and beyond the limits of any mental health problem.

**Identifying People’s Needs and Strengths.** Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users their families, carers and friends.

**Providing Service User Centred Care.** Negotiating achievable and meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

**Making a Difference.** Facilitating access to and delivering the best quality, evidence-based, values- based health and social care interventions to meet the needs and aspirations of service users and their families and carers.

**Promoting Safety and Positive Risk Taking.** Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.

**Personal Development and Learning.** Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one’s self and colleagues through supervision, appraisal and reflective practice.

**B. The Essential Capabilities (adapted for children and young people)**

The following is a set of consistently expressed statements made by young people when discussing the ideal standards of attitude and behaviour or people who work in services:

1	Communicate together:
	“Communicate with me in a way that I understand and am comfortable with”
2	Respect our Differences:
	“Be respectful of who I am and treat me as an individual, because no two of us are the same”
3	Do the right thing:
	“Do what you say you are going to do”
4	Be responsive:
	“Be flexible and adaptable to my needs”
5	Be hopeful:
	“Giving clear, accurate support and information to help me make the best choices I can”
6	Listen and hear me:
	“Give me the chance to make my own decisions and have my voice heard”
7	Give the care and support I need:
	“Give me the help I need to help me get on with my life”.
8	Don’t give up:
	“Always look for a positive solution and don’t give up if things get difficult”.
9	Keep me safe, helping me grow:
	“Believe in my participation in my life”.
10	Learn what matters to me:
	“Take time to learn about how things appear to me”



## Appendix 5 – CAMHS Leadership Qualities and Capabilities Framework

### Qualities and Capabilities

The list includes aspects of knowledge which will be helpful to CAMHS leaders. Leaders may only need a selection of the qualities and capabilities, depending on their role and the context in which they are exercising leadership. This should be tailored to individuals through appraisal.

### Cluster A – Personal Qualities

NHS Leadership Qualities Framework (LQF)	Qualities and Capabilities for CAMHS Leaders		
A.1 Self Belief	The inner confidence that you will succeed and can overcome obstacles to achieve the best outcomes for service improvement.		
A.2 Self Awareness	Know your own strengths and limitations and understand your own emotions and the impact of your behaviour on others in diverse situations.		
A.3 Self Management	Emotionally intelligent, able to manage your own emotions and be resilient in a range of complex and demanding situations. Understand the concept of ‘emotional labour’, be aware of your own emotional labour and be able to support others to deal with it.		
A.4 Drive for Improvement	A deep motivation and commitment to improving services for children, young people and families.		
A.5 Personal Integrity	A strong commitment to openness, honesty, inclusiveness and high standards in undertaking the leadership role.		
A.6 Other qualities (not in LQF)	<ul style="list-style-type: none"> <li>Ability to hold the line</li> <li>Ability to relate to other people, develop relationships</li> <li>Adaptability</li> <li>Communication and listening</li> <li>Compromise</li> <li>Consistency</li> <li>Courage</li> </ul>	<ul style="list-style-type: none"> <li>Creativity</li> <li>Empathy/warmth</li> <li>Flexibility</li> <li>Impartiality</li> <li>Inspiring to others</li> <li>Optimism</li> <li>Patience</li> </ul>	<ul style="list-style-type: none"> <li>Perseverance</li> <li>Problem-solving ability</li> <li>Realism</li> <li>Reliability</li> <li>Respect</li> <li>Sense of humour</li> <li>Valuing of other people</li> </ul>

## Cluster B – Setting Direction

NHS Leadership Qualities Framework (LQF)	Qualities and Capabilities for CAMHS Leaders
<p>B.1 Seizing the future – Being prepared to take action now and implement a vision for the future development of services</p>	<ul style="list-style-type: none"> <li>• Understand the context within which CAMHS operates, nationally and locally, both policy and practice, and its relationship to other children’s and mental health services.</li> <li>• Understand and influence the broad strategic direction within CAMHS and wider children’s services.</li> <li>• Understand children’s mental health and well-being and the how children and young people develop.</li> <li>• Lead the development of a vision for CAMHS.</li> <li>• Be prepared to undertake transformational rather than just incremental change, if indicated.</li> <li>• Make the most of current opportunities to bring about improvements that are of benefit to staff, children and families.</li> <li>• Develop a deliverable strategic plan for CAMHS in collaboration with key partners founded upon local needs, which addresses workforce issues and is appropriate to the resources available.</li> <li>• Achieve vision for CAMHS through effective decision-making and implementation of plans.</li> </ul>
<p>B.2 Intellectual Flexibility – The facility to embrace and cut through ambiguity and complexity and to be open to creativity in leading and developing services</p>	<ul style="list-style-type: none"> <li>• Be receptive to fresh insights and perspectives from diverse sources, both internal and external to CAMHS and children’s services.</li> <li>• Make judgments based on complex facts and situations requiring analysis and interpretation.</li> <li>• Understand that change may have to be radical to achieve better outcomes for children and families.</li> <li>• To speak for and be accountable for the whole CAMH service and work beyond your own professional and organisational background.</li> <li>• Deal with ambiguity.</li> <li>• Be open to innovative thinking and encourage creativity and experimentation in others.</li> <li>• Containment - ability to carry and maintain stability while everything is uncertain and in flux.</li> </ul>
<p>B.3 Broad Scanning – Taking the time to gather information from a wide range of sources</p>	<ul style="list-style-type: none"> <li>• Understand how to obtain and evaluate intelligence from a wide range of information sources.</li> <li>• Establish systematic ways of keeping yourself informed.</li> <li>• Make it a priority to know how services are being delivered and what the experience is like for children and families.</li> <li>• Undertake or commission audits and surveys as necessary to illuminate current practice and inform future plans.</li> </ul>



NHS Leadership Qualities Framework (LQF)	Qualities and Capabilities for CAMHS Leaders
	<ul style="list-style-type: none"> <li>• Understand how to use information effectively to inform practice and service development, and support decision-making.</li> <li>• Develop a culture in which information is used effectively and ensure that there are systems to support this.</li> <li>• Use the collective knowledge base to challenge the status quo, generating, inviting and promoting alternative approaches.</li> </ul>
<p>B.4 Political* Astuteness – Showing commitment and ability to understand diverse groups and power bases within organisations and the wider community, and the dynamic between them, so as to lead services more effectively.</p>	<ul style="list-style-type: none"> <li>• Understand the climate and culture of CAMHS and the wider environment in which it operates.</li> <li>• Know who the key influencers are – both internally and externally, and to be able to identify these anew when services are brought under different overall leadership.</li> <li>• Anticipate concerns and reassure service users, professionals and the wider community.</li> <li>• Ensure that relevant politicians, senior leaders and, as appropriate, the press are well briefed about CAMHS and are updated regularly.</li> <li>• Know about media relations – whom to contact, when to instigate action and what protocols exist.</li> <li>• Understand that the role of leader in CAMHS goes beyond any one organisation’s remit, due to the multi-agency approach required.</li> <li>• Understand what it means to be corporate.</li> </ul>
<p>B.5 Drive for Results - A strong commitment to making service performance improvements and a determination to achieve positive service outcomes for users.</p>	<ul style="list-style-type: none"> <li>• Develop a shared understanding of the change required among relevant stakeholders.</li> <li>• Ensure improvement, innovation and evidence-based practice to secure better outcomes for children and families.</li> <li>• Understand what children and families want and deliver services tailored to individual preferences.</li> <li>• Focus energy on what really makes a difference, rather than being constrained by methods which were used in the past.</li> <li>• Manage resources effectively and flexibly in response to individual and population needs and demands.</li> <li>• Critically evaluate the outcomes generated by CAMHS.</li> <li>• Critically evaluate the value for money offered by current and planned CAMHS.</li> </ul>

*\*Note - political here in no sense means party political, but political in terms of interactions and relationships between people*

## Cluster C – Delivering the Service

NHS Leadership Qualities Framework (LQF)	Qualities and Capabilities for CAMHS Leaders
<p>C.1 Leading Change through People – Communicating the vision and rationale for change and modernisation, and engaging and facilitating others to work collaboratively to achieve real change</p>	<ul style="list-style-type: none"> <li>• Lead people through change processes and difficult transitions.</li> <li>• Understand value-based practice, and be able to identify the different values in play between people, to see where these may conflict and address this.</li> <li>• Use personal influence effectively.</li> <li>• Communicate organizational vision and values powerfully in order to build a common purpose within CAMHS.</li> <li>• Share leadership with others or delegate in order to promote innovation and effective implementation of change.</li> <li>• Translate the strategic vision into achievable operational plans in collaboration with professionals, partners and service users.</li> <li>• Understand the power, significance and shortcomings of the main professional perspectives on children’s problems and how these can challenge multi-agency/ integrated working.</li> <li>• Enable teams both within CAMHS and across children’s services to work effectively together.</li> <li>• Demonstrate through own practice, and provide expert support to others, to overcome potential conflicts and challenges associated with multi-disciplinary, multi-agency and integrated working.</li> <li>• Help to unblock obstacles, identifying and securing resources, and taking care of teams and of the individuals within them.</li> </ul>
<p>C.2 Empowering Others - Striving to facilitate others’ contribution and to share leadership, nurturing capability and long-term development of others</p>	<p>Children, families and communities:</p> <ul style="list-style-type: none"> <li>• Have a willingness to champion children’s rights and promote the participation of children, young people and their families.</li> <li>• Facilitate leadership opportunities for children, young people and their families in the design and delivery of services.</li> <li>• Engage with key individuals, community leaders, groups and families, children and young people and work with them to co-produce services.</li> <li>• Develop relationships with children and families which are mutually respectful, open and honest, and model the power-sharing which is required if solutions are truly to be at the discretion of the service user.</li> </ul> <p>Professionals:</p> <ul style="list-style-type: none"> <li>• Possess a full and rich understanding of the variety of roles and professional groups contributing to the CAMHS workforce, respecting and valuing each one.</li> <li>• Challenge over-adherence to professional boundaries, stressing what is common and transferable in others’ skills and experience.</li> <li>• Understand how to lead and negotiate a position in a working context when colleagues’ ideas, expectations and views differ from your own.</li> </ul>



NHS Leadership Qualities Framework (LQF)	Qualities and Capabilities for CAMHS Leaders
	<ul style="list-style-type: none"> <li>• Have the humility to work in the background, creating the space for others to take the lead on particular issues and to grow in confidence and capability.</li> <li>• Know how your own leadership style and the style of others impact on multi-professional and integrated working.</li> <li>• Are aware of potential conflicts and challenges encountered in multi-professional/ multi-agency and integrated working and know how prevent, resolve and mitigate them.</li> <li>• Continually improve your own practice and act as a role model.</li> <li>• Promote and enable continuing professional development of all team members, taking into account individual potential and local skill gaps.</li> <li>• Take personal responsibility for ensuring that diversity is respected and that there is genuine equality of opportunity.</li> </ul>
<p>.3 Holding to Account - The strength of resolve to hold others to account for agreed targets and to be held accountable for delivering a high level of service</p>	<ul style="list-style-type: none"> <li>• Understand the purpose of different governance models, the legal and procedural requirements underpinning them, and how to oversee and evaluate governance arrangements.</li> <li>• Understand relevant quality standards frameworks and their contribution to improving and maintaining the quality of CAMHS.</li> <li>• Understand the role of an accountable officer in the context of a multi-agency or integrated working team.</li> <li>• Provide clarity about roles and responsibilities within multi-agency teams, and advise on how to work within different performance regimes.</li> <li>• Set objectives for CAMHS that are achievable as well as aspirational and inspirational.</li> <li>• Set clear targets and standards for performance and behaviours, ensuring that processes are in place to support individuals in achieving these.</li> <li>• Monitor and evaluate the achievement of performance and quality standards.</li> <li>• Insist upon improved performance if standards are slipping.</li> <li>• Create a climate of support and accountability, rather than a climate of blame.</li> <li>• Hold people to account for what they have agreed to deliver.</li> <li>• Be prepared to be held to account in leadership role.</li> </ul>

NHS Leadership Qualities Framework (LQF)	Qualities and Capabilities for CAMHS Leaders
<p>C.4 Effective and Strategic Influencing – Being able and prepared to adopt a number of ways to gain support and influence diverse parties with the aim of securing improved outcomes</p>	<ul style="list-style-type: none"> <li>• Understand how strategic, commissioning and policy development roles are undertaken.</li> <li>• Build and maintain relationships across other teams and organisations over whom you have no formal authority, to promote wider action to enhance the emotional and mental health of children and young people.</li> <li>• Negotiate and build a shared value base and a common purpose across a range of professionals and agencies.</li> <li>• Display leadership across the whole system through behaviours such as listening, building alliances, sharing ideas and challenging others.</li> <li>• Be able to cope with ambiguity, as organisations continue to change role and shape.</li> <li>• Employ a range of influencing strategies.</li> <li>• Take a leading role in advocating for CAMHS both within your own organisation and more widely.</li> <li>• ‘Manage upwards’ effectively where senior leaders have limited understanding of CAMHS.</li> <li>• Develop skills in facilitating cross-partner meetings, including recognition that different professional assumptions and concepts may need acknowledging and exploring to achieve desired outcomes.</li> <li>• Combine ‘Effective and Strategic Influencing’ effectively with ‘Empowering Others’ to ensure that the CAMHS agenda is driven and owned by local people and service users, by CAMHS staff, and by other children’s services.</li> </ul>
<p>C.5 Collaborative Working – Being committed to working and engaging constructively with internal and external stakeholders.</p>	<ul style="list-style-type: none"> <li>• Make relationships and sustain them.</li> <li>• Get support from those you have relationships with.</li> <li>• Communicate effectively with a wide range of stakeholders, but also be responsive to what they say and sensitive to diverse viewpoints.</li> <li>• Understand the ingredients of successful partnership working.</li> <li>• Understand who the key stakeholders of CAMHS are, and their perceptions of CAMHS and its users.</li> <li>• Establish a shared language for professionals, partner organisations, and the children and families who use the service.</li> <li>• Take opportunities to speak and listen to communities and to children and young people about what the service is trying to achieve; be open in conversations and feed back the outcomes of discussion and consultation.</li> <li>• Develop and sustain wider partnerships with stakeholders which promote cohesive and joined up services.</li> </ul>



NHS Leadership Qualities Framework (LQF)	Qualities and Capabilities for CAMHS Leaders
	<ul style="list-style-type: none"><li data-bbox="512 306 1286 398">• Keep abreast of the information needs of different groups of children and young people, staff, communities, partners, members, the media and other relevant stakeholders.</li><li data-bbox="512 423 1350 454">• Use innovative means of communication, including social media.</li></ul>

## Cluster D – Others

	Qualities and Capabilities for CAMHS Leaders
D.1 Cultural Competence	<ul style="list-style-type: none"> <li>Evaluate cultural competence of CAMHS and take action to address issues.</li> </ul>
D.2 Safeguarding	<ul style="list-style-type: none"> <li>Understand legal and procedural considerations related to safeguarding and know how it is applied, monitored and evaluated.</li> </ul>
D.3 Risk management	<ul style="list-style-type: none"> <li>Ensure that every team member has a high level of awareness of a child's need and right to be safe.</li> <li>Fully understand own and colleagues' accountabilities and protocols, to facilitate risk management</li> </ul>
D.4 Supporting Transitions	<ul style="list-style-type: none"> <li>Understand why effective transitions are critical for young people and how to achieve these.</li> <li>Lead colleagues within CAMHS and work with other children's and adult services to ensure transitions are effective and add value.</li> </ul>
D.5 Inter-professional information sharing	<ul style="list-style-type: none"> <li>Understand different ethical and professional views on sharing information about individuals.</li> <li>Develop or implement and evaluate information sharing protocols (in accord with local or national policy) to promote integrated care.</li> </ul>
D.6 Commissioning	<p>(in addition to relevant competencies listed above)</p> <ul style="list-style-type: none"> <li>Commission or support joint needs assessments.</li> <li>Work collaboratively with partners across children's services to commission CAMH services that optimise health gains and reduce health inequalities. Or as providers sub-contracting for aspects of CAMHS work with senior trust management to procure services.</li> <li>Understand the CAMHS market.</li> <li>Effectively stimulate the market to meet demand and secure required outcomes for children and young people.</li> <li>Promote and specify required outcomes in partnership with CAMHS providers.</li> <li>Ensure that there are no gaps in provision where a range of providers work together as a system of care.</li> <li>Establish robust and viable contracts with CAMHS providers.</li> <li>Effectively manage systems and work in partnership with CAMHS providers to ensure contract compliance and continuous improvements in quality and outcomes.</li> <li>Make sound financial investments to ensure sustainable development and value for money.</li> </ul>



## Notes on Methodology Used to Develop Framework

There were already well-established generic leadership frameworks available such as the NHS Leadership Qualities Framework (NHS LQF)<sup>32</sup>, alongside other frameworks designed more specifically for leaders of children's services. While existing frameworks might be sufficient for CAMHS purposes, it was thought helpful to describe generic leadership qualities and capabilities in a CAMHS context.

The NHS LQF is well-established and widely known both within the NHS and across some local authorities and was used as the foundation for the list. It therefore retains the LQF's familiar structure and themes and should allow the use of LQF-based materials such as 360 degree appraisals, Development Guide etc where these are already in use. The congruence between the NHS LQF, the Medical Leadership Competency Framework<sup>33</sup> and the Clinical Leaders' Competency Framework is noted although these have not been specifically drawn on. As the CAMHS list is built upon the backbone of the NHS LQF, it should remain largely compatible with the revised version.

Qualities and capabilities from a range of other published frameworks<sup>34 35 36 37</sup> were then mapped onto the NHS LQF. Broadening out beyond the NHS was felt to be important to reflect the role of CAMHS within wider children's services and its multi-disciplinary and multi-agency nature. There was little from other frameworks that did not fit within the outline structure of the NHS LQF, but a few further specific headings seemed to be indicated such as Safeguarding; these appear towards the end of the list. Additionally, drawing on the World Class Commissioning competencies<sup>38</sup> results in a commissioning-dominated section at the end, something of relevance to commissioners wherever they manifest (which may include CAMHS providers sub-contracting for aspects of service). To these published sources were added the views of Expert Reference Group members, and CAMHS managers and commissioners who participated in the evaluation.

32. NHS Leadership Qualities Framework, NHS Institute for Innovation and Improvement (2005), <http://www.nhsleadershipqualities.nhs.uk>.

33. Medical Leadership Competency Framework – Enhancing Engagement in Medical Leadership, NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, 3rd Ed. July 2010

34. National Occupational Standards for Management and Leadership, Skills for Health (imported from Management Standards Centre) – NB drawing from 2008 version here.

35. Leading and Managing Children's Services in England – A National Professional Development Framework, DCSF, April 2008.

36. Championing Children – A shared set of skills, knowledge and behaviours for those leading and managing integrated children's services, DfES, 2006 (2nd edition).

37. Skills Development Framework - A model to support local employers develop integrated working within the young people's workforce, Children's Workforce Development Council, Draft August 2010.

38. World Class Commissioning – Competencies, Department of Health, 2007.

## Appendix 6 – Summary of Evaluation Study of Leadership Programmes

The full report may be accessed via:

<http://www.chimat.org.uk/resource/item.aspx?RID=105406>

### NEED, RATIONALE AND EVIDENCE

There was little evidence across all programmes reviewed of a systematic approach to needs assessment or demand analysis for the delivery of leadership development courses being undertaken prior to its implementation. Despite this lack of formal needs analysis, strong alignment and linkages were evident with the overall CAMHS strategic policy direction.

### TARGETING AND GAPS

Whilst the majority of the programmes were extremely targeted, the rationale for the specific targeting was not clear. There is clear evidence of a strong understanding of where to obtain information and support to develop leadership skills. The process for selecting learners was not uniform across the programmes and selection bias was highlighted as a concern where staff was located in close proximity to their CAMHS Regional Development Worker.

### COURSE DESIGN

Whilst conforming to a number of core standards and key content, approaches to course design have been flexible enough to ensure bespoke and targeted design and a variety of content between programmes. A partnership approach between specialist external leadership providers and those with knowledge of CAMHS has been adopted during the design process which has proved effective and added significant value. In limited cases – for example the national Leadership in CAMHS programme – internal evaluations have been used to inform the design and delivery of the programme on an ongoing basis.

### COURSE DELIVERY

The programmes under review were shown to be highly bespoke in terms of content and delivery approach. However, a number of uniform learning methods were apparent including the use of practical work-based learning tools, action learning and mentoring techniques. The most popular delivery methods as identified by Service Managers and programme participants are mentoring, coaching, action learning, competency framework linked to appraisal and 360 degree feedback.

Time is a key factor in the delivery of CAMHS leadership programmes. Achieving an appropriate balance between delivering course content that is comprehensive enough to add real value and running a programme that is not time-prohibitive is a real challenge. Action learning has been shown to be a highly beneficial approach for course participants which should be incorporated into future leadership development programmes. There is a clear preference for practical activities and those which stimulate self-reflection. Participants also value ongoing support and mentoring as an integral and important aspect of this type of programme.

## **THROUGHPUT AND OUTPUT**

There is limited data at this stage of the evaluation; however, initial analysis suggests that the majority of programmes are small scale in terms of number of participants. Drop out rates across the programmes are yet to be finalised, however, the survey indicates that 85% of participants completed the programme. Reasons for drop outs vary across the programmes. The most common relate to work pressures and time commitments. Other reasons identified have included: medical issues; individuals moving jobs or leaving the sector; conflict or personality clashes with tutors; and in one case a theoretical difference with the course. Currently there is inadequate collection of equality and diversity indicators for existing leadership programmes.

## **ASSESSMENT AND ACCREDITATION**

Full accreditation or the option to become accredited is available in three of the seven programmes under evaluation. Where accreditation is not available, the course provides recognised certification of completion or offers alternative links to an ongoing credit and learning framework through universities.

Credibility, consistency and recognition were commonly cited as reasons why accreditation is important. Accreditation is also viewed as a key motivating factor in encouraging individuals to participant.

Half of the Service Managers (54%) and Commissioners (50%) surveyed believed the development of a single CAMHS competency framework would be useful for the service, although concern was expressed whether such a framework would be adopted.

The evaluation has reinforced the findings from the national evaluation of NPSLBA which stated that participants varied significantly in the importance they attached to accreditation.

## **LEARNER IMPACTS AND OUTCOMES**

Attendees stated that the main reasons for wanting to complete the programme to be:

- the opportunity to develop leadership skills in a CAMHS specific context;
- the opportunity to meet leaders and managers of other CAMHS services;
- develop and implement service improvements; and
- the opportunity to meet partner agencies.

It has proved difficult to generalise regarding the overall impact of the programme as the impacts have been reported as personalised stories of progression closely linked to factor such as improvements in confidence, aspiration and career progression.

Survey outputs have confirmed the clear professional progression achieved by programme participants and 90% stated that they would recommend the programme to others.

Assessing the overall impact of the programme is limited by the lack of available monitoring data.

## **ORGANISATIONAL IMPACTS AND OUTCOMES**

Leaders who have participated in these programmes demonstrate the skills that generate tangible improvement in service delivery through the implementation of improving projects.

The time and financial commitment required to enable leaders to participate in these programmes is significant and in some cases may have impact on services and the delivery of their commissioned outcomes.

Participating in leadership programmes enables individuals to transfer knowledge across services (or where a programme is non-CAMHS specific, between disciplines) and this fosters innovative and good practice approaches.

## **SERVICE USER IMPACTS AND OUTCOMES**

Service Users are the ultimate beneficiaries of leadership development programmes due to improved skills of leaders in these services.

Programme participants believe that their involvement in Leadership learning will result in improvements to service users and this is a key motivating factor that demonstrates their commitment to improved service delivery.

## **COMPLEMENTARITY**

There is a dichotomy of views between service managers / learners and commissioners regarding the value of a single leadership competency framework and/or a CAMHS specific leadership programme. It is clear that there are relative benefits and non-benefits to CAMHS specific leadership programmes and those that cater for the wider children and young people workforce.

## **VALUE FOR MONEY AND FINANCIAL ASSESSMENT**

Costs vary between £1,000 and £2,000 per participant for the regional programmes compared with the National Leadership in CAMHS programme which cost £3,900 per participant.

There is a clear commitment to the development of leadership skills as evidenced by the provision of funding by NCSS and the opportunity cost incurred by employers. Innovative course design will be required to achieve economies of scale and support future delivery of leadership programmes.

## **SUSTAINABILITY**

No clear strategy for achieving sustainable programme delivery across the Leadership programmes reviewed was found. The closure of NCSS will have significant impact on the availability for funding for this type of programme and will leave a leadership vacuum which will need to be replicated elsewhere to ensure progress is not lost. There is significant need and demand for this type of provision in CAMHS and commissioner priorities will need to reflect this.

**National CAMHS Support Service**

**National Workforce Programme**

An Evaluation of CAMHS Leadership Programmes  
<http://www.chimat.org.uk/resource/item.aspx?RID=105405>

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